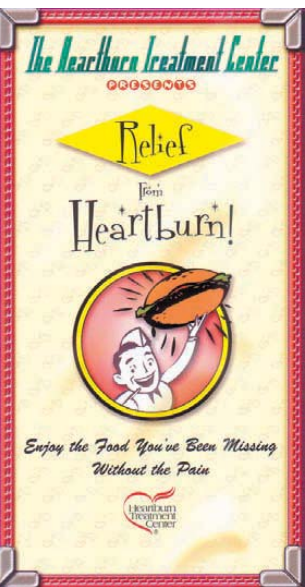


# Maria Parham Healthbeat

A publication of Maria Parham Medical Center and The Daily Dispatch

October 19, 2011



The Heartburn Treatment Center offers a selection of treatment options to meet your needs.

## GERD facts: What you should know

By WILLIAM C. DENGLE, MD, FACS  
MARIA PARHAM MEDICAL CENTER

Gastroesophageal reflux disease is a problem that you can't get away from. Advertisements bombard us each day and row upon row of boxes, bottles and pills are seen in the drug stores. The reason: GERD is a significant problem that is extremely common and should not be ignored. Approximately 30 percent of the U.S. population suffers from

PLEASE SEE GERD, PAGE 2

## Flu season is coming: be prepared

Did you know that...

- Each year approximately 114,000 Americans are hospitalized and 36,000 die from influenza and its complications?
- Influenza, a disease which is preventable by vaccine, is the sixth leading cause of death among U.S. adults?
- The injectable vaccine is made from killed virus, so you cannot get influenza from the influenza shot?
- It takes two weeks for your body to develop immunity to influenza after the vaccination?
- Approximately 50 percent of infected people have no symptoms but are contagious?
- Influenza is highly contagious and spread by coughing, sneezing, direct physical contact and contact with objects that carry the virus (such as doorknobs, phones and desks-tops)?
- Influenza, a viral infection, cannot be treated with antibiotics?
- The vaccine is safe for pregnant women? In fact, a fever caused by influenza or other infections early in pregnancy can lead to birth defects in an unborn child.

### Who should get vaccinated?

The Centers for Disease Control and Prevention recommends everyone 6 months or older should get a flu vaccine each flu season. It's especially important that the following



Maria Parham Medical Center kicked off the flu season Oct. 7 with a Point of Distribution exercise drill. POD is process where the hospital can quickly dispense medication to a large number of people in the event of a disaster or epidemic. By combining the POD drill with this year's flu shot, a team of healthcare providers were able to administer over 320 flu shots along with gathering information pertinent to the drill in just three hours.

groups get vaccinated either because they are at high risk of having serious flu-related complications or because they live with or care for people at high risk for developing flu-related complications:

- Pregnant women
- Children younger than 5, but especially children younger than 2 years old
- People 50 years of age and older

- People of any age with certain chronic medical conditions
- People who live in nursing homes and other long-term care facilities
- People who live with or care for those at high risk for complications from flu, including: health care workers; household contacts of persons at high risk for complications from the flu; or household contacts and out of home caregivers of chil-

dren less than 6 months of age (these children are too young to be vaccinated)

### When to get vaccinated

The CDC recommends that people get their seasonal flu vaccine as soon as vaccine becomes available in their community.

## GERD, FROM PAGE ONE

GERD. Its most common symptoms are heartburn, chest pain and regurgitation. GERD can also cause cough, hoarseness, worsening asthma and sore throat. It is caused by a malfunction of the valve located between the stomach and swallowing tube (esophagus) allowing acid that is normally made in the stomach to "reflux" back up into the esophagus.

For many, symptoms are mild, but in others severe lifestyle-limiting problems can occur. It is important to understand that GERD is a chronic and progressive disease meaning that it tends to get worse with time and requires lifetime therapy.

In addition, the disease causes esophageal cancer. Approximately 20,000 people will die this year from this deadly disease.

