

# HEALTH SCENE<sup>®</sup>

JOURNAL OF WELLNESS AND GOOD CARE

## Cancer Survivors' Day set for June

Bob Knowles to speak

Burke County will celebrate its first annual Cancer Survivors' Day on Sunday, June 3, in Morganton from 2 to 4 p.m. The event is



Bob Knowles

sponsored by the Cancer Care Centers of Blue Ridge HealthCare System and will feature WBTV investigative reporter

Bob Knowles as the guest speaker.

Last April Knowles was diagnosed with melanoma of the eye. Since that time, he has committed himself to learning more about the disease and to helping raise awareness.

National Cancer Survivors' Day is a national event that acknowledges cancer survivors and the professionals committed to research and treatment of cancer. It is the world's largest and fastest-growing annual cancer survivor event. The event will convey the vital message that people do indeed survive cancer. There are about 8 million cancer survivors living in the United States.

Survivors living in the Blue Ridge HealthCare System area are invited to attend. The event will include entertainment, exhibits, speakers, refreshments and door prizes. If you would like more information on National Cancer Survivors' Day, please call Jan Hollar at 580-6703.

## No news is not necessarily the best news

**B**eing told you have type 2 diabetes is tough news. What's worse is having diabetes and not knowing it.

Between 5 million and 6 million—roughly one-third of the total number of people who have diabetes in the United States—are unaware they have the chronic and potentially deadly disease.

Some people can have type 2 diabetes—the most common form of the disease—for up to a dozen years before diagnosis. And without proper diagnosis, you can't take steps to minimize the complications that often accompany diabetes.

### DIABETES DEFINED

Insulin is a hormone used by the body to help cells use glucose, or sugar, in the bloodstream, for energy. In type 2 diabetes, the body doesn't make enough insulin or properly use what insulin it does make. The result is hyperglycemia, or too much glucose in the bloodstream.

This excess glucose triggers blood vessel damage that may lead to eye, kidney and nerve problems in people with diabetes. Research suggests that those with type 2 diabetes also face an increased risk of heart disease and stroke, along with high cholesterol, high blood pressure and obesity.

### SIMPLE TEST

The preferred way to diagnose diabetes is the fasting plasma glucose test. You don't eat anything for eight to 10 hours prior to the test. Then some blood is drawn and the amount of glucose is measured.

A normal reading after fasting would be less than 110 milligrams of glucose per deciliter (mg/dl) of blood, according to the American Diabetes Association (ADA).



## HIDDEN DIABETES

A reading above 126 mg/dl from samples taken on two different days typically leads to a firm diagnosis of diabetes.

The ADA recommends that all people 45 and older be tested for diabetes. If the results are normal, the test should then be repeated every three years.

**TO TALK TO SOMEONE ABOUT DIABETES, CALL (828) 580-6782.**

Those under 45 who have a higher risk of developing type 2 diabetes should be tested as well. You are at greater risk if you:

- ▶ Are overweight.
- ▶ Have a parent or sibling who has diabetes.
- ▶ Are African American, Alaskan Native, American Indian, Asian American, Hispanic American, or Pacific Islander American.
- ▶ Have delivered a baby weighing more than 9 pounds or experi-

enced diabetes during pregnancy (called gestational diabetes).

- ▶ Have high blood pressure or high cholesterol levels.
- ▶ Had an abnormal result on a prior glucose tolerance test.

### POSSIBLE WARNING SIGNS

Many people have type 2 diabetes but don't realize it because the disease can develop without warning. However, symptoms may include:

- ▶ Frequent urination.
- ▶ Unusual thirst or weight loss.
- ▶ Extreme hunger or fatigue.
- ▶ Blurred vision.
- ▶ Cuts or bruises that are slow to heal.
- ▶ Recurring infections of the skin, gums or bladder.

If you experience any of these symptoms or if you're at risk for diabetes, it's important that you be tested for the disease.

Treatment typically involves making changes in diet and exercise habits. Oral medications or insulin injections may also be necessary.

## No more insulin?

An experimental cell transplant technique may someday eliminate the need for insulin injections in those with type 1 diabetes.

In what's been called a major breakthrough in treating the disease, Canadian researchers injected insulin-producing pancreas cells in eight adults with type 1 diabetes. All eight were able to quit their daily insulin shots following treatment.

A larger, international study—partially funded by the National Institutes of Health—is under way to test the treatment in 40 more patients.

Approximately 1 million Americans have type 1 diabetes, a disease in which the immune system destroys pancreatic cells that secrete insulin—a hormone necessary for converting sugar into energy.

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## HEART

## Angiography

## INSIDE STORY

X-rays reveal blocked arteries in the heart



Your doctor just told you that the arteries in your heart may be blocked.

To find out for sure, you're about to undergo coronary angiography—a test that uses x-rays to produce a clear view of the arteries in your heart.

**Q How is coronary angiography (also called coronary arteriography) performed?**

**A** Your doctor inserts a thin tube, called a catheter, into an artery in either your groin or arm. The tip of the catheter is moved into your heart.

Then dye is injected. This dye allows your doctor to see your arteries with a fluoroscope—a machine that takes x-ray motion pictures and projects them onto a TV screen. These x-rays are called angiograms.

**Q Where is angiography performed?**

**A** Angiography takes place in a hospital catheterization laboratory, also known as the “cath lab.”

**Q How do I prepare?**

**A** Your stomach must be empty when you have the procedure, otherwise you may become nauseated. So you shouldn't eat or drink anything for at least six to eight hours before the test.

You may also need to temporarily stop taking certain medications, such as blood thinners. Your doctor will give you exact instructions.

**Q How long will it take?**

**A** The procedure usually lasts 30 minutes to two hours. However, that doesn't include preparation and recovery time. “From start to finish you're looking at around six hours,” says cardiologist

Spencer B. King III, M.D., past president of the American College of Cardiology.

**Q Will it hurt?**

**A** Most people don't feel pain during angiography, though you may have some discomfort.

Before the procedure, you may be given a mild sedative that helps you relax but won't put you to sleep. You need to remain awake so you can follow instructions during the test.

**TO LEARN MORE ABOUT**

**ANGIOGRAPHY, CALL**

**(828) 580-6905 OR**

**(828) 879-6711.**

A small area of your groin or arm—where the catheter is inserted—will be cleaned and shaved. You'll also receive a local anesthetic to numb this spot.

The dye doesn't hurt, but it may cause a feeling of warmth for about 30 seconds after it's injected.

**Q Are there any risks?**

**A** Serious complications are rare, occurring in less than two in 100 procedures.

Risks include abnormal heart rhythms, low blood pressure and allergic reaction to the dye. Your doctor will help you weigh risks and benefits.

**Q What happens after the procedure is over?**

**A** The doctor removes the catheter.

If the catheter was in your groin, bandages will be necessary. A small sandbag may also be placed on your groin for a while to minimize the risk of bleeding. The weight won't be

uncomfortable, but you'll need to stay in bed for several hours.

If the catheter was in your arm, the incision will be closed with stitches.

**Q What will it show?**

**A** Angiography allows your doctor to see any blockages in your arteries that may limit blood flow to your heart. Diminished blood flow can trigger chest pain (angina) and heart attack.

**Q If one or more arteries are blocked, what's next?**

**A** Depending on the number, size and location of those blockages, you may need angioplasty or bypass surgery to open up your arteries, Dr. King says.

