



209-334-3411
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HOUSE CALLS

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Joseph P.
Harrington, LMH
President and CEO

HAPPY 2011 TO ALL!

As many in our community know, Lodi Memorial Hospital (LMH) is grateful for successfully opening a new hospital wing last year. We did it ahead of schedule, under budget and without injury. The spacious and beautiful South Wing brought our community 90 new rooms, a new emergency room, and all the clinical and other support services needed to offer the latest in patient care.

The South Wing also boasts a new gift shop and, for the first time, a healing garden that patients, their families and visitors and our staff can enjoy.

Some might also now say the best views in Lodi are from LMH's South Wing. The clear vista to Mount Diablo is one of many reminders that we are privileged to live in an area bountiful with natural beauty.

—Continued on page 2

PRIMARY-CARE DOCTORS

A KEY TO BETTER HEALTH



What's a primary-care physician's specialty? You. And if you don't have one of these specialists as your medical caretaker, now is the time to get one. ♦ Primary-care physicians are trained to take care of all aspects of your health. That includes your physical, mental and emotional health. ♦ A primary-care doctor will focus on forging a long-term relationship with you. He or she will ask you about your family history, your life and work situations, and other factors that can affect your health.

A primary-care doctor will take the time to listen to and answer all of your medical questions because he or she knows that getting to know you is the key to helping you make the best health care decisions.

DECIDING ON A DOCTOR As an adult, you can decide between two main types of primary-care doctors. You

might choose: ● An internist, who treats only adults. ● A family physician, who treats both children and adults.

No matter which type of doctor you choose, your primary-care physician will be the one to:

- Advise you about screening tests and vaccines.
- Treat your minor illnesses, such as colds and the flu.
- Help you manage any chronic diseases, like diabetes.

Your doctor may offer education and counseling as well.

If you do encounter more serious health problems, your primary-care doctor can act as a case manager. He or she can recommend a specialist, such as a cardiologist (for heart disease) or an oncologist (for cancer), and can help you keep track of the different doctors and treatments you may need.

This kind of comprehensive care can have positive results. Research shows that people who routinely see a primary-care doctor have better overall health and lower health care costs than people who don't get that kind of medical attention.

Source: American Academy of Family Physicians

Searching for Dr. Right

Looking for a new doctor? Start by calling doctors' offices and asking:

- What type of insurance does the doctor accept?
- How long does a typical office visit last?

If you decide to make an appointment, continue asking questions at your visit. Then, afterwards, ask yourself a few things. During the visit, did the doctor:

- Listen carefully?
- Treat you with respect?
- Answer all of your questions?

If your response to these questions is "Yes," you may have answered the big question: Is this the right doctor for me?

Source: National Institute on Aging

Need a primary-care doctor? Call us at 209-339-7411, or visit us online at www.lodihealth.org.



FIGHT WINTER WEIGHT GAIN. EVERYONE WHO FILLS OUT THE SURVEY AT WWW.LODIHEALTH.ORG GETS A **FREE** WEEK AT OUR WEST FITNESS CENTER.



HIGH BLOOD PRESSURE: IT'S A BIG DEAL

HIGH BLOOD PRESSURE can be a sneaky problem. It usually takes many years to develop, and there are almost never any symptoms. In fact, most people who have high blood pressure feel perfectly healthy.

But slowly and behind the scenes, high blood pressure—also called hypertension—can cause serious health problems. Increased risk of stroke, heart problems and kidney trouble are among the maladies linked to the condition.

That's why it's important to have your blood pressure checked regularly. If it's too high, there are ways to get it under control. If it's normal, good health practices can help keep it there.

BLOOD PRESSURE BASICS Blood moves through your blood vessels under pressure. The pressure during a beat is called systolic pressure. The pressure between beats is called diastolic pressure. Those two measurements make up your overall blood pressure reading.

If someone you love has heart problems, you need to know CPR. See class information on page 3.

According to the National Heart, Lung, and Blood Institute (NHLBI), normal blood pressure is less than 120 millimeters of mercury (mm Hg) systolic and less than 80 mm Hg diastolic. As those readings increase, the risk of health problems also rises.

That's why the NHLBI recommends that most people try to keep their blood pressure below 140/90. One exception: people with diabetes. The goal for them is to keep blood pressure below 130/80.

WHO'S AT RISK? About 1 in 3 American adults have



high blood pressure, according to the NHLBI. The risk of developing it goes up with age. For men, the risk starts at about age 45, and for women, at about age 55. Over half of all Americans 60 and older have blood pressure that is too high.

Other risk factors include: ● Having a family history of high blood pressure. ● Being African American. ● Smoking. ● Being overweight or obese. ● Eating too much salt. ● Not getting enough physical activity.

HOW TO LOWER YOUR RISK If your blood pressure is normal, good for you. Controlling certain risk factors can help keep it that way.