The usual treatments offered are medications and pills, which are effective in most patients in resolving their symptoms. About 90 percent of sufferers who take acid-reducing medications have their symptoms resolved.

While this provides relief, most do not realize that the reflux continues. However, feeling better does not mean their reflux is cured. In fact, it always continues. Maintaining relief requires taking these medicines for life and does not reduce the risk of cancer. There are other therapies available that a GERD sufferer should be made aware of, including minimally

invasive laparoscopic surgery that repairs the faulty valve, reliably stopping the reflux and eliminating the need for medications. More importantly, stopping the reflux reduces the risk of developing cancer.

The most important thing is to understand that GERD is a serious, life-long disease, often causing severe symptoms, that carries a cancer risk along with it. Getting a proper evaluation as well as education about the disease is essential for obtaining proper treatment. Take GERD seriously.

For more information, contact the Maria Parham Heartburn Treatment Center at (888) 9No-GERD or by visiting [www.mariaparham.com/GERD](http://www.mariaparham.com/GERD).

## How stress affects your health

No one likes stress. It makes us anxious and irritable, but does it also make us more likely to have illnesses? It seems so, and not just for the things that come to mind, such as ulcers and high blood pressure.

This is a field that is being studied extensively and researchers are learning how stress affect our lives, especially in regard to such serious illnesses as heart disease and cancer.

It has been known for a long time that increased stress in life makes it more likely for you to have infections during the months that follow. The

most serious factors that lead to stress are deaths in the family, divorce and changes in residence or jobs.

Statistics have shown that even what we consider to be good changes, such as a raise in pay or moving to a nicer home, are great enough stresses that illnesses are more likely to occur the following year.

There is also evidence that anxiety significantly increases irregular heart beats, raises the blood pressure and even affects our ability to fight cancers. Some studies have shown that tumor cells grow faster in patients

who were under stress — the defenses against tumor cells appeared to have decreased in those individuals.

Sudden death from irregular heart rhythms has been reported to be more common in people under psychological strain. Blood pressure readings are higher when a person is under stress. There are even reports that diabetes and some forms of arthritis can be related to stress.

Just where this will end no one knows, but we do know that for a happy and healthy life it is good to keep stress levels down to a minimum.



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# Record nearly broken at 19th annual prostate screening

Three local physicians — Drs. Linga Vijaya and Adrian Ogle (urologists) and family practice physician Dr. Gary Smith — didn't go home to spend the evening with their families after a busy day at their respective practices Sept. 14. They chose, instead, to assist with a free screening that may enable men in our community to spend more evenings with their families.

This is the 19th year that Maria Parham Medical Center has offered free complete prostate screenings for local men. Vijaya has been involved since the very beginning and Ogle came to assist after opening his practice in Henderson a few years ago. Smith was a newcomer to this year's event. (Dr. Kirit Trivedi has helped for many years but happened to be out of town this year on the screening date.)

These three physicians,

along with phlebotomists from MPMC and other clinical staff members from Maria Parham and elsewhere, screened 174 men between 5-7 p.m. that evening. This number was second only to the number screened in 2009, which was 181.

Research says that men over the age of 50 should see their doctor once a year for a complete medical examination that includes a prostate checkup. The American Cancer Society recommends that men at high risk — African-American men or men who have a father, brother, or son diagnosed with prostate cancer before age 65 — begin screenings at age 45. Men at higher risk — those with multiple family members affected by the disease before age 65 — should start even earlier, at age 40.

According to the American Cancer Society's

website, prostate cancer is the most common type of cancer found in American men, next to skin cancer. It is the second leading cause of cancer death in men, behind only lung cancer. Prostate cancer will affect one man in six during his lifetime, and one man in 36 will die of this disease. More than 2 million men in the United States who have had prostate cancer at some point are still alive today.

If you are a male who fits the screening criteria and were not able to come to the event this year, consider calling your family doctor or urologist to make an appointment. Prostate cancer is much more treatable and the survival rate is much higher when detected early.