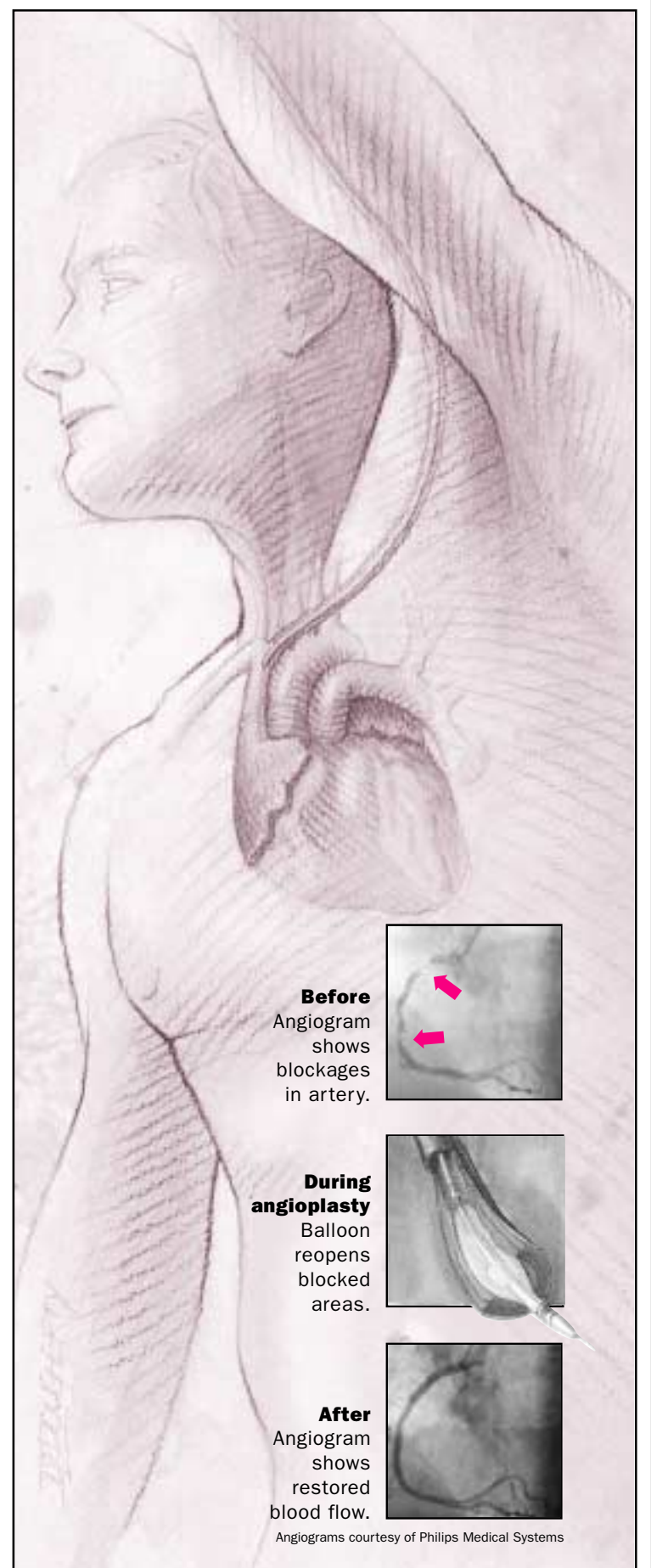
**Angioplasty.** The initial steps of angioplasty are similar to those of angiography. And angioplasty also takes place in a cath lab.

A doctor makes a small incision in the arm or groin and inserts a catheter. The tip of the catheter is advanced into the coronary arteries. A second catheter, with a tiny deflated balloon on its tip, is then inserted through the first catheter. When the second catheter reaches the correct location, the balloon is inflated, which flattens arterial plaque and enlarges the inside of the blood vessel.

**Surgery.** The goal of bypass surgery, also known as open-heart surgery, is to detour blood around blocked arteries.

To do that, blood vessels taken from another part of the body are attached above and below the blockages. Blood then flows through the new connections, bypassing the narrowed areas.

Both angioplasty and bypass surgery do a good job at restoring blood flow to blocked areas of the heart. Your doctor will determine which procedure is best for you.



**Before**  
Angiogram shows blockages in artery.

**During angioplasty**  
Balloon reopens blocked areas.

**After**  
Angiogram shows restored blood flow.

Angiograms courtesy of Philips Medical Systems

## Blood pressure drug helps heart disease, diabetes

### Less risk of surgery, heart attack, stroke

A commonly prescribed blood pressure medication can significantly reduce the risk of heart attack, stroke or death from heart disease in people—even if they don't have high blood pressure, according to results of a landmark study.

In the study, researchers randomly assigned 9,297 men and women to receive either the ACE

inhibitor Altace (known generically as ramipril) or a placebo.

Angiotensin converting enzyme (ACE) inhibitors are routinely used to lower blood pressure and treat congestive heart failure.

None of the study volunteers, however, had heart failure. They were considered at high risk for a heart attack because they had either cardiovascular disease or diabetes plus one other risk factor, such as high blood pressure, high cholesterol or smoking.

During five years of follow-up, the researchers found that even among those without high blood pressure, Altace:

► Lowered the risk of death from cardiovascular disease by 25 percent compared to the placebo.

► Reduced nonfatal heart attacks by 20 percent.

► Lowered risk of nonfatal strokes by 32 percent.

► Decreased the need for heart surgery (angioplasty or bypass) by 15 percent.

► Reduced the risk of developing diabetes by 33 percent among those who didn't already have the disease.

Because of these findings, ACE inhibitors may now be added to the list of medications—including aspirin, beta-blockers and cholesterol-lowering drugs—recommended to people who have heart disease or are at high risk of developing it.

“This extends the use of ACE inhibitors to hundreds of thousands of people who had not been

considered candidates for its use until now. Possibly everyone with heart disease and diabetes should be on this drug,” says Peter Sleight, M.D., one of the researchers.

While the study only looked at Altace, Dr. Sleight believes that other ACE inhibitors might provide similar results.

The study was presented at the 72nd scientific sessions of the American Heart Association. Results were published in the *New England Journal of Medicine*.

## IMAGING



The Toshiba Aquilion CT scanners at the Blue Ridge HealthCare System hospitals are superior in speed, image quality, precision and performance, and they decrease patient exam time.

### Blue Ridge HealthCare System

# WORLD'S FASTEST CT SYSTEM INSTALLED

Exam time drops from minutes to seconds

**T**he Blue Ridge HealthCare System hospitals have joined an elite number of American hospitals by installing the world's fastest, most powerful computed tomography (CT) system. The Aquilion™, from Toshiba America Medical Systems, is now in use at Grace and Valdese General Hospitals. With this new CT equipment studies such as chest exams that formerly required 20 to 30 minutes to perform can now be completed in 20 seconds.

Not only is a speedy CT scan less taxing on patients, but Blue Ridge HealthCare expects to greatly increase its exam capacity, which means more patients can be examined more quickly

and efficiently. "No longer do patients need to leave our community to get to the best CT scans available today," says Robert Diaz, the system director for Blue Ridge HealthCare System radiology. "For trauma patients, this technology can be lifesaving by providing better, more precise images much faster than older CT systems. For patients with blood clots, infections and diseases such as cancer, early diagnosis with the Aquilion can result in faster, more effective diagnosis and treatment."

#### COVERING IT ALL

While CT uses x-ray technology, it is distinguished from other imaging tools—such as traditional x-ray and MRI—by its

ability to display a combination of soft tissue (muscles, tissue, organs and fat), bones and blood vessels all in a single image. Radiologists perform CT scans to diagnose kidney, lung, liver, spine and blood diseases, cancer, tumors and cysts, as well as blood clots, hemorrhages and infections.

Acquisition of the Aquilion CT scanners presents several advantages for Blue Ridge HealthCare System hospitals, says Stuart Tinkler, M.D., radiologist at Valdese General.

"First of all, this is a quantum leap for our hospitals. Because of the speed capabilities of the scanner, patients and exam times are decreased. The image quality has improved for many reasons

and thinner scanned sections provide smaller detail. Secondly, the speed of the scanner decreases distortion of image caused by motion such as breathing or body movement. And a third and significant advantage is the ability to perform coronary artery calcification examinations," Tinkler says. "We are now able to screen patients for silent coronary artery changes. This may encourage patients to modify their lifestyles and reduce the risk of coronary heart disease."

During a CT exam, a patient lies on a table and is slowly moved into the large donut-shaped opening of the scanner. Once inside, a series of x-ray beams create hundreds of cross-sectional pictures that represent slices of

the patient's body. Seconds later, the system's computer assembles the slices into three-dimensional images that are interpreted by a radiologist.

The Aquilion can acquire more of those anatomical slices than any other system, thanks to a new technology called multislice imaging. In fact, the Aquilion is so fast that it can rotate around a patient's body in only half a second. At that speed, this CT creates a gravitational force of 13 Gs—that is four times the force of the space shuttle during lift off. But the only sensation the patient experiences is the ticking of the machine.

As a result, Toshiba's multislice technology is among the first that is quick enough to capture images of the body's rapidly moving organs such as the heart and lungs, which appear blurred when scanned by traditional CTs. Multislice imaging is also especially useful for examining patients who are unable to hold their breath, such as trauma victims, acutely ill patients and young children.

**NO LONGER DO  
PATIENTS NEED TO  
LEAVE OUR COMMUNITY  
TO GET TO THE BEST  
CT SCANS AVAILABLE  
TODAY. FOR MORE  
INFORMATION, CALL  
(828) 580-6905  
OR (828) 879-7611.**

#### LOCAL SERVICE

"I am very excited about the revolution in imaging created by our new Toshiba Aquilion scanner. As we develop our skills in utilizing its full potential, angiograms and 3-D reconstruction imaging may not only take a few minutes, but also become an integral part of radiology," says Brent Stearns, M.D., Grace Hospital radiologist. "Who could have imagined angiography with the patient on the table for only three minutes, even as little as five years ago?"

