12-31-1999


Saint Raphael Healthcare System

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They're 50, fit & fantastic
(Not to mention feisty!)

PLUS
Give your hands a hand
Take a bite out of food allergies
Relieve an aching head

INSIDE: Saint Raphael’s 1999 Report to the Community
OMNI Home Health Services
Homecare, Inc.

Our Name Has Changed.
Our Focus On You Hasn’t.

We’re known for many things—including the quality of our care, improved patient outcomes and advanced technical skills. Now we’re also known by just one name: The Connecticut VNA.

As the State’s premier home health system, it only makes sense that we have one, easy-to-remember name. The Connecticut VNA is going to mean so much more to you than that. It means the simplicity of being able to choose one JCAHO-certified provider. It means saving administrative costs and hassles. It also represents an opportunity for greater efficiency, consistent quality service and better overall care.

Although our name has changed, everything else is the same. We are still part of Masonicare, backed by a century-old tradition of providing excellent care. Our branch locations, contacts and phone numbers remain the same. So, too, are our comprehensive services and existing contracts.

Yes, our name is now The Connecticut VNA. But to people across the state, we’ll still be called the best. To find out more, call toll-free: 888-636-6664.
features

DON'T SNEEZE AT FOOD ALLERGIES
Do you feel sick after eating scallops? Cramps after drinking milk? You may have a food allergy or a food intolerance. And it’s imperative you know the difference.

GIVE 'EM A HAND
No matter what your age or occupation, your hands are always working. Learn about common hand problems, and how they're treated.

ALTERNATIVE EXERCISES
Think dancing, gardening, golfing or playing a round of tag aren't really exercise? Think again.

FIT & FANTASTIC AT 50
Want to know just what it is that keeps men over 50 feeling fit, feshy and going strong? Here are preventative measures every man should take.

OHhh, MY ACHING HEAD
More than 45 million Americans suffer from recurring headaches. But for each person, the pain and triggers are different.

departments

VIEWPOINT
Healthy children create a healthy community.

ASK THE M.D.

EDITOR'S NOTE
Another fantastic over-50 fellow.

FEEDBACK

TIME OUT

WHAT'S YOUR HEALTH IQ?

MINITOPICS
Healthy time-savers for dinner; hand-washing 101; the truth about garlic and much more.

SPOTLIGHT
Faith can make you healthy. The Rev. Gerard Smith tells us how.

INSIDE SAINT RAPHAEL'S
Learn how you can honor someone important and help Saint Raphael's at the same time.

A SURVIVOR'S STORY
Bill Dorfer may be confined to a wheelchair because of muscular dystrophy, but he's always on the run. A busy stay-at-home dad, he volunteers as a Cub Scout leader and advocates for people with disabilities.

CHEFS' CORNER
Tasty dishes from Labella, Carmel's Trattoria and Friends & Co.
ask the m.d.

Q: Which is better for you, butter or margarine?
A: The verdict isn’t final. But here’s what we know. For years, researchers thought trans fatty acids in margarine were better for you than the saturated fats in butter. Recent research, however, has shown that trans fatty acids can cause as much plaque in arteries as saturated fats. My advice is to limit your intake of both. Olive and canola oils, also used sparingly, are great alternatives.

Q: Can I prevent swimmer’s ear?
A: Medically called otitis externa, swimmer’s ear is an infection of the outer ear canal, caused by bacteria, allergens or fungi. Antibiotics and ear drops can treat it. But to prevent it, try putting a few drops of rubbing alcohol in your ears as you tow off, to dry up remaining water. If you feel water in your ears, tilt your head until the water trickles out. Or, pull gently on your eardrum to straighten the ear canal and allow any water to come out easier. Never poke inside your ear with cotton swabs, or anything else that can damage your ear.

Mail your questions to “Ask the M.D.”, Better Health magazine, 1402 Chapel St., New Haven, CT 06510; fax (203) 787-4057; or e-mail Stiphap@aol.com. Questions are answered by Saint Raphael Healthcare System providers.

editor’s note

He’s pretty fantastic, too.

Turn to page 16, and you’ll be as delighted as we were to get to know our new over-50 covers, who—in case you don’t recognize them—include U.S. Sen. Joseph Lieberman and Channel 3 news anchor Al Terzi.

But before you flip inside, I want you to meet my favorite over-50 fellow: my dad, Ted Wolfe. Like many people, Dad’s a few pounds overweight, and he likes dessert too much and doesn’t exercise as regularly as he should. But he’s always got one activity or another going on. And he definitely has a healthy outlook.

At 73, he just finished writing his first novel: volunteers one day a week in the New Haven Colony Historical Society gift shop; and regularly babysits my two young sons, 1 and 3. He sketches. He gardens. He spends nights at the New Haven Symphony with my mom, and often travels into New York City or up to one of the casinos with my aunt.

Like Italian filmmaker Roberto Benigni, he sees life as beautiful. And loves every minute.

So Dad has more life to live, it’s my job to bound him about eating better and making time to exercise at least three to four times a week—even if it’s just by taking a brisk walk around his Hamden neighborhood. Physicians agree it’s never too late to make these kinds of healthy lifestyle changes, or to see their results. The key is to make them gradually and with the guidance of a healthcare professional. You and your dad can get ideas on where to start by turning to page 10. There, we list how many daily calories you should consume, according to your age, gender and activity level. Healthy meal ideas are listed, too.

And for those who want to start adding exercise to their lives, we have a guide to alternative forms of exercise on page 30. Playing tag and gardening are two of the seven different activities that doctors recommend. So take a look.

I know what my dad’s going to say when he reads it. He’s going to agree it’s never too late to cooperate with your family’s funeral director. Full-time, on-site administrative staff.

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150 Years of Serving Families in Greater New Haven

In Greater New Haven, the lack of dental care for needy, inner city children has been well documented.

That’s why Saint Raphael’s put the seal on its February in “Smiles to Go” mobile dental clinic. The Community Foundation of Greater New Haven is providing $4,000 a year, for three years, toward its operating costs. And as this tractor-trailer, clinic-on-wheels travels to elementary schools in and around the city, we expect to provide basic dental care and education to more than 5,000 children in the first year alone.

Saint Raphael’s was founded 93 years ago with the caring mission to improve the health status of the community. That goal still stands true today. In fact, our mission is what drives us to offer the most comprehensive range of primary care and education to more than 3,000 children in the first year alone.

Editor and publishing director

answers

I enjoyed reading “Could I have Hepatitis C?” (January–February), which discussed the potential seriousness of chronic hepatitis C infections. It did not highlight the tremendous progress we’ve made over the past 10 years in treating this infection. Combination therapy has taken sustained response rates (loss of the virus six months after therapy) from 5 percent to more than 40 percent. With genotypes II and III infections, we are able to clear the virus from the blood in over 70 percent of those treated. Thus, we can now talk about curing patients with this chronic infection.

Dr. Gary Caldwell and myself, both Saint Raphael physicians, are also actively involved in hepatitis C research. We have three clinical trials in progress, including one to help patients who have not responded to standard therapy. We are still actively recruiting patients to take part.

Write to us!

We welcome feedback. Mail your letter to Better Health magazine, 1402 Chapel St., New Haven, CT 06510; fax (203) 787-4057; or e-mail Stiphap@aol.com.
circle the answers you believe are correct. no one answered all five january/february questions correctly. better luck this time around!

how many miles does your blood travel each day?

- a. 120
- b. 1,200
- c. 12,000
- d. 120,000

prostigis is:

- a. another name for hay fever
- b. a fungal infection
- c. the Greek word for "itch"
- d. caused by a virus

hives are most often caused by:

- a. a food allergy
- b. stress
- c. bacteria in honey
- d. being out in the sun too long

which is larger?

- a. your small intestine
- b. your large intestine

A. A
B. Your large intestine
C. Bacteria in honey
D. Being out in the sun too long

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Exercise at home with your PC

If you think you’ve tried everything to keep yourself motivated to exercise, and you bike and sneakers are still gathering dust, you might consider turning to your home computer. Sound crazy? It’s not. As the Internet continues to open opportunities to improve our lives, exercising at home with your own PC may be just what’s needed to keep more people moving into the 21st century.

Getting in shape is a perennial New Year’s resolution. But boredom, rather than the difficulty of exercising, is what usually wears off the enthusiasm. Now, however, a variety of computer software and interactive training systems can hook up to your computer and keep you moving.

Some of the available programs can monitor your speed, distance and other fitness machines. Now, however, a variety of coming systems can hook up to your computer software and interactive training systems.