Drs. Linga Vijaya, Adrian Ogle and Gary Smith volunteered their time at the recent free prostate screening event that takes place annually at Maria Parham Medical Center.

## Key statistics about prostate cancer

Other than skin cancer, prostate cancer is the most common cancer in American men.

The latest American Cancer Society estimates for prostate cancer in the United States for 2011 are as follows:

- About 240,890 new cases of prostate cancer will be diagnosed
- About 33,720 men will die of prostate cancer

- About one man in six will be diagnosed with prostate cancer during his lifetime.
- More than 2 million men in the USA, diagnosed with prostate cancer are still alive today.
- Prostate cancer is the second leading cause of cancer death in American men.
- About one man in 36 will die of prostate cancer.

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# When it comes to the elderly, falls are dangerous

Falls in elderly people are a major health problem. Approximately 20 percent of all elderly people have at least one fall each year.

These falls usually result in many bruises and lacerations. At other times, the damage is worse — broken bones are common from even relatively minor falls. Often a fracture means the end of independent living, at least for the time it takes the injury to heal. When the fractures occur in the hips or legs, the recovery period may take a couple months and make it quite difficult for a person to get back to his or her normal activities and level of independence.

Many things can be done to decrease the risk of falls at home. Failing to see potential hazards leads to many falls so it is important to have good lighting in the home

and to have one's vision checked each year.

Avoid the possibility of tripping on the edge of a rug by eliminating, or at least minimizing, the use of area rugs. And, of course, keep all walking areas free of clutter.

Hand rails should be installed where there are steps or stairs and slippery areas (in particular, such as bathrooms or porches. Remember that good shoes provide foot protection as well as better traction.

A misstep is most likely to occur when one is in a hurry, so slow down. Also, rising too quickly may cause lightheadedness for a moment — just long enough for someone to fall.

Medicines can contribute to falls by causing confusion, dizziness, unsteadiness or a brief episode of low blood pressure. Review your medicines with your doctor.

Since telephones are one's source for help in case of injuries, they should be conveniently placed and accessible from the floor if possible.

An excellent precaution to take is to enroll those susceptible to falls in an emergency response system that allows the person to contact someone for assistance when they need help after a fall or other physical ailment.

Maria Parham Medical Center offers an emergency response system called Lifeline. This system allows users to signal for 24-hour emergency assistance from their homes by simply pressing a button.

Lifeline is an immediate response system for emergencies in the home. A speaker telephone unit is installed through the normal household telephone jack and a wireless remote

PLEASE SEE LIFELINE, PAGE 7



Denise Smith, manager of Lifeline at Maria Parham Medical Center, shows the 24 hour emergency response system to Frances Leake.

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# Preventing ear infections in children



Keeping the ears free of infection and fluid is very important for children when so much of a child's learning and social development depends on good hearing.

Ear infections are one of the most common problems for children in the preschool years. Some children will get repeated infections that never seem to clear up completely.

However, keeping the ears free of infection and fluid is very important at this age when so much of a child's learning and social development depends on good hearing. Fortunately, there are many things a parent can do to help protect a young child's ears

from infections.

First and foremost, maintain a clean environment. Pollution is a big factor in causing the congestion that will eventually lead to plugged ears, fluid accumulation, and infection.

Cigarette smoking is a major cause of irritation to the airways. Children will develop runny noses, congestion of the nasal passages and coughing from cigarette smoke. These conditions predispose them to infections and also prevent

children from resolving infections as easily.

Heating with wood or kerosene is another source of pollution which contributes to congestion and infection. Oil, gas and electricity are all cleaner alternatives.

