

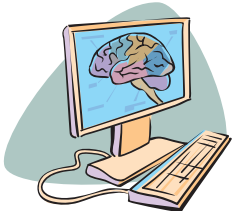


209-334-3411  
WWW.LODIHEALTH.ORG

# HOUSE CALLS

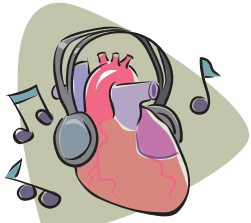
JOURNAL OF WELLNESS AND GOOD HEALTH CARE • WINTER 2010

## Health Link



**NET GAIN FOR THE BRAIN** Have you ever Googled something? Research suggests that while searching the Internet, the brain activity of adults ages 55 to 76 who are web-savvy is twice that of similar-age adults who are Net novices.

*American Journal of Geriatric Psychiatry*



### TUNE IN TO YOUR HEART

Turning on your stereo could improve your heart health. Music has been shown to lower heart rate, blood pressure and breathing rate.

*American Cancer Society*

**DETACH THE PATCH** If you're scheduled for a magnetic resonance imaging (MRI) scan, make sure that you remove all medicated patches before your appointment. Certain adhesive patches can cause skin burns during scans, so let your health care provider know if you wear one.

*U.S. Food and Drug Administration*



## EXERCISE INVEST IN GOOD HEALTH

Getting regular exercise is a lot like saving money: Even small amounts, invested over time, can yield big rewards. Regular, moderate physical activity can lower your risk for many life-threatening diseases, including: ● Heart disease and heart attack. ● High blood pressure. ● High cholesterol. ● Overweight or obesity. ● Diabetes. ● Stroke. ● Some cancers.

Regular physical activity strengthens your heart, lungs, muscles and bones, which, in turn, gives you more energy and flexibility. Exercise can also improve your mood and help you handle stress and sleep better.

**MAKE YOUR MOVE** You don't have to be an athlete or join a gym to work out. Some of the best exercise is free, such as walking, gardening, and doing yard work and housework.

More vigorous activities that improve the fitness of your heart and lungs include: ● Brisk walking, hiking or jogging. ● Stair climbing. ● Bicycling, swimming or rowing. ● Cross-country skiing.

Before you begin a regular exercise routine, however, talk to your doctor to find out which activities are right for you. If you haven't been active in a while, you'll want to start slowly. Most healthy adults should try to get 2½ hours of exercise a week.

Wear comfortable shoes and clothes for the activity you choose. And remember that every little bit counts. If you can't walk for long periods of time, then try walking in bouts of at least 10 minutes, preferably spread throughout the week.

**IMPROVE YOUR BOTTOM LINE** Regular exercise can help you look and feel great. And it may even save you money by reducing your health care costs. Good health is one investment you can't afford to miss.

*Sources: American Heart Association; Centers for Disease Control and Prevention*

**Call the LMH West Fitness Center at 209-333-3011 for a free, weeklong membership.**

### Make exercise a lasting habit

Exercise has many health benefits—when you do it regularly. Follow these tips to help make exercise a habit that lasts:

- Choose something you like to do.
- Get an exercise partner. Make exercise a time to connect with family and friends.
- Vary your routine. You'll be less likely to get bored or injured.
- Choose a comfortable time of day—when it's not too hot or cold—to exercise.
- Celebrate your successes. Keep a log or diary to mark your progress.

*Source: American Academy of Family Physicians*

InSide

3 2009 H1N1 FLU YOUR SAFETY IN MIND

4 EATING PATTERNS IMPROVE YOUR DIET

6 DEPRESSION SYMPTOMS IN OLDER ADULTS

7 HOSPITALISTS FACILITATING CARE

# The dos and don'ts of pregnancy

You're perched on the edge of the bathtub holding a home pregnancy test and waiting for the result. If it's positive, your whole life's going to change. ♦ The test seems to take forever, but finally—the moment of truth: You're going to have a baby! ♦ The instant you learn you're

pregnant, you feel joyful, excited—and maybe just a little bit nervous.

Trying to make the right decisions for your health and pregnancy can seem overwhelming. That's why the LMH OB Clinics in Lodi and Galt offer advice you can trust. The clinics just added Param Gill, MD, Peter Hickox, MD, Meena Shankar, MD, and Thomas Streeter, MD, to its talented team.