Of course, some things—like your age, sex, race or family history—can't be changed. But you can lower your risk of developing high blood pressure by paying attention

to factors involving your lifestyle. For example:

- If you smoke, try hard to quit. Ask your doctor for help if you need it.
- If you're overweight, lose the extra pounds. Your doctor can help here as well.
- Limit your salt intake.
- Be physically active. Aim for at least 2½ hours a week of any activity that raises your heart rate, such as walking, doing yard work or playing sports.

If you already have high blood pressure, those same lifestyle practices can help bring it under control. If lifestyle changes alone aren't enough, your doctor may prescribe medicine to lower your readings.

Ask your doctor how often you should have your blood pressure checked to make sure your treatment plan is working.

HAPPY 2011 TO ALL!

—Continued from page 1

NEW! LOWER PRICES As we move into the new year, patients are likely to see several positive changes at LMH. First of all, we hope to consolidate our outpatient services to one central location around mid-February, pending state approval of our plans. What that means for lab, x-ray, diagnostic imaging and respiratory-therapy patients is greater convenience with closer parking for easier access to services.

This new component will be contained in the old emergency department, on the corner of Vine and Fairmont. The old emergency parking area will be available specifically for outpatients. One positive part of the consolidation is that LMH will be able to lower prices for most outpatient services.

On the inpatient side, we continue to move forward with many activities related to quality, safety and health-care reform. One current project focuses on enhancing electronic health records. This initiative

makes communicating medical-care information safer for you, faster for doctors and better for everyone.

In 2011 LMH will continue to recruit primary-care and specialist physicians to practice in Lodi. This ensures patients will continue to get the high-quality care they deserve. Many physicians at our hospital are nearing retirement, and care must be taken to find their successors.

CHALLENGES AHEAD There is no doubt that last year was a difficult one for many in our community as well as for the hospital. The bad economy has affected all of us.

The growing number of unemployed people in our region has meant an exponential rise in the number of families without insurance. People with nowhere else to go come to us for emergency care, but they can't pay. By law we are required to provide emergency care to everyone in need. Even

without the legal obligation, our mission of healing means we turn no one away.

Financially, providing free or low-cost care is challenging. It is likely that we will have to reduce or eliminate other programs and services to make sure we can keep caring for those who rely on us.

Also troubling: Several health studies have shown that our community is facing dramatic health issues, many related to lifestyle and poverty. Of all the counties in California, San Joaquin County has the highest levels of diabetes and pre-diabetes. People in the county also live with poor air quality. Asthma and obesity are health concerns for too many county residents, especially children.

We will continue to work with our patients, community groups and local and state organizations to address those specific concerns.

FREE FITNESS CENTER MEMBERSHIP

For many people, just accepting personal responsibility could help tackle our health challenges. Join us in taking advantage of community services that can help you

move closer to optimal health. One easy way is to take the reader survey on our website, www.lodihealth.org. We will be offering a week's free membership to our West Fitness Center to everyone who completes the survey. One lucky person will even win a full year's free membership!

As long as you're on our website, check out the many helpful articles and links to enhance good health.

THANKS FOR YOUR SUPPORT On a personal note, I would like to let you know what a privilege it is for all of us at LMH to provide you with health care.

The technology and knowledge required to care for patients today is expertly offered by our 1,400 employees. They are all valued and appreciated by me and their colleagues at LMH. Our staff works at LMH because they love what they do and know it is an honor to care for you within our hospital walls and beyond.

To your health,
Joseph P. Harrington
President and CEO

LMH Community CALENDAR

Some classes require registration and a nominal fee to cover the cost of materials. Classes meet at Lodi Memorial Hospital unless otherwise noted. Please call 209-339-7520 for information.



WELCOMING NEWBORNS

BREASTFEEDING CLASS

■ GETTING OFF TO A GREAT START—ENGLISH
WEDNESDAY, FEB. 16; TUESDAY, MARCH 1;
THURSDAYS, APRIL 7, MAY 5, JUNE 2,
6:30 TO 8:30 PM

■ GETTING OFF TO A GREAT START—SPANISH
THURSDAYS, FEB. 3, APRIL 7, JUNE 9,
6:30 TO 8:30 PM

■ BREASTFEEDING SUCCESS FOR WORKING MOMS (MUST FIRST COMPLETE "GETTING OFF TO A GREAT START")
TUESDAYS, MARCH 8, MAY 10,
6:30 TO 8 PM

CHILDBIRTH-PREPARATION CLASS—ENGLISH

■ TUESDAYS, FEB. 1, 8, 15, 22; MAY 3,
10, 17, 24, 6:30 TO 8:30 PM

■ SATURDAYS, FEB. 26, MARCH 19,
APRIL 9, MAY 14, JUNE 4, 9 AM TO
4:30 PM

CHILDBIRTH-PREPARATION CLASS—SPANISH

SATURDAYS, MARCH 12, MAY 21,
9 AM TO 1 PM

BIG BROTHER/BIG SISTER CLASS

WEDNESDAYS, MARCH 23, MAY 18, 4 TO
5:30 PM

EMERGENCY PREPAREDNESS

CPR

MONDAYS, MARCH 7, MAY 9, JULY 11,
5:30 TO 9:30 PM

FIRST AID

WEDNESDAYS, MARCH 9, MAY 11,
JULY 13, 5:30 TO 9:30 PM

 For additional classes and community forums, visit www.lodihealth.org.

