

# SENIOR CONNECTIONS



## Creativity

NOURISHMENT  
*for the AGING BRAIN*

WHEN JOE DALE INVENTED HIS “GO JOE” jump rope, he did more than make his exercise routine easier. The 71-year-old amateur athlete gave his brain a workout as well.

Just as muscle responds to physical exercise, the aging brain responds to mental exercise, explains Gene Cohen, M.D., Ph.D., director of the Center on Aging, Health and Humanities at George Washington University.

Dr. Cohen is the author of *The Creative Age: Awakening Human Potential in the Second Half of Life* (Harper-Collins, 2001). According to Dr. Cohen, the aging brain reacts to creative challenges by growing new cell connections that improve brain function. And there are other health bonuses as well. For example:

- Many sleep and mood disorders can be eliminated by stimulating the brain.
- Using your creativity can encourage a sense of well-being that helps boost your immune system.
- Knowing that you can continue to learn and create provides hope and promotes self-esteem.

You don’t have to be a famous late-blooming artist like Grandma Moses to realize the benefits, either. Even a small act of creativity has value, Dr. Cohen points out. Your “work of art” may be an original recipe, a family letter or a flower garden. These activities bring something new into the world that is valued, if only by one person or a family, he says.

If you’re not sure where your creativity lies, explore your world. Browse through a hobby or crafts section at a bookstore. Take a course at a nearby high school or college. Organize a dinner and video discussion group for a circle of friends. Record your dreams in a journal. You may find resources in yourself that you never knew you had.

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**7** YOU CAN MAKE A DIFFERENCE! HELP SUPPORT THE EXPANSION

## Good medicine for breast cancer survivors

**W**omen treated for breast cancer can take the drug tamoxifen to guard against the cancer's return. But taking tamoxifen for more than five years provides no additional benefit, and cancer may return.

Now there's a medicine that reduces the chance that the cancer will come back.

A study found that cancer survivors who took the drug letrozole following five years of tamoxifen therapy were

less likely to develop cancer for a second time. Four years after the women began taking letrozole, only 7 percent had cancer again. Cancer returned in 13 percent of women who took a "fake" pill called a placebo.

Deaths from breast cancer also were reduced among women who took letrozole.

The research suggests that women who have been on tamoxifen for almost five years should talk to their doctors about letrozole.

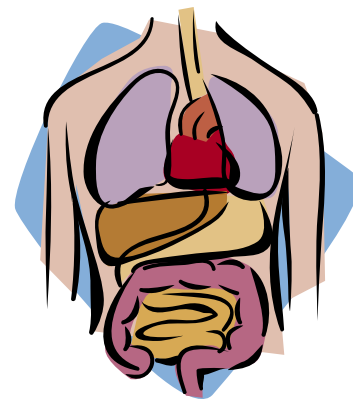


## Colon cancer often doesn't have early symptoms

**Y**ou might have colorectal cancer and not even know it because you don't have symptoms. That's why the National Cancer Institute recommends regular testing for people 50 and older.

When symptoms do occur, they may include:

- A change in bowel habits.
- Diarrhea, constipation or a feeling that the bowel hasn't emptied.



- Bright red or very dark blood in your stool.
- Stools that are narrower than usual.
- General abdominal discomfort, such as gas pains, bloating or cramps.
- Vomiting.
- Unexplained weight loss.
- Constant fatigue.



## Know signs of carbon monoxide poisoning

**W**hen you turn on the furnace or throw a log on the fire, consider this: You could be releasing a deadly gas that kills hundreds and sickens thousands of people in this country every year.

Carbon monoxide is a colorless, odorless gas. It can escape into your home from fireplaces, wood and coal stoves, and from gas furnaces, ovens, clothes dryers, water heaters

and space heaters.

A person breathing carbon monoxide can have a mild headache that gets worse, shortness of breath, dizziness and nausea.

Irritability, poor judgment, memory loss and rapid fatigue are also signs of poisoning.

If you have symptoms, the National Safety Council advises you to:

- Leave the building, taking your pets along. You need fresh air.
- Call for medical assistance at once.

For safety's sake, the American Lung Association recommends installing one or more carbon monoxide detectors with an alarm you can hear.

Detectors should meet standards of the Underwriters Laboratories, Inc.

Place detectors as close to sleeping areas as possible.



## Can we talk? Doctor, patient should share information

**T**he best decisions about a person's health care are made when doctor and patient share information.

That's the judgment of the U.S. Preventive Services Task Force, a panel of medical experts who report to the Agency for Healthcare Research and Quality (AHRQ).