Our experienced providers can help guide you through the maze of conflicting advice moms-to-be are likely to read or hear.

In addition, there are important dos and don'ts that every pregnant woman should know. They can help keep you and your baby safe and healthy.

**PREGNANCY DOS** Here are some of the most important things you should do while pregnant, according to the March of Dimes and the National Women's Health Information Center (NWHIC):

**Get enough vitamins and minerals.** Talk to your doctor about taking a prenatal vitamin. It's important that you get enough iron, folic acid, calcium and other essential nutrients.

**Eat a healthy diet.** You need about 300 extra calories a day. Try to eat lots of fruits, veggies and whole grains. Also eat lean proteins and calcium-rich foods, such as low-fat milk and yogurt.

**Gain a healthy amount of weight.** If you were normal weight before pregnancy, you should gain 25 to 35 pounds during your pregnancy (or 35 to 45 pounds if you're expecting twins). You may need to gain more pounds if you were underweight, fewer if you were overweight. Your doctor will advise you about your weight.

**Exercise.** Unless there is a medical reason not to, all pregnant women should exercise for at least 30 minutes on most, if not all, days. Talk to your doctor about what's right for you.

**Relax.** Being pregnant can put stress on your mind and your body. Try to find strategies for dealing with stress, such as

writing in a journal. Eating well and exercising can also help. So can resting when you need it.

**Get enough sleep.** Try to get at least seven hours of sleep every night. You may be most comfortable sleeping on your left side, with pillows between your legs and under your belly.

**PREGNANCY DON'TS** Here are some things you should try to avoid during pregnancy, advises the March of Dimes and the NWHIC:

**Avoid unsafe foods.** Don't eat raw fish, especially shellfish. Cook eggs and all meats thoroughly. Don't drink unpasteurized milk or eat any cheeses—including Brie, feta or Camembert—or other foods made with it.

**Don't change your cat's litter.** Cat feces can harbor an infection-causing parasite that may harm your baby. Let someone else do the scooping and cleaning.

**Avoid hot tubs, hot springs, saunas and very hot baths.** These high temperatures may harm your baby.

**Don't smoke.** When you smoke, your baby doesn't get as much oxygen as he or she needs. This can cause your baby to not grow enough or gain enough weight. Avoid secondhand smoke too.

**Avoid alcohol.** Drinking wine, beer, wine coolers or liquor while you're pregnant may cause your baby to be born with physical or mental health problems.

**Don't use chemicals.** Some products—such as herbicides, pesticides, paints, stains and some cleaning solutions—contain chemicals that can harm your baby. If you have to use these products, wear gloves and a mask and work in a well-ventilated room.

**Avoid fish with high mercury levels.** Mercury can cause serious health problems and is found in such fish as swordfish and mackerel. Also, check with your local health department about the safety of game fish before eating any of them.

**Learn more about having a healthy pregnancy at our "Childbirth-Preparation Classes." Turn to page 6 for details.**





## 2009 H1N1 flu prompts visitor precautions

In November 2009, Lodi Memorial Hospital joined other hospitals throughout the state in adopting temporary visitor restrictions to reduce the risk of exposure to the 2009 H1N1 influenza virus for patients, staff and visitors.

These changes include the following:

- Children 15 years old and younger are temporarily restricted from visiting patients.
- The number of visitors for a patient is limited to two at a time.
- Visitors must wash their hands or use hand sanitizer before and after visiting patients.

- Pregnant women and anyone who is sick should not visit patients.

These restrictions may be waived in extreme circumstances, such as an end-of-life situation. In these cases, patients and visitors should check with their nurses.

LMH is following the Centers for Disease Control and Prevention's recommendations in these guidelines, and the staff appreciates the community's understanding and cooperation. The restrictions will be in place through the end of the flu season and will be re-evaluated at that time.

You can protect yourself this flu season by getting a 2009 H1N1 flu vaccine and a seasonal flu vaccine. For vaccine locations, dates and times, call the LMH Flu-Shot Line at 209-339-7469.

Visit [www.lodihealth.org](http://www.lodihealth.org) for more information about 2009 H1N1 flu symptoms and high-risk groups.

