

SENIORConnections

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Pool exercise good for bones and joints

EXERCISING in water is especially good for people with arthritis or osteoporosis because the impact of exercise on bones and joints is less in water. Studies have found that:

- Women with osteoarthritis who took part in a high-intensity water therapy program were able to walk farther and faster than they had before. Muscle strength around some joints increased.

Improving the ability to walk can help women maintain the independence needed to carry out activities of daily living, the Australian researchers said.

- Women with osteoporosis who exercised in water were less likely to fall on land.

The American Physical Therapy Association recommends “water walking” for people with osteoporosis. Water walking uses the resistive force of water to build muscles that support bone.

Before you begin a water exercise program, check with your doctor and/or physical therapist.

Make sure your instructor is trained to work with people who have medical conditions such as yours.

Living with diabetes

Treatment plan should fit your personal needs

IT'S not hard to feel overwhelmed when you have to live with type 2 diabetes.

You need to keep an eye on the foods you eat and the calories you consume. You may track your blood pressure and cholesterol levels. And you should check your blood sugar regularly.

But keeping track of numbers isn't everything. Guidelines developed by the American Geriatrics Society (AGS) suggest that some people may benefit from aggressive management of their disease. Others may be better off with less intensive management. In either case, the person's quality of life should be considered.

"It isn't a 'one size fits all' disease," says Arleen Brown, M.D., Ph.D., co-chair of the AGS panel that wrote the guidelines. "Sit down with your doctor and ask, 'What are reasonable goals for me?'"

As you develop your plan, consider these AGS recommendations:

Work on goals. Let your doctor know what is important in your life. Playing with your grandchildren? Taking long walks?

Discuss with your doctor what he or she thinks is most important to your health. "Then work together to achieve these things," says Dr. Brown.

Be honest about your health. A problem might be a side effect of your diabetes. Tell your doctor if you have:

- Chronic pain.
- Periods of confusion.
- Dizziness or a tendency to fall.
- Incontinence or frequent urination.
- Depression.

See a diabetes educator. Most insurance plans, including Medicare, cover time spent with an educator.

You'll get more out of your visit if you have a list of questions before you see the educator.

HEALTH TIP

If your blood sugar is too low, you may need more intensive management and more frequent contact with your health care team.

Take control. The AGS offers these guidelines to control your diabetes. But talk to your doctor before making any changes.

- Ask your doctor about taking one aspirin daily to lower your risk of heart attack or stroke.
- Quit smoking, if you smoke.
- Keep blood pressure below 140/80. This pressure recommendation is higher than some health care organizations endorse.

According to Dr. Brown, the majority of doctors consulted by the AGS felt they could not safely reduce blood pressure below 140/80 in many of their older patients. However, a lower pressure is encouraged if the doctor considers it safe for the individual patient.

- Check your blood sugar on a schedule you and your doctor have agreed on.
- Have a dilated eye exam at least every two years.
- Have a foot exam every year.
- Review all of your medications regularly with your doctor.



▶ A diabetes educator can help you understand how to balance your diet, exercise and medication.

Diabetes brings with it some special health concerns

Diabetes brings with it a host of health concerns that you might not think of as being related to your disease. But they are. Often they can be treated. Here are some examples given by the American Geriatrics Society (AGS):

- ◆ **Heart disease.** More than 65 percent of people with diabetes will die of heart disease and stroke, and they are more likely to die younger than people who do not have diabetes. That's why AGS guidelines stress control of blood pressure and cholesterol levels.
- ◆ **Depression.** Depression is more common in people who have

diabetes. There is evidence that treating people 55 and older effectively reduces symptoms of depression.

- ◆ **Diabetic retinopathy.** This eye disease can lead to visual loss. An eye doctor can help you determine how often you need a vision test based on your personal risk for diabetic retinopathy.
- ◆ **"Aging" symptoms.** Diabetes can cause problems that are sometimes mistaken for a "normal" part of aging. Difficulties with bladder control, dizziness or pain, for instance, might be improved with better control of diabetes.