Shared decision making takes into

account scientific and medical evidence about treatment. The needs and preferences of patients regarding the kind of care they want are also considered.

"It's a powerful tool," says AHRQ director Carolyn Clancy, M.D. "A good dialogue between patients and [health care] providers makes good sense all around."

# THE TROUBLE WITH Alcohol

## A HEALTH HAZARD *at* ANY AGE

**T**HE MAN IS RETIRED. Maybe he's spending more time socializing with friends. He's traveling, having a good time. He might not realize how much he's drinking.

She's retired and misses her job. Her children live far away. She has some health problems. And she seems to be using alcohol more often.

And they could both be headed for a lot of trouble with a drinking problem.

**OLDER BODIES REACT TO ALCOHOL.** Alcohol and older age don't mix well for a number of reasons, the National Institute on Aging (NIA) reports.

According to the NIA, our bodies become more sensitive to alcohol as we get older. When we drink alcohol, it is distributed in water. And water content in body tissues decreases with aging. That means more alcohol is concentrated in the bloodstream. As a result, blood alcohol levels in seniors can be 30 percent to 40 percent higher than in younger people who drink the same amount of alcohol.

And there are other concerns. Consuming too much alcohol can lead to liver problems, cancer and other diseases. It can also worsen existing health problems, such as high blood pressure or diabetes.

Also, combining alcohol with prescription medicines can create dangerous interactions.

**SIGNS THAT SIGNAL ABUSE.** Alcohol abuse in seniors is often overlooked. Some signs, such as falls or confusion, are mistaken for "part of growing old." Or symptoms may be blamed on medications when actually the alcohol is at fault.

Overuse of alcohol is one obvious reason for concern. Other signs of a drinking problem can include:

- Trying unsuccessfully to cut back or stop drinking.
- Lying about or trying to hide alcohol use.
- Becoming irritable when not drinking.
- Fighting with others about alcohol.


**WHAT YOU CAN DO.** Help find treatment options for the person who is abusing alcohol. He or she may benefit from medicines, counseling or both.

Some people find it helpful to join a group like Alcoholics Anonymous (AA). Most phone books have a listing for AA.

Perhaps the most important thing you can do for someone who has a drinking problem



is to offer support. Talk to the person about your concerns. Enlist the help of others, if you can. The American Academy of Family Physicians says family members can play an especially important role.

 Rome Memorial Hospital offers substance abuse counseling at its Community Recovery Center, located at 264 W. Dominick St. If you need help, call **(315) 334-4701** for a confidential appointment.


## *Alcohol Abuse Can Harm Friends and Family Too*

You don't have to drink to have a problem with alcohol. Sometimes all you have to do is live with someone who drinks too much.

Like a rock thrown into a pond, the damage caused by alcohol abuse has a ripple effect. According to the National Council on Alcoholism and Drug Dependence, the lives of at least four people are affected by every one person who drinks too much. And not in a good way.

People who drink too much are likely to have conflicts with friends, family and even strangers. They often have trouble at home, at work and sometimes with the law.

But just as there is help available for people who abuse alcohol, there is help for those living with them.

 Alcoholics Anonymous sponsors a group for family and friends called Al-Anon. You can find Al-Anon groups in your phone book, or call toll-free **1-888-425-2666**.



**Y**OU GET A NEW CAR WHEN THE OLD ONE NO longer runs.

When springs pop through the cushions, you know it's time to buy a new chair.

So, if arthritis pain in a hip or knee is limiting your activities, it could be time to replace that joint.

Joint replacement can do a lot for you. A new hip or knee can mean less pain and better mobility. And, for most seniors, new joints will last the rest of their lives.

"It really changes and opens up [a person's] life," says Victoria Brander, M.D., speaking for the American Academy of Physical Medicine and Rehabilitation.

Not everyone is a candidate for joint replacement. However, you may want to think about it if:

- You can't sleep because you have pain.
- You are taking more medicine but the pain remains.
- You have trouble with daily tasks, such as bathing and getting yourself dressed.
- You're unable to do things you enjoy because of the pain.

**QUESTIONS TO ASK.** Before you choose to have surgery, Dr. Brander recommends learning as much as you can about joint replacement.

A simple diagnosis of arthritis, for example, isn't enough to warrant replacing a hip or knee, she says.

"The joint should [look] close to worn out on x-rays."

It may be better to try a different treatment—such as pain medication—first, says Kevin Garvin, M.D., of the American Academy of Orthopaedic Surgeons (AAOS).