**“Big Brother/Big Sister” classes on hold** To reduce traffic in and out of the hospital, certain classes—including “Big Brother/Big Sister”—have been put on hold until the region is clear of the risk for the 2009 H1N1 flu.

Childbirth-preparation classes for moms-to-be and their coaches will still be offered as scheduled. For questions about other classes, call the LMH Education Department at 209-339-7520.

**Other news: Date change for South Wing Celebration** The community celebration and open house to commemorate the opening of LMH's new South Wing has been tentatively moved to Saturday, May 8, to coincide with the LMH Foundation's annual Walk for the Health of It.

Medical-surgical patients will be cared for in the new South Wing—which features 90 private rooms—while the maternity and intensive care units remain in the North Wing. Maps and escorts will be available in the lobby during the open house.

Following the walk, LMH will offer a comprehensive health fair with screenings and information. Our health-care experts will be on hand to answer questions and direct interested people to further resources. The walk begins at 9 am, and the health fair starts at around 10 am after the walk awards have been presented.

Visit [www.lodihealth.org](http://www.lodihealth.org) for more information.

## Journal Digest



### KIDS' LEAD LEVELS LINKED TO HOME RENOVATIONS

Renovations of older homes are a major source of harmful exposure to lead in children, according to New York state researchers.

In a study of 972 children one to five years old who had elevated levels of lead in their blood, 139 lived in older homes undergoing renovations, repairs or painting, the researchers report.

Homes built before 1978—and particularly those built before 1950—may contain lead-based paint. Lead dust particles can be released during renovation activities, such as sanding, scraping and removing structures. Children may breathe in particles or ingest lead dust while playing indoors or in the dirt around a house.

The federal government has determined that no level of lead in the blood is safe for children. Lead exposure is linked to anemia, problems with learning and behavior, and damage to the kidneys and brain.

An estimated 250,000 children in the U.S. who live in older homes remain at risk for exposure to lead.

*Morbidity and Mortality Weekly Report, Vol. 58, No. 3*

### LESS SLEEP EQUALS MORE RISK OF COLDS

Not getting enough shut-eye could make a person more prone to getting the sniffles, a study of 153 healthy adults suggests.

Over a two-week period, the participants reported daily how many hours they slept the night before.

The subjects were then exposed to a cold virus and sequestered in a hotel for five days. They were monitored for cold symptoms, such as sneezing, nasal congestion and sore throats.

Overall, the less a person slept, the more likely he or she was to develop a cold. Specifically: Those who got less than seven hours of sleep per night were about three times more likely to get a cold than those who slept eight hours or more.

*Archives of Internal Medicine, Vol. 169, No. 1*

## Sleuthing sickness: Know the clues for cold and flu

You're sneezing, your nose is stuffed up and you're tired. In other words, you're feeling lousy.

You're considering going to the drugstore to pick up some over-the-counter medicines to help relieve your symptoms. But before you do, you might want to ask yourself, “Do I have a cold or the flu?”

The answer to that question is important because you may want to see your doctor for a prescription medicine if you

think you have the flu.

Prescription flu drugs (called antivirals) are available that can reduce the amount of time that you're sick. They may also reduce your risk for potentially dangerous complications from the flu, such as pneumonia. The catch is that you need to take one of these drugs within the first 48 hours after developing flu symptoms.

Use this chart to help figure out what's ailing you.

Symptom	Cold	Flu
Fever	Rare	Usual, 100-102 degrees—may be higher, especially in young children; lasts 3-4 days
Headache	Rare	Common
General aches, pains	Slight	Usual, often severe
Fatigue, weakness	Sometimes	Usual, lasts up to 3 weeks
Exhaustion	Never	Usual, at the beginning of the illness
Stuffy nose	Common	Sometimes
Sneezing	Usual	Sometimes
Sore throat	Common	Sometimes
Chest discomfort	Mild to moderate	Common
Cough	Common, hacking	Common, can become severe

Sources: American Lung Association; Centers for Disease Control and Prevention; U.S. Department of Health and Human Services



## The pros and cons of meal replacements

Would you be foolish to try them? Or foolish not to?

