

WINTER 2011

HouseCall

FROM YOUR FRIENDS AT NORTHEAST REGIONAL MEDICAL CENTER

**Building
your future**
New birthing
center opens

**Meet NRMCC's
new surgeon**

**What's lurking in
your home?**
3 causes of
breathing troubles

100
THOMSON REUTERS
TOP HOSPITALS
2009 EVEREST AWARD
NATIONAL



Northeast
Regional Medical Center

www.nermc.com

Keep your PROSTATE HEALTHY

Sens. Bob Dole and John Kerry, baseball team manager Joe Torre—what do all these men have in common? They're all prostate cancer survivors.

Cancer of the prostate—a walnut-shaped gland located below the bladder—is one of the most common cancers found in men. It may be slow growing and require little or no treatment, or it may be aggressive and spread quickly to other parts of the body.

THE PREVENTIVE APPROACH

While prostate cancer isn't completely avoidable, certain measures may help reduce your risk:

- **Stay active.** Daily exercise improves your overall health and helps keep your weight in check. Some research has shown that men who exercise regularly have a lower incidence of prostate cancer compared to men who don't.
- **Watch your weight.** A sobering fact: Men who are obese when diagnosed with prostate cancer are more likely to have advanced cases, which are more difficult to treat. But eating right and exercising can help you keep off excess pounds.
- **Talk with your physician.** Discuss any risk factors you have—being older than age 65, African-American or

obese, or having a family history of prostate cancer. Also, learn about the pros and cons of screening tests. A digital rectal exam and the prostate-specific antigen (PSA) test are two ways to identify cancer cases, but they can't tell a physician about the aggressiveness of the cancer. And prostate cancer treatments can have unpleasant side effects such as impotence and incontinence.

The American Cancer Society (ACS) recently revised its prostate cancer screening guidelines, encouraging more patient involvement in decisions about screenings:

- The ACS recommends that men at high risk of prostate cancer, including men with a family history of the disease, talk with their physicians sooner—as early as age 40.
- Men who do not have prostate cancer symptoms (trouble urinating, problems with urine stream, blood in urine or semen, leg swelling, pelvic discomfort, bone pain) and who are in relatively good health and are expected to live at least 10 more years should have the screening conversation with their physicians beginning at age 50.
- Men without symptoms who aren't expected to live 10 more years because of age or poor health shouldn't be offered the screening because the risks likely outweigh the benefits.

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Daily exercise improves your overall health and helps keep your weight in check.
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What to ask your physician about prostate health

Be prepared to ask some key questions at your next appointment:

- What is my risk of developing prostate cancer?
- Do you recommend I be tested?
- What is my PSA level (if you've had the test)?
- Will I need more tests? If so, which ones will I need?
- What do the test results mean?
- If I have cancer, what are my treatment options, and what are the pros and cons of each?

Mammogram confusion

Information on new screening guidelines



We've all heard that early detection of breast cancer with mammograms saves lives. So it was surprising when in 2009, the U.S. Preventive Services Task Force (USPSTF)—an independent panel that makes recommendations about which preventive services should routinely be offered and to whom—recommended against routine mammograms for women ages 40 to 49 who weren't at increased risk for breast cancer. Traditionally, all women ages 40 and older were encouraged to get the screening.

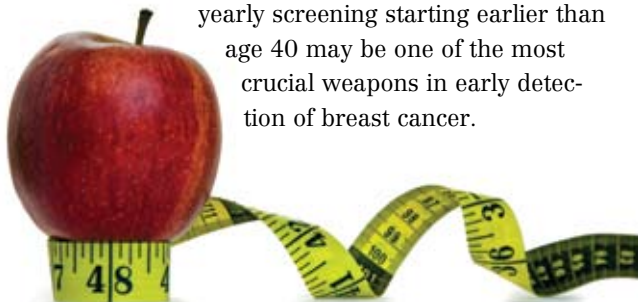
THE FLIP SIDE

In disagreement with the USPSTF's recommendations were major professional health care organizations including the American Cancer Society. "I have tremendous difficulty in not recommending an intervention [mammography]," says Otis Brawley, M.D., chief medical officer of the American Cancer Society. "Women ages 40 and older should have a mammogram every year."

NOW WHAT DO I DO?

Amid the confusion, you may be wondering about how to approach your own mammogram. Some words of advice: Talk with your physician.