NEW YEAR, NEW YOU!

Win a FREE West Fitness membership

It only takes a minute, and everyone's a winner! Visit the Lodi Memorial Hospital website to take our *HouseCalls* reader survey, and you'll be entered for the chance to win a FREE, one-year membership at LMH's West Fitness Center. Better yet, all survey participants will win a free trial membership for a week. It could be the jump start you need to get on the road to a healthier weight.

At LMH's West Fitness Center, our counselors are able to help design just the right program to help you reach your fitness goals.

Visit us at www.lodihealth.org to take the survey today.



DON'T DELAY—the winning name will be drawn on Valentine's Day.

SURGERY PREPAREDNESS

TOTAL JOINT-REPLACEMENT CLASS

THURSDAYS, FEB. 10, 24; MARCH 10,
24; APRIL 14, 28; MAY 12, 26;
JUNE 9, 23, 1 TO 3:30 PM, LODI
MEMORIAL WEST

PREVENTION

BRAIN BUILDERS

THURSDAYS, FEB. 3, 10, 17, 24;
MARCH 3, 10, 17, 24; APRIL 7, 14, 21,
28; MAY 5, 12, 19, 26; JUNE 2, 9, 16,
23; JULY 7, 14, 21, 28, 9:30 AM TO
12:30 PM, HUTCHINS STREET SQUARE

LIVING WITH DIABETES

■ MONDAYS, MARCH 7, 14, 21, 28;
APRIL 4, 11, 18, 25; MAY 2, 9, 16, 23;
JUNE 6, 13, 20, 27, 6:30 TO 8:30 PM
■ TUESDAYS, FEB. 1, 8, 15, 22, 6:30 TO
8:30 PM

SUPPORT GROUPS

ADULT CHILDREN WITH AGING RELATIVES

WEDNESDAYS, FEB. 9, MARCH 9, APRIL
13, MAY 11, JUNE 8, JULY 13, 4:30 PM,
HUTCHINS STREET SQUARE

AL-ANON

MONDAYS, JAN. 31; FEB. 7, 14, 21, 28;
MARCH 7, 14, 21, 28; APRIL 4, 11, 18,
25; MAY 2, 9, 16, 23, 30; JUNE 6, 13,
20, 27; JULY 4, 11, 18, 25, 7 TO
8:30 PM

BETTER-BREATHERS' CLUB

TUESDAYS, FEB. 1, MARCH 1, APRIL 5,
MAY 3, JUNE 7, JULY 5, 10 TO 11 AM

DOING GOOD

FAITH-COMMUNITY NURSING PROGRAMS

SATURDAY, FEB. 12, 2 TO 3 PM
Is your faith community ready? This is a special forum for faith-community leaders and nurses to learn about the history of faith-community nursing, or parish nursing. Hear about how faith-community nurses work in churches, temples, mosques and other faith communities to improve wellness. Find out what it takes to see if your faith community is ready for a faith-based nurse and more. For general information or to reserve a spot at our forum, visit www.lodihealth.org and find "faith-community nursing" under "Programs and Services."

Check out our website for information about:

- Health events and classes.
- Finding the right physician.
- Previous issues of *HouseCalls*.
- Our favorite health websites.
- Employment opportunities and online applications.
- Hospital services, locations and phone numbers.

www.lodihealth.org

Pet-Therapy Orientation

THURSDAY, FEB. 24, 7 TO 9 PM

Do you and your pet have what it takes to become a winning pet-therapy team? Orientation is just for the human half of the team. Learn more at www.animalfriendsconnect.org.

HOUNDS MAKE THE ROUNDS: Ted, one of Lodi Memorial Hospital's visiting therapy dogs, helps patients feel better.



DIAGNOSING HEART DISEASE

You can stay close to home. Lodi Memorial Hospital offers a full range of diagnostic tests.

Tests that can get to the heart of the matter

Hearth disease is a big deal. For many of us, it's the No. 1 threat to our health. ♦ So if your doctor thinks you're at risk for the disease—or that you already have it—chances are you're going to undergo some testing, which will help determine if you need treatment. ♦ No solitary test can tell your doctor whether or not you have heart disease. In order to get a complete picture of your heart's health, your doctor might want you to have two or more tests.

If that makes you a little apprehensive, maybe this will help you breathe a bit easier: Most of the tests for diagnosing and evaluating heart disease are painless. In fact, many of them don't require even a needle stick in your arm. But each one you undergo is like a puzzle piece, giving your doctor more information to guide your treatment.

Below are some common tests used to diagnose heart disease, followed by a brief description of how and why each test is done. The information comes from several groups, including the American Heart Association (AHA), the National Institutes of Health, and the Centers for Disease Control and Prevention.