Blue Ridge HealthCare System provides a full range of comprehensive health care services to the residents of Burke and surrounding counties. They have also entered into an agreement with Toshiba to be the host regional demonstration site for prospective Toshiba clients.

For more information, call (828) 580-6905 or (828) 879-7611.

## GRACE RIDGE

# VESNA DRAXLER APPRECIATES GRACE RIDGE RETIREMENT



■ Vesna Draxler's weaving loom is always up with a work in progress.



■ Vesna Draxler at home in Grace Ridge.

**W**hat brings people to live at Grace Ridge? Many things. But for Vesna Draxler it was the good people living there and the snowstorm of 1993.

"One of my good friends lived at Grace Ridge and had been trying to get me to move here," she says. But living in the Burke County countryside had its advantages. It was the home she and her late husband, Bruno, had made and lived in for years. It was quiet, close to town but in the country and scenic. It had its disadvantages too, and the snowstorm in 1993 was monumental. Remembered by many in western North Carolina as the "blizzard of '93," the snowstorm was isolating, Mrs. Draxler recalls. "I was isolated without electricity and water; it was a little frightening too," she says. "It was the 'straw that broke the camel's back.'"

Now, living at Grace Ridge, Mrs. Draxler still enjoys her privacy and a scenic view. But she also enjoys the security of having someone around in emergencies.

Being someone who enjoys privacy, Mrs. Draxler keeps busy weaving, sewing, knitting and reading. Her apartment at Grace Ridge holds evidence of those interests. One room holds her vast array of craft and sewing supplies and equipment—and her computer. And one wall of shelving in her living room holds her large book collection.

An active and independent octogenarian, Mrs. Draxler still does her own driving and is an active member of South Mountain Hand Weavers Guild, which she organized in the early 1980s. And she is an avid traveler. Some of her traveling includes attending weaving conventions and vacationing with her family. In fact, some might say her apartment at Grace Ridge is just shelter between trips.

"I tell folks that I have summer and winter daughters," she says. Her eldest daughter, Alexandra, lives in Paris and the younger, Carola, lives in California. "Every other year I go to France to visit my daughter; most

of my family is in Europe." When she doesn't go abroad, her daughter comes to the states and they vacation together. She also visits friends and family who live in Pennsylvania, Chicago and Canada. "I travel a lot," she says.

At Grace Ridge life is convenient, uncomplicated and filled with many social options. But life hasn't always been that way for Mrs. Draxler.

## BEING A 'NOVELTY'

The Draxlers came to the United States in 1949, then to Morganton in 1953. "Being foreigners made us a novelty. We were guests for all the organizations," Mrs. Draxler says that she and her husband were probably one of only two foreign couples who lived in the area.

## FOR MORE

## INFORMATION

## ABOUT GRACE RIDGE

## OR FOR A TOUR, CALL

**(828) 580-7301.**

They left their homeland to escape the hardship that resulted from communist oppression after WWII. Native Europeans, Mrs. Draxler is from Croatia; her husband was Hungarian. After the war her husband worked for the U.S. legation in Hungary. His position put his life and the lives of his family in danger. The Draxlers wanted to move to the U.S., but the waiting time for an immigration visa was about 10 years. So for immediate safety they moved out of the communist territory to London; they had friends there, and Mrs. Draxler had gone to school there.

In London, Mr. Draxler took a position in the U.S. Embassy. "The Americans were good to us," Mrs. Draxler says of their move to London. "They got us room for two weeks and a position in the U.S. Embassy." But finding housing after two weeks was very difficult since they had a child. "No one wanted to give people room if they have child," Mrs. Draxler says, her native accent still revealing the anguish they felt as a young couple with a child having to move away from

family and homeland to escape the daily threat of communist oppression.

But the Draxlers were determined. She found a newspaper advertisement for a position that answered all their needs. The position, in the home of a concert pianist, was for a couple—a woman housekeeper and cook and a man to help with odd jobs around the house. Children were welcome! "What a blessing," she says, expressing her appreciation with lifted hands. The position included room and board. The monthly salary her husband made working in the embassy left them one pound to live off after paying for housing. "We could not live off one pound a month," she says. Mrs. Draxler confesses that when taking the position she knew nothing about cooking and housekeeping. But she learned how to cook. "I bought a book," she says.

Both children of wealthy parents, the Draxlers had grown up developing academic and administrative skills, not skills of labor. Still, their parents had taught them the value of a dollar and strong work ethics, she says. "We were not afraid of hard work. We were willing to do whatever we had to do to make a living for ourselves and our children." Mrs. Draxler's father was governor of the providence of Yugoslavia (Croatia). Mr. Draxler's family owned a large farm, but he never learned any of the farm jobs.

## COMING TO THE STATES

When the time came that they could apply for a visa, they had to have a sponsor and be an expert in at least one of a few specified professions. Mr. Draxler had a doctorate degree in business from the University of Vienna, but business expertise was not one of the options. Since he was the product of a farming family he chose agriculture. Friends who lived in Charlotte sponsored them and they came as farmhands to Pennsylvania.

But the only farming know-how Mr. Draxler had was what he knew from hearing about and seeing farm work. Consequently, when it came time to slaughter the hogs, he sought a lesson from the neighboring farmer. He was told to write the Morton Salt Company for instructions because the

*Continued on page 5*

## HEART HEALTH

# SILENT HEART ATTACK HARD TO HEAR

**O**ne day last summer while helping his neighbor change a flat tire, Doug Crawford felt overly fatigued. The walk back to his house and the slight incline of his driveway got the best of him. Winded and sweating, he collapsed in his favorite chair to catch his breath.

The otherwise healthy and active 73-year old Crawford had just had an asymptomatic myocardial infarction—a silent heart attack.

Several days later, Crawford noticed it took an unusual amount of effort for him to keep up with his wife, Joyce, on their daily walks. An avid hiker, photographer and outdoorsman, Crawford enjoyed exercise and physical labors. His shortness of breath and fatigue were beginning to interfere with his daily activities.

While donating blood for the Red Cross, Crawford learned that his blood pressure was slightly elevated. Although unusual, there was no immediate concern. Over the next three to five months, the fatigue, difficult breathing and inability to perform normal routines prompted Crawford to schedule a doctor's appointment. His family physician performed an EKG stress test and was not pleased with the results. "I flunked that test big time!" Crawford says. "The test was barely started and it had to be stopped because of rapid heart beats [ventricular tachycardia]."

His medical record from two years earlier showed no heart-related issues, but still the physician thought there was enough difference in the EKG results to call for more testing. So Crawford was sent immediately for more diagnostic work.

## PROBLEM BALLOONS

Crawford says that he remembers thinking his blood pressure was historically low and he expected the problem could be handled with angioplasty. This is a procedure used to eliminate areas in narrowing of the blood vessels by inserting a balloon catheter to inflate the affected vessel. "I don't remember being worried because it is not my nature," Crawford says. But what he expected to be a simple catheterization procedure "ballooned" into triple bypass surgery lasting over three hours. Crawford says the operation was successful, and 24 hours later he walked from the ICU to his room down the hall.

During this significant walk, Crawford experienced unconsciousness, and as a result went into atria fibrillation. This is not an unusual reaction after heart surgery but did present a myriad of complications and extended hospitalization.

Upon returning home, Crawford faced a tremendous decision about resuming his normal activities. A home health care representative visited and brought information on education and diet, as well as cardiac rehabilitation services offered through Blue Ridge HealthCare System hospitals.

"I was not looking forward to rehabilitation. I was apprehensive and not sure what to do. After

my first few rehab sessions, I was more tired. I realized what a life-threatening experience I had and needed some reassurance," Crawford says. In December 2000, Crawford enrolled in the Grace Hospital cardiac rehabilitation exercise program. The rehabilitation process includes exercise with different cardiac equipment, stress tests and a well-trained staff to monitor his every heartbeat.