The USPSTF's recommendations were just that—recommendations, not rules. Discuss your personal and family health history and how frequently you should get mammograms with your physician. And, if you're at high risk—see *Are you at risk?* at right—a yearly screening starting earlier than age 40 may be one of the most crucial weapons in early detection of breast cancer.



Mammogram comfort

Try these tips for a more comfortable mammogram, courtesy of the Centers for Disease Control and Prevention:

- Don't schedule your mammogram for the week before or during your period, which is when your breasts are likely to be tender or swollen, making mammograms less comfortable.
- Skip the deodorant, perfume and powder on the day of your mammogram. These may show up as white spots on the X-ray.
- For ease of undressing from the waist up, wear a blouse with a skirt or pants, instead of a dress.

Are you at risk?

According to the National Institutes of Health, breast cancer will affect one in eight women in their lifetime. Why breast cancer affects some women and not others isn't known; however, several known risk factors for the disease include:

- increasing age
- having the BRCA1 or BRCA2 genes; if your family members have had breast or ovarian cancer, talk with your physician about getting tested
- starting your period before age 12 or going through menopause after age 55
- being overweight
- using menopausal hormone therapy
- taking birth control pills
- drinking alcohol
- not having children or having your first child after age 35
- having dense breasts



Eric Barber
Chief Executive Officer

Dear neighbor,

Northeast Regional Medical Center (NRMC) has been named a 100 Top Hospital and a 2010 Everest Award winner by Thomson Reuters, an independent research firm, for the second time in three years. So, what does this mean? How are these awards determined? How do hospitals get these designations? These

are all good questions.

Here's how it works. The 100 Top Hospital award is an unsolicited recognition that's determined using the following criteria: medical complication rate; patient safety; average length of stay; patient satisfaction; adherence to clinical standards of care; and mortality and readmission rates for acute myocardial infarction (heart attack), heart failure and pneumonia. Every year, Thomson Reuters compiles this data for all U.S. hospitals and picks 20 top hospitals in five different-sized categories based on their outstanding performance when measured against their peers.

The Everest Award honors hospitals that have reached the highest level of accomplishment on the same scorecard used to determine the top 100 winners and those that have shown the fastest rates of long-term quality and process improvement.

STAY CLOSE TO HOME

Kirksville should be proud to have a hospital like NRMC to call its own. These awards represent the outstanding work done by the medical staff and the support they provide to our community and our hospital. As NRMC's chief executive officer, I challenge each member of this community to think locally when choosing health care services. Market share data shows that 30 percent of

Kirksville residents choose to go to Columbia for primary physician care and hospital-based care. It would be a shame to take for granted the physicians who enabled NRMC to win these awards and travel 90 miles to Columbia for resources you can get right here at home. Every hospital is only as good as the medical staff that supports it, and our staff has made NRMC one of the nation's best. Imagine our potential once the rest of the community gets behind us, too.

Thank you for supporting NRMC, your community hospital.

Sincerely,

Eric Barber

Chief Executive Officer
Northeast Regional Medical Center

FAST FACT

👉 Did you know that about one in three American adults has at least one type of cardiovascular disease?



To learn how to keep your heart healthy, visit Northeast Regional Medical Center at www.nermc.com and click on "Health Resources." There, you can assess your risks, take quizzes and more. You can also find information on other health issues. For more ideas about caring for your heart, see page 6 of this issue of *HouseCall*.

Building for you

Our new obstetrics/ nursery unit is now open



Cynthia Green, B.S.N.,
R.N., director of Ob/Gyn
services at NRMCM

Northeast Regional Medical Center (NRMCM) has completed a \$3.9 million, nine-month renovation of its obstetrics/nursery unit. The 12,000-square-foot remodel includes four birthing suites with private baths and 10 private mother-baby rooms with in-suite bathrooms. It's adorned with softer colors, new furniture, artwork

and sunken tubs. "It's exciting to see this project come to fruition," says Eric Barber, NRMCM's chief executive officer. "I think you would be hard-pressed to find a local unit nicer than this one. This unit brings us in line with the larger, urban medical centers in Columbia, Kansas City and St. Louis. The great thing is, it's right here at home."