1. Go for the soap. The slippery lather made by soap detergent loosens germs, so they wash off more easily. Antimicrobial soaps kill germs, too.

2. Rinse every nook and cranny. It’s not the broad, flat surface of the palm that hides germs — it’s the moist, warm valleys between fingers. Make sure you scrub around and under your fingernails, too.

According to the Centers for Disease Control, you should always wash your hands before preparing food, eating, changing a diaper, attending a wound or injury, handling an infant or removing contact lenses. You should always wash your hands after using the bathroom, changing a diaper, handling uncooked foods (especially meat, poultry or fish), playing with a pet, visiting someone who is ill, sneezing or blowing your nose, and whenever your hands do not feel clean.

Hand washing 101

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mini topics

Try these healthy time savers for dinner

Looking to whip together a quick, but healthy, dinner? Try this list of meal ideas from the “Great Adventures in Food” cookbook published in December by St. Martin’s Press. All of them can be made with leftovers, and tailored for your taste buds.

**Cooked rice.** Make quick fried rice by sautéing cooked rice with scallions; cooked, chopped carrots; cooked, diced pork or chicken; and soy sauce.

**Cooked pasta.** Add chopped red peppers, zucchini, red onion, chopped basil and vincotto for a tasty cold salad.

**Cooked or canned beans.** Combine with chicken stock, zucchini, chopped parsley and cooked couscous.

**Vinaigrette.** Steam spinach or arugula in vincotto for 1 minute and use to top broiled fish.

**Chopped herbs.** Puree chives with fat sour cream and salsa.

**Rice salad or pasta salad, store-bought.** Add sautéed mushrooms and shrimp.

**Cooked pasta.** Combine with chopped herbs.

**Cooked rice.** Mayonnaise, butter or sugar can be added.

How much should you eat today?

<table>
<thead>
<tr>
<th></th>
<th>Less active women, older adults</th>
<th>Children, teen girls, active women</th>
<th>Teen boys, active men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calories</td>
<td>About 1,600</td>
<td>About 2,200</td>
<td>About 2,800</td>
</tr>
<tr>
<td>Bread group</td>
<td>6 servings</td>
<td>9 servings</td>
<td>11 servings</td>
</tr>
<tr>
<td>Vegetable group</td>
<td>3 servings</td>
<td>4 servings</td>
<td>5 servings</td>
</tr>
<tr>
<td>Fruit group</td>
<td>2 servings</td>
<td>3 servings</td>
<td>4 servings</td>
</tr>
<tr>
<td>Milk group</td>
<td>2-3 servings*</td>
<td>2-3 servings*</td>
<td>2-3 servings*</td>
</tr>
<tr>
<td>Meat group</td>
<td>2, for a total of 5 ounces*</td>
<td>2, for a total of 6 ounces</td>
<td>3, for a total of 7 ounces</td>
</tr>
</tbody>
</table>

*Women who are pregnant or breastfeeding, teen-agers and young adults to age 24 need three servings.

Source: American Dietetic Association

Older kids may need help stopping thumb-sucking

Thanks to folklore and to Freud, people have all sorts of ideas about the significance of thumb-sucking in children. But there’s no evidence that thumb-sucking is anything but a normal and typically harmless behavior of infancy and childhood, health experts say.

Roughly one out of every three children ages 1 to 4 will suck his or her thumb at least sometimes. About one in five children will still be doing so at age 5 or older. The habit is harmless if the child does it occasionally, such as during “tuck-in” at bedtime, or in association with a stressful event.

But older children who suck their thumb or finger chronically may need guidance from parents or a dentist to stop the habit. That’s because chronic finger-sucking can cause the child’s permanent teeth to become crooked.

If you’re in doubt, discuss the matter with your dentist. You may be reassured to learn that if your child is tapering off the thumb-sucking, there is probably no need for treatment. That’s particularly true if the child still has baby teeth.

Sometimes, children themselves will want help to stop. It has to do with social acceptance. Studies have shown that children are less likely to want to sit next to, or be in a class with, another child who is sucking his or her thumb.

If you think your child has a problem, you might want to ask a dentist or pediatrician for advice on some of the following methods to deal with the habit:

• Initially, try ignoring the behavior. In other words, don’t give the child attention when he or she thumb-sucks. Some children unconsciously suck their thumb to get attention, even if it’s disapproving attention.

• Put an obstacle on the child’s hand. You might try a sock or glove, possibly secured with tape. You can also buy specially designed mittens, or a plastic-thumb-guard that makes sucking difficult.

• Reward good behavior. Mark a star on a calendar when the child goes without thumb-sucking for a day or leaves the sock or glove on all night.

Your healthcare providers can also give you advice about how to gradually phase out the use of these methods to keep the habit from returning.

Don’t have a scale or measuring cup handy to size up your servings? You can use your hand to make rough estimates:

- One thumb = 1 ounce of cheese
- One thumb tip = 1 teaspoon of peanut butter, mayonnaise, butter or sugar
- Three thumb tips = 1 tablespoon
- One handful = 1 ounce of nuts, raisins or other snack foods
- Two handfuls = 1 ounce of chips or pretzels
- One fist = 1 cup cereal, pasta, vegetables or cut fruit
- One palm = 3 ounces of meat, fish or poultry

**Did you know?**

Hemorrhoids can be the result of overzealous cleaning of the anal area, which inflames the veins. Good but gentle hygiene is important. Use moistened toilet tissues or baby wipes to clean after a bowel movement.

Source: Reader’s Digest “The Making Power of Parents, Married and Single”
The Here's another good reason to make time for religion. According to national studies, people who attend religious services at least once a month live significantly longer than those who don't.

One reason for this: Church and temple-goers generally take better care of their bodies. They're more likely to be nonsmokers, physically active and the right weight. Health experts also believe that taking part in rituals and prayer, and being part of a community, can help reduce stress and create feelings of belonging and self-worth.

And that, in turn, may spur you to take better care of yourself. "Everyone talks about how important it is to take a holistic approach to life," says the Rev. Gerard Schmitz from Saint Margaret Church in Madison, a Catholic parish. "And spirituality is an important part of that approach. When our spirit is well, our bodies tend to follow."

Father Schmitz recently spoke with Better Health Editor Cynthia Wolfe Boyston about how being involved with a church or temple can lead to better health.

BH: How do communities benefit?
GS: In countless ways. First, there are the social services that most church or temple congregations perform: such as donating foods to soup kitchens and food banks; collecting clothes for poor children; bringing meals to families in crisis; and generally reaching out to those in need. There's a lot of reaching out involved, helping people both within and outside the congregation meet physical needs.

And that sense of giving to others, and to the progress of a community, makes us feel great. It makes us have a healthier outlook on our lives, and in turn take better care of yourself.

BH: How can communities help make you healthy?
GS: How do you convince people to make the time? There's no doubt that religion is an important part of most of our lives. Polls show that more than 90 percent of people in the United States believe in God or a higher power. But the downside is that only about half of those people regularly attend religious services. And they're missing so much, Sports and rest are fine on weekends, but shouldn't be done at the sacrifice of attending a worship service.

We need to prioritize our lives, so they include time for worship. There are so many competing factors with service times, especially with youth activities. But with a little ingenuity and rearranging, services can fit in, too. Many churches and temples offer multiple times to worship, so everyone can find a convenient time to attend.

There's no doubt that there are a lot of good people who don't go to services; who don't carve out the time. And that's a shame. Your faith community can be the best support group in the world. There's also an education component. When you attend a religious service, you usually learn something. It's a place that makes you feel good about yourself, and in turn take better care of yourself.

BH: How can help make you healthy?
GS: Obviously, this is a complex issue. But what's the correlation?
BH: So how do you convince people to make the time? There's no doubt that religion is an important part of most of our lives. Polls show that more than 90 percent of people in the United States believe in God or a higher power. But the downside is that only about half of those people regularly attend religious services. And they're missing so much, Sports and rest are fine on weekends, but shouldn't be done at the sacrifice of attending a worship service.

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BH: How can we help?
GS: If you don't belong to a church or temple, consider joining one. If you don't know where to start, thumb through the Yellow Pages or ask a family member or friend.

If you already belong to a house of worship, get involved in activities there — and involve your children.