The Arthritis Foundation suggests asking these questions:

- Are there any other treatments we haven't tried?
- How will surgery help my problem?
- What won't surgery change?
- How long will I need help at home during recovery?



## NEW PARTS *for* OLD JOINTS

GIVE YOUR HIPS  
*and* KNEES a NEW  
LEASE *on* LIFE

"People who feel like they understand what is going on, who feel in control, do much better after surgery," Dr. Brander says. "Just don't wait until you're in a wheelchair [to decide]. People have poorer results if they wait too long."

### RISKS AND REWARDS.

Joint replacement is major surgery. And it isn't risk free. Here's what to expect:

The surgery replaces damaged bone and cartilage with manufactured parts. But surgery doesn't restore muscle strength, says Dr. Brander. That's why exercise and physical therapy are important to recovery.

Joint replacement requires a hospital stay of several days. You probably will begin using your new joint the day after surgery. Rehabilitation will continue for several months after you have left the hospital.

The risks of joint replacement surgery are the same as for any other major operation. According to the AAOS, these could include infection, blood clots, pneumonia or stroke.

Your new joint might eventually loosen, or it could become dislocated.

"Knee pain can persist in about one of every eight or 10 people after replacing that joint," says Dr. Brander. "And it is not clear what causes that pain."

Being overweight raises the risks of any surgery, but it doesn't rule out joint replacement, says Dr. Garvin.

Advanced age isn't a barrier to getting a new joint, either. How-

ever, joint replacement surgery isn't recommended for people whose medical conditions, such as congestive heart failure, make anesthesia a high risk.



For more information, visit the American Academy of Orthopaedic Surgeons Web site at [www.aaos.org](http://www.aaos.org). Click on "Patient/Public Information."

## Not Ready for Surgery? You Have Other Options

Your hip or knee hurts. You know it has been damaged by arthritis. Replacement surgery is an option. But it might not be the right one. At least, not yet.

First, try these other methods to lessen pain, advises Victoria Brander, M.D., of the American Academy of Physical Medicine and Rehabilitation.

■ **Medications.** Aspirin and other pain relievers can help. Topical creams also can ease pain.

■ **Exercise.** Studies have shown that an exercise program can

help relieve pain and stiffness. A physical therapist can help you find a workout that lessens pain and disability.

■ **Injections.** Hyaluronic acid inserted into the joint can smooth motion. It also deadens nerve endings. Steroid injections sometimes can be helpful.

None of these treatments will cure arthritis or reverse damage in your joint. And it's possible joint replacement surgery may still be necessary.

But not necessarily now.

## A Step-by-Step Look at Joint Replacement Surgery

People scheduled for joint replacement often go into the hospital on the morning of the surgery.

A general anesthesia that puts you to sleep for the surgery will probably be used. In some cases, your surgeon might suggest a regional block that numbs only the area being operated on.

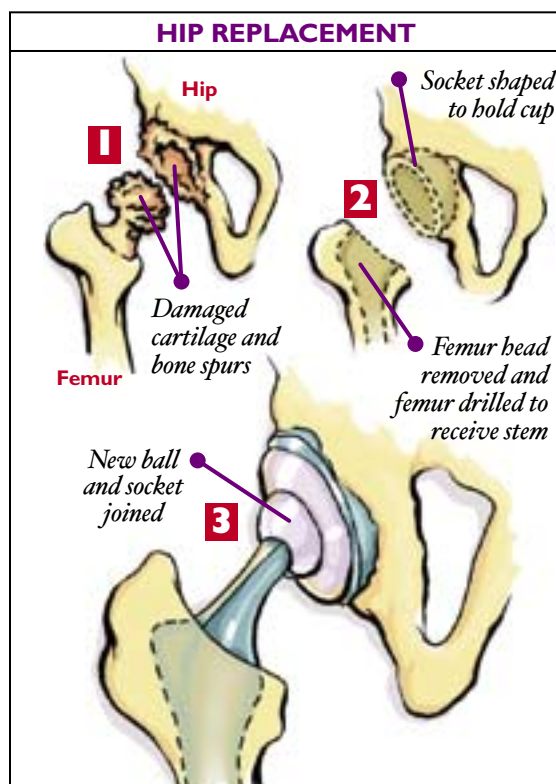
Depending on the site of your replacement joint, here's what will happen:

**HIP REPLACEMENT.** Total hip replacement surgery takes about two to three hours.

■ You will lie on your side during the surgery. This allows the surgeon to make an incision 6 inches to 8 inches long on the upper leg and buttock.