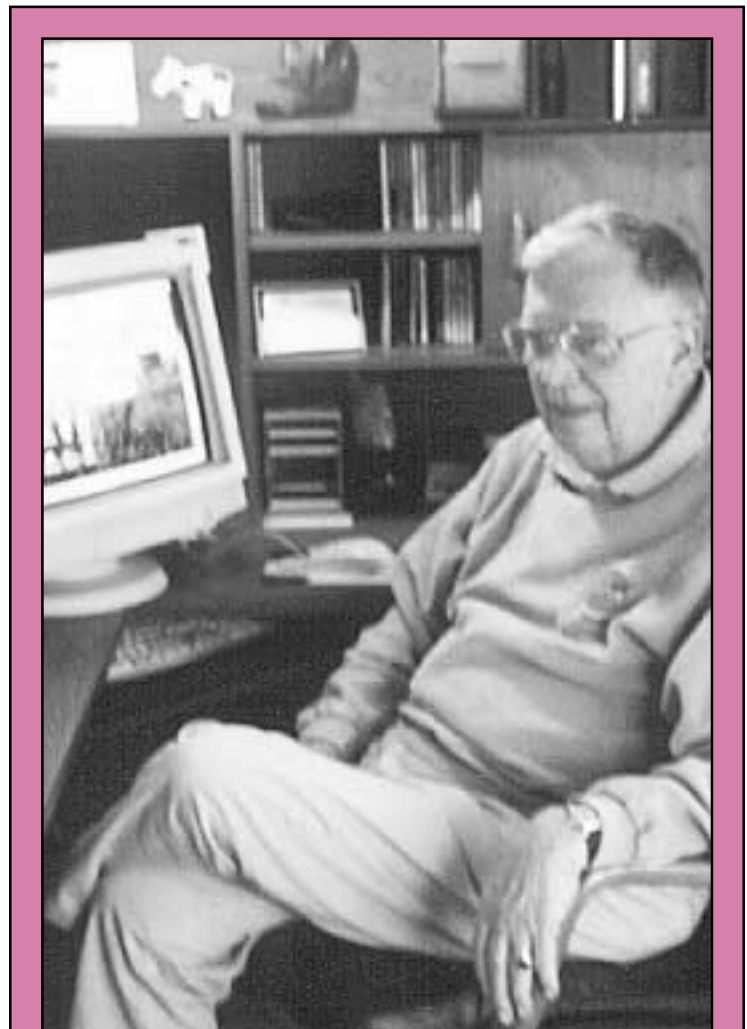
Crawford says that he can now walk faster and longer and is more aware of his physical limitations. "I think it is an excellent program for everyone, not just heart patients." Crawford says that his family and friends have been very supportive. He plans to resume an outdoor exercise program soon.

## NEW GOALS

After heart attacks, a lifestyle change is mandatory for successful recuperation and longevity. Several years ago, Crawford's wife, Joyce, was diagnosed with diabetes. She now prepares healthy meals that are restricted in sodium, sugar and foods high in cholesterol as well as Crawford's favorite foods.

Cardiovascular disease, which includes all heart conditions and strokes, is the No. 1 killer of American men and women. However, as a heart attack survivor, Crawford encourages others to be more aware of their health and not take it for granted. "You are never really as healthy as you think you are. A silent heart attack is an alarming wake-up call because you always think it could only happen to someone else. Although a heart attack is not the end of the world, you must know your limitations or suffer the consequences, as I have found out," he says.

Since his silent heart attack,



Crawford enjoys some leisure time at his computer after a silent heart attack changed his life.

Crawford has prioritized his life and set some new goals. He continues his exercise program and cardiac rehabilitation three days a week in a structured environment. Other hobbies he enjoys include photography and assisting the Burke Mission Station with their financial records. He continues to expand his knowledge of the computer through classes at WPCC.

Crawford says, "The most important thing to do after a heart

attack is to exercise in a structured environment and maintain a positive outlook on life. Stay motivated and stay healthy. Encourage others to do the same. Most importantly know your limitations. If you're having shortness of breath, exertion or high blood pressure, please don't hesitate to see your doctor. It could save your life."

When his heart is ready to cooperate, Crawford says he is looking forward to a good steak!

## Know your limitations

The most important thing to do after a heart attack is to exercise in a structured environment and maintain a positive outlook on life. Stay motivated and stay healthy. Most importantly, know your limitations. If you are having shortness of breath, exertion or high blood pressure, please do not hesitate to see your doctor. It could save your life. For information about Blue Ridge HealthCare System cardiac rehabilitation program call (828) 580-6563 or (828) 879-7528.

## Grace Ridge retirement

Continued from page 4

process was too difficult to explain. Mrs. Draxler remembers standing beside her husband, reading hog-slaughtering instructions, taking time out to throw up, then back to reading the instructions. She laughs now and says, "We didn't know that I was pregnant." But she says that was just partly the reason for her nausea.

The Draxlers left Pennsylvania in 1951 and moved to Arden, N.C., to be closer to their friends and sponsor family. But their daughters, both very bright girls, would want to attend college and the Draxlers knew their salaries as farmhands would not cover university tuition. So they answered another newspaper advertisement, this time for an apprentice position in a Morganton accounting firm with Graham DeVane. Mr. Drax-

ler got the job and they moved to Morganton in January 1953. After completing the apprenticeship, he took a position with Shadowline, where he stayed and was vice president of financial services when he retired. Mrs. Draxler worked for Billy Joe Patton, a Morganton lumber broker.

Mrs. Draxler is one of many Grace Ridge residents with an interesting life story. She is one of many who enjoy the comforts of a community and the privacy of independent living that Grace Ridge allows. "Living here, any-

one can stay busy and interact with people, or have privacy," Mrs. Draxler says. Grace Ridge residents enjoy activities including movies, symphony trips, line dancing, greenway walks, card games and much more, she says. "But I enjoy privacy."

## INDEPENDENT LIFESTYLE

Grace Ridge is a Life Care retirement community where residents enjoy a stimulating and independent lifestyle in a range of residences and common areas, and a complete continuum of health care. Life at Grace Ridge

provides financial security, flexibility and peace of mind for residents and their families.

Grace Ridge is one of the best values in Life Care retirement living in North Carolina by offering accommodations for every level—independent living in apartments and cottages, assisted living, nursing care and specialized dementia care. Recent expansion offers new apartment residences and a modern nursing center.

For more information about Grace Ridge or for a tour, call (828) 580-7301.

# "G

ood game," Charles Potts yelled, slinging a towel over his shoulder. He smiled. At 54, he could still shoot hoops like guys half his age.

But within minutes, Potts was feeling strange. He couldn't catch his breath or stop sweating, even after showering and getting dressed.

"That triggered an alarm," he recalls.

Potts walked home and asked his wife to drive him to the hospital. In the car, pain started gripping his chest in waves, each with greater intensity.

"It felt like a house settled down on me—like I was being squeezed or mashed flat," Potts says.

The doctor told him he was having a heart attack—somewhat surprising in light of his age and healthful lifestyle. He exercised regularly, ate a decent diet, didn't smoke and was near normal weight.

"I was such a straight arrow," he says. "My habits were not the kind that I thought would have led to a heart attack."

But as Potts learned, heart attacks can happen to anyone.

#### A CLOSER LOOK

A heart attack occurs when the blood supply to part of the heart is severely reduced or stopped. The most common cause is a clot in one of the arteries that supplies the heart with blood.

If the blood supply is cut off for a long time, muscle cells may suffer permanent damage and die. Depending on which part of the heart muscle is involved, the pumping ability and electrical system of the heart may also falter or fail.

It takes about six hours for all this damage to occur, says Lynn Smaha, M.D., Ph.D., past presi-

dent of the American Heart Association (AHA). Fortunately, early treatment can intercept some or all of the damage.

#### DANGEROUS EXCUSES

"It's probably just indigestion—I'll take an antacid."

"This pain will go away—I'll just wait it out."

"I don't want to call an ambulance."

It can be easy to brush off heart attack symptoms, according to the National Heart Attack Alert Program. But making excuses could cost you your life.

#### DON'T WAIT TO CALL

#### FOR HELP IF YOU'RE

#### HAVING A HEART

#### ATTACK.

"Time is of the essence," Dr. Smaha says. "Muscle is dying as long as the blood vessel is closed. The sooner you can get that clot out of there, the sooner you can re-establish blood flow."

In fact, receiving treatment, such as a clot-busting drug, within the first hour of a heart attack almost triples a person's chances of survival—and that protection extends to better survival rates up to 10 years after the attack, according to a study published in the AHA's scientific journal *Circulation*.

#### SURPRISING SYMPTOMS

If you experience any signs of a heart attack, don't wait. Call 911 or your emergency medical services right away, the AHA says.

The most common signs are:  
 ▶ Uncomfortable pressure, fullness, squeezing or pain in the center of the chest that lasts more than a few minutes or goes away and comes back.

▶ Pain spreading to the shoulders, neck or arms.

▶ Chest discomfort with lightheadedness, fainting, sweating, nausea or shortness of breath.

Not everyone experiences the classic symptoms of a heart attack, however. Be prepared to recognize these less common signs:

▶ Unusual pain in the chest, stomach or abdomen.