PRIMECARE PHYSICIAN NOW BOARD-CERTIFIED IN GERIATRIC MEDICINE

Take comfort in your care

P RIMECARE physician Elif N. Erim, M.D., has earned board certification in geriatric medicine in recognition of her specialized training and experience in providing medical care to the elderly.

In 2002 the geriatrician joined the staff of PrimeCare, a primary care center operated by Rome Memorial Hospital in downtown Rome. Dr. Erim is also the medical director of the hospital's 80-bed skilled nursing facility and is a member of its senior behavioral health unit's medical care team.

"With our aging population, Dr. Erim's expertise has been a welcome addition for our community," says Gale Fellowes, M.D., vice president of medical affairs. "As

people age they tend to face more frequent health problems that are also more complicated to manage."

IMPROVING QUALITY OF LIFE

According to the Alliance for Aging Research, the average 75-year-old person has three chronic medical conditions and uses five prescription drugs, as well as multiple over-the-counter remedies. For many older people, the incidence of depression, incontinence and memory loss are a direct threat to their ability to live independently.

"People are living longer, and we need to help them stay healthy so they can enjoy their later years," says Dr. Erim. "It's not enough for us to just prolong life. We need to work

with our seniors to maximize their quality of life as they grow older."

GETTING INTO MEDICINE

Dr. Erim's interest in medicine was fostered by her mother, who was a respected radiologist in Turkey at a time when few women entered the field of medicine. "I spent my childhood in a hospital, watching my mother," Dr. Erim says. "She was a very good role model as a physician, a mother and trusted adviser."

While pursuing her chief residency in internal medicine at St. Luke's-Roosevelt Hospital Center, Dr. Erim decided to continue her training and specialize in geriatrics. "In medicine, a large percentage of our patients are elderly," she says. "I wanted the expertise to better understand the unique needs of my elderly patients."

In November Dr. Erim passed the geriatric medicine examination, jointly developed by the American Board of Internal Medicine and the American Board of Family Practice.

She completed her fellowship in geriatric medicine at St. Luke's-Roosevelt Hospital Center and at Beth Israel Medical Center in New York City. Dr. Erim received her medical degree at the Istanbul University Faculty of Medicine in Turkey, where she completed her residency in diagnostic radiology. She is also board-certified in internal medicine.

JOIN US APRIL 3

Enjoy free health screenings at our annual health fair

Two floors of Rome Memorial Hospital will be filled with free health screenings and information booths Saturday, April 3, at the annual Community Health Fair. This free event will be open from 8 to 11 a.m.

Routine health screenings are a valuable tool in assessing your risk for disease and in detecting problems at a time when they can be treated more easily.

Be sure to stop at each of the many information booths for tips to help you improve your health. We'll tell you how you can reduce your risk for heart disease, stroke and osteoporosis. You'll also find information on breast cancer, diabetes and much more.

For more information, please call the education department at **(315) 338-7143**.

CALL TODAY!

Dr. Erim is accepting adult patients of any age at PrimeCare, located at 155 W. Dominick St. PrimeCare is open 9 a.m. to 5 p.m. Monday through Friday. Most major insurance plans are welcome. To schedule an appointment or for more information, please call **(315) 338-7640**.



▶ Geriatrician Elif Erim, M.D., welcomes new patients to her PrimeCare office, located at 155 W. Dominick St., Rome.

PILLOW TALK

Why you don't have to take sleep problems lying down

A warm bottle, a soothing lullaby and the rhythmic swaying of a rocking chair—it's little wonder that babies sleep so well.

But as time goes by, we may find that kind of peaceful, satisfying sleep harder to come by.

Even so, there's reason to take heart. Effective treatments can help resolve sleep problems. And there are things you can do on your own to improve the quality of your sleep.

SLEEP STEALERS

Age-related changes. As the years pass, physical changes can affect our sleep, says Michael V. Vitiello, Ph.D., professor and senior scientist at the Sleep Research Group, University of Washington.

For starters, our "internal clocks" tend to shift, causing us to get tired earlier in the evening and wake up earlier in the morning. Also, we tend to spend less time in the deepest stages of sleep, making it more likely that we'll occasionally awaken during the night.