■ A hip replacement has three parts. The stem fits into the femur to provide stability; the ball replaces the head of the femur; a "cup" implant is used to replace the hip socket.

■ The femur is pushed out of its socket, and the femoral head is removed.  
 ■ The surgeon shapes the hip socket to fit the cup-like implant. This "cup" implant is cemented to the bone.  
 ■ The center of the femur bone is cleaned of marrow, bone fragments and blood.



CCI INFOGRAPHIC WITH INFORMATION FROM THE ARTHRITIS FOUNDATION: [www.arthritis.org/conditions](http://www.arthritis.org/conditions)

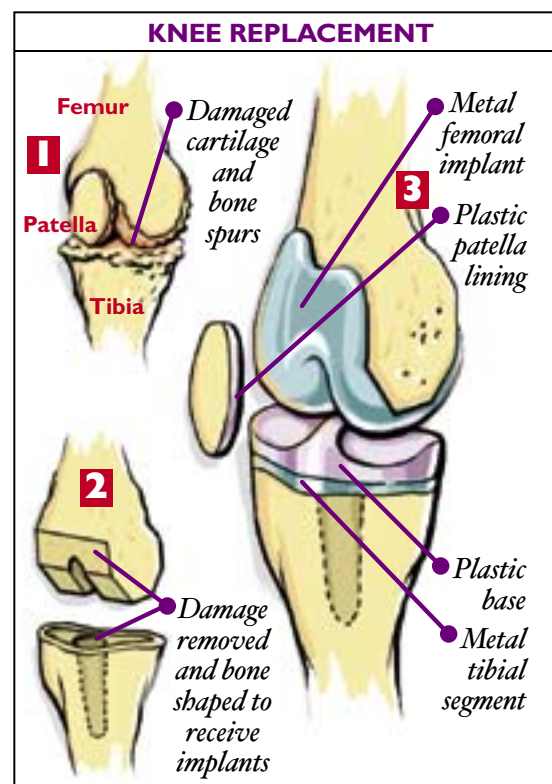
■ Cement is injected into the femur, and the stem implant is inserted.

■ If the ball and stem are separate pieces, the ball will be attached to the stem. The femoral implant will be inserted into the hip cup.

■ The wound will be closed and a dressing applied.

**KNEE REPLACEMENT.** This surgery takes about two hours.

■ Three implants are used to replace a total knee. These include a metal femoral (thighbone) segment, a metal tibial (shinbone) segment and a plastic lining for the patella (knee cap).



■ To begin, incisions are made in the knee in preparation for the implants.

■ Damaged bone and cartilage is removed, including the lower part of the femur and the upper part of the tibia.

■ Implants will be placed on the cut bones and the knee to see how they fit.

■ When the implants are in place, the knee is bent to test motion.

■ Implants are cemented to the bone.

■ The wound is closed, and a dressing is applied.

**IN THE RECOVERY ROOM.** You can expect to be in the recovery room for an hour or two following either surgery. You might spend a day in the intensive care unit before returning to your hospital room.

SOURCES: AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS; *ARTHRITIS OF THE HIP & KNEE* BY RONALD J. ALLEN, VICTORIA BRANDER, M.D., AND S. DAVID STULBERG, M.D. (PEACHTREE PUBLISHERS)

NEW TREATMENT *for* CHF AVAILABLE *at* ROME

# Could Natrecor® Help You?

**I**N SEPTEMBER Peter Biancucci could barely walk when he got out of bed each morning.

Like some 4.8 million Americans, he has congestive heart failure (CHF), a chronic heart condition that makes everyday activities difficult. The weakened heart, although still beating, can't deliver an adequate supply of oxygen-rich blood to the body. Symptoms include swelling of the feet and legs, shortness of breath, coughing due to fluid buildup in the lungs, fatigue and increased heart rate.

"I couldn't even eat a sandwich without huffing and puffing. I was just so short of breath," Biancucci says. Then one day last year after several trips to the emergency department, his doctor suggested that he try Natrecor infusion therapy, an innovative new treatment available at Rome Memorial Hospital. "You know doc, I'll try anything," he recalls telling Chester Patrick, M.D.

**WHAT DOES NATRECOR THERAPY DO?** Natrecor helps patients feel better by reducing the intensity of the symptoms of CHF. The medication dilates veins and arteries and helps remove excess fluid from the body. By decreasing the fluid load, the heart can function better.