If it's a struggle for you to drop unwanted pounds, you might wonder about meal replacements—the liquid drinks, meal bars and portion-controlled meals widely available in supermarkets and elsewhere.

Studies show that substituting one or two daily meals with meal replacements can result in lasting weight loss, the American Dietetic Association (ADA) reports.

A key reason for their effectiveness: Meal replacements take the hassle out of controlling calories and portion sizes.

Even so, they're not for everybody, says Dawn Jackson Blatner, RD, speaking for the ADA. Meal replacements—particularly bars and liquid drinks—can become monotonous. Thus, they may be hard for some people to stick with. Also, bars and liquid drinks may not be as satisfying as an actual meal.

Also, while some people use meal replacements indefinitely, most switch back to eating regular meals at some point. And unless you learn new, healthier ways of eating, it may be difficult—once you go off meal replacements—to avoid the poor eating habits that caused you to gain weight in the first place.

That said, “If you do give meal replacements a try because they are convenient and perfectly portioned meals, be sure to read labels,” advises Blatner. “Look for those with about 400 calories, four grams or less of saturated fat, and under 800 milligrams of sodium. Also aim to add fruits and vegetables to the meals to add more balanced nutrition and fullness.”



## How to change patterns that pile on pounds

# Dieter know thyself

If you want to make pounds disappear, you need to know why you gained them in the first place. And, no, it's not quite as simple as knowing that you consistently consume more calories than you burn. ♦ In all likelihood, “You're carrying extra pounds because you have certain daily habits that cause weight gain,” explains Dawn Jackson Blatner, RD, an American Dietetic Association (ADA) spokeswoman. ♦ The key to lasting weight loss, she stresses, is to recognize the habits that made your scale move the wrong way—and then modify them. “The diet that worked for your best friend or your hairdresser won't necessarily work for you,” she says. ♦ The good news: Recognizing the habits that made you add pounds just got easier. ♦ The credit goes to Blatner, along with Robert Kushner, MD, 2008-2009 president of The Obesity Society, and his wife, nurse practitioner Nancy Kushner. The trio has identified some common eating and exercise patterns that

stand between you and weight loss.

You can read about those patterns—and possible solutions—in their book, *Counseling Overweight Adults: The Lifestyle Patterns Approach and Toolkit* (ADA, 2008), and in the paragraphs that follow. See if you can spot yourself.



**YOUR EATING STYLE** **1 You're a meal skipper** if you don't eat on a set schedule and often bypass meals. Because you skip meals, you become famished and wolf down any food in sight, even if it's loaded with calories. It shouldn't come as a surprise, then, to hear "research shows that people without a regular meal routine consume roughly 80 more calories every day than those who follow a routine," says Dr. Kushner. Those extra calories add up.

**Solution:** Set definite times for breakfast, lunch and dinner, and write them down. Remind yourself to eat—for instance, by setting your cell phone alarm. If you aren't hungry at breakfast, eat some-

eat out. As a result, your diet tends to be high in fat, calories and sodium.

**Solution:** When eating out, limit your calories by sharing entrees and eating smaller portions, such as a single hamburger instead of a hamburger and fries. To make cooking at home easier, write down on index cards three or five ideas for quick, healthy meals. Hang the cards on your refrigerator, and keep the ingredients for those meals on hand.

**4 You're a steady snacker** if you nibble throughout the day. You're unaware of the extra calories you consume in food and in beverages such as sugary sodas.

**Solution:** Keep a daily, written log of everything you eat and drink. You'll discover just how much you actually consume while fixing dinner, watching TV and so forth. You'll also be motivated to snack more prudently.

**5 You're a fruitless feaster** if you mainly eat protein, bread, pasta, desserts and fatty foods but very little produce.

**Solution:** Do a cart check before leaving the grocery store—that is, be sure that at least half the items in your cart are fruits and vegetables. At home make sure produce is easy to see and eat—for example, by keeping cut-up veggies at eye level in your fridge.

**6 You're a hearty portioner** if you eat too much food too quickly and don't know when to stop.

**Solution:** Slow your pace by putting down your fork between bites and chewing thoroughly. To help curb hunger, begin lunch and dinner with a broth-based soup.

**7 You're a swing eater** if your diet switches from one extreme to another. You try to eat a strict diet of so-called good foods and—inevitably—fall off the wagon. You then either deprive yourself or overindulge and feel guilty.