Cynthia Green, B.S.N., R.N., director of Ob/Gyn services, and her co-workers dreamt about a new space and new technology. Those dreams have become a reality with new fetal monitoring systems and warming units. "We wanted to make the unit friendly for women," Green says. "Sometimes they're nervous when they come in, but having a baby is the most anticipated moment in their lives." Green started her career as a certified nurse's aide in 1979, and continued her nursing education at Northeast Missouri State (now Truman State University), graduating in 1984. Green became director of the unit in 2000.

NRMCM has more than a dozen skilled Ob/Gyn surgeons, family medicine physicians and pediatricians who practice



A renovated room in NRMCM's obstetrics/nursery unit

in the new unit. They consulted on the unit's general layout and work areas along with other staff members.

- The nursery is accessed only by passing the nurse's station.
- Newborns needing a little extra support are placed in a neonate room with monitoring equipment.
- The C-section surgical suite is connected to the new unit by a bright new hallway.
- Physicians document care inside the nursing station, allowing easy communication with nurses.

"The renovation exceeded all our expectations and it's a great investment for the community," says Green. "But the unit's true strength is the kind, compassionate and knowledgeable staff. NRMCM earned a Thomson Reuters 100 Top Hospital designation and is an Everest Award winner, and now we can demonstrate that achievement with a beautiful new unit."



Quality women's services, right here

To learn more about NRMCM's women's services, visit www.nermc.com and click on "Our Services," or call (660) 785-1000.

HEALTHWISE QUIZ

How much do you know about **high blood pressure**?

Take this quiz to find out.

- 1** How many American adults have high blood pressure?
 - a. one in three
 - b. one in five
 - c. one in 10
 - d. one in 20
- 2** Most people with high blood pressure experience:
 - a. nausea
 - b. weakness
 - c. trouble concentrating
 - d. no symptoms
- 3** Healthy adults with no history of high blood pressure should have their blood pressure checked every:
 - a. six months
 - b. year
 - c. two years
 - d. 10 years
- 4** High blood pressure can increase your risk for:
 - a. dementia
 - b. eye damage
 - c. bone loss
 - d. all of the above
- 5** Which of the following statements is true?
 - a. After age 65, more women than men have high blood pressure.
 - b. After age 65, more men than women have high blood pressure.
 - c. After age 65, an equal number of men and women have high blood pressure.
 - d. After age 65, the number of men and women suffering from high blood pressure is unknown.

ANSWERS: 1. (a) 2. (b) 3. (d) 4. (d) 5. (a)

Show your heart a little love

Your heart works hard for you, pumping day in and day out to supply your body with the oxygen-rich blood you need for survival. So what are you doing to nurture it? Try these five tips to ensure better heart health:

➔ **Choose good-for-you foods.** Follow a diet such as Dietary Approaches to Stop Hypertension (DASH). This eating plan is centered on foods low in fat, cholesterol and salt; and rich in fruits and vegetables (aim for five to 10 servings a day), whole grains and low-fat dairy products. Foods that are good for the heart also include those with high levels of omega-3 fatty acids, a type of polyunsaturated fat, found in fish such as salmon, mackerel and sardines.

➔ **Give your heart a workout.** You don't need a gym membership to keep your heart in tip-top shape. Get the recommended 30 to 60 minutes of physical activity daily by walking, jogging or biking—and remember that everyday tasks such as gardening, vacuuming and taking the stairs count toward your activity goals. Activity, along with eating healthy foods, can help you maintain a healthy weight, which is another way that you can boost heart health.

➔ **Consider aspirin therapy.** A daily aspirin can benefit many people, but not everyone, so talk with your physician first about the risks and benefits. For example, aspirin can help prevent first and second heart attacks in older women and men of all ages, but only second heart attacks in women younger than age 65. Aspirin also may prevent certain types of strokes.

➔ **Quit smoking.** Tobacco smoke contains thousands of chemicals that damage the heart and blood vessels, including nicotine, which narrows blood vessels and makes your heart work harder. Within one year of quitting, you can expect to see your heart-disease risk drop dramatically.

➔ **Get checked.** Have your blood pressure and cholesterol checked regularly. Ask your physician how frequently you should be tested based on your health history.





CLEAN UP your health

It's easy to focus on all the bad things we breathe in the air outside, such as pollen and pollutants. But what about what's lurking inside our houses? Household dust, mold and various chemicals can make breathing difficult. Here's what might be stirring up trouble at home:

Dust mites. In dust around the home lie dust mites—microscopic insects that are the most common cause of dust allergies. They can also trigger asthma and flu-like symptoms.