Fortunately, these changes in sleep patterns are usually minor. They're not as important as the total amount of sleep (including naps) that you get in any 24-hour



period, Dr. Vitiello says.

Regular exercise and exposure to natural light in the afternoon or evening may help return your sleep cycles to a more normal pattern.

Insomnia. This is the most common complaint about sleep, according to the National Institute on Aging.

People with insomnia have trouble falling asleep and wake up many times each night, only to have problems drifting back to dreamland. In the morning, they

tend to wake up feeling tired and unrefreshed.

Many factors can cause insomnia, including stress, depression, anxiety, illness, pain, irregular schedules and the use of substances such as caffeine, alcohol and nicotine.

Simple lifestyle changes—such as exercising regularly and steering clear of caffeine after lunch—are often enough to restore good sleep. Treating any underlying health problems can help as well.

For lingering insomnia, pre-

scription medicines may be used.

Some experts say that cognitive behavioral therapy is more beneficial. This type of counseling helps people maximize the time they spend in bed asleep and not awake, Dr. Vitiello says.

“There are people who wake up in the middle of the night and review all the terrible things that happened the day before and anticipate the terrible things that will be happening the next day. One of the things cognitive be-

havioral therapy teaches you is to ‘thought block.’ You don’t spend time in bed thinking about those things,” says Dr. Vitiello.

Sleep apnea. This disorder causes people to stop breathing for 10 to 30 seconds during sleep. People with sleep apnea usually snore very loudly. They can wake up hundreds of times per night, snorting and gasping for air.

Men are most likely to have sleep apnea. It’s also common among people who are overweight, according to the National Sleep Foundation. Left untreated, the disorder is linked to high blood pressure and increased risk of heart attack and stroke.

For mild cases of sleep apnea, losing weight and sleeping on your side may help. It’s also important to avoid alcohol, tobacco and sleeping pills.

The most common medical treatment is a nasal mask that’s worn at night to keep the airway open. This treatment is called “continuous positive airway pressure,” or CPAP.

Dental devices that change the position of the jaw and tongue are helpful in some cases.

Surgery is another option.

Health conditions. Painful arthritic joints can make it hard to fall asleep. Hot flashes caused by menopause can interrupt sleep and lead to daytime fatigue for women.

Among the many other medical disorders that can affect sleep: osteoporosis, asthma, heartburn, Parkinson’s disease, Alzheimer’s disease, incontinence, and heart and lung conditions.

“Common wisdom is to treat the disease that causes the sleep problem,” Dr. Vitiello says.

It can also be helpful to treat the sleep problem directly, with cognitive behavioral therapy and changes in lifestyle habits, for instance.

Medicines. Antidepressants, blood pressure medicines, and medicines used to treat cold,

There are things you can do on your own to improve the quality of your sleep, or you may need professional help.

allergies and pain can cause you to sleep poorly.

The American Academy of Family Physicians recommends asking your doctor if any of your medicines could be keeping you awake at night. Your doctor may be able to recommend a different dosing schedule or medication to help you sleep better.

PLMD. Periodic limb movements disorder, or PLMD, causes

you to jerk or kick your legs while you are sleeping.

People with PLMD often don’t even realize they’re kicking until their bed partner mentions it. This repeated leg jerking—which can happen every 20 to 40 seconds—can cause nighttime insomnia and daytime sleepiness.

Several prescription medicines can bring relief.

GOOD NIGHT, SLEEP TIGHT

Experts agree, you don’t need to take sleep problems lying down. You can learn strategies and get treatments to help you sleep better.

“If you are experiencing significant changes in your sleep patterns that are relatively new and that are causing you difficulty, it’s worth discussing with your physician,” Dr. Vitiello says.

“Just because your sleep is not as good as it was doesn’t necessarily mean that it can’t be improved. In fact, it probably can be improved.”

Don’t drive if you’re drowsy

The National Sleep Foundation has a message that could help save your life. If you’re tired, don’t drive.