For young children, being put to bed with a bottle is a problem. Milk or juice will pool around the Eustachian tube and promote infections. On the other hand,

PLEASE SEE **EARS**, PAGE 11



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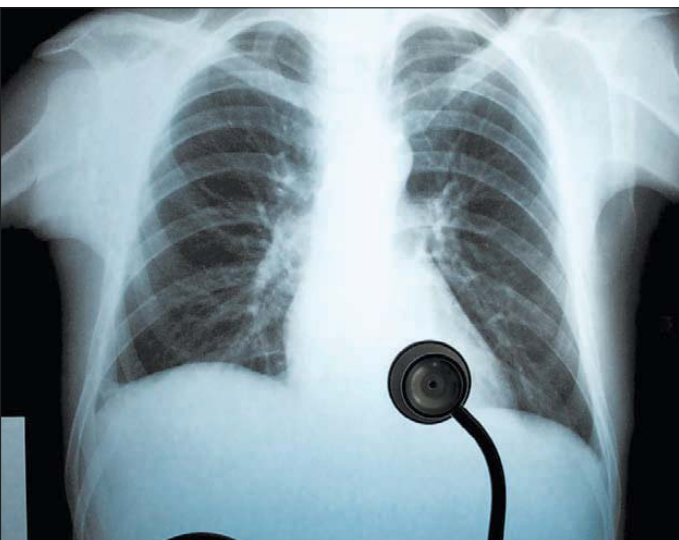




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# Combating the three risk factors for heart disease



A person should visit their doctor annually for a complete check-up that includes determining your likelihood of developing heart disease.

How do you fight against the risk of having a heart attack? There is a tremendous amount you can do to decrease your risk of the most common cause of death and you can start at any age.

You can fight all three of the major risk factors for heart attacks. You can treat hypertension, you can stop smoking, and you can lower your cholesterol with diet, exercise and medicines.

Also, taking one aspirin a day makes the blood less likely to clot and close off the arteries that feed the heart. By using aspirin to prevent these small clots, nearly half of all heart attacks can be prevented.

If you have hypertension,

beta blockers may be a good choice of medicine. They decrease the chance of having a first heart attack as well as subsequent heart attacks.

Diabetes is a significant factor in heart disease. Diagnosing it early and controlling blood sugar levels carefully is vital.

Exercise is very important. Exercise lowers the blood pressure, makes the heart more efficient, lowers cholesterol and helps you lose weight.

Finally, recognizing a heart attack early is crucial. Medicines can dissolve the clot that is obstructing circulation to the heart muscle, but only if they are given within 5-6 hours of the onset of symptoms. This

means that you must be aware of the signs and symptoms of a heart attack: chest pain, shortness of breath, nausea and a sweaty feeling. Even an increase or change in angina that has been stable can indicate the early development of a clot. See your doctor promptly if these symptoms occur.

For more information on combating heart disease, visit the American Heart Association's website — [www.heart.org](http://www.heart.org) or ask your family physician for help. For a listing of the primary care physicians in the area, please visit [www.mariaparham.com](http://www.mariaparham.com) or call (252) 436-1800 for a listing or physicians in the area who utilize Maria Parham Medical Center.

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## Issues on ovarian cancer screenings

It's always good to do screening tests for cancers or illnesses. For example, pap smears have greatly reduced cancer of the cervix because they pick up early tumors and also pre-cancerous changes. By comparison, ovarian cancer is one of the more difficult cancers to screen for.

Who should be tested and what tests are worthwhile in screening for ovarian cancer? Both of these questions are still being debated by the experts. The main tests available are a blood test for a tumor protein called CA 125 and an ultrasound. Both of them are fairly expensive.

Since ovarian cancer is fairly uncommon, the

screening tests are not recommended for every woman. At this time, the women who should receive these studies are those who have two close relatives with ovarian cancer. Also, having one relative with ovarian cancer and one with breast or colon cancer is also an indication.

An exam and a discussion with your doctor about any symptoms is the first step in diagnosing this or any other illness. A routine exam will pick up tumors that have become quite large but may miss smaller tumors.

The CA 125 blood test may pick up changes earlier than an exam, but still not early enough to

change the course of the tumor for some women.