▶ Nausea or dizziness (without chest pain).

▶ Shortness of breath and trouble breathing (without chest pain).

▶ Anxiety, weakness or fatigue for no apparent reason.

▶ Rapid, intense beating, throbbing or fluttering of the heart (called palpitations).

▶ Cold sweat or paleness.

"[People] need to pay close attention to any unusual symptom they may be experiencing and if there is even the slightest chance they may be experiencing a heart attack, they should...seek immediate medical attention," Dr. Smaha says.

#### AT THE HOSPITAL

Doctors and medical staff will work quickly to determine the cause of your symptoms and give you the best treatment.

For starters, you may receive supplemental oxygen—usually through small nasal prongs or a face mask—and fluids and medicine through an IV tube that is inserted into your vein.

Depending on your situation, you may have one or more of these tests:

**Electrocardiogram (EKG).** Round, sticky pads—or sensors—with wires attached are placed on your chest. A machine records your heart's rhythm, beat frequency and electrical impulses. The results are generally displayed on a monitor screen or printed out on paper.

**Coronary angiography.** The

doctor guides a thin, plastic tube into your heart through a blood vessel, usually in the groin, then injects a liquid dye through the tube. This is done under local anesthetic. High-speed x-ray movies record the dye as it flows through the heart. The doctor can spot blocked arteries by watching the liquid's flow.

**Echocardiogram.** You lie still as a technician moves a device called a transducer over your chest. The transducer emits silent sound waves that bounce off your heart, creating pictures of it. This is safe and painless. The pictures show your doctor the size and shape of your heart muscle and how well it pumps.

**Blood tests.** Blood samples are drawn and tested for substances that are gradually released by injured heart muscle cells. The tests, sometimes called heart damage markers or cardiac enzymes, help confirm an earlier diagnosis of a heart attack.

Other tests may also be done depending on what your doctor needs to know. The results will help determine the best treatment.

#### ACTION PAYS OFF

Charles Potts was fortunate: He got to the hospital and received treatment soon enough that his heart attack caused no permanent harm.

"My doctor says I have no damaged heart tissue," he says. "I owe that to the speedy treatment I received and my getting to the hospital rapidly."

Potts advises other people to trust their instincts too if they notice any signs of a heart attack.

"A lot of people deny it," he says. "But I knew something serious was going on, so I wasn't going to hang around the house and see if I was going to get better."

## HEART ATTACK

# Quick action can save your life

## During a heart attack, chewing aspirin may help

If you have any signs of a heart attack, the first thing to do is call 911 or your emergency medical services number, says Lynn Smaha, M.D., Ph.D., past president of the American Heart Association.

Next, unless you are allergic to aspirin or your doctor has specifically told you not to take it, chew and swallow one adult aspirin, the American College of Emergency Physicians recommends.

Aspirin thins the blood, which may prevent clots from growing larger or re-clotting after they have dissolved. Chewing the aspirin before swallowing it will help you absorb the drug more quickly, Dr. Smaha says.



## Sex after a heart attack

After a heart attack, you may wonder when it's OK for you to resume sexual relations.

Lynn Smaha, M.D., Ph.D., past president of the American Heart Association, says it's generally fine to proceed if all of the following are true:

- You can walk for 30 minutes on level ground without stopping.
- You can climb two flights of stairs without stopping.
- Your doctor says you have sufficiently recovered.

Before beginning, however, set some ground rules with your partner.

"You need to have an agreement ahead of time that if you get tired, feel fatigued, or if a problem comes up, you will stop right there," Dr. Smaha advises.

Other suggestions from the heart association:

- Choose a time when you're rested and relaxed.
- Wait at least one hour after eating a full meal so digestion can take place.
- Select a familiar, peaceful setting where you won't be interrupted.
- If prescribed by your doctor, take medicine before having sex.

**Caution:** If you are taking a heart medication that contains nitroglycerin, do not also take Viagra, a drug prescribed for erectile dysfunction.

Both drugs dilate blood vessels. Taken together, they compound each other's effects and can be harmful.

"Nitroglycerin would normally dissipate in your system in about 20 minutes," Dr. Smaha says. "If you take Viagra too, the effects may last six or seven hours and cause all sorts of problems."

Nitroglycerin is sold under several brand names, including Ismo, Monoket, Imdur, Isordil, Sorbitrate, Nitrostat, Nitro-Dur and Minitran.

If you aren't sure whether your medication contains nitroglycerin, you should ask your doctor or pharmacist.

## Heart attack treatments

Several treatments are available for heart attack. Some are given quickly to halt muscle damage or to restore a normal heart-beat; others are given later to help prevent future complications. Options include:

### CLOT-BUSTING DRUGS

**Used to:** Dissolve blood clots in the arteries.

**How it's done:** Drugs, such as streptokinase or tissue plasminogen activator (TPA), trickle into a vein through an IV.

The medicine usually starts working within 15 minutes to 90 minutes, depending on how fast the blood carries it to the heart.

Future clot-busting drugs may be injected in one or two squirts, which might dissolve clots faster.

Clot-busting drugs are com-

monly used and quite effective. But some people, especially those who have bleeding problems or severely high blood pressure, should not take them.

### BALLOON ANGIOPLASTY

**Used to:** Expand narrowed coronary arteries.

**How it's done:** Blocked arteries are located in a painless procedure called *cardiac catheterization*.

First, a doctor inserts a thin, flexible tube into an artery, usually in the groin, and guides the tube to the heart. Then a liquid dye is injected through the tube. High-speed x-ray movies record the liquid as it flows through the arteries, and the doctor looks for blockages.

Then the doctor inserts a smaller, balloon-tipped tube into the guide tube and advances it to the narrowed section of the artery. The balloon is inflated, expanding the inner diameter of the

artery. Then the balloon is deflated, and the catheters are removed.

In about one-third of people who have balloon angioplasty, the widened part of the artery narrows again—usually within six months. The doctor may do another angioplasty or place a wire mesh tube called a stent in the artery to prop it open.

### BYPASS SURGERY

**Used to:** Reroute blood around blocked arteries if balloon angioplasty fails and chest pain continues, or if angioplasty is not an option in the first place.

**How it's done:** First, the blocked artery is located using cardiac catheterization. Then the surgeon takes a blood vessel from another part of the body, usually the leg or chest, and uses it to construct a detour around the clogged part of the artery. The new channel carries blood to the heart without interruption.

Bypass surgery is also done

after a heart attack if an artery renarrows after balloon angioplasty.

### DEFIBRILLATORS

**Used to:** Restore the normal rhythm of the heart if it stops beating or is beating at a dangerously rapid rate.

**How it's done:** A machine placed on the chest administers an electric shock.

### CONTINUING SUPPORT

Following a heart attack, rehabilitation programs provide many helpful services including:

- ▶ Advice on starting an exercise program and changing risky health habits such as smoking.
- ▶ Guidance on returning to work.
- ▶ Emotional, social and psychological support.
- ▶ Counseling on optimal disease management.

Sources: American College of Emergency Physicians; American Heart Association; Lynn Smaha, M.D., Ph.D., past president of the heart association; American Medical Association

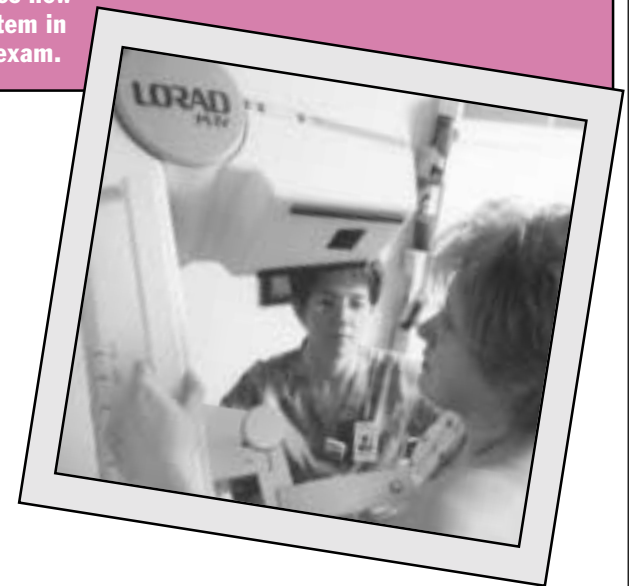
## BREAST HEALTH



**CHURCHES AS AN AVENUE TO FACILITATE BREAST HEALTH**—Task force members for the Komen Project, “Churches As an Avenue to Facilitate Breast Health,” are pictured (left to right) during the first planning session. They are Debbie Hershock, community representative; Janice Rostan, Komen Foundation; Jennifer Boggs, Blue Ridge HealthCare parish nurse coordinator; Erma McGimpsey, community representative; and Jan Hollar, Blue Ridge HealthCare cancer care coordinator. Task force members not pictured are Eddy Banaszewski, Valdese General Hospital Cancer Care Center oncology nurse; and Jane Brown, Burke County Health Department representative.