The next time you take a road trip, you’ll be safer if you:

- ◆ Get a good night’s sleep before you leave.
- ◆ Plan to drive during the times you’re normally awake. Try to sleep between midnight and 6 a.m.
- ◆ Take someone along to visit with. Share the driving, if possible.
- ◆ Take a break every two hours or every 100 miles.
- ◆ Watch for early warning signs of drowsiness. You might, for example, have difficulty focusing, keeping your head up, thinking clearly or staying in your lane.

10 strategies to help you nod off at bedtime

If you’re in search of a better night’s sleep, the National Sleep Foundation, the National Institute on Aging and the American Academy of Family Physicians offer these suggestions:

1. Follow a regular schedule. Go to bed and get up at the same time every day.
2. Steer clear of drinks that contain caffeine (such as coffee, tea and soft drinks) after lunch.
3. Avoid alcohol. It might help you fall asleep, but it can make it harder to stay asleep.
4. Try not to take naps longer than 20 minutes during the day.
5. Get some exercise every day. Aim to finish at least three hours before bedtime.
6. Every day, try to get some natural light in the afternoon.
7. Create a comfortable place to sleep. Your room should be dark, quiet, cool and well-ventilated.
8. Establish a relaxing bedtime routine. Do the same things every night, such as taking a warm bath. This signals your body that it’s time to wind down.
9. Turn your clock radio or alarm clock away so you can’t see what time it is during the night. Your alarm—or the sunrise—will wake you in the morning.
10. Don’t stay in bed for a long time trying to sleep. Get out of bed and do something quiet for a while, such as reading a book. When you’re sleepy, go back to bed.

‘KNOWLEDGE IS POWER’ WHEN TREATING CANCER

Meet cancer specialist Dr. Richard Cherny

ROME Memorial Hospital welcomes cancer specialist Richard Cherny, M.D., to its medical staff.

Board-certified in medical oncology, Dr. Cherny has 18 years of experience treating cancer and blood disorders, from active treatment through remission. He is a member of Hematology-Oncology Associates (HOA) of Central New York, which was founded by John Gullo, M.D., a medical oncologist with more than 27 years of experience. Dr. Gullo is also a member of Rome Memorial Hospital’s medical staff.

HOA recently opened an infu-



▶ Dr. Cherny is accepting new patients and can be reached by calling (315) 339-5783.

sion center in Chestnut Commons, 107 E. Chestnut St., where patients can receive chemotherapy in comfortable, convenient surroundings. With Hematology-Oncology Associates’ expansion into Rome, local patients also have access to clinical trials in the fight against cancer.

CLINICAL TRIALS MADE EASY

“We provide cutting-edge clinical trials and newer, innovative treatments so that cancer patients don’t have to travel to New York City or Boston,” says Dr. Cherny.

“Nationally, less than 10 percent of patients are willing to ever participate in clinical trials,” he says. “It’s only through clinical trials and pushing the envelope that we learn if newer treatments are more effective than older treatments.

“There is comfort for our patients in knowing that not just me, but a team of medical professionals, is interested in their well-being,” says Dr. Cherny, referring to Dr. Gullo and a consortium of cancer specialists at HOA. “What impressed me most with this practice and working with Dr. Gullo was the level of quality and

competent care that patients were being given—it is a very successful practice.”

The practice belongs to several cancer research groups, enabling

“We provide cutting-edge clinical trials and newer, innovative treatments so that cancer patients don’t have to travel...”

them to explore new options for cancer treatment and prevention. There are around only 55 medical groups in the United States that are funded and approved by the National Cancer Institute to administer clinical trials to cancer patients, according to Dr. Cherny.

MORE OPTIONS FOR PATIENTS

Most of the treatments that Dr. Cherny and Dr. Gullo administer will be done at their Rome office, but a small percentage of the more complex procedures may need to be administered at their Syracuse office. What this means to cancer patients in the Rome and surrounding communities is that they are being offered options at a time when they need it most—to effectively treat and fight the disease of cancer.

“People are scared because there are preconceived notions about

cancer and cancer treatment,” says Dr. Cherny. “Knowledge is power” when it comes to treating cancer.

“In dealing with patients, the most challenging aspect is helping them find the balance between quality of life and the notion of quantity of life,” says Dr. Cherny. “The challenge is having some patients and their family members understand that we don’t always have a curative treatment and that a major goal is trying to get the most out of whatever time they have remaining.”