**Solution:** Learn to embrace all foods, including the occasional fatty or sugary treat. For example, enjoy that birthday cake at the table with everyone else instead of secretly eating a few pieces later on.

**YOUR EXERCISE STYLE** **1 You're a couch champion** if you don't like to exercise and have settled into an inactive lifestyle. Given a choice between walking and relaxing, you'll relax every time.

**Solution:** Sneak exercise into your routine by taking the stairs instead of the esca-

lator or by walking around the mall before shopping. Commit to a modest amount of exercise daily, such as a five-minute walk. Then gradually lengthen your workout.

**2 You're an uneasy participant** if you're uncomfortable exercising around others, quite likely because your unwanted pounds embarrass you or you're out of shape. As a result, you avoid the gym.

**Solution:** Work out at home, either with an exercise DVD or home equipment. Also, you might feel less self-conscious exercising away from home if you work out only with members of your own sex.

**3 You're an all-or-nothing exerciser** if you work out excessively and then do next to nothing because you've burned out.

**Solution:** Tone it down. Set realistic goals—such as 30 minutes of exercise on most days of the week—and stick to them. A moderate exercise program done consistently is better than an inconsistent, intense one.

**4 You're a set-routine repeater** if you rarely vary your workout. Unfortunately,



your fixed routine can keep your weight at a fixed number.

**Solution:** Mix it up. For example, if you always work out on a treadmill, try a stair stepper. Vary the intensity of your exercise as well as the type.

**5 You're a tender bender** if you have a health problem (such as bad knees) or an injury that diminishes your ability to exercise.

**Solution:** Check with your doctor to see what activity is appropriate. Exercise may decrease your pain and increase your energy and muscle strength. Your doctor will probably tell you to go slowly and to gradually build on what you can do.

**6 You're a rain-check athlete** if you want to exercise but chronically can't find the time.

**Solution:** Scrutinize your weekly schedule hour by hour. Very likely you will find openings—even short ones—for exercise. Take a businesslike approach to these openings by treating them as meetings you must attend.

**MULTIPLE STYLES** One final, essential tip: You may discover that you have more than one eating or exercise style. If so, concentrate first on changing one pattern, then tackle the next.

Makeovers are best achieved in small steps.

## Make friends with your scale and a food diary

Trying to slim down? If so, you probably already own three of the most effective tools for permanent weight loss—a scale, some paper and a pen.

Let's start with that scale.

Many of us who carry extra pounds equate our scale with bad news, so we approach it warily or shy away from it altogether.

But when it comes to weight loss, "Your scale is really your best friend," says Dawn Jackson Blatner, RD, speaking for the American Dietetic Association.

Research shows that the more regularly people weigh themselves, the more likely they are to both drop pounds and keep them off, she says.

That's because weighing yourself at least weekly gives you essential feedback. If, for instance, those pounds you've lost are creeping back, you know it. You have a clear signal that you need to eat more wisely or exercise more or do both.

But remember this if you weigh yourself daily: Don't overreact if you gain (or even lose) a pound or two on any given day. Daily weight fluctuations are normal, largely because the amount of water in your body can also fluctuate on a daily basis. What you want to focus on is the trend your scale shows—not a single day's reading.

As for that paper and pen, use them to track what you eat. In one study of nearly 1,700 overweight and obese adults, those who kept daily food diaries lost twice as much weight as those who did not.

Apparently, the very act of writing down what you eat can help you eat less. "You're less likely to eat the cupcake that's tempting you if you know you have to admit on paper that you ate it," explains Blatner.

Some final advice: Be sure to record every bite you eat, including the handful of potato chips you grab on your way to bed. Honesty—in life and in food diaries—is the best policy.

## Walk for the Health of It! Join LMH for fitness and fun on May 8. See the calendar on page 6 for details.

thing light—such as a protein bar and a piece of fruit.

**2 You're a nighttime nibbler** if you eat most of your daily calories from dinnertime onward. As a result, you wake up in the morning without any appetite and eat very little throughout the day. In the evening you're ravenous and the cycle repeats.