It allows us to make friends, and to be with people who share our same beliefs, values and morals. Just think about what an incredible experience it is to go to a worship service. There's singing, rituals, prayers, fellowship and beauty everywhere. That creates a pretty amazing experience that takes you away from the everyday world, and allows you to let go of the stresses that consume your everyday life. And there, at your house of worship, you'll find people who will support you in hard times; shoulders to lean or cry on in times of crisis. Your faith community can be the best support group in the world.

How can we help?

• If you don't belong to a church or temple, consider joining one. If you don't know where to start, thumb through the Yellow Pages or ask a family member or friend.

• If you already belong to a house of worship, get involved in activities there — and involve your children.
When Matt Tarby became violently ill at age 12 after eating a plate of food scraps, he thought he had gotten a bad batch.

About six months later, Tarby ordered fried scallops again and devoured them, only to be faced with the same set of troubling symptoms as before: projectile vomiting, a tightening in his throat and hives, and I stay away from seafood stuff.

He admitted to one food allergy and is now following medical experts’ advice for avoiding troubling symptoms as before: projectile vomiting, sneezing and shortness of breath. More serious symptoms are swelling of the lips, tongue or mouth; itching breathing; asthma and wheezing.

These kits (which should be checked periodically or damaged, old or expired) usually include emergency doses of epinephrine and an antihistamine like Benadryl. “They’re something people with food allergies should have with them at all times. And friends and family members should know where they’re kept, too.”

Young people diagnosed with food allergies are particularly negligent about carrying their medicine, “and that’s both sad and foolish,” adds Rosen, who’s board-certified in allergy and immunology.

That was the problem facing Roger Wilson, a 35-year-old construction company project manager from Madison. When Wilson became plagued with stomach aches and severe bouts of diarrhea last year, he chalked it up to bad fish and later, stress. But when his gastrointestinal problems persisted over a period of months, he finally went to his doctor and was diagnosed with lactose intolerance.

Wilson was shocked by the diagnosis because he never before had problems eating cheese and ice cream, two of his favorite foods. Although his doctor prescribed medicine to help control the problem, Wilson finds it easier to just avoid milk products.

“Whenever I try to eat ice cream or cheese, it just upsets my stomach,” Wilson says. “I get to the point where the reward of eating something you like is not worth four days of feeling ill.”

Want more information on food allergies and intolerances? Contact Food Allergy Network at 1-800-988-3600 or www.foodallergy.org.
Bill Bowie
At 81 years old, Bill Bowie says there’s only one thing he doesn’t do: make enough money.
“I feel like I’m 50, maybe 45,” says the veteran trumpet and piano player who teaches younger part-time at the Neighborhood Music School in New Haven. “My cardiologist tells me my heart’s like that of a 45-year-old man. I’m glad to hear that.”
Bowie says he still lifts barbells and always eats right. But what keeps him young is something a bit more intangible.
“Music has always kept me going,” Bowie says. “Music gives you a chance to build on success. A little kid comes in and he can’t make a sound. But then when he leaves, you’ve got him or her making a sound, or playing a whole scale. Occasionally, I pick up a 45-year-old man. I’m glad to hear that.”

MARCH / APRIL 2000

They’re fit, feisty and fantastic

By William Hanrahan

Fifty can be a turning point for many men. It’s the half-way mark, so to speak, when career dreams can suddenly be dashed by reality, limitations, and the inevitable aging process can start to wear you down. Male menopause, or what exists, can hit, causing your sex drive to dip, along with your general spirits. And for some, it’s a time that just feels old. But 50 and far beyond can also be a time for phenomenal awakenings and great personal achievements. After all, you’ve only as old as you feel, people say. And the experts say anyone with average health and the right mindset can find their 50s an exciting and invigorating port-of-entry to their vintage years.

“Life is just beginning for me,” says Baba Bahadur Coleman, a 52-year-old West African drummer and dance master who teaches percussion to children and adults at New Haven’s Neighborhood Music School. “I’m discovering so many new things.”

For Coleman, the beauty of life has come into clearer focus with age. He quit smoking a few years ago and now takes vitamins with age. He quit smoking a few years ago and now takes vitamins. He started running three miles a day, changing his eating habits, including an overall skin regimen, will be performed, as well as preventive screenings. These generally include:

* Tensimeter. Checks for blood pressure, hermias and other problems.
* Unriddles. Measures sugar and protein levels in the urine; tests kidney function.
* Complete blood count. Measures red blood cell count for anemia.
* SMA blood test. Tests liver, heart and kidney functions; measures blood sugars; cholesterol; blood gases and electrolytes.

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Electrocardiogram. Tests the heart’s electrical impulses, measuring how well it moves blood through the chambers. Age 50 is also the right time for a colon exam to test for pre-cancerous polyps, as well as a prostate exam for prostate cancer. Anyone who’s ever engaged in lifestyle changes. “You have to feel that you can do something to alter the odds if you see them against you,” Rifkin says. "People may have misgivings about turning 50, but the depressive impact of 50 shouldn’t be exaggerated. It’s still a young age.”

Sen. Joseph Lieberman
Do you know what U.S. senators really do in Washington?
“I do push-ups in my office three or four times a day, just to rev my self — just to get my U.S. Sen. Joseph Lieberman. “Your fellow work - ers may think you’re nuts, but you can do push-ups anywhere, anytime.”

Push-ups are just one trick Connecticut’s junior senator uses to stay sharp in a public world that’s busier and more demanding than most. “One of the most important attributes is to be in good shape,” says Lieberman, a New Haven resident.

“Patriotic when you’re campaigning, it’s very physically and mentally demanding.” Three to four times a week, the 57-year-old Democrat also goes for a jog, typically for a half-hour. He misted in occasional morning swims. With his wife, he runs basketball in the driveway with his 13-year-old daughter. “I find that the bathroom is more physically demanding.” He misted in occasional morning swims. With his wife, he runs basketball in the driveway with his 13-year-old daughter. “I find that the bathroom is more physically demanding.”

Doctors agree 50 is the perfect time to start making improvements — deciding to start running three miles a day, changing your eating habits, including a gym — you need to make an appointment with your physician for a complete physical exam.

“A 50-year-old man is a red flag,” asserts Stephen Atlas, M.D., medical director of the Primary Care Center at the Hospital of Saint Raphael.

Doctors will typically evaluate a 50-year-old man on his family medical history, such as whether there’s reason to suspect heart trouble or cancer. A head-to-toe physical, including an overall skin exam, will be performed, as well as preventive screenings. These generally include:

* Tensimeter. Checks for blood pressure, hermias and other problems.
* Unriddles. Measures sugar and protein levels in the urine; tests kidney function.
* Complete blood count. Measures red blood cell count for anemia.
* SMA blood test. Tests liver, heart and kidney functions; measures blood sugars; cholesterol; blood gases and electrolytes.

Establishing a rapport with a doctor knows you, and you know your doctor. “The cliché about an ounce of prevention being worth a pound of cure is absolutely true,” Atlas adds.

But there’s more to a healthy person than just the physical.

According to Bradford psychiatrist Boris Rifkin, M.D., an attending physician at the Hospital of Saint Raphael, it’s particularly important for men over 50 to watch for signs of depression.

Real depression can cause difficulties at work, problems with family and complications with chronic health problems, such as diabetes and high blood pressure.

“It affects the heart, immune system and brain function. People have to understand that depression is a total body dys – function, not just mood,” explains Rifkin, who’s board-certified in psychiatry.

Depressed people are more likely to have strokes and heart attacks.

Thankfully, depression can be treated successfully in many forms of medication, therapy and also some lifestyle changes. “You have to feel that you can do something to alter the odds if you see them against you,” Rifkin says. "People may have misgivings about turning 50, but the depressive impact of 50 shouldn’t be exaggerated. It’s still a young age.”
Over the past decade, Gaylord has extended its Wallingford campus by opening outpatient service locations at Long Wharf in New Haven, the Jewish Community Center in Woodbridge, and sleep services facilities in Fairfield, West Hartford and New London.

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MORGAN KIFF

The creative diet is to have them from time to time, but I don’t go overboard.”

“Try to avoid deep-fried stuff, but I like to have at least a taste of everything I like,” says Terzi. “And I like potato chips, hamburgers and ice cream sundae. I’ll have them from time to time, but I don’t go overboard.”

Terzi admits he used to work out more in his younger days, but insists he will never become a couch potato. If nothing else, he has four grandchildren to keep him moving. “I see myself as always being active,” he adds. “I have no intention of getting, or slowing down, any time soon.”
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Charles Terrell

New Haven Savings Bank President Charles Terrell has one bit of advice for the couch potatoes of Greater New Haven: Get moving. "People who haven't experienced an 'aerobic high' — the great, great feeling that comes from exercising — just don't know what they're missing," Terrell, 58, started working out seriously in his 30s not long after his 50-year-old father died of a heart attack. But what started out as a preventive strategy turned into a healthy addiction. And these days, he just doesn't feel right if he goes more than a day or two without working out.