High-tech ultrasounds done with a probe in the vagina are the most reliable test and they can find small tumors and even determine changes in blood flow to the ovary which may indicate a tumor. Unfortunately, this test is not available in all medical centers. Nor is it covered by insurances unless there are adequate criteria for increased risk of ovarian cancer.

If you have questions about ovarian cancer, talk to your doctor. If you need to find a doctor, go to Maria Parham Medical Center's website at [www.mariaparham.com](http://www.mariaparham.com) and click on the "Physicians Page" tab.

## LIFELINE, FROM PAGE FOUR

personal help button is worn on a necklace or wrist band.

Should an emergency occur, the personal help

button is pressed and the Lifeline staff is alerted that help may be needed in the home. The Lifeline staff will then determine the type of help needed and assistance will be dispatched. There are currently more than 130 active Lifeline units ser-

viced by Maria Parham Medical Center, with the bulk of these being in Granville, Vance and Warren Counties.

To find out more about Lifeline, contact Denise Smith at Maria Parham Medical Center at (252) 436-1118.

## The importance of fire and smoke detectors

It's easy to smell smoke. Why bother with a smoke detector?

Fires are very dangerous and thousands of people lose their lives in accidental fires each year. Thousands more suffer from severe burns that heal slowly, cause great pain and leave devastating scars. Many victims are children, and often fires occur when they are asleep.

It is a great surprise to most people that smoke will not wake a person up from sleep. It is because the carbon monoxide makes a person sleeper and the smoke asphyxiates a person without even rousing him. Don't count on the smell of smoke to wake you up.

This is why smoke detectors with loud alarms are so useful in preventing loss of life from house fires. They should be placed near sleeping areas where they will be heard easily if they go off.

It is also important to make sure that the batteries are fresh and functional. It is all too common that the batteries are "borrowed" to run a toy or some other



device, but a person often forgets to replace them and is left with a false sense of security. This is an excellent reason for having more than one smoke detector in your house. Be sure to check the batteries monthly when you pay your bills.

Besides using smoke detectors, there are many other things you can do to cut down on the risk of house fires. Maintain your

furnace and heaters. Besides being safer, they will be more efficient and cost less to run. Do not leave matches or lighters where children can get a hold of them and warn children against playing with fire. Keep flammable material safely locked away.

And most importantly, do not smoke cigarettes — they are the cause of thousands of house fires.

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## Keep kids with pink eye at home

Every parent dreads having his child come home from school with pink eye, but it is more common than most people think. Pink eye is a contagious disease and it spreads easily through schools and day care centers where there are numerous children in close contact. It is the most common eye problem among children.

With pink eye, or conjunctivitis, the white part of the eye becomes red and yellowish matter builds up on the lid margins and eye lashes. Pink eye can be caused by infections such as bacteria or viruses and also by non-infectious causes, such as allergies,

or irritation from smoke or dust. Viral infections are the most common cause.

Doctors cannot always tell from an exam which of these is the cause, but when there is a chance of a bacterial infection it is usually treated with antibiotic eye drops. The pink eye generally improves nicely in two to three days, but should be treated for a full week. A culture is seldom taken, unless the pink eye does not improve.

The matter from bacterial infections is rather thick and sticky, and in the morning the eyes are usually stuck shut. The child has to pry his eyes open or use warm compresses to help loosen the debris.

Viruses cause a discharge that is usually watery and thin. The eye does not feel like it is glued shut. Allergies also cause a watery discharge and mild redness and can appear very similar to a virus.

A child with pink eye should stay home from school until the infection is cured. He should also use separate towels at home and the whole family should wash hands frequently — hand to hand contact is the most common route of spreading the infection.

Remember, pink eye is very contagious and should be treated immediately with a visit to the doctor's office.

## Allergy testing: just 'scratching' the surface

Allergy shots are the most specific treatment for allergies. In order to prescribe allergy shots, however, testing must be done to determine which pollens, molds, dusts or danders are causing your allergies. After the exact causes of your allergies are known, your doctor can order serums that help your body build up the right immunity.