Of course, the most important source

Am I having a heart attack?

The fear of embarrassment can keep you from doing a lot of things.

It might stop you from singing karaoke, for example. Or it could convince you not to make your skating debut on the ice rink in the center of the mall.

But it should never stop

you from getting medical help if you think you might be having a heart attack.

According to the National Heart, Lung, and Blood Institute, people often delay calling for emergency help after a heart attack starts. One major reason: fear of being embarrassed if it turns out to be a false alarm.

Getting help at the first sign of a heart attack is the

essence of the motto “Better safe than sorry.” Quick treatment is so critical to surviving a heart attack that health experts urge you to call 911 for an ambulance rather than ride to the hospital in a private car.

You should call 911 within five minutes of having any of these signs of a heart attack: ■ Feeling pressure, squeezing, fullness or pain in the

center of the chest.

■ Having discomfort in one or both arms, the back, the neck, the jaw, or the stomach.

■ Feeling short of breath.

■ Feeling nauseous or lightheaded or breaking out in a cold sweat.

You should get medical help even if your symptoms disappear after a few minutes.

Additional source: American Heart Association

of information is your doctor. Each step of the way, you can ask him or her questions about the benefits and risks any test holds for you.

NONINVASIVE TESTS Tests that are noninvasive don't require putting needles, dyes, tubes or other materials into your body, notes the AHA. Some frequently used ones include:

● Chest x-ray.

How it's done: A technician places you in front of a machine that holds x-ray film. You'll be asked to hold your breath while the machine takes a radiographic picture of your chest. You might have several x-rays taken from different angles.

What it can find: A chest x-ray can give your doctor a look at your heart, lungs and bones. It can't actually see inside your heart, but it can show its shape and size. An x-ray also can determine if your lungs are filling with fluid as a result of a heart attack.

● Electrocardiogram (called an ECG or EKG).

How it's done: You lie down on a table. Small patches holding electrodes are put on your body to measure your heart's electrical activity. Your heartbeats show up as lines on a monitor, and they also are printed out on paper.

What it can find: According to the AHA, an ECG can show three major electrical signals—or waves—produced by your heart. Each wave represents a different part of your heartbeat. Some of the information your doctor can glean from an ECG includes: ● Problems with blood flow to the heart. ● An abnormal heart rhythm. ● Evidence of a heart attack. ● Enlargement of the heart muscle.

● Ambulatory ECG (or Holter monitoring).

How it's done: You wear a small recording device that measures your heart's electrical activity throughout the day. It can monitor your heart continuously or intermittently for days or months.

What it can find: The goal is similar to that of a resting ECG, except that this test shows how your heart works for longer periods of time and under real-life

conditions—when you're under stress or asleep, for example.

● Stress test (or exercise ECG).

How it's done: Electrode patches on your chest record your heart's activity while you exercise, usually on a treadmill. The speed and angle of the treadmill change to increase the workload on your heart. Taking this test is much like walking briskly or jogging up a hill.

What it can find: A stress ECG tells your doctor how your heart handles workloads. It can help your doctor find out why you have chest pain, assess your risk for a heart attack or determine a level of exercise that is safe for you.

● Echocardiography.

How it's done: As you lie on a table, a technician moves a handheld probe over your chest. The probe uses sound waves to make a video record of your heart in action.

What it can find: Your doctor will be able to see your heart's size and shape plus how well blood pumps through it with every beat. The test can reveal problems with heart valves and whether part of your heart muscle is weak and not working as it should.

INVASIVE TESTS Some of these tests require only a quick needle stick. Others—like transesophageal echocardiography—use special probes and can take a half-hour or more. Examples of invasive tests include:

● Blood test.

How it's done: A technician takes a sample of blood from a vein.

What it can find: Abnormal levels of certain proteins, fats and other substances in the blood can be a sign of heart disease. Some blood tests also can confirm that you've had a heart attack—or suggest that you are at risk for one.

● Thallium stress test (myocardial perfusion imaging).

How it's done: A small amount of a radioactive dye, called thallium, is injected into your arm as you exercise on a treadmill. A special camera takes pictures as the dye moves through your bloodstream and into your heart. This test is much like

a stress ECG but with images.

What it can find: The thallium test measures the blood supply to different parts of your heart. If an area isn't getting enough blood, that can indicate atherosclerosis—narrowing of the arteries due to fatty plaque buildup.

● Cardiac catheterization.

How it's done: According to the AHA, several procedures fall into this group. In general, however, a thin tube called a catheter is inserted into an artery in your groin or arm. The catheter is then threaded into your heart and surrounding arteries. A dye may be injected to better view heart function and blood flow on special x-rays. Most catheterizations are done in a hospital setting.

What it can find: Catheterization is one of the most valuable tests for diagnosing heart disease, according to the AHA. It allows your doctor to measure blood pressure or take blood samples within the heart itself. It can find blockages in the arteries.

● Transesophageal echocardiography (TEE).