The key to keeping up a regular exercise regime, Terrell says, is variety. He plays soccer in an over-40 league, runs, bicycles, plays racquetball and works out with weights, among other activities. His business and community commitments also keep him running — literally sometimes. "When you think of your life," Terrell says, "you want to feel good."
Connecticut's only Top 100 Hospital—and more

Generations of patients have turned to Saint Raphael's. They trust in, and depend on, Saint Raphael’s for excellent care. So when we were singled out by national organizations for the quality of care we provide, and the efficiency in which that care is delivered, we were pleased — but not surprised. These distinctions included:

- Only Connecticut hospital rated as one of the Top 100 U.S. Hospitals for overall services. We are one of only 15 major teaching hospitals chosen. This is the second consecutive year we’ve been recognized by HCIA, an independent, national research firm.
- One of the Top 100 U.S. Hospitals for cardiac services (HCIA).
- One of the Top 100 U.S. Hospitals for orthopedic services (HCIA).

- One of America’s Best Hospitals (top 50) by U.S. News & World Report in cardiology/cardiac surgery, hormonal disorders, and respiratory disorders.

New surgical center responds to growing demand

Saint Raphael’s opened a new surgical center in November on its New Haven campus to meet the growing demand for outpatient surgery. The facility, designed with patient convenience, comfort and privacy in mind, offers easy parking, pre- and post-op areas, and separate recovery areas just for children. Over the past decade, outpatient surgeries at Saint Raphael’s have increased 59.3 percent, compared with a statewide increase of 51.6 percent. During fiscal 1999 alone, Saint Raphael’s — as the region’s leading provider of surgical services — performed almost 17,500 surgeries, including 9,000 ambulatory procedures. The surgical center is part of Saint Raphael’s new ambulatory/surgical facility, which also houses a new outpatient radiology area and 200-seat auditorium. The three-story, 88,000-square-foot facility also includes portions of the Emergency Department and Trauma Center.

Especially for seniors

Saint Raphael’s continues to be the provider of choice for seniors in Greater New Haven. In addition to addressing their acute care needs, Saint Raphael’s offers older adults many programs and activities. One of the most popular is CareCard, a free health and wellness program. CareCard members can participate in a variety of programs: health screenings, educational seminars, income tax assistance, exercise and recreational programs, like a new weekly bowling league; or programs like “Best Benefits,” which offers discounts on prescription drugs and medical supplies, such as eyeglasses. With about 22,000 members, CareCard is the largest program of its kind in the state. Among Saint Raphael’s other services for seniors are Project Eldercare, providing convenient primary care and social services at seven elderly housing complexes and senior centers; and the Eldercare Library, offering information on everything from nutrition to assisted living facilities.

Focusing on quality…and care with dignity

Patients and their families rightfully expect that any care delivered within the Saint Raphael’s Healthcare System will be of the highest quality, compassionate and respectful of each patient’s dignity. While this is our commitment to all patients, we are particularly mindful of this at Saint Regis Health Center — our 125-bed skilled nursing facility and New Haven’s only Catholic nursing home. We’ve embraced the national, proactive emphasis on quality care established by the Joint Commission on Accreditation of Healthcare Organizations and the Health Care Financing Administration. Nurses like Gina Tolihan, R.N., in working with residents such as the Rev. John Hogan, closely monitor such quality indicators as prevalence of patient falls, medication use, nutrition, use of restraints, skin care, and physical functioning. Comparing our data with, and striving to exceed, national “best practices” is the best way to show our residents how much we care.

Traveling miles for children’s smiles

We’re on the road again. Smiles to Go, Saint Raphael’s dental clinic on wheels, made its inaugural visit to a New Haven school recently, providing basic dental care to children who lack access to such services. The full-sized tractor-trailer, housing two examination/treatment rooms, is visiting schools in Greater New Haven where there is a demonstrated need. In its first year, it is expected to provide dental care, education and related services to 3,000 children. Data from the Greater New Haven Partnership for a Healthy Community, and local and state health departments, show a great need for these services, because not enough area dentists accept Medicaid, and many families lack dental insurance or transportation. Lack of proper dental care can lead to serious health problems, including heart and gum disease. Smiles to Go member Sister Raphael’s award-winning Project MotherCare clinic-on-wheels, which travels throughout the city and surrounding communities to provide prenatal and primary care.

Fighting cancer on multiple fronts

The exceptional care provided in Saint Raphael’s Father Michael J. McGinity Center for Cancer Care takes many directions. In addition to state-of-the-art technology to diagnose and treat cancer, patients and their families can now find the most up-to-date information on cancer right at their fingertips. The Center hosts a patient resource center sponsored by the South Central Connecticut/Middletown chapter of the American Cancer Society. A computer provides access to the vast resources of the Cancer Society’s information database, covering everything from cancer treatments to nutritional information, risk factors, screenings and support groups. The database is updated every morning, and volunteers help those who aren’t comfortable using a computer. On another front, Saint Raphael’s is participating in one of the largest studies ever on breast cancer prevention. The national STAR trial is assessing the effectiveness of specific drugs in preventing this disease.
10-Year Inpatient Admissions Trends

2.6% 

-22.8% 

Saint Raphael's mission calls on us to improve the health status of our community by providing a comprehensive range of quality healthcare services. We're working hard to fulfill that pledge. Drawn by our nationally-recognized care and sole as a teaching hospital affiliated with Yale University School of Medicine, the demand for services offered by the Saint Raphael Healthcare System is very strong...and growing. The Hospital of Saint Raphael — through its wellness, occupational medicine, outreach, and acute care services, both on our campus and in community-based programs — cared for more patients than ever in 1999. Saint Regis Health Center, Saint Raphael's skilled nursing facility, provided care with dignity to its 125 residents. And the nurses, aides, therapists, and other caregivers of our homecare partners, Regional Visiting Nurse Agency and Shoreline VNA, helped more patients than ever recuperate at those facilities, at home. And in doing so, they provided peace of mind to their families.

Reaching out to meet diverse community needs

Nine community representatives have joined our Minority Health Advisory Committee, chaired by Roberta Saunders-Gray, the Hospital of Saint Raphael's chief operating officer. This special group is helping us better meet the healthcare needs of our minority communities. Committee members share their insights and thoughts on the needs of these diverse groups. They also serve as a link between Saint Raphael's and other community agencies, as well as a sounding board for our goal of improving the community's health status, and guide us in our efforts to promote equity and justice in public policies. By working directly with community representatives, we are attempting to ensure that our efforts are on target. The top priority identified by committee members so far is ensuring that everyone has access to healthcare, with a special emphasis on children and families.

Y2K was A-OK

The new millennium arrived at Saint Raphael's without a hitch; there were no major problems with equipment anywhere within our healthcare system. This smooth transition resulted from three years of hard work and planning spearheaded by our Information Services team. The staff time commitment organization-wide over the three years totaled more than 50,000 hours, and the incremental expense was more than $3 million. Special teams assessed and tested equipment and critical systems at the Hospital, Saint Regis Health Center and our affiliated homecare agencies. Non-compliant equipment was modified or replaced. The Y2K team also helped individual departments prepare contingency plans, in case of equipment or infrastructure failure, either within the system or outside. When the clock struck midnight, teams were standing by to tackle potential problems. However, the thorough preparations paid off and both patients and staff enjoyed a happy, if uneventful, New Year's Eve.

Bringing quality care conveniently to you

Many of our patients come from Hamden, North Haven and adjacent communities. To provide them with a convenient alternative to our New Haven campus, we've opened a blood drawing station in Hamden, and will be opening a freestanding ambulatory surgery center there this spring. The blood drawing station, in the Spring Glen Medical Center, 2200 Whitney Ave., is open six days a week, with walk-in patients welcome. The surgery center, at 2080 Whitney Avenue, has four operating rooms and a minor procedures room, each equipped with state-of-the-art technology. There are also specially-designed play and recovery areas for pediatric patients. A comprehensive array of surgical procedures will be performed there, by the same doctors who practice at our New Haven campus. Patients will receive the same compassionate care and respect for their dignity that they expect from Saint Raphael's. Just closer to home.