**Solution:** Spread your calories throughout the day. A good way to start, since you're usually not hungry in the morning, is to eat a small lunch. Eventually, you can add a modest breakfast to your daily diet. Also, rid your home of all high-calorie foods, such as chips and cookies. You can't eat what's not available, no matter how accustomed you are to snacking in the evening. You might also try decreasing how much you eat at dinner, which will help make you hungry in the morning.

**3 You're a convenient diner** if you typically eat food that is ready-made, packaged, frozen or microwaveable. Often you

# 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

THURSDAYS, FEB. 4, MARCH 4, APRIL 1, MAY 6, 6:30 TO 8:30 PM

### SPANISH-LANGUAGE BREASTFEEDING CLASS

THURSDAYS, FEB. 11, APRIL 8, JUNE 10, 6:30 TO 8:30 PM

### CHILDBIRTH-PREPARATION CLASS

■ SATURDAYS, FEB. 20, MARCH 27, APRIL 24, MAY 15, 9 AM TO 4:30 PM

■ TUESDAYS, FEB. 2 TO 23; APRIL 6 TO 27, 6:30 TO 8:30 PM

### SPANISH-LANGUAGE CHILD-BIRTH-PREPARATION CLASS

SATURDAYS, MARCH 20, MAY 15, 9 AM TO 1 PM

## SAFETY PREPAREDNESS

### CPR

MONDAYS, MARCH 8, MAY 10, 5:30 TO 9:30 PM

### FIRST AID

WEDNESDAYS, MARCH 10, MAY 12, 5:30 TO 9:30 PM

## SUPPORT GROUPS

### ADULT CHILDREN WITH AGING RELATIVES

WEDNESDAYS, FEB. 10, MARCH 10, APRIL 14, MAY 12, 4:30 PM, HUTCHINS STREET SQUARE

### AL-ANON

MONDAYS, FEB. 1 TO 22; MARCH 1 TO 29; APRIL 5 TO 26; MAY 3 TO 31, 7 TO 8:30 PM

### BETTER BREATHERS' CLUB

TUESDAYS, FEB. 2, MARCH 2, APRIL 6, MAY 4, 10 TO 11 AM

## PREVENTION

### BRAIN BUILDERS

THURSDAYS, JAN. 28; FEB. 4 TO 25; MARCH 4 TO 25; APRIL 1 TO 29; MAY 6 TO 27, 9:30 AM TO 12:30 PM, HUTCHINS STREET SQUARE

### LIVING WITH DIABETES

■ MONDAYS, MARCH 1 TO 22; APRIL 5 TO 26; MAY 3 TO 24, 6:30 TO 8:30 PM  
■ TUESDAYS, FEB. 2 TO 23, 6:30 TO 8:30 PM

## SURGERY PREPAREDNESS

### TOTAL-JOINT REPLACEMENT CLASS

THURSDAYS, JAN. 28; FEB. 11, 25; MARCH 11, 25; APRIL 8, 22; MAY 13, 27, 1 TO 3:30 PM, LODI MEMORIAL WEST

## DOING GOOD

### PET-THERAPY ORIENTATION

THURSDAY, FEB. 18, 7 TO 9 PM

Learn if you and your pet have what it takes to become a winning pet-therapy team. This orientation is just for the human half of the team. For more information, visit [www.animalfriendsconnect.org](http://www.animalfriendsconnect.org).

## COMMUNITY EVENT

### WALK FOR THE HEALTH OF IT AND SOUTH WING COMMUNITY CELEBRATION

SATURDAY, MAY 8

REGISTRATION: 8 AM

Includes a 5K timed walk, a 5K poker walk, a 5K timed run, a one-mile fun run, and a one-mile walk and roll for those with wheelchairs and strollers. There will also be a community celebration for the opening of the hospital's new South Wing, featuring a health fair with free cholesterol, blood-glucose and body-fat screenings. Information about advance directives, physicians orders for life-sustaining treatment, organ and tissue donation, and pet-therapy programs will also be available. Register for the competitive walk at [www.lmhfoundation.org](http://www.lmhfoundation.org).

For additional classes and community forums, visit [www.lodihealth.org](http://www.lodihealth.org).