Allergy testing is actually fairly simple. For the initial testing, scratches are used. In fact, this is usually all the testing that is needed, unless certain allergens — such as molds — show equivocal results.

Scratch testing is done

by making a small scratch about 1/8 inch long. The scratch is so minor that it is difficult to see where it is unless the skin reacts to the solution that is applied.

If the test is positive, a wheal of up to 1/4 to 1/2 inch in size, with a larger surrounding area of redness, will develop.

Rows of the different allergens are applied — the animals, dusts, molds, tree pollens, grass pollens and weed pollens. Occasionally, your doctor will test for other allergens, such as foods.

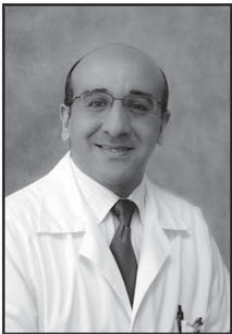
When there is some doubt about the significance of a scratch test result, a tiny droplet of

the allergen is injected just barely into the skin. This is called an intradermal test. If these are needed at all, usually only a small number are required to confirm scratch tests that were not clearly positive or negative.

The scratch tests must develop for 30 minutes before the final reading and intradermal tests for about 20 minutes. Before scheduling any allergy testing, it is wise to consult your doctor.

Talk to your family physician about any concerns about you may have about possible allergies or go see a doctor who specializes in allergy and immunology.

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People with known, severe allergies should always have an “epi pen” nearby and understand how to self administered it if necessary.

# Anaphylaxis — a severe allergic reaction

The allergic reaction that causes the airways to close off and shock (low blood pressure) to occur is called anaphylaxis. It is a very severe reaction that can occur very quickly after exposure to an allergen.

For example, a bee sting can cause a person to collapse so quickly that it appears to be a cardiac arrest. In other cases, it may take several minutes to develop, but nearly all anaphylactic reactions occur within 30 minutes of the exposure.

Bee stings are a major cause of these anaphylactic reactions and cause about 40 deaths each year in this country. Yellow jackets are the most common cause. Paper wasps and honeybees seldom cause anaphylaxis.

Foods can also cause these reactions. The most common one is peanuts. Allergic reactions to other types of nuts, milk, soy, fish and berries are also relatively common.

Some food additives can cause it. Mono sodium glutamate is a chemical used to keep vegetables looking fresh and potatoes white. This chemical was banned in 1986 for most uses, but it is still available for use in certain foods. A person with

a sensitivity to mono sodium glutamate should check at restaurants to be sure that none has been used in preparing salads or potatoes.

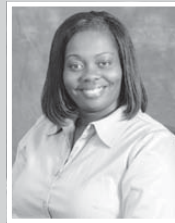
Even common allergens, such as pollens and dusts, can cause anaphylaxis, especially if there is a very high exposure.

Persons who have experienced these reactions should have an epinephrine kit available when there is any risk of exposure so immediate treatment can be given. Always see your doctor for any severe allergic reaction.

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## What really causes ulcers?

Stress, coffee and spicy foods — that's what many people think cause ulcers. Stress certainly appears to play a role, but foods do not cause ulcers and even coffee is questionable. Spicy foods and coffee may make ulcers feel worse, but they are not likely to cause them.

A bacteria called *Helicobacter pylori* has been found to be an important factor in most persons with ulcers and occasionally in persons with gastritis and other stomach symptoms. Studies have shown that killing this bacteria with antibiotics and antacid medicines will

cure the ulcer most of the time.

A few other things are known to make ulcers worse. Cigarette smoking is one of these. Ulcers may be difficult to cure and are also very likely to recur if a person keeps smoking. *Helicobacter pylori* infections have also been associated with smoking.

Arthritis medicines are a common cause of ulcers because they damage the protective lining of the stomach. Some people are more sensitive than others to ulceration from these medicines. Steroids are another type of medicine that will contribute to ul-

cers. In fact, any medicine that decreases inflammation tends to damage the protective defenses of the stomach. If you have had ulcers once from these medicines, you must be very careful if you use them again. Fortunately, there are now medicines that help protect the stomach if you must use these medicines.