H.O.P.E. program earns national recognition

Saint Raphael's H.O.P.E. program earned the national "Extraordinary Program Award" from the American Society of Directors of Volunteer Services. H.O.P.E. stands for "Having an Opportunity to Prepare for Employment" — and that's exactly what the program does. It helps community women make the transition from welfare to work through counseling, on-the-job mentoring, job skills training, and education. More than 100 women have graduated since H.O.P.E. began in 1996. A H.O.P.E. offshoot program — We Mean Business — helps H.O.P.E. participants prepare for entry into the workforce by providing them with clothing suitable for job interviews. We Mean Business is a collaborative effort between the H.O.P.E. program and the Saint Raphael Auxiliary, which has set aside space in its Thrift Shop for business attire.

Working with our legislators so we can continue to care for you

Healthcare providers across the nation grappled with serious financial challenges during 1999. The Balanced Budget Act of 1997 mandated $116 billion in reductions from the Medicare program over five years. These cuts were helping balance the federal budget. Yet they were forcing hospitals, home health agencies and nursing homes to cut back on services and staff, ultimately hurting healthcare consumers. At Saint Raphael's, Medicare payment cuts totaled $77.8 million over five years. Our patients, employees, physicians, volunteers, trustees, and friends responded, sending letters and petitions to Washington. The message: The healthcare needs of this community and country need to be a priority. And Congress, including U.S. Rep. Rosa Delauro, responded by passing legislation restoring a modest amount of Medicare funding. Not a final solution, but a meaningful step in the right direction.
There’s no place like home

When you’re recovering from surgery and no longer need a hospital, there is often no place like home. Your own bed, familiar surroundings, family or friends close by. Thanks to a collaborative program between Saint Raphael’s and one of its home care partners, the Regional Visiting Nurse Agency, some patients who have had total joint replacement surgery are successfully going directly home from the hospital, rather than to a sub-acute care facility. With patient evaluation, classes, and a home assessment prior to surgery, coupled with post-procedure home visits by a registered nurse and a physical therapist, patients can achieve optimal results in safe and comfortable surroundings — their own home!

A great place to receive care, a great place to work

Saint Raphael’s, this region’s fourth largest employer, was named one of the 100 Best Companies for Working Mothers, a national recognition program sponsored by Working Mother magazine. Other recipients include Ford Motor Company, IBM and Bristol Myers Squibb. The award is based on six criteria: parental leave opportunities, flexible work arrangements, child care, work-life balance, advancement opportunities for women, and pay. Why Saint Raphael’s? Ask Mary Joyce, R.N. Our day care center extended hours on a hospital, where many employees start early in the morning. The center also cares for infants and toddlers — like Mary’s 15-month-old. And when Mary’s 4-year-old, Danielle — also a center attendee — was diagnosed with leukemia and had to temporarily stay home due to a suppressed immune system, Saint Raphael’s allowed Mary to take a leave of absence and provided a video hookup so Danielle can participate in her daycare center activities. Caring for and about people — employees, their families and patients — is what Saint Raphael’s is all about.

Whenever you need us, we’re here

Staffing an emergency department in which patients are treated and admitted, regardless of their ability to pay, is one of the ways a provider like Saint Raphael’s demonstrates its commitment to the community, according to the national Catholic Health Association. Last year, 47,592 people were cared for in Saint Raphael’s Emergency Department. Whether it was relieving flu symptoms, mending broken bones, or replacing broken hearts, our skilled clinicians were here, 24 hours a day, seven days a week. We also brought all of our skills to bear for the most seriously injured in our federally-designated Level II Trauma Center, led by John Bonadies, M.D. And we spread a message of prevention through “Let’s Not Meet By Accident,” a program helping high school students understand the implications of drinking and drugs, particularly while driving. Because while we are committed to caring for you in an emergency, we’d rather help you stay safe and well.

Helping our neighborhood, one employee at a time

Saint Raphael’s has proudly called New Haven and the Greater Dwight neighborhood home for 93 years. We’re committed to this community, and work closely with neighborhood groups and organizations equally dedicated to its well-being. In 1994, we implemented our Employee Neighborhood Home Ownership Program, which encourages Saint Raphael employees to purchase and live in neighborhood homes by providing financial and other support. Iris Barnaby, a patient service associate in the Obstetrics/Gynecology nursing unit, has taken advantage of this program. She’s one of 16 Saint Raphael employees to purchase a neighborhood home; hers is on Edgewood Avenue. The program helps employees get established — many are proudly buying a home for the first time. And since owner occupancy is required, it brings additional stability to our neighborhood.

Generosity that touches many

The Saint Raphael Foundation, which provides philanthropic support for the Hospital of Saint Raphael and Saint Regis Health Center, marked its 25th anniversary in 1999. And there was much to celebrate. Thanks to thoughtful donors — individuals, corporations and community organizations, as well as physicians and Saint Raphael employees — almost $8 million has been raised toward a long-term endowment goal of $27 million for The Campaign for Saint Raphael’s. Income from this endowment will be used to strengthen Saint Raphael programs, and to provide financial flexibility to meet new needs that will emerge in the future. Cancer care, cardiac care, care for seniors, and the training of tomorrow’s doctors, as well as facilities renewal and the purchase of medical equipment, are among the areas of endowment focus.
### Men's Preventive Health Guide

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<td>Tetanus booster every 10 years</td>
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<td>As recommended by your doctor</td>
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### Helpful Phone Numbers

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<tr>
<td>CareCard/Senior Services</td>
<td>(203) 789-3777</td>
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<td>Hamden Drawing Station</td>
<td>(203) 407-1087</td>
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<tr>
<td>Hamden Surgery Center</td>
<td>(203) 288-2555</td>
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<tr>
<td>Need-A-Physician?</td>
<td>(203) 789-4304</td>
</tr>
<tr>
<td>Saint Raphael Foundation</td>
<td>(203) 789-3242</td>
</tr>
<tr>
<td>Volunteer Services</td>
<td>(203) 789-3480</td>
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<tr>
<td>HOMECARE PARTNERS:</td>
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<tr>
<td>Regional Visiting Nurse Agency</td>
<td>(203) 288-1623</td>
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<tr>
<td>Shoreline VNA</td>
<td>(203) 245-0436</td>
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- 4235 Knee Replacement
- 2360 Trauma Center at Saint Raphael's
- 6406 Breast Cancer

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The first step toward that healthy balance, Stansbury says, is to set a vision of what you want to accomplish, then create a strategy to achieve your goals. For someone who isn’t in shape, it could be taking that first walk around the block. It could be finding a new hobby that gets you away from the television. It could be turning down dessert, or skipping that slab of butter on your bread.

People need to ask themselves how satisfied they are with the different aspects of their lives,” Stansbury adds. “If part of your life is out of balance, then you’re going to have a bumpy ride.”

The ride can get very unsettling for those who wallow or become bored, says Rifkin. He’s in his 60s, works part time and plays golf regularly. “You’ve got to find a lot of interesting things in life,” he adds. “People go back to school in their 70s. Others write. You just have to keep busy. But that can be particularly hard for some men.”

While not every man can do all the things professionals say are required for a fit body and mind, what’s most important is to take the steps that work for you. The key is to do something.


Gus Langner
Gus Langner is 96. Most days, he swims a mile before his 8 a.m. breakfast, which generally consists of prunes and a bowl of oatmeal.

Thanks at least in part to these health habits, Langner, a Milford resident, holds all kinds of world records in his age group — the 95-100 bracket — for competitive swimming. “Yeah, sure,” he says with a smile. “I’ve outlasted all the competition.”

Langner gives most of his gold medals to his grandchildren and to neighbors’ kids. “The recognition is the last thing I care about,” Langner says. “I go to the meets to associate with good friends.”

Although he definitely takes good health seriously, too. While longevity runs in his family (his sister, Helen, lived to 103), Gus bought and beat intestinal cancer with radiation treatments five years ago.

But he believes the real secret to a long life is exercise. “I work out!” he says, raising his voice slightly, as if it should be obvious. “I tell everybody to exercise. To do aerobics. To get in the water and swim. “I even tell it to my doctors,” he adds. “Without swimming, I’d be 6 feet under.”

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MARCH APRIL 2000
Americans suffer head pain, which can range from an occasional annoyance to a chronic, debilitating condition. Americans spend almost $4 billion a year trying to get rid of headaches. And according to the Chicago-based National Headache Foundation, headaches are responsible for an estimated 157 million missed work days each year. Despite how common headaches are, everyone experiences them a little differently. Health experts, however, have defined three general categories of chronic headache pain: tension, cluster and migraine. These are different from the occasional headaches that might accompany a cold or the flu, or be associated with sinus pain, allergies or fatigue.