Dr. Cherny says that this means patients are faced with prioritizing what is most important to them and communicating and working closely with him to achieve those goals. “There are a lot of people going through the same thing,” says Dr. Cherny, referring to cancer patients. “There is consolation in knowing that they are not alone.”

YOU’RE IN GOOD HANDS

A graduate of the University of Rochester School of Medicine and Dentistry, Dr. Cherny is board-certified in internal medicine and medical oncology and hematology. He received specialty training at the University of Washington in Seattle. From 1992 to 1993, he was a senior fellow and acting instructor at Harborview Medical Center’s Division of Hematology in Seattle. From 1993 to 1998, Dr. Cherny was a clinical assistant professor of medicine at the Division of Hematology/Oncology at SUNY Health Science Center.

Dr. Cherny is a member of the American College of Physicians, Cancer and Leukemia Group B, the American Society of Hematology and the American Society of Clinical Oncology.

A health makeover

7 strategies you can use to begin changing your life

DEEP down, most of us know there are things we could be doing to improve our health. We could stop smoking, for example. Or start exercising. Or lose a few pounds. Or eat more fruits and vegetables.

But lifestyle changes such as these can be tough to start and even tougher to stick with. It isn't always easy to choose salad over french fries or take a walk instead of lounging in a chair.

Fortunately, there are strategies to help you achieve success, says Gretchen L. Zimmerman, Psy.D., a psychologist who specializes in

health care and addictions. She offers this advice:

1. Think it through. Ask yourself, why change now? If not now, when would be a good time? And what will signal that the time has come?

As you think about the change (or changes) you want to make, be reasonable. Taking on too much at once can lead to disappointment.

“Deciding you're going to do a major overhaul and suddenly changing everything can be overwhelming,” Dr. Zimmerman says.

2. Look at both sides. When it comes to lifestyle changes, we have mixed feelings. After all, every change involves giving something up, Dr. Zimmerman says.

“Sometimes it can help to write

Friends, family and organized support groups can help keep you on track if you slip up.

down the pluses and minuses,” she says. “These are reasons why we want to change and why we don't want to change; things we're going to gain and things we're going to lose.”

Such a list can remind us of the benefits of change if we feel discouraged later on.

3. Expect challenges. Decide ahead of time how to handle tough situations. What will you say, for instance, if someone urges you to “have just one piece of cake” when you're trying to cut back on sweets? Where will you exercise if the weather keeps you indoors?

4. Seek support. Friends and family—even organized support groups—can cheer you on. They can also help you get back on track if you slip up.

The best supporters are people who are making similar changes. They can relate to the challenges and milestones.

5. Put the past in perspective. “It's easy to look at our failures and berate ourselves—to say, ‘I tried that before and it didn't work, so forget it,’” Dr. Zimmerman says.

“Instead, we should look back and say, ‘It worked for a while. How can I do it even better next time to make it last?’ That makes us experts in our own change.”

Where to get expert help

If you would like expert advice on changing health habits, check with your doctor first.

Your doctor knows your unique health history, so he or she can make recommendations that are best suited to your needs.

Your doctor can also make referrals to other experts. These could include dietitians, physical therapists and fitness trainers who can help you reach your goals.

Finally, your doctor can applaud your efforts and help keep track of your progress.

Remember, doctors are people too. They may be trying to make health changes as well. So don't be shy about asking for help. We're all in this together.

6. Reward yourself. Once you have reached a goal—not smoking for a week or increasing your walking time to 30 minutes a day, for example—treat yourself to something special. Buy a new outfit, take off for a fishing weekend with friends or have a massage, for instance.

“We need to be our own cheerleaders as well,” Dr. Zimmerman says.

7. Never give up. “As long as we're alive, we continue to grow and change whether we're intending to or not,” Dr. Zimmerman says. “So we might as well decide which changes we want to make. And never give up on ourselves.”



▶ You can get support for changes you make from someone who is making similar changes.