Physical stresses such as severe burns and serious or chronic illnesses are also common causes of ulcers and gastritis. Spring and fall, for some unknown reason, are also associated with an increase in ulcers.

## Pneumonia: adults need their shots too

"Shots" are not just for children. We are getting more and more useful vaccines for other infections and many of these are for older age groups. One of the most important vaccines is the pneumonia shot.

Pneumococcus is a bacteria which frequently causes pneumonia as well as a number of other serious infections, such as meningitis. This shot will protect a person against 90 percent of the important strains of this bacteria and help prevent pneumonias. It does not protect against other bacterial pneumonias or viruses, however.

Often a pneumococcal infection strikes and spreads

so rapidly that it becomes life-threatening before antibiotics can take effect. This is especially true in the elderly, whose immunity is usually weaker and responds more slowly. The vaccine may give a person the extra protection needed to keep a serious infection at bay or slow the spread of infection until antibiotics and white blood cells take effect.

Who should get the vaccine? Like with flu shots, those who are at highest risk are persons over 50 and anyone with chronic illnesses such as diabetes, heart, lung or kidney disease. The vaccine is extremely important for

anyone who has had their spleen removed. Your doctor can advise you about the many other indications that might exist for you.

Serious side effects from the vaccine are rare, but soreness at the site of the injection, a low-grade fever and mild muscle aches are not uncommon.

In most respects it is similar to the flu shot, but the one big difference is that the shot is only given once, not each year. However, many doctors are now giving a booster shot if it has been over six or eight years since the first shot.

Talk to your doctor to see if getting a pneumonia vaccine is right for you.



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# Dealing with diabetes in children

There are two kinds of diabetes. One type affects older people and the other attacks children. The type that affects children is much more serious. These children suddenly lose their ability to make insulin and will require insulin shots immediately and for the rest of their lives.

Interestingly, the two types are not closely related to each other. The adult type runs in families and is largely determined by genetics. In the juvenile form, heredity plays a minimal role. Even if both parents of a child have juvenile-onset diabetes, the child will still have only a 15 percent chance of developing diabetes.

Why do some children get juvenile diabetes? It appears to be an immune disorder where the insulin-producing cells are destroyed by a person's own antibodies. How the process begins is unknown, but certain viral infections seem to set off this auto-immunity. There are also genetic factors and possibly environmental factors that may be involved.

When juvenile onset diabetes starts, the damage to the insulin-producing cells is sudden and severe. The insulin producing cells do not recover and the child will need insulin for the rest of his life. Other medicines used for diabetes do

little to help. This juvenile form comes on so suddenly that a child may be fine one day and will have lost 10 to 15 pounds and be severely ill in two to four days. Because it begins so suddenly, screenings for diabetes in children are seldom useful.

Once diabetes is diagnosed, the blood sugar should be regulated as closely as possible to prevent complications. Tight control of the blood sugar is the best way to pre-

vent the complications so commonly seen in diabetics: hypertension, heart disease and damage to the eyes and kidneys.

For more information pediatric diabetes, visit the American Diabetes Association website — [www.diabetes.org](http://www.diabetes.org) or ask your family physician for help. And visit [www.mariaparham.com](http://www.mariaparham.com) or call (252) 436-1800 for a listing or physicians in the area who utilize Maria Parham Medical Center.

## EARS, FROM PAGE FIVE

breast-feeding has been shown to reduce the risk of ear infections.

The other big cause of ear infections is exposure to viruses from other children, especially in day care centers. The larger the group of children, the

greater the number of viruses that are spread around. Try to keep day care groups small.

Talk to your child's physician about any concerns you may have about their health. For a listing of physicians in the area, go to the MPMC website at [www.mariaparham.com](http://www.mariaparham.com) or call the hospital's marketing department at (252) 436-1800.



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