Although just the thought of learning about these categories can cause your head to hurt, relax and read on. Knowing which type of headache you’re prone to — especially if the pain is chronic — will help you manage your pain more effectively, and hopefully get rid of it all together.

“Many people are under the huge misconception that if you suffer from headaches, you just have to deal with them and the pain. That’s wrong,” says internist Barbara Ross, M.D., who’s board-certified in internal medicine, pediatrics and gastroenterology.

“Headache pain can be managed. But first step is to figure out what kind of headache you have.”

Tension headaches are the most common kind, affecting men and women equally. They occur when muscles in the head and neck contract and stay tense, usually during times of anxiety. Often, the pain strikes the top of your head or back of your neck, bringing with it a feeling of pressure, as if someone were pulling a tight band around your head.

Cluster headaches are the most intense kind, affecting about 1 million Americans. They are more common in men than women, according to the National Headache Foundation. Cluster headaches are characterized by intense burning, drilling pain in or around one eye and temple, and sometimes in one cheek or jaw. Your affected eye may become bloodshot and teary: the nostril on the side may become swollen and red. Sometimes your pupils shrink, eyelids droop and face flushes.

Pain from a cluster headache comes in spurts usually lasting 30 to 45 minutes each. Although a cluster headache can come on abruptly at any time, they most often occur about three hours after you’ve fallen asleep. Part of the woe is that cluster headaches are often at the same time every day — before a REM session occurs. In rare cases, they can cause one of the worst head pains imaginable. They are relatively uncommon, but still affect about 1 million Americans.

Headache pain can be managed. But first step is to figure out what kind of headache you have.”

There is no cure for tension headaches, but their symptoms respond well to massage, hot showers, relaxation, a balanced diet, rest and regular exercise. Over-the-counter medications such as aspirin, acetaminophen or ibuprofen can also help. But healthcare experts warn to take only the minimal dose needed to relieve your pain. Overuse can actually cause chronic headaches called “rebound headaches,” says Bruce Haak, M.D., section chief of Neurology at the Hospital of Saint Raphael, who’s board-certified in internal medicine and neurology.

Arriving with a headache, your doctor may prescribe medication. Health experts may also suggest the following:

■ If your job requires a lot of driving, try using a headrest.
■ If you sit hunched over a desk or computer all day, make it a definite point to get up and stretch.
■ And when a co-worker or family member has your blood boiling, cool down and find a way to communicate.

“Fighting headaches requires a well-rounded approach,” Haak adds. “Don’t just try to stop pain once it starts. Eat right, exercise regularly, get enough sleep and take proactive steps to stop them from ever starting.”

Cluster headaches Arriving with very little warning, cluster headaches produce one of the worst head pains imaginable. They are relatively uncommon, but still affect about 1 million Americans. They are more common in men than women, according to the National Headache Foundation. Cluster headaches are characterized by intense burning, drilling pain in or around one eye and temple, and occasionally in one cheek or jaw. Your affected eye may become bloodshot and teary: the nostril on that side may become swollen and red. Sometimes your pupils shrink, eyelids droop and face flushes.

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Headache + doctor + relief

There is no reason to live with pain, or the threat of an underlying medical condition. The National Headache Foundation says you should schedule an appointment with your physician if your headache pain is:

• Sudden and severe.
• Affects one side of the head.
• Associated with pain in the eye or ear.
• Accompanied by nausea, vomiting, hallucinations or sensitivity to light and sound.
• Recurs in a definite pattern — if the time of day, circumstances and duration of pain are consistently similar.
• Causes confusion or loss of consciousness.
• Persistent, when previously you’ve been headache-free.
• Different from other headaches you’ve previously experienced.

can occur for a year or more without any remission.

Although doctors aren’t sure what causes these headaches, many believe their onset might be linked to seasonal changes and amounts of daylight. They need to be treated by a physician and with prescription medication. So call your primary care physician immediately if you believe you’re experiencing them, says Ross.

“The medications available today can make all the difference to headache sufferers, turning a painful life into a pain-free one,” says Suzanne E. Simons, National Headache Foundation executive director.


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Give your hands a HAND

By Marcia Simon

"Since our hands are so important, any abnormality should be a cause for concern and shouldn't be ignored."

Give your hands a hand, here's an overview of the most common hand problems, plus advice from the experts on how they're treated.

Tendinitis of the hand and wrist

Tendinitis is simply an inflammation of the tendon, the part of the muscle that attaches to the bone.

"If somebody has tendinitis, we need to identify what's causing it," explains John Aversa, M.D., section chief of Orthopedics at the Hospital of Saint Raphael. "If you're a musician, for example, you should come into the doctor's office with your instrument, and see if there's anything unusual with the fingering."

Over the counter anti-inflammatory drugs help reduce swelling. Or, your doctor can prescribe something similar, but stronger. An injection of cortisone (a steroid anti-inflammatory) sometimes works, but side effects can include stomach discomfort or a bleeding ulcer.

"If somebody has tenosynovitis," says Richard Bernstein, M.D., a board-certified orthopedic and hand surgeon, "they really get into it." Rollins still does it. "Hey, really get into it." Rollins still does it. He's not exactly sure what's causing his pain.

"That's not a good idea," says Lucchini. "You can wear too tightly and cause more problems. You need the blood flow for good healing."

Orthopedic surgeon Phillip Luchini, M.D., at New Haven's Board-certified orthopedic surgeon. But he recommends new, stronger prescription medications. Sometimes we do an X-ray or electrodiagnostic studies to measure nerve function."

"Simple treatment often consists of an injection of cortisone and a splint to limit movement. If it continues to hurt and becomes a problem for daily function because you lose your fine motor control, surgery to cut the transverse carpal ligament and take the pressure off the median nerve is an option," Lucchini says. "But surgery is a last resort."

"If you're feeling discomfort, give it a rest," advises Lucchini, who's board-certified in orthopedic surgery. "Sometimes we do an X-ray or electrodiagnostic studies to measure nerve function."
Tired of walking? Don't like gyms?

Try springing into action with these alternative forms of exercise

GO 'FORE! IT AND GOLF

Early birds shouldn't waste their mornings watching Talk shows, says John Merritt, M.D., Saint Raphael's section chief of Geriatrics. Instead, they should be out swinging — swinging golf clubs, that is. Walking a nine- or 18-hole course offers great cardiovascular benefits, plus a good deal of muscle work to carry your clubs. It can strengthen your shoulders, arms and wrists and increase lower-back flexibility. Yet it's low-impact, meaning it puts little stress on joints or the surrounding muscles and cartilage. Because of these benefits, the American Academy of Orthopedic Surgeons recommends golfing as a great sport for joint replacement patients. Merritt warns, however, that those with heart disease or other health problems must be careful about overdoing it by carrying a golf bag. So see your physician before heading off to the course for the first time. This should be the rule for anyone starting any exercise program. "Always play it safe," Merritt adds. And always remember to wear a sunscreen with a 30 SPF protection level or higher. You should never be done without a wrist pad. Adds Andrews: "Watch helmet, knee pads, elbow pads and pavement, health experts warn it out for the leaves on the road!"

ROCK CLIMBING

Indoor rock climbing is becoming a great mental boost, building strength, endurance and balance. It also gives a great mental boost, says Mark Talbott of New Haven. He regularly brings his son, 6, and daughter, 8, to climb at Prime Climb in Wallingford. "It challenges them to overcome their fear, and they have the great feeling of reaching their goal, once they make it to the top," Talbott says. "And that makes all of us feel great." Before you make your first climb, however, make sure the facility you choose is run by experienced professionals who will take time to train you. Also make sure to stretch, cushion orthopedic shoes, Joseph Wu, M.D. And as with any sport, start slowly. Don't take on an indoor Mount Everest on your first try.

CATCH THE IN-LINE EDGE

Inline skating not only gets you moving, fast, but offers a great workout for your legs and heart; burns off calories; and is a terrific way to improve your balance. Don Andreas of New Haven loves to skate around East Rock Park and enjoys the fact that you can go as fast as you want. But since inline skating does require flat, hard pavement, health experts warn it should never be done without a helmet, knee pads, elbow pads and wrist pads. Addie Andreas: "Watch out for the leaves on the road!"