How it's done: As you lie on a table, a technician guides a tube down your throat and into your esophagus. A probe at the end of the tube uses high-frequency sound waves to produce an ultrasound image of your heart.

What it can find: Similar to noninvasive echocardiography, this test offers a closer, more detailed look at your heart's structure and function, according to the AHA.

WHEN TESTING IS DONE The results of your tests will help your doctor decide your course of treatment.

He or she might suggest lifestyle changes that can help your heart, such as quitting smoking, switching to a heart-healthy diet, losing weight or increasing your exercise.

You might be given medication to lower blood pressure or cholesterol levels.

If testing finds a blockage in an artery, you might need a surgical procedure to reopen it.

Be sure to ask your doctor questions about any test you have or what the results mean for your health and heart.

Some words from the heart

You're listening to your doctor talk about your heart's health, but do you understand what he or she is saying?

Here's a glossary of some of the words you might hear:

■ **Atherosclerosis** (*A-thuh-ROH-skluh-ROH-sihs*)—a condition in which fats and other substances collect within the inner layers of artery walls. These deposits are called plaque. Plaque can damage arteries, reduce or block blood flow, and form clots that can cause a heart attack.

■ **Cardiac enzymes**—enzymes produced by damaged cells in the heart muscle. A blood test that shows high levels of cardiac enzymes can help diagnose heart disease.

■ **Dyspnea** (*DIHSP-nee-uh*)—shortness of breath. Dyspnea can be a significant symptom of heart disease, according to the American Heart Association (AHA).

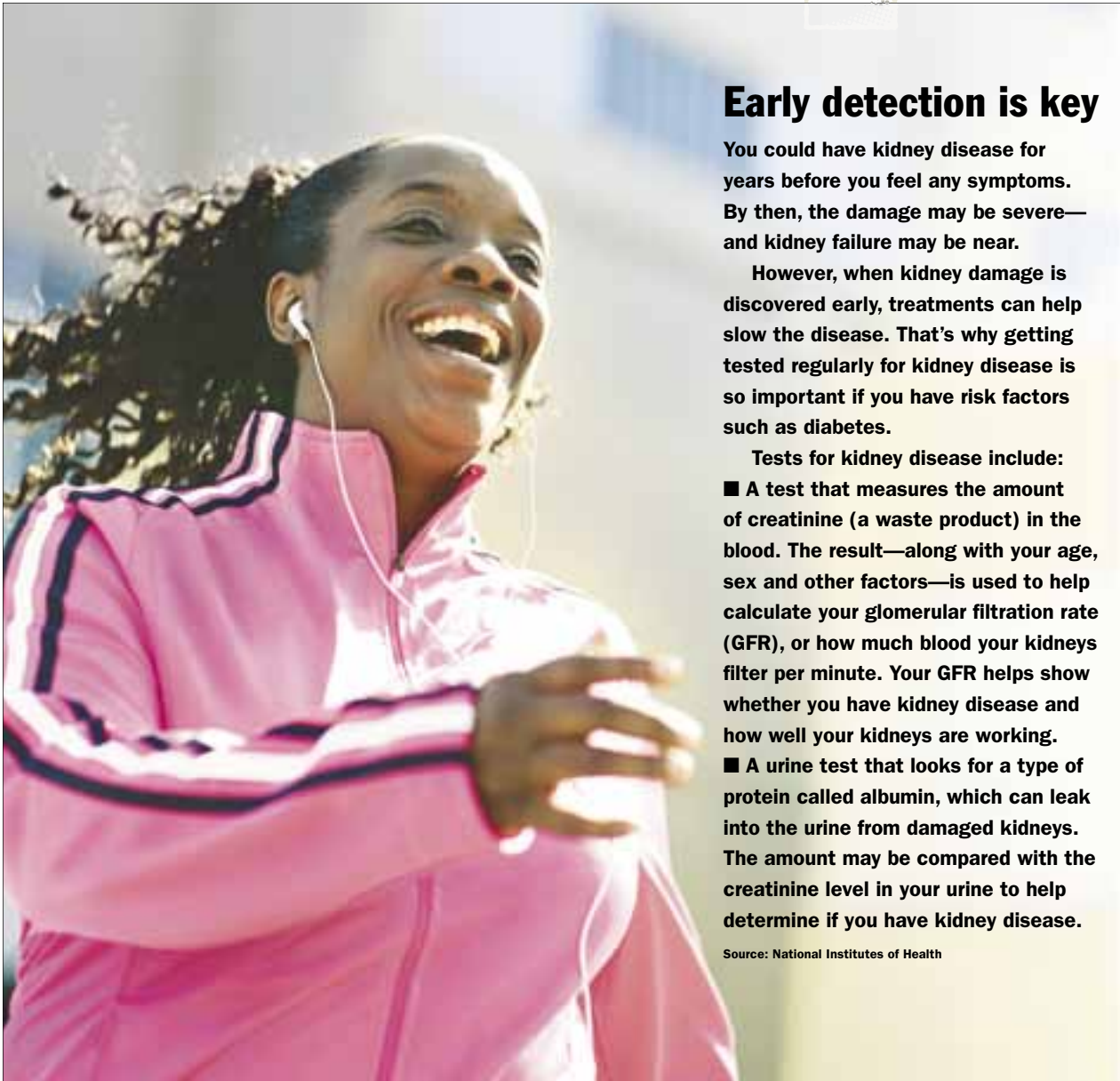
■ **Ejection fraction**—a measurement of how much blood the left ventricle pumps out when it contracts. When the heart relaxes, the ventricles fill with blood. When the heart contracts, the ventricles pump out a portion of that blood—usually between 55 and 70 percent of the total, according to the AHA. A low ejection fraction can indicate that the heart isn't pumping as efficiently as it should.