Melinda Bridgeman uses new LORAD mammography system in breast health exam.

# BREAST HEALTH A PRIORITY AT BLUE RIDGE HEALTHCARE



**T**he chance of women getting breast cancer increases with age. For a woman born in the United States today, her risk by age 30 is 1 out of 2,525 increasing to 1 out of 10 by age 80. Those are statistics published by the National Cancer Institute based on cancer rates from 1995 through 1997.

Blue Ridge HealthCare System is taking the necessary steps to advance technologically and professionally to provide excellent and compassionate breast health care for women.

To help educate women about good breast health and the advantages of early detection, the Blue Ridge HealthCare System Parish Nurse Program is making breast health education available through churches in Burke County. Funding for this education program is by a grant from the N.C. Foothills Affiliate of the Susan B. Komen Foundation.

## **MOST TECHNOLOGICALLY ADVANCED MAMMOGRAPHY SYSTEM**

Grace and Valdese General Hospitals have recently upgraded to a top-of-the-market mammo-

graphy system, the LORAD M-IV. “Since its acquisition late last year, the LORAD has improved our services. It is a wonderful machine that is easier for patient positioning and the images are 100 percent better,” says Mary Jane Wilson, chief mammographer at Grace Hospital Radiology. “This makes it easier to see the finer areas of dense breast tissue.”

The versatility of the LORAD makes breast examinations more comfortable and provides an array of timesaving, cost effective benefits and superior imaging capabilities. An automatic exposure mode produces optimum image quality at the lowest possible doses of radiation exposure during the x-ray. This allows penetration of even the most dense breast tissue where tumors can be difficult to distinguish from normal breast tissue.

“With the LORAD, the combination of technology, grid, special cassettes and film gives an image of much better quality and makes it easier so that neither the patient nor the technologist have to work so hard for a good x-ray,” says Melinda Bridgeman, chief mammographer at Valdese

General. “The addition of the foot pedals frees the hands for better breast positioning. Special spring paddles allow compression of the entire breast without placing undue pressure on one area.”

During a mammogram, the female breast is placed on a flat surface and compressed for a few seconds. This x-ray shows the breast tissue and the pectoral muscle. Normal breast tissue, masses, lumps, and calcium deposits may show up on the image and can be analyzed for possible breast cancer.

**TO SCHEDULE A BREAST HEALTH PROGRAM, CALL (828) 580-5411.**

Breast cancers that are found during a routine mammogram are more likely to be small and confined to the breast area, therefore easier to treat with a higher chance of survival. With routine mammograms and screenings, the survival rate is significantly increased.

For more information or to schedule a mammogram, please call Grace Hospital at (828) 580-6900 or Valdese General Hospital at (828) 879-7611.

## **BREAST HEALTH EDUCATION THROUGH AREA CHURCHES**

Still, even with top-of-the-market technology, breast health education and early detection are the key to reducing the severity of breast cancer attacks. There is no question that early detection for breast cancer may save thousands of women’s lives each year. Finding breast cancer as early as possible greatly improves successful treatment.

By way of a grant from the N.C. Foothills Affiliate of the Susan B. Komen Foundation, the Blue Ridge HealthCare System Parish Nurse Program is making breast health education available to churches in Burke County. For those churches willing to open their doors for breast health education, the Blue Ridge HealthCare Parish Nurse professionals will provide the breast health education program at no charge to

the churches and participants. Additionally, women who attend the program and meet the criteria will be eligible for a free mammogram screening.

“Together we can reduce those statistics,” says Jennifer Boggs, the Blue Ridge HealthCare System parish nurse coordinator. “The goal is to reach at least 600 women in the Burke County area with this information.” A team of Blue Ridge HealthCare professionals will present a breast health education program that will provide breast health information. The professionals presenting the programs are nurses and certified breast self-exam instructors.

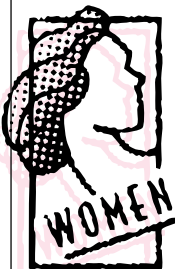
Participants will benefit by being educated to practice self-breast exams and understand the importance of breast health and follow-up. Any Burke County church may request the program, which will be open to the community as well as church parishioners.

For more information or to schedule a program, call Boggs at (828) 580-5411.

## WOMEN'S HEALTH



For many women, the adage "Once a c-section, always a c-section" is no longer true.



History need not repeat itself.

That's the philosophy behind a kind of delivery dubbed VBAC—or vaginal birth after cesarean.

According to the American College of Obstetricians and Gynecologists (ACOG), many women who have had a cesarean delivery can safely give birth vaginally.

Experience shows, in fact, that between 60 percent and 80 percent of women who try for a traditional delivery after a cesarean do succeed.

Whether or not you're a candidate for a VBAC depends largely on the type of incision you had in your uterus from your previous cesarean.

If you had what's known as a "classical" (or high vertical) incision, you're not eligible for a VBAC, cautions ACOG. That's because this kind of cut significantly increases the risk that your uterus will rupture during a vag-

## VAGINAL BIRTH AFTER A CESAREAN

inal birth—a potentially dangerous complication for you and your baby.

**UP TO 80 PERCENT OF WOMEN WHO TRY FOR A TRADITIONAL DELIVERY AFTER A CESAREAN SUCCEED.**

Alternatively, if you've had what's called a low-transverse incision, you're a far better candidate for a VBAC. Women with this kind of incision face only

about a 1 percent risk of uterine rupture, says Bruce Flamm, M.D., a VBAC expert and clinical professor of obstetrics and gynecology at the University of California at Irvine.

Your chances of a successful vaginal birth also increase if—along with your previous cesarean—you have delivered vaginally.

And if you've had more than one cesarean, then what? Talk at length with your doctor. While a vaginal birth may still be an option, you have a higher risk of uterine rupture.

### IF YOU TRY

Should you opt for VBAC,

make sure your doctor checks your medical records to determine what type of incision was used for any previous cesarean.

The hospital where you deliver should also be equipped to handle an emergency cesarean in case you need one, says ACOG.

Finally, if you attempt labor and still end up with a repeat cesarean because a problem arises, try not to be disappointed.

"A cesarean delivery doesn't mean you've failed," stresses Dr. Flamm. "It simply means that everything possible was done to bring your baby safely into this world."

## What you can expect during a mammogram

Mammography is one of the best tools for early detection of breast cancer, especially when used in conjunction with breast self-examination and clinical breast examination by a health care professional.

This unique x-ray can show changes in the breast up to two years before you or your doctor can feel them.

And finding breast cancer early greatly improves your treatment options and chances of surviving the disease.

Currently, the American Cancer Society (ACS) recommends a yearly screening mammogram for all women starting at age 40.

If you've never had a mammogram, you might not know what to expect.

Here is some basic information from the ACS:

► The cost of a mammogram or at least a portion of it is covered by Medicare, Medicaid and most private health plans.

► For the x-ray, you must undress above the waist. You will receive a wrap to wear.

► A technologist will carefully position your breasts for the test. Most technologists are women. Only you and the technologist will be in the room during the procedure.

► The mammography machine will compress your breast during the test. This compression lasts only a few seconds. The entire procedure takes about 20 minutes, however.

► The procedure may be uncomfortable, but you shouldn't feel any pain. If you do, tell the technologist.

To lessen discomfort, try to avoid having a mammogram just before or during your menstrual period when breasts are often more tender.

► By law, you must receive the results of your mammogram within 30 days. You'll receive them sooner—within five working days—if the results appear suspicious so that you can come back for another mammogram and/or further tests.

► About 10 percent of women need a follow-up mammogram. Try not to worry if this happens to you.

Only 8 percent to 10 percent of cases require a biopsy, and 80 percent of those will not be cancerous.

► Schedule and/or request a reminder for your next mammogram while you're at the facility.

### On the mend

## Recovering from your cesarean section

The only thing most people have to show for abdominal surgery is a scar.

But if you undergo a cesarean section, the consequences of surgery are nothing short of miraculous: You have a baby.

However, no matter how delighted you are with your newborn, you still must recover from major surgery. And like the baby you deliver, you also need special care—first in the hospital and later at home. Here's what to expect:

### AFTER DELIVERY

► If you were awake for the sur-

gery, you'll probably be able to hold and feed your baby right away. But if you don't feel up to cuddling your newborn yet, don't worry. There's plenty of time later.