## Check out our Web site for information about:

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

[www.lodihealth.org](http://www.lodihealth.org)

## DEPRESSION

# OLDER ADULTS ARE AT RISK

**COULD YOU BE** suffering from depression and not know it?

If you're an older adult, that's a question worth asking.

Right now, about two million Americans 65 and older are dealing with a major depression, the National Institutes of Health (NIH) reports.

Moreover, while adults this age make up only about 12 percent of the population in this country, they account for 16 percent of all suicides, with white men 85 and older

especially likely to take their own lives.

Still, as common and as potentially devastating as depression is among older adults, it often isn't recognized. Among the reasons why:

- The red flags of depression are more varied in older adults than younger ones. For instance, depression in older adults may appear mainly as irritability or increased tiredness. This can make depression tricky to spot.

- Depression in older adults can be confused with Alzheimer's disease and other brain disorders.

- Older adults may be embarrassed to approach their doctors about their depressed or anxious feelings. They may also wrongly believe that depression is a sign of personal weakness.

**BE ALERT FOR SYMPTOMS** Depression is not a character flaw. Nor is it a normal part of growing older.

Instead, depression is a highly treatable illness that needs medical attention.

So be alert for possible signs of depression in older adults, such as: ● Irritability or anxiety. ● Tiredness or a feeling of being emotionally drained. ● Feelings of worthlessness. ● Difficulty sleeping. ● Trouble focusing. ● Frequent crying. ● Loss of interest in once pleasurable activities. ● Pain that doesn't go away with treatment.

If you're an older adult who has had several of these symptoms for more than two weeks, see a doctor, advises the NIH. These symptoms might be a side effect of a medicine you're taking. Or they may be triggered by a health problem other than depression.

But if your symptoms are brought on by depression, treatment—typically with counseling, antidepressants or both—can lift your spirits.

And the first step in getting that treatment is asking for help.

## HOSPITALISTS DIFFERENT KIND OF MEDICAL EXPERTS

**SPECIALISTS ABOUND** in medicine. Cardiologists, neurologists and rheumatologists are just a few of the familiar ones.

But there's a newer medical specialty that may be less well known.

Unlike doctors who are experts at treating specific organs or diseases, doctors in this field focus instead on a specific kind of patient—one who's in the hospital.

These doctors are called hospitalists. Their job is to coordinate the care of people in the hospital—and it's no easy task. That's because people who go to the hospital these days are typically sicker and require more complex medical care than those who were hospitalized years ago.

Among these patients, serious health problems or chronic diseases—such as emphysema, congestive heart failure, diabetes or kidney disease—are common.

**THE BENEFITS** Hospitalists differ from other medical specialists in another important way. Unlike doctors who spend most of their time tending to patients in a private office, hospitalists are based at the hospital.

Having these experts on-site pays important dividends



for patients and the hospital alike, according to the Society of Hospital Medicine (SHM). For example:

- Working with other medical experts—including a patient's primary care doctor—a hospitalist makes sure

a patient gets the right treatment at the right time. He or she can see a patient quickly and as often as needed. That can be crucial for someone coping with a complex or quickly changing medical condition.

- A hospitalist can meet with patients and their families to provide medical counseling and education.

- Because they work in the hospital full time, hospitalists are familiar with the hospital staff and are well versed in hospital procedures. This experience can help hospitalists coordinate hospital systems, improve quality and control costs for patients.

**Medical Director Rod Felber, DO, leads Lodi Memorial Hospital's team of 17 hospitalists.**

- Some hospitalists help develop medical guidelines for hospitals and help improve patient safety and satisfaction.

- Hospitalists can help shorten a patient's hospital stay and reduce the need for readmission.

**MORE TO COME** Hospitals across the country are seeing the benefits of hospitalists.

An estimated 28,000 hospitalists are practicing today, reports the SHM. That number is expected to jump to more than 33,000 in the near future. Experts predict that virtually every hospital with 100 beds or

more—and many smaller facilities—will one day use hospitalists. With growth like this, don't be surprised if you're helped by one of these specialists the next time you're in the hospital.

## A SAFE RIDE EVERY TIME

*Car safety seats and seat belts are a must for all children*

**ONE OF THE** most important things you can do to help keep your child safe is to make sure he or she is properly restrained while riding in a motor vehicle.