Combat them: Wipe dusty surfaces with a damp cloth, and vacuum once a week. Wash bedding once a week in hot water, and cover mattresses, box springs and pillows in mite-proof covers.

Mold. Mold spores thrive in damp areas such as basements and bathrooms. Along with dust mites, mold is considered a biological pollutant and can also trigger allergies and asthma.

Combat it: Use ventilation fans and dehumidifiers to keep humidity at 30 percent to 50 percent. Treat moldy bathrooms, basement walls and furniture with diluted bleach or other disinfectants.

Volatile organic compounds (VOCs): These gases are emitted from products such as paints and cleaning supplies. Health effects range from ear, nose and throat irritation to central nervous system damage.

Combat them: Use chemicals only in well-ventilated areas. Consider purchasing low-VOC paint.

Don't let the bedbugs bite!



Bedbugs are one souvenir you don't want to take home with you from vacation. But these flat, little reddish-brown pests, which are more common in places such as hotels, may find a way into your home by hitching a ride in your suitcase. Waiting to strike, they hide out in beds, box springs, headboards and bed frames. When they do bite, they can cause red, itchy, clustered bite marks on the face, neck, arms and hands. The best way to eliminate them is with a professional exterminator.

DOUBTING diet soda

Diet soda: It's sugar and calorie free, so it must not be bad for you, right? Some recent research suggests otherwise. While most of these health concerns need further investigation, now might be a good time to either limit your diet-soda intake to the occasional indulgence, or switch to water, skim milk or diluted 100-percent fruit juice. Here's why:

Tough on teeth. Diet soda is just as acidic as regular soda, which can damage tooth enamel and promote decay.

Wicked to waistlines. Some studies have found that drinking diet soda regularly may be connected to obesity and type 2 diabetes. Researchers are unsure if diet soda actually causes obesity, but one study found that those who drank three or more of the beverages daily were more likely to gain weight than those who didn't.

Unkind to kidneys. One major study found that women who consumed two or more artificially sweetened sodas a day doubled their risk for kidney function decline. Drinking regular soda or only one diet soda daily did not decrease kidney function more than normal. However, for those prone to kidney stones, a separate study discovered that citrus-flavored diet sodas contain high levels of a compound that may inhibit stone formation.

Bad to the bones. According to the National Institutes of Health, people may be replacing bone-friendly, calcium-rich milk with soda, which may lead to decreased bone mass and an increased risk of fracture.



HouseCall is published as a community service of Northeast Regional Medical Center. There is no fee to subscribe.

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WINTER 2011



THE RIGHT PHYSICIANS FOR YOU

The experienced, dedicated medical staff members of Northeast Regional Medical Center (NRMCM) can keep you and your family healthy. We'd like to introduce one of them to you.



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Sports Medicine and
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Kevin M. Marberry, M.D., is an associate professor of surgery and the John P. Wood, D.O., Endowed Chair of Orthopaedic Surgery and Sports Medicine at the A.T. Still University Kirksville College of Osteopathic Medicine. He specializes in sports medicine and arthroscopic surgery. Dr. Marberry has a special research interest in articular cartilage restoration and knee ligament reconstruction and is actively performing both clinical and basic science research in these fields. He has published several research articles and textbook chapters, has presented his research at national and international meetings and has received grant funding for his research.

Dr. Marberry is a Missouri native who graduated from the University of Missouri as both a Bright Flight and a Conley Scholar. He graduated with honors from the University of Missouri School of Medicine and completed his residency in orthopedic surgery there. He completed a fellowship in sports medicine at world-renowned Methodist Sports Medicine in Indianapolis, one of the top 25 sports medicine fellowships in the country. He has also worked with surgeons at the Cartilage Restoration Center of Indiana in Greenwood, where he learned specialized surgical techniques for the treatment of knee arthritis. Dr. Marberry has treated athletes from the Indianapolis Colts, the NFL Scouting Combine and the USA National Swim Team. He has been a team physician for the University of Missouri for the past several years.

Dr. Marberry is currently board certified by the American Board of Orthopaedic Surgery and holds an additional subspecialty certification in sports medicine. He's a member of several specialty societies including the American Academy of Orthopaedic Surgeons, the American Orthopaedic Society for Sports Medicine, the International Cartilage Repair Society and the Arthroscopy Association of North America. Dr. Marberry has been recognized as an Emerging Leader by the American Orthopaedic Association.