► You'll probably receive IV fluids for one or two days—until you can eat and drink.

► You may have to stay in bed for a day or so. And when you do get up, you'll need help.

► You may feel incredibly tired, particularly if you had a long labor before your cesarean. Remember, you've lost blood during the surgery. This blood loss can leave you listless for weeks.

► You may experience painful gas and constipation—both unwelcome side effects of anesthesia and surgery. Walking up and down the hospital corridors (as soon as you can) should help ease your discomfort.

► The incision in your abdomen will probably be very sore for at least a few days. Your doctor can give you pain relievers as needed.

Even so, if you're breastfeeding, you may need to nurse your baby while lying on your side.

### BACK AT HOME

► Even with a hospital stay of

several days, you'll still need extra help at home.

Don't be shy about asking friends, relatives and other Good Samaritans to lend a hand with cooking, cleaning and helping care for your baby.

► Sorry, but no heavy lifting or driving for a few weeks after delivery. You need to keep pressure off the incision while it heals.

► Finally, if you develop a fever or the pain from your incision worsens, alert your doctor. Both symptoms signal an infection.

Source: The American College of Obstetricians and Gynecologists

## WELLNESS



Some teasing is silly—and harmless. But bullying is never acceptable.

## NO TIME FOR BULLIES

You can help your child avoid aggressive behavior

In the movie *My Bodyguard*, a boy who is continually picked on by a group of school bullies hires another, bigger out-cast to protect him.

It's a nice plot, but in reality children can't depend upon their classmates to save them from harassment.

They can't always count on their teachers, either.

A study presented at an annual convention of the American Psychological Association indicated that teachers are better at identifying the bullies than the victims of bullying.

That's why parents should talk to their kids about bullying behavior early in their school years. Children can learn skills that will help them deal with aggressive classmates, and parents can encourage behavior that makes it less likely their child will be targeted as a "victim."

### WHAT'S A BULLY?

A good definition of bullying can be found in a recent study in the journal *Child Abuse and Neglect*:

"Bullying is intentional, unprovoked longstanding violence, psychological or physical, conducted by an individual or group and directed against individuals who cannot defend themselves

in the actual situation."

Anyone—even adults—can be bullied, but it is most common in groups of younger children. Some studies show it gradually tapering off around grades nine through 12.

Physical bullying—pushing, shoving, threats of physical harm—is the boys' domain.

Girls often engage in "relational bullying"—threatening friendships and social ties. ("No one will like you anymore.")

### NOT A TRIVIAL MATTER

As any child can testify, being the target of bullies is a painful ordeal. The results can be short-lived or long-lasting, and can include:

- ▶ Feeling like a misfit, or unlikable.
- ▶ Low self-esteem.
- ▶ Depression, even suicide.
- ▶ Submissive behavior.
- ▶ Pent-up anger, plans for retaliation.
- ▶ Truancy.

Bullies often have a history of abuse, either from an adult or another childhood bully. Whether that helps them pick out their own victims isn't known, but it appears certain traits do make some children "targets."

According to the Coalition for Children and the National Association for the Education of Young

Children (NAEYC), bullies pick on children who:

- ▶ Don't stand up for themselves.
- ▶ Are insecure.
- ▶ Have poor social skills.
- ▶ Are quick to cry or to be angry.

### WHAT PARENTS CAN DO

Parents can help their children avoid or stop bullying by teaching them to be assertive, but not aggressive. The NAEYC suggests parents try the following:

- ▶ Show children how to say "no" to unreasonable demands.
- ▶ Talk to children about ways to compromise.
- ▶ Teach children how to express feelings with words, not emotions. Children who are easily upset are targets for bullies.
- ▶ After children argue, ask them to replay what happened. Show them how to resolve problems fairly.
- ▶ Let them know that some teasing is silly and can be ignored.

Consult your physician or a child psychologist if you think bullying is a problem for your child. You may also want to share your concerns with your child's teacher or principal.

You also can call the NAEYC at 1-800-424-2460 for more information. Or visit the Web site of the Coalition for Children at [www.safechild.org](http://www.safechild.org) and search under "bullies."

## Confused about the latest medical news?

How to interpret what you read and hear

If you regularly read a newspaper, watch television or surf the Internet, then you're familiar with contradictory medical news.

All too often, what seems good for you today is suddenly bad for you tomorrow.

So how do you sort through all the news and figure out what matters most to your health?

### FROM LAB TO LIVING ROOM

It helps to understand what goes on behind the scenes, says Marcia Angell, M.D., former editor-in-chief of the *New England Journal of Medicine*.

**The big question.** Medical news typically begins as a research question. For example, can exercise reduce the risk of having a heart attack?

**Investigation.** Researchers carefully design a study to help answer the question. A study of exercise and heart attack, for instance, separates people into groups, depending on their exercise habits. Researchers count the number of heart attacks in each group during the course of the study. A statistical analysis helps determine whether chance alone can explain the results.

**Expert feedback.** Preliminary findings are reported to the scientific community. Often this occurs at a national medical meeting where other experts have a chance to ask questions, offer suggestions or point out errors.

**FOR A  
PHYSICIAN  
REFERRAL,  
CALL (828)  
879-7583.**

**Intense review and publication.** Researchers send a written report of their study to a medical journal. The best journals use a process called peer review to help select studies for publication. During this process, leading experts who aren't part of the research team critique the study.

**News reports.** We learn about what's going on from the media. Reporters attend medical meetings, interview experts and read medical journals. They identify what's important, translate the scientific lingo and explain the findings.

Unfortunately, the system doesn't always work well. Sometimes researchers tell reporters

about their work before it's been checked for possible errors. Other times reporters or editors exaggerate the results or get the facts wrong.

### YOU'RE THE CRITIC

By keeping a few questions in mind, you can put medical news into perspective, according to Dr. Angell and a report from the Harvard School of Public Health.

**Who says?** Was the study done at a reputable institution? Have experts reviewed it? Has it been published in a medical journal, or is it a work in progress?

**What was the study about?** What were researchers hoping to accomplish? Who or what was being studied? The results of animal studies don't necessarily apply to people. Results from a study of men may not apply to women.

**What type of study was it?** Researchers can observe things that happen naturally in groups of people, or they can create carefully designed experiments.

For the most accurate findings, researchers often opt for a randomized controlled trial.

In this type of study, people are randomly assigned either to an experimental group (which takes the new drug, for example) or a control group (which doesn't take the new drug). The two groups are then compared to determine what effect the experimental intervention had.

**How many people were in the study?** In general, larger numbers mean more credible results.

**Does the study fit?** Good studies typically support and add to the knowledge gained from previous research.

The more important the findings, the more important it is for other studies to find similar results, Dr. Angell says.

Even widely accepted facts, such as the health hazards of cigarette smoking, grew out of decades of research.

**How are the findings being reported?** News can be exaggerated and still be accurate.

For example, eating red meat might increase the risk of a disease from 1 in 100,000 people to 2 in 100,000. The actual risk is still very low. But a news story might leave out that part and only say that the risk doubles.

**Should I do anything now?** Seldom do you need to alter your lifestyle on the basis of one news report. Talk to your doctor. Wait for evidence to accumulate. Then make any necessary changes.

## COMMUNITY INVOLVEMENT

Hold steady

# YOU CAN ESCAPE MIDLIFE WEIGHT GAIN

**I**n an ideal world, we would gain only wisdom as we aged. But here in the real world we also acquire pounds—plenty of them.

Between the ages of 25 and 54, the average woman in this country gains 16 pounds, reports Cindy Moore, M.S., R.D., speaking for the American Dietetic Association. And the typical man winds up with an extra 10 pounds by middle age.

These pounds affect far more than the way we look in our bathing suits. Being overweight substantially raises the risk of a host of health problems, including heart disease, high blood pressure, diabetes and gallstones.

But now some good news: Midlife weight gain is not inevitable. (Just look around you. Not everyone who remembers watching the Beatles on *The Ed Sullivan Show* is hiding behind baggy clothes.)

And if you've already added pounds, don't be a defeatist. The tips at the end of this article can help you take them off—or at the very least avoid putting on more, which is also to your benefit.

**IT'S CRUCIAL TO  
CHANGE YOUR ROUTINE  
AS YOU AGE.**

But first, some necessary perspective.

#### HOW DID THIS HAPPEN?

"I hear it all the time from middle-aged people," Moore says. "Where did all this weight come from? I'm not doing anything differently."

And that's the problem. It's actually crucial to change your routine as you age, because of the physical changes your body undergoes.