For Biancucci, the therapy has allowed him to enjoy a more comfortable, active life without losing his breath. "The therapy is really



**Peter Biancucci is Rome Memorial Hospital's first patient to undergo Natrecor® therapy for CHF.**

doing a great job," he says, praising the nursing staff for the attentive care and concern they provide during his weekly treatments.

Critical care coordinator Richard Simpson, R.N., who championed the introduction of the new therapy, is excited by the successful results. CHF is the leading cause of hospitalization among people age 65 and older. In that age group, one-fifth of all hospitalizations have a primary or secondary diagnosis of heart failure.

**IMPRESSIVE RESULTS.** "The patients who have taken advantage of the outpatient infusion therapy have seen a dramatic decline in the number of days that their chronic condition has required hospitalization," Simpson says. "During the six months before starting Natrecor therapy, the 13 patients

spent a total of 136 days in the hospital. Since treatment, these patients have only required a total of four days of hospitalization.

"Although it's a small sample size, the results are clearly undeniable," Simpson says. "The average number of hospital days per patient was 10.46 days before treatment and 0.31 days per patient since treatment." Simpson also collected data from patients to evaluate overall improvement in quality of life. Results from the Modified Kansas City Cardiomyopathy Questionnaire showed that patients experienced fewer CHF symptoms that limited their functional capacity and ability to enjoy life, he says.

CHF patients who are interested in the program should discuss Natrecor therapy with their doctor, as treatment requires a physician's order. For more information, please call (315) 338-7352.

## ATTENTION CAREGIVERS:

### Attend a Free Seminar

Eldercare author Jacqueline Marcell is coming to the Mohawk Valley on **Wednesday, Nov. 17**, to present a free seminar for caregivers who are dealing with elderly loved ones experiencing the symptoms of dementia/Alzheimer's disease.


Hosted by the Oneida County Office for the Aging and Continuing Care's Caregiver Support Program, the seminar will be offered twice, one session from 1 to 3 p.m. and the other from 6 to 8 p.m., at Hart's Hill Inn, 135 Clinton St., Whitesboro.

**ABOUT THE SPEAKER.** A former college professor and television executive, Marcell left her profession and sold her home to care for her ailing parents who had Alzheimer's disease. She captured her experiences in her first novel, *Elder Rage, or Take My Father...*

*Please!* She describes the trials she faced as a caregiver from ensuring that her parents received the proper diagnosis and medication to helping them modify their behaviors.

In her seminar, Marcell mixes humor and education to provide caregivers with many tips, including techniques for how to get an accurate diagnosis for dementia/Alzheimer's, behavioral techniques for managing challenging elders, creative ways to get your loved one to give up driving, where to find resources to make caregiving less stressful and how to successfully navigate the maze of caring for elders.

CEUs and CMEs will be offered for this presentation for a \$20 fee. The seminar is sponsored in part by Rome Memorial Hospital.

 Register today by calling the Oneida County Office for the Aging and Continuing Care at (315) 798-5456.

BUILDING a BETTER TOMORROW

# Project Inspires Generosity

**T**HE INSPIRATION OF A cause that touches so many in our community has produced a tremendous outpouring of financial support to help fund an expansion of Rome Memorial Hospital's emergency department.

On any given day, highly trained professionals deliver exceptional emergency care with skillful hands and compassionate hearts. The lack of space to accommodate the growing number of people who seek their expertise during times of crisis, however, is a problem.

**NEED BECOMES PRIORITY.** Expanding the emergency department has become the hospital's top priority to better serve the community's growing emergency care needs. Based upon the findings of a recent master facility plan, Rome Memorial Hospital plans to nearly triple the size of its emergency department from 3,700 square feet to 10,500 square feet.

"We have been seeing an ongoing increase in the number of patients over the last several years," says Darlene Burns, President and Chief Executive Officer, Rome Memorial Hospital. "Not only are we treating more people, but the patients that come to us for help tend to have more complex medical problems because of the aging of the population."

The current emergency department was built in 1976 when the number of patient visits numbered less than 10,000 per year. In 2003 the emergency department staff treated 19,165 patients, a 3.4 percent increase over 2002. The number of seniors treated in the emergency department has climbed more than 20 percent in the last five years.

**FUNDING THE EXPANSION.** To help fund the multimillion-dollar project, the Rome Memorial Hospital Foundation has embarked upon the first capital campaign in the hospital's history. Having raised over \$2.2 million from major donors, foundations, hospital management, physicians and board members, the Foundation extended its appeal to the community with a campaign kick-off on Sept. 13.