■ **Intermittent claudication**—pain, cramping and fatigue in the buttocks and legs that increase with exercise but disappear during rest. It's a sign of poor blood circulation due to atherosclerosis.

■ **Ischemia** (*ihs-KEE-mee-uh*)—reduced blood flow to an organ, such as the heart. Ischemia is usually caused by atherosclerosis.

■ **Myocardial infarction**—a heart attack. An infarction causes cells in the heart to be damaged or to die because of a lack of blood and oxygen. The myocardium is the center layer of your heart muscle.

■ **Palpitations**—the sensation that the heart has a fast or irregular beat. Palpitations can be a sign of heart problems, but often these occasional odd beats are not serious.



Early detection is key

You could have kidney disease for years before you feel any symptoms. By then, the damage may be severe—and kidney failure may be near.

However, when kidney damage is discovered early, treatments can help slow the disease. That's why getting tested regularly for kidney disease is so important if you have risk factors such as diabetes.

Tests for kidney disease include:

- A test that measures the amount of creatinine (a waste product) in the blood. The result—along with your age, sex and other factors—is used to help calculate your glomerular filtration rate (GFR), or how much blood your kidneys filter per minute. Your GFR helps show whether you have kidney disease and how well your kidneys are working.
- A urine test that looks for a type of protein called albumin, which can leak into the urine from damaged kidneys. The amount may be compared with the creatinine level in your urine to help determine if you have kidney disease.

Source: National Institutes of Health

The waste products these filters remove leave the body as urine, while protein and other needed substances are returned to the bloodstream.

After many years, high blood sugar or high blood pressure can damage the kidneys' filters. When that happens, protein leaks into the urine and waste products collect in the blood.

Eventually the kidneys may stop working altogether (kidney failure), at which time the only treatments are dialysis—in which a machine is used to filter the blood—or a kidney transplant.

PROTECT YOUR KIDNEYS Fortunately, many of the same steps that can help prevent kidney disease can help slow its progress if the disease is found early, reports the NIDDK. So it's important to be tested for the condition.

LMH's "Living With Diabetes"
can help you preserve
your health. Find class dates
and times on page 3.

Here are some ways to help prevent or treat kidney disease:

- **Control blood sugar and blood pressure.** Keeping blood sugar levels near normal may help cut the risk of kidney disease by as much as one-third, the American Diabetes Association reports. Work with your doctor to meet your target goals.

You should also strive to keep your blood pressure below 130/80 mm Hg. Have it checked often. Exercising, reducing your intake of salt and controlling your weight are some lifestyle changes that can help reduce blood pressure.

- **Take medicines as directed.** Blood pressure drugs called ACE inhibitors and angiotensin receptor blockers (ARBs) can slow kidney disease. Your doctor may recommend them to lower blood pressure and to help preserve your kidney function, according to the NIDDK.

- **Seek dietary advice.** To help treat kidney disease, your doctor may suggest reducing how much protein you eat, which may take some of the workload off your kidneys.

Remember, having diabetes increases your risk of developing kidney disease. But there's a lot you can do to help protect your kidneys.

To learn more about diabetes and kidney disease, go to www.niddk.nih.gov.



KIDNEY DISEASE

DIABETES RAISES YOUR RISK

Your kidneys need special care when you have diabetes

YOUR KIDNEYS WORK HARD every day doing the vital job of keeping your blood clean.

But having diabetes can overburden your kidneys, putting you at risk for chronic kidney disease—a condition that damages the kidneys and reduces their ability to filter blood.

Over time, the damage can worsen and lead to kidney failure and a need for dialysis.

Diabetes is the leading cause of kidney failure, account-

ing for nearly 44 percent of new cases a year, according to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).

But diabetes isn't the only cause of kidney problems. The other major cause is high blood pressure, which often goes hand in hand with diabetes.

WHAT CAN GO WRONG Your kidneys each contain millions of blood vessels that act as filters for your blood.

DIABETES

TAKE THIS INFORMATION TO HEART

SOONER OR LATER, there's a tough fact you have to face if you're living with diabetes: You are at an increased risk for developing heart disease.

According to the National Heart, Lung, and Blood Institute (NHLBI), people who have diabetes are more likely to have heart attacks or develop heart disease than people who don't have diabetes. For men, the risk is double; for

women, the risk is triple. Yet, despite this heightened risk, you don't have to surrender to heart disease—there are many things you can do to help keep your heart healthy.