PUT ON YOUR DANCING SHOES

Whether you like to two-step, waltz, hustle or hip-hop, dancing is a great way to exercise. Of course ballroom dancing isn't going to give you the same kind of cardiovascular workout as live or disco dancing, but it's still a good way to keep your muscles flexible, your balance steady and your stress level at bay — not to mention burn off some calories. Dancing also causes your brain to release hormones called endorphins, which make you feel great (and smile!) and increase lower-back flexibility, yet it's low-impact, meaning it puts little stress on joints or the surrounding muscles and cartilage. Because of these benefits, the American Academy of Orthopedic Surgeons recommends golfing as a great sport for joint replacement patients. Merritt warns, however, that those with heart disease or other health problems must be careful about overdoing it by carrying a golf bag. So see your physician before heading off to the course for the first time. This should be the rule for anyone starting any exercise program. "Always play it safe," Merritt adds. And always remember to wear a sunscreen with a 30 SPF protection level or higher.

GREEN THUMB IT AND GARDEN

You can take extra pleasure knowing that gardening not only gives you healthy fruits and vegetables, but a good workout, too. The movements involved in gardening increase strength, muscle tone, mobility and flexibility in fact, the American College of Sports Medicine recommends gardening as a great exercise to help maintain a healthy skeleton and decrease your odds of developing osteoporosis. Gardening also helps increase a person's concentration, cognitive and perceptual skills and range of motion, as well as sharpen the senses. While gardening, health experts recommend wearing gloves and using a stool to prevent back and knee injuries. And if you need medications for allergies or asthma, be sure to take it at least 30 minutes before heading outside, or as recommended by your physician.

SWOOSH INTO SHAPE

Like spring skiing? Then find a trail for some cross-country skiing, before it gets too warm. Cross-country skiing offers an excellent full-body workout. It's more strenuous than running, yet it has a low risk of injury; the movements are gliding, not bouncing. But if you've never tried it before, take it slow. You'll need lessons to learn proper techniques. And many health experts advise a few trips to the gym first to strengthen muscles, tendons and ligaments around the shoulders, hips and knees. Once out skiing, remember to dress warmly and in layers; wear sunglasses to protect your eyes from the snow's glare and cover any exposed areas of skin with a high-protection sunscreen, usually a 30 SPF or higher. You can also simulate cross-country skiing, and gain all its aerobic benefits, on many home exercise machines.

TAG! YOU'RE IT

Next time you send your kids out to play, run out with them for a game of tag. It's one of the oldest, but best, forms of exercise, providing a great cardiovascular workout. Before you start, make sure everyone playing — parents, too! — have on sturdy shoes with laced laces to help prevent falls and sprained ankles. Also check whether everyone has applied plenty of sunscreen — even on chilly or overcast days. The ultraviolet rays that can cause sunburn and skin cancer are as dangerous on cloudy days as when the sun is out. So use a lotion with a SPF of 30 or higher. "Then, have a ball," adds internist Joseph Balinskas, M.D.

By Annick Winokur
Living with ovarian cancer

North Haven resident Ella Pittala has no intention of letting the task of screening women who die each year from ovarian cancer get in the way of living. It’s a top-styled list, with comedians Madeline Kahn and Gilda Radner, former Connecticut Gov. Ella Grasso and Harper’s Bazaar editor Liz Tilberis among the most noteworthy. But Pittala, 43, is determined to stay right where she is, full-time mom to her 7-year-old daughter, Danielle, and a part-time volunteer for Saint Raphael’s Looking Forward, patient education, support and wellness program at the Father Michael J. McGinley Center for Cancer Care. "I have a ton of faith, and I don’t want to waste time dwelling," says Pittala, who in April 1995 was diagnosed with late-stage ovarian cancer that had spread into her lymph nodes. "Why me? I don’t know why. But I want to go on living."

Approximately 25,000 women are diagnosed annually with ovarian cancer, while more than 14,000 die from it. It’s the fifth most prevalent cancer in the United States, and also one of the most insidious. Most women experience few, if any, symptoms in the early stages of the disease. In fact, it’s so difficult to detect that only 14 percent of cases are diagnosed when the cancer has spread. But that doesn’t mean there aren’t reasons to be hopeful.
Pittala says she’s proof that people can not just survive ovarian cancer, but live fully with it. "Attitude and outlook are everything," she says.

Medical researchers are also making progress developing better screening tests. And surgery followed by new combinations of chemotherapy drugs, have brought about improved survival rates in recent years, says oncologist Andrea Silber, M.D., director of Saint Raphael’s Cancer Control and Early Detection Unit. "There are always reasons to be hopeful," says Silber, who’s board-certified in medical oncology. "Everyone involved is taking steps in the right direction."

How it forms
Every woman has two ovaries, which produce eggs and the female hormones estrogen and progesterone. They’re located in the middle of the pelvic cavity, about 4 or 5 inches below the waist, and are each about the size of an almond.

Cancerous tumors form when ovarian cells grow uncontrollably and abnormally. Most ovarian cancers develop in the epithelium, the thin layer of tissue that covers the ovaries, and are called epithelial tumors. Other types of ovarian cancer include germ cell tumors, which form in the egg-producing cells, and stromal tumors, which form in the tissues that hold the ovary together and produce hormones.

In its early stages, ovarian cancer produces few, if any, symptoms. But as a tumor enlarges, Silber explains, it can put pressure on the bowel, bladder or other organs in the abdomen. This causes vague symptoms that are easily confused with other conditions, or often ignored by the woman experiencing them. They can include:

- Abdominal pain, swelling
- Bloating or pelvic pressure
- Indigestion, gas or nausea
- Change in bowel habits
- Unexplained weight loss, gain

How to prevent it
Although there is no easy or ideal screening for ovarian cancer, a pelvic exam allows a physician to check the vagina, rectum and lower abdomen for masses or swellings. Blood tests can help strengthen a doctor’s suspicions. But surgery is required to confirm whether a cancerous tumor is present: what stage the disease is at; and whether the cancer has spread. Like most ovarian patients, Pittala has had both surgery and chemotherapy to treat her cancer. It’s the best practice, Silber says. And if her cancer comes back again — so far she’s had four recurrences — she’ll again undergo whatever treatment is needed.

‘Why me? I don’t know why. But I want to go on living.’

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New team stands ready to fight strokes

S
ounds count, especially when your
brain is under attack
That’s why the Hospital of Saint Raphaels has launched a new program to ensure that people who suffer strokes (also known as brain attacks), receive the most high-tech, sophisticated and appropriate treatment available when they reach the hospitals Emergency Department.

A new stroke team will spring into action upon a patients arrival to quickly determine the severity of the stroke and if the patient can benefit from sophisticated clot-buster drugs, which greatly improve the odds of recovery. The team includes everyone from nurses to neurologists, as well as trauma physicians and radiologists.

“It’s very important to recognize the signs of stroke, and to seek treatment immediately by dialing 911,” says Kenneth C. Fine, M.D., Saint Raphaels chairman of Emergency Medicine. “That’s because clot-busting medication is only effective within the first three hours of the actual stroke. After that, these medications can do more harm than good.”

A Strokes occur when a blood vessel carrying oxygen and nutrients to the brain bursts or is clogged by a blood clot or other particle. When blood flow is interrupted, the brain is deprived of oxygen. Nerve cells in the affected area die within minutes, often leading to dysfunction in the rest of the body because the brain can no longer control those areas. These dead cells aren’t replaced, so the devastating effects of a stroke are often permanent.

“People have a limited amount of time to restore blood flow to the area of the brain affected by the stroke,” Fine explains. “The more time that passes, the more chance that there will be damage to the brain tissue.”

Most patients who arrive at the Emergency Department with stroke symptoms will be quickly sent for an MRI, the ideal method of diagnosing a stroke.

By viewing the brain with this scan, you can actually see where the stroke has occurred,” says neuroradiologist Helmut Gahbauer.

“Most patients who arrive a little earlier, and not wait to see if symptoms disappear on their own. Brain attacks should be treated with the same urgency as heart attacks,” says Bruce Hauk, M.D., Saint Raphaels section chief of Neurology. “The earlier we intervene, the better the chances of recovery.”