William Tracy; Herb Skogland, M.D.; and Timothy Birnie, co-chairs of the "Building a Better Tomorrow" campaign, accepted the challenge to help raise at least \$3 million for the new emergency department out of their clear understanding of its critical importance to the community.

"At one time or another in our lives, we all need the emergency department," says Birnie. "Every community needs basic things and, of course, we need a modern hospital to be there for our families when they are seriously ill or injured."

**A GENEROUS COMMUNITY.** "The early success of the capital campaign demonstrates the extraordinary generosity and support that exists for our hospital," says Foundation President William Tracy, whose father was a Rome Memorial Hospital physician. "I believe the hospital is critical to this community not only for its well-being, but

also for its continued growth."

Dr. Skogland, who delivered thousands of babies at the hospital before he retired, expresses his own devotion to the cause. "I have spent a large portion of my life working at Rome Hospital and have learned to love it and understand its importance to the community."

Support has come from all corners of our community—individuals, foundations and businesses. We've received more than 80 contributions, eight of them between \$50,000 and \$500,000 each.

"This campaign is not just about bricks and mortar. It is about people," says Burns. "Together we are making a lasting investment in our quality of life and the future of our community."

*You can help! Contact Joelle Taylor at (315) 337-5162 to find out how you can make a donation—and a difference. ~ ~*

**YOU CAN HELP!** If you can imagine an emergency department with more privacy, shorter wait times and more space to deliver essential medical care, please consider supporting the "Building a Better Tomorrow" capital campaign, encourages Joelle Taylor, executive director of the Rome Memorial Hospital Foundation.

Tax-deductible contributions may be made to the Rome Memorial Hospital Foundation, 1617 N. James St., Suite 575, Rome, NY 13440. A member of our Foundation will be happy to meet with you and your financial consultant to discuss planned giving and naming opportunities for larger gifts. Please contact Joelle Taylor at (315) 337-5162 for further information or e-mail her at [jtaylor@romehospital.org](mailto:jtaylor@romehospital.org).



# Take Your Medicine

JUST MAKE SURE IT'S WHAT *the* DOCTOR ORDERED

**W**HEN A CLOWN DROPS A BALL while juggling, people might laugh. But there's nothing funny about "dropping the ball" when you're juggling many medicines. As the number of medicines you take goes up, the risk of a medication-related health problem does too.

Often, drugs can interact in a way that can be harmful if taken together. That's why you need to remember when, how and why you should take each of the medicines your doctor prescribes. If you don't take them as directed, they may not help you as they should. Worse yet, they might hurt you.

You can lessen your chances of a medication problem by taking a few safety precautions.

*Know when and how to take each medicine your doctor prescribes.* ~ ~

First, make sure your doctor knows all of the medicines you're taking. That includes over-the-counter medicines and dietary supplements, such as vitamins and herbs. Then, have all of your

prescriptions filled at one pharmacy. These steps make it easier for health care providers to identify possible problems.

Read your prescription labels at the pharmacy. If you aren't clear about how to take the medicines, ask the pharmacist. Request larger type on the labels if you have trouble seeing.

Find a way to keep track of your medicines at home. You could make a chart of all of the medicines you take. The National Institute on Aging suggests including:

- The name of the doctor who prescribed the medicine.
- The dose (amount) you are supposed to take.
- When to take the medicine.
- Why you take the medicine (blood pressure, anemia or thyroid, for example).

Arrange the list on paper or an erasable message board so that you can check off each dose after taking it. Put the list in a place where you'll see it often as a reminder.

Ask your pharmacist about special devices that help you remember when to take your medicines. Among the

possibilities: pillboxes, alarm clocks or watches, pagers or telephone notification systems.

If you miss a dose of your medicine, check the information sheet that comes with your medicine to find out what to do. If you can't find the information, call your doctor or pharmacist. Doubling the dose may not be the right thing to do.



## Reduce Your Need for Meds

Medicines can help you stay healthy. And when they're needed, there's no shame in taking them. But some people may be able to reduce the number of medicines they take—and their risk for a medication mix-up—simply by leading a more healthful lifestyle.

For example: If you exercise, control your weight and eat a healthful diet, it could have positive effects on conditions such as diabetes, high blood pressure and high cholesterol. When these problems are under control, you might be able to eliminate or cut back on certain medicines. Just don't do it without talking to your doctor first.

CALL US!



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## SENIOR CONNECTIONS

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