WHY THE INCREASED RISK? A central part of living with diabetes is managing your blood sugar (glucose) level.

A glucose level that is too high can result in material called plaque building up in the coronary arteries. Plaque reduces the flow of oxygen-rich blood to your heart, increasing your risk of heart attack, heart failure or stroke.

Other things that can raise the risk of heart disease in people who have diabetes include: ● Being overweight. ● Having unhealthy cholesterol levels. ● Smoking. ● Not being active. ● Eating an unhealthy diet. ● Being under too much stress.

WHAT CAN I DO? To help your heart stay healthy, the NHLBI recommends that you:

- Work with your doctor to keep your blood sugar level under control and take all medications exactly as prescribed.
- Eat a balanced diet that is low in saturated fat, trans fat, cholesterol, sodium and added sugar.
- Lose weight if you're overweight.
- Make physical activity a priority in your life. Find activities that you enjoy, but make sure that your doctor has given you the green light to participate.
- If you smoke, quit. Talk to your doctor about programs and products that can help you give up smoking for good.
- Manage stress. Try to avoid situations that make you angry, and look for time during your day when you can relax.

MAKE IT A TEAM EFFORT Talk to your doctor about which of these strategies are most important for you. He or she can work with you to control your risk factors and help you take those important first steps toward reducing your risk for heart disease.

FOR PARENTS

Help your kids avoid smoking

As a parent, you influence your kids with the things you say and do. And that's something you can use to your advantage when it comes to preventing them from smoking.

Talking to your kids about smoking—telling them why you don't want them to do it—and taking steps to keep them smoke-free can be a major deterrent, experts say.

Here are some suggestions:

Start the anti-smoking talks at an early age. Some kids try cigarettes at an alarmingly young age, and those early experiments can quickly lead to addiction. That's why it's wise to start talking with kids about smoking when they're young—even at age five or six. Keep discussing the dangers as your kids grow.

Say how you feel. Make it clear that you don't want them to smoke and that you'll be disappointed if they do.

Highlight the here and now. While you'll want to talk about lung cancer and other serious health risks of smoking, you should also focus on the more immediate bad effects, such as poor sports performance. Kids are often less concerned about what might happen years from now.

Keep tabs. Know whether their friends smoke, and suggest ways your kids can refuse cigarettes if someone offers them some.

Clear the air. Never allow anyone to smoke in your home.

Be an example. Your kids are more likely to smoke if you do and are less likely to do so if you quit. By quitting—and letting them know how difficult it is—they'll also see the truth about how powerful the addiction can be.

Sources: American Lung Association; Campaign for Tobacco-Free Kids



Be prepared for your next hospital stay

Few people look forward to a hospital stay. But when you need medical care, it's nice to know it's there for you.

Should a stay with us be in your future, it's also nice to have some understanding of what to expect. The more you know about your visit, the less stressful it's likely to be.

Getting ready Generally, before a planned hospital stay, our admissions

department will contact you to get information about you, your health insurance and any advance directives that you have. The staff may also give you instructions and answer questions. This makes your formal check-in at the hospital quicker and easier.

Packing your bag We advise bringing as little as possible to the hospital. Good-to-have items include your bathrobe and slippers; toiletries, such as a toothbrush, comb and deodorant; and hearing aids and glasses. But it's best to leave jewelry, credit cards, your checkbook, and personal equipment such as hair dryers and curling irons at home.

You may wish to bring some cash for purchasing things such as magazines, but don't bring more than \$10. It's also a good idea to bring your health insurance card and your personal health records detailing your medical history, medications, allergies and previous surgeries.

During your stay While at the hospital, it's important that you be involved in your care as much as possible.

Be sure you're clear about the benefits and risks of your treatment and who will be providing it. If you have questions or concerns, bring them to a staff member's attention. When there are things you don't understand or issues you don't think have been addressed, your stress level can rise.

Going home As the end of your stay approaches, our discharge planners will help you prepare for what lies ahead. They'll work with you to make sure you know how to care for yourself after you leave, and they'll arrange for any additional services you may need.

Our goal is to help you feel confident in your care while you're here and confident in your future after you leave our hospital.

Journal Digest

CHECK OUT YOUR PARENTS FOR RISK OF STROKE If your mother or father had a stroke, you may be at risk for one too, according to one U.S. study.

To see if a parental history of stroke is an important risk factor for the disease, researchers followed 3,443 adults who were stroke-free when the study started. The researchers also looked at the health records of the participants' parents to see how many of them had experienced a stroke by age 65.

After adjusting for other risk factors, the researchers found that people with a parent who had a stroke by age 65 had nearly four times the risk of having a stroke themselves by the same age compared with people whose parents were stroke-free at 65. Their risk for a stroke at any age was higher too.

You can't change your parents. But you can take steps to change other risks for stroke, such as controlling high blood pressure and quitting smoking.