Neuroradiologist Helmut Gahbauer sits inside one of Saint Raphaels MRI machines.
new physicians

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Fellowship: Albert Einstein Medical Center, Philadelphia, Pa., 1986-87

New Patient Service Center in Hamden offers convenient blood testing

To better serve those who live outside New Haven, the Hospital of Saint Raphael recently opened a blood-drawing center in Hamden at the Spring Glen Medical Center, Suite 101, 200 Whitney Ave. This Patient Service Center offers a full range of blood-testing services, free parking, and no appointments are needed. It is open 8 a.m. to 6 p.m. Monday through Friday, 9 a.m. to 1 p.m. Saturday. Most major insurance plans are accepted, including MediSpan, WellCare and Connecticare. For more information, call (203) 407-1087.

Saint Raphael's again a 'Top 100 hospital'

The Hospital of Saint Raphael was recently named one of the top 100 acute-care hospitals in the country for overall services for the second consecutive year. In the 1998-99 Connecticut hospital ratings, the hospital came in the seventh annual "100 Top Hospitals: Benchmarks for Success," which identifies U.S. hospitals that deliver the highest quality and most cost-effective medical care. The objective study was conducted by HCFA, a Baltimore-based health care information company. This most recent award comes on the heels of Saint Raphael's being named a Top 100 hospital for cardiology and orthopedic care in two separate studies released by HCFA during the past several months.

Saint Raphael's ready to open surgery center

To meet patients' increased demands for sophisticated outpatient surgical services, the Hospital of St. Raphael will open in April the Hamden Surgery Center. Physicians will perform a wide variety of surgical procedures at this 2,000-square foot facility, including cardiac; orthopedic; ophthalmologic; ear, nose and throat; and plastic surgery. Services offered here will be especially convenient for Hamden, Cheshire, Wallingford and North Haven residents, as well as others who live within Saint Raphael's service area. The location is easily accessed from both the Merritt Parkway and Interstate 95.

Look for details about the Hamden Surgery Center opening in the May/June issue Better Health.

Caring outreach, medical skills save young man from dying

Saint Raphael's skilled caregivers and caring mission helped save 21-year-old David Melendez from bleeding to death.

Sister Peggy O'Neil, a member of the Sisters of Charity of Saint Elizabeth — the same order of nuns who founded and continue to sponsor the Hospital of Saint Raphael — met Melendez while she was doing missionary work in Suchitoto, El Salvador. Melendez was hospitalized there, bleeding as much as three pints of blood an hour from an unusual adolescent nasal tumor called juvenile nasopharyngeal angiofibroma.

The objective was quickly to prevent further blood loss. But El Salvadorian medical technology was not advanced enough to handle this delicate operation. Doctors told his parents he had a 90 percent chance of dying.

When Sister Peggy learned of Melendez's situation, she contacted Sister Anne Virginie, vice chairperson of the Saint Raphael Healthcare System Board of Trustees, who in turn enlisted the help of ear, nose and throat specialist Howard Boey, M.D. The result: Melendez and his mother, Marta, came to Saint Raphael's, and Boey removed the very large, non-cancerous tumor without any complications.

The hospital today is back home in El Salvador and doing great. "My son would have died without this operation," says Marta Melendez. "It's as if God opened the doors, and everyone came out like angels to help us."
Hospital installs second MRI

Saint Raphael's has installed a second magnetic resonance imaging (MRI) machine to meet increased demands for cardiac, abdominal, vascular, and neurological imaging. This sophisticated equipment shows physicians the inside of the body much better than conventional x-rays. It works using signals from a very large magnet, called a radiofrequency transmitter, and a computer to create detailed pictures. The MRI is housed in Saint Raphael's Orchard Medical Center.

Saturday mamograms now available

Mammograms are now being offered on Saturdays from 8 a.m. to 4 p.m. in Saint Raphael's Radiology Department. Appointments are needed for basic screenings, and in-depth diagnostic exams require a physician referral. Most medical insurance plans are accepted. For more information or to make an appointment, call 789-5154.

Auxiliary hosts St. Patrick's Day brunch, auction

The Saint Raphael Auxiliary will host a St. Patrick's Day brunch and silent auction at 11 a.m. Sunday, March 12, at the New Haven Country Club, 160 Hartford Turnpike, Hamden. For tickets, costs, and more information, call Mary Leigh Sabohn at (203) 389-1519.

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Medical Body Therapy
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New England Dental Health Services
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Saint Raphael Adult Day Health Center
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Scalp and hair
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Medicare coverage available.

What's your risk for Breast Cancer?

Yale Cancer Center and the Hospital of Saint Raphael are participating in a breast cancer prevention trial. Women age 35 who are post-menopausal and at increased risk for breast cancer may be eligible.

Call (203) 789-5908 or (toll-free) 1-877-647-STAR

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B Derfer of West Haven may be con­

fined to a wheelchair because of mus­
cular dystrophy, but he’s always on the
run. This busy stay-at-home dad volunteers
as a Cub Scout Den leader and advocates
for people with disabilities, and he’s known
in the community for his good cheer.

Some days, however, he can’t help but feel
down. Muscle pains and physical limi­
tations constantly remind him that he has
an incurable disease, and that he’ll never
be able to play ball with his 6-year-old son,
Billy, or stroll through the sand with his
wife, Joan. That’s when the love of his
family and faith in God remind him of
just how blessed his life has been.

Derfer, 41, mainly spoke with Better
Health writer Janet Yantz about living
with this degenerative disease.

It’s not easy to watch your muscles
decay away. I’ve been doing it for the
past 40 years. And to say the least, it’s
emotionally draining. With muscular
dystrophy you can’t plan for the future
because you don’t know how you’ll be.
I knew something wasn’t right with me
at 13, when I couldn’t climb trees
with the other boys. I figured my mus­
cles needed to catch up to my quickly
-growing body. But then in high school,
when I played football, I was always the
slowest one.

As an adult, I joined the Navy and
planned to make it my career. But
during boot camp, I couldn’t do the manda­
tory exercises and was sent to the mili­
tary hospital for evaluation. They deter­
mined that I contracted polio as a child,
which left my muscles weak, and gave
me an honorable discharge.

So I went to college, landed a job on
Wall Street and lived comfortably in
New York. But that’s where my life
changed drastically in many ways.

First, my eyes were opened to the
plight of the poor. Every day I was walk­
ing by homeless and poor people —
some days literally stepping over the
bodies of those living on Skid Row. And
that made me mull it. I didn’t want to be
in the corporate world. I wanted to help
others. So I quit my job and became a
fund-raiser for a nonprofit agency. But
there were other things going on
inside me, too. I found myself
losing my stamina. I was tired all
the time. Climbing stairs took
more effort. I would lose my balance.
I could actually feel my
muscles deteriorating.

I soon moved to Bridgeport,
where I was hired to start a soup
kitchen, and there, everything
came to a head. I was literally
tripping over cracks in the sidewalk and
got scared. So I went to a doctor. And at
age 30, I was diagnosed with FSH
— facioscapulohumeral — one of
40 types of muscular dystrophy.

I needed a cane and plastic leg
braces to walk, and they worked well
for me for 12 years. But then my mus­
cles weakened to the point where I
could no longer stand up. I had to buy
a wheelchair. And when I sat in it, I
grew to cry. My disability had finally
become a reality.

‘I’ve never once asked
God to make me better.
I know it won’t
change anything’

I stepped working all together
nine years ago, because my body just
wasn’t capable of working a full day.
MD sucks every bit of energy out of you.
And it’s not easy to have to depend on
others. I want to do everything myself.
I can’t. When I drop an egg on the
floor, I have to cover it
with a paper towel
and wait for someone to
clean it up.

What’s hardest, though, is being a
father from a wheelchair. I’ve never
been able to pick up my son without
help or run after a soccer ball. He and
I spend quality time together in other
ways — doing homework, reading
and telling each other stories. But I’d
be lying if I didn’t say it wished we
could do more.

I choose not to get bitter over
my disability. And I’ve never once asked
God

More than 1 million Americans suf­
fer from MUSCULAR DYSTROPHY,
an incurable disease characterized by
progressive weakening and
shrinking of muscles, most com­
mmonly in the arms, legs and spine.
There are 40 forms of MD, but all
stem from the lack of a key protein
necessary for muscle function.

Some MD disorders are severe at
birth and lead to early death, while
others follow a slow, progressive
course over many decades. Sym­
poms can include muscle weak­
ness, lack of coordination, clumsi­
ness, inability to walk or climb
stairs and difficulty raising the
arms over the head. And in most
cases, the disease progresses to
where spinal muscles are deformed,
and the patient is confined to a
wheelchair. For more information,
contact the national Muscular
Dystrophy Association at (800)
572-1772 or www.mdausa.org, or
the state chapter at (203) 383-4400.

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