One key shift: Chances are you've gradually lost muscle and added body fat as you've grown older. Since fat cells burn fewer calories than muscle cells do, you don't need as many calories. Here's a typical timetable:

Starting at 30, your body needs about 12 fewer calories every day for every year you add. Thus, on your 40th birthday, you need about 120 fewer calories per day than on your 30th.

It's a change that catches up with you if you don't adjust the way you eat or exercise.

#### COUNTERATTACK

You can start scaling back on the calories you take in by becoming aware of when and why you eat.

Do you mindlessly nibble potato chip after potato chip when watching television? Do you habitually finish all of your children's leftovers? Many of us overeat, and the only way to gain control is to



One way to help control your weight is to share a dessert with a friend or a loved one.

recognize the triggers.

Also watch portion sizes—for example, by cutting only a sliver of chocolate cake if you crave a sweet. And eat slowly. It takes 20 minutes for your brain to tell your stomach that you're full.

Limit the fat in your diet; it's a sure way to trim calories.

Above all else, become more active. Controlling your weight without exercising regularly is a lot like getting a diehard Yankees fan to root for the Mets: While not an impossible task, it's certainly a long shot.

Here's why exercise is so essential:

First, it burns those all-important calories. Second, exercise—especially strength training—increases muscle mass, which in turn increases your body's capacity to burn calories, even at rest.

"If you exercise faithfully, you can have the metabolism of a teenager, no matter what your age," Moore says.

So find a physical activity you enjoy and stick with it. If you do, then you won't mind weighing yourself in the morning.

## Locals shadow physicians

# Walk a Day in a Doc's Shoes program

Have you ever wondered what your doctor does in between patient visits and why it seems you are delayed your turn to be seen? Twenty-one Burke County citizens found out firsthand exactly what doctors are doing during last week's seventh annual "Walk a Day in My Shoes." Sponsored by Blue Ridge HealthCare System and Grace Healthcare Foundation, the program allows local residents a chance to shadow physicians at Grace Hospital, Valdese General Hospital or their affiliates.

"Walk A Day In My Shoes is a wonderful opportunity for everyday people to discover the details of a doctor's life," says Caroline Butler, Grace fund development assistant and event coordinator. "Community members who participate work one-on-one with participating physicians to learn more about each doctor's particular specialty and the health care profession as a whole."

Twenty-one physicians partic-

ipated in the program, either at their own practices or while visiting various departments throughout both hospitals and physicians' offices. Some of the specialties represented included internal medicine, pediatrics, anesthesiology, obstetrics and gynecology, orthopaedics, cardiology, ophthalmology and surgery. The program began with an introductory breakfast where each participant was paired with a physician to shadow for a half day.

One well-known local participant found the experience profound yet revealing. Sam Wilkinson of the Burke County School Board "walked" in Grace Hospital's Emergency Room.

"This was a wonderful experience for me. I spent seven hours with Dr. Jeff Roller and Dr. Frank Smeeks in Grace Hospital's Emergency Room," Wilkinson says. "I saw a steady stream of people, hurting not only physically, but emotionally, and a competent and professional staff



Walking in Dr. Barbara Nagy's shoes, the Rev. Bob Roach of Morganton learns about stress tests and patient interaction at Grace Hospital. Roach is pastor of First United Methodist Church and Dr. Nagy is a pediatrician and family practitioner with Burke Primary Care.

caring for them. I was so impressed. Basically, it was a microcosm of Burke County on a Saturday night and never once did I see a lack of human compassion by the staff."

Another local participant realized the similarity between doctors and the clergy. The Rev. Bob Roach shadowed Barbara Nagy, M.D., a pediatrician and family practitioner with Burke Primary Care of Morganton.

"I saw the hospital and medicine from a doctor's point of view," Roach says. "We encountered one very difficult situation with a family facing an end-of-life issue. Dr. Nagy handled it with

great sensitivity and grace, with a loving bedside manner. It seems she and I face the same situations every day but from different work perspectives." Roach is the pastor of First United Methodist Church of Morganton.

Olla Caldwell of the Western Correctional Center accompanied Keith Smith, M.D., program founder and Grace Hospital chief of staff. Dr. Smith said they had a typical but busy morning. After an initial tour of the office, he performed a sigmoidoscopy, a physical exam for a 40-year-old, next an 82-year-old, followed by meetings with pharmaceutical reps. Finally there were numer-

ous reports to be filled out, chart notations, and completing the "walk" were many phone messages to be retrieved, necessitating responses and, of course, the mountain of mail to be opened.

Most participants had little health care experience outside of interaction with their personal physicians. For the Rev. Kelly Sasser, who spent the day with radiation oncologist, Greg Jones, M.D., the Walk a Day outing demonstrated the demands on a doctor and his dedication.

"I was most impressed," Sasser says. "Although Dr. Jones had several families to consult with, he took the time to explain everything in a simple and sensitive way. People felt good about coming to him. Everyone respected him."

Following the program, participants and physicians attended a lunch and discussion session led by Blue Ridge HealthCare System Vice President Steve Hitt. "Many people benefited from joining in the Walk a Day in My Shoes program," Hitt says. "Our health care professionals gain valuable input from the community and insight into how our patients see us and how we might improve our medical delivery. Blue Ridge HealthCare System is committed to improve the health of our communities by providing excellent and compassionate care."

# GRACE HOSPITAL AND VALDESE GENERAL HOSPITAL



## Safe food tips

To reduce your exposure to pesticides and bacteria on food, follow these tips:

**Wash and scrub.** Thoroughly wash and scrub all fresh fruits and vegetables under running water. Don't use soap since it can leave behind a residue. Instead, try safe rinse products now available in grocery stores.

**Peel and trim.** When possible, peel fruits and vegetables. Discard outer leaves of leafy vegetables. Trim fat from meat and remove skin from poultry and fish—pesticide residues tend to collect in these areas.

**Eat a variety of foods.** You'll get a better mix of nutrients. You'll also reduce your exposure to any single pesticide.

Sources: American Dietetic Association; Environmental Protection Agency

## Are naturally produced foods safer and healthier?

**O**rganic farming is one of the hottest trends in U.S. agriculture, with certified cropland more than doubling in the 1990s.

Even animals are edging in on the action. Cows can be certified organic milkers, and hens can be certified organic layers.

The whole idea is to move away from using synthetic fertilizers, pesticides, antibiotics and hormones in food production, says Barbara Gollman, R.D., speaking for the American Dietetic Association.

This back-to-nature philosophy attracts people like Frank

Moore, a health-conscious publishing executive.

"There's a freshness to organic foods that I haven't found elsewhere," Moore claims.

### MAKING THE SWITCH

If you plan to go organic, here are a few things to keep in mind: **Know what you're buying.** In December 2000, the federal government released new guidelines to ensure that organically labeled products meet consistent national standards.

"Those who want to buy organic can do so with the confidence of knowing exactly what it is that they're buying," said former Agriculture Secretary Dan Glickman.

The guidelines, which took effect in 2001, state that no food can be called organic if irradiation,

sewage sludge or genetic engineering was used in its production.

### ORGANIC FOODS CAN COST MORE TO PRODUCE.

And for a product to be labeled organic, its ingredients must now be at least 70 percent organic, as opposed to the 50 percent minimum accepted in the past.

**Prepare to pay more.** The increased productivity and lower costs of conventional food come from the very things you may wish to avoid—such as fertilizers and pesticides. Minus these items, organic foods can cost

more to produce.

And organic products may not look as good, Gollman says. Without some form of protection, fruits and vegetables can fall prey to insects, rodents, mold and fungus.

**Think through health and safety issues.** Some people choose organic foods to avoid exposure to pesticides.

To protect your health, the Environmental Protection Agency limits how much pesticide can remain on food, and government inspectors make sure the limits aren't exceeded.

Acceptable limits must also take into account protection for infants and children, whose developing bodies may be especially sensitive to pesticides.

**Equally nutritious and tasty.** Your experience may be different, but studies have found

organic and conventional foods to be quite similar in nutrition and taste, Gollman says.

The variety of food, its growing conditions and its ripeness at harvest are the biggest factors in nutrition and taste—not whether the food is organic. If organic food is grown locally, it may have the advantage of being fresher and riper than conventional food.

### THE REAL FOCUS

The important thing is to focus on what matters most.

"We need to be eating more fruits, vegetables and grains," Gollman says. "These are the disease-preventers of the century."

If you have concerns about conventionally produced foods, then buy organic, and buy close to home from a farmer you trust.

## HEALTH SCENE®

HEALTH SCENE is published as a community service for the friends and patrons of BLUE RIDGE HEALTHCARE SYSTEM, P.O. Box 700, Valdese, NC 28690, telephone (828) 580-5580.

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Information in HEALTH SCENE comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your health care provider.

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