Circulation, Vol. 121, No. 11



DAILY ROUTINES CAN INFLUENCE KIDS' WEIGHT Preschoolers who regularly follow three household routines—getting enough sleep, regularly eating family meals and having limits on TV time—may reduce their risk of being obese, according to the findings of a large national study.

In the study, 4-year-olds who followed all three of the routines had about a 40 percent lower prevalence of obesity compared with children whose home life didn't have any of the routines.

The study looked at the body mass index of the kids and whether they ate more than five dinners a week with their families, watched more than two hours of TV a day on weekdays and slept at least 10½ hours a night.

The findings don't prove that these habits prevent or cause obesity. Still, the habits are good for kids anyway, note the researchers. Having just one made a difference. Having two or three produced even stronger results, they said.

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Pediatrics, Vol. 125, No. 3



AFTER A HEART ATTACK CHANGES FOR THE BETTER

YOU'VE SURVIVED A HEART ATTACK. And that's very good. Now it's time to get back on the road to a healthy life and to do all you can to avoid more heart problems.

"When I talk to someone who has had a heart attack, I tell him or her it is going to change everything," says Gina Lundberg, MD, a cardiologist and spokeswoman for the American Heart Association (AHA). "It changes your lifestyle. It changes how you feel about yourself and your relationships with others."

It's important to acknowledge this, she says, and to realize that these changes can pave the path to recovery.

CHANGES IN LIFESTYLE Lifestyle changes are crucial after a heart attack, according to the AHA. It highlights these ABCs of change:

- Avoid tobacco.
- Become more active.
- Choose good nutrition.

Quitting smoking is often the biggest challenge, says Dr. Lundberg. But don't let that struggle stall progress in other areas. If it's too difficult to quit smoking at this time, try to cut back on how much you smoke while focusing on changes that might be easier to make, such as adjustments to your diet and exercise habits.

CHANGES IN ROUTINE AND FEELINGS You can expect to be given several new medications after a heart attack. One may prevent blood clots. You may need another to lower cholesterol. You also may be given medicines to reduce the workload on your heart. It's crucial to take all medications as directed.

But the new routine of daily pills can exaggerate feelings of lost confidence in your body and health. It's one reason depression is so common after a heart attack.

Don't hesitate to let your doctor know if you feel



Still recovering? Talk to your doctor about cardiac rehab at Lodi Memorial Hospital.

depressed. It might help to talk with a counselor. You might also find valuable support in a cardiac rehabilitation program, Dr. Lundberg says.

CHANGES IN RELATIONSHIPS A heart attack can cause stress at home too—shaking up emotions and family roles. For instance, "It can be upsetting when a woman has a heart attack and her husband takes up her caretaking role," says Dr. Lundberg.

On the other hand, a man who's had a heart attack may

Rehab for a hurt heart

A heart attack can bring a number of changes to your life—changes that can seem overwhelming, especially if you're still coming to grips with the fact that you had a heart attack in the first place.

Enrolling in a cardiac rehabilitation program can help.

Cardiac rehab is a medically supervised program of recovery for people with serious heart problems, including those recovering from a heart attack. It wraps all the pieces of better heart health together into one package.

"I'm a strong advocate for cardiac rehab," says Gina Lundberg, MD, a cardiologist and spokeswoman for the American Heart Association (AHA). "It's really important after a heart attack or procedure."

Cardiac rehab usually includes: ■ A closely monitored physical activity program. ■ Educational sessions with nutritionists and other specialists. ■ Counseling and support to return you to a normal life.

Research has found that cardiac rehab can reduce the risk for future heart problems. It also can give you added confidence and independence at a crucial time in your life.

Ask your doctor if a cardiac rehab program is right for you. Many insurance plans, including Medicare, help pay for cardiac rehab.

begin resenting a wife who reminds him to take his pills and who monitors his diet. "A spouse can suddenly seem less of a helpmate and more of a nag," says Dr. Lundberg.

Try to remember that your partner is acting out of love, she suggests, and consider asking your doctor about family counseling.

RECOVERING A BETTER LIFE Working closely with your doctor to take these and other healthy steps can speed your return to a normal life. In fact, a recent study found that many people say their life is better one year after a heart attack than it was before, says Dr. Lundberg.

"They say it led them to a healthier way of living," she says. "It changed their priorities in a good way."

Additional sources: American College of Cardiology; National Heart, Lung, and Blood Institute

NEED A HEALTH PARTNER?

Millsbridge Family Practice
1901 W. Kettleman Ln.,
Lodi
209-334-8540

LMH Galt Medical Services
387 Civic Dr., Galt
209-745-8080

Trinity Family Practice
10200 Trinity Pkwy.,
Stockton
209-948-0808

LMH Primary-Care Clinic
2415 W. Vine St., Lodi
209-333-3121

LMH Vine Specialty Medicine
1235 W. Vine St., Lodi
209-334-8520

LMH Cardiac Rehabilitation
975 S. Fairmont Ave.,
Lodi
209-339-7664



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HOUSECALLS

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