‘Creeping’ blood pressure

Prehypertension can set you up for future problems

DON'T be fooled by your age, gender or feeling “healthy”—we’re all at risk for high blood pressure.

Even people who have normal blood pressure at age 55 have a 90 percent chance of high blood pressure in the future, the Framingham Heart Study shows.

And it doesn't take a big jump to cause big problems, according to Edward J. Roccella, Ph.D., M.P.H., coordinator of the National High Blood Pressure

Education Program.

That's one reason the National Heart, Lung, and Blood Institute has updated its guidelines to include a condition known as prehypertension, a risk factor for high blood pressure.

KEEP TROUBLE AT BAY

According to the guidelines, normal blood pressure should be no greater than 119 systolic or 79 diastolic: 119/79 millimeters of mercury (mm Hg).

If your systolic pressure is between 120 and 139 mm Hg, or your diastolic pressure is 80 to 89 mm Hg, you have prehypertension. And you should take steps to

lower your blood pressure.

Dr. Roccella recommends adopting these healthful habits:

- If you smoke, “Please quit,” Dr. Roccella says.
- If you're packing excess weight, try to shed it. Losing even 10 pounds can help.
- Be more active. A 30-minute walk on most days of the week can make a difference.
- Eat more fresh fruits and vegetables.
- Cut down on salt in your diet.

Talk to your doctor about the risks of drinking alcohol. Alcohol can cause a rise in blood pressure.

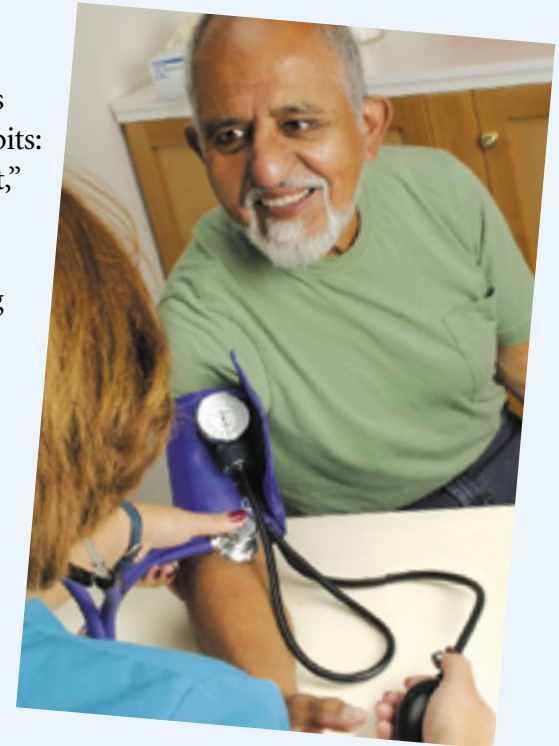
It's safest for older people to lower pressure slowly and persistently over time, Dr. Roccella advises. Lifestyle changes can help you do this.

However, if your blood pressure keeps creeping upward, you may need medicines as well. Many people will need at least

two medicines to keep blood pressure in a safe range. One of those is usually a diuretic.

Your first priority should be controlling systolic pressure. For most seniors, systolic pressure is more likely to be high and harder to control.

Work with your doctor to find out what you need to do to meet your blood pressure goals.



HEALTH TIP

Check your blood pressure against these standards from the Joint National Committee on the Prevention, Detection, Evaluation and Treatment of High Blood Pressure.

- ◆ Prehypertension: 120 to 139 systolic/80 to 89 diastolic. If either number is greater than 119/79, talk to your doctor.
- ◆ Stage 1 hypertension: 140 to 159 systolic/90 to 99 diastolic.
- ◆ Stage 2 hypertension: 160 systolic/100 diastolic (or above). Hypertension stages 1 and 2 require treatment.

For common ailments

like the flu or strep throat, see your doctor or visit PrimeCare at 155 W. Dominick St., Rome. In an emergency department, the most seriously ill patients are seen first. PrimeCare can save you a costly visit to the emergency department, where you could spend hours waiting if your illness is not life-threatening.



PrimeCare is open 9 a.m. to 5 p.m., Monday through Friday.

SeniorConnections

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