Car crashes injure or kill thousands of children in the U.S. each year. The correct use of car safety seats and seat belts can significantly reduce the risk of a child being hurt or killed in a crash, reports the National Highway Traffic Safety Administration (NHTSA).

Here are recommendations from the NHTSA and the American Academy of Pediatrics for the correct use of car safety seats and seat belts for children.

**Infant-only car seats.** These seats are suitable for kids from birth up to one year of age and who weigh up to 35 pounds. The seats should be installed in the back seat of

the vehicle at a 30- to 45-degree angle to prevent the child's head from falling forward. Infants should ride rear-facing until they are at least one year old and at least 20 pounds.

**Convertible seats.** These should be placed in the back seat and can be used in two ways: rear facing or forward facing. Forward-facing seats are for children over one year and more than 20 pounds. Rear-facing seats can be used for infants, then converted to forward-facing seats for older children. Unlike infant-only seats, convertible seats can be used longer by a child. It's best to have a child ride

**It's the law: Buckle your child in a safety seat every time, no matter how short the trip. Visit [www.chp.ca.gov](http://www.chp.ca.gov) to learn more about traveling safely with children.**

rear-facing for as long as possible.

**Booster seats.** Children who have outgrown their forward-facing car seats—typically at around age four and 40 pounds—must ride in booster seats in the back seat. They should stay in a booster seat until they are able to



correctly fit into a car seat belt. That usually happens when a child reaches 4 feet 9 inches in height and is between eight and 12 years old.

**Seat belts.** Once a child has outgrown a booster seat, he or she can wear a lap and shoulder belt. Children should always ride in the back seat until they are 13 years old.

You can get help installing your child's car seat. To find a child seat inspection station or certified child passenger technician near you, go to [www.nhtsa.gov](http://www.nhtsa.gov).

# KEEP AN EYE ON BLOOD PRESSURE AT HOME

**YOUR BLOOD PRESSURE** is an important measure of your health. Unfortunately, there's no way to tell if your blood pressure is in a healthy range without testing it.

You probably have your blood pressure tested on a routine basis at your doctor's office. However, you can also measure blood pressure at home using relatively simple, inexpensive equipment.

**WHY TEST AT HOME?** Home testing can provide a record of your blood pressure as you go about your usual activities. That can be important because sometimes a single reading done in a doctor's office might not reflect your true blood pressure.

For instance, some people have normal pressure at the doctor's office, but their pressure is high on a day-to-day basis. Or you could have higher readings in the doctor's office than you do at home.

If you take drugs for high blood pressure, home testing can also help determine if your medications are bringing your pressure down far enough.

**CHOOSING A MONITOR** The American Heart Association (AHA) recommends that you buy a monitor with a cuff that fits around your upper arm and inflates automatically.

The cuff style is considered more accurate than monitors that measure pressure at the wrist or finger.



## Blood pressure: Numbers to know

High blood pressure (HBP) is called the silent killer for good reason.

Because HBP has no symptoms, you may have it for years without knowing it. And the consequences can be both disabling and deadly. Untreated HBP can cause strokes, heart attacks, heart or kidney failure, artery disease, and blindness.

Testing for HBP is simple and painless. The test measures the force of blood pushing against the walls of the arteries as the heart beats. One measure is systolic pressure; the other is diastolic pressure.

Levels below 120 systolic and 80 diastolic (120/80) are considered normal. If pressure is between 120 and 139 systolic or 80 and 89 diastolic—or both—your risk for HBP increases.

A reading of 140/90 is considered high for most adults, but 130/80 is high if you have diabetes or kidney disease.

Source: American Heart Association

**Talk to your doctor to see if home testing is a good choice for you. Find a doctor at [www.lodihealth.org](http://www.lodihealth.org).**

Choose a monitor approved by the Association for the Advancement of Medical Instrumentation, the British Hypertension Society or the International Protocol for the Validation of Automated BP Measuring Devices, advises the AHA.

If you are pregnant, elderly or obese—or the monitor is for a child—you need a monitor that is certified for those conditions.

Once you buy a monitor, take it to your doctor's office to make sure it's accurate. Ask your doctor or a nurse to teach you how to use the monitor correctly.

You'll also want to follow these basic guidelines for testing:

- Don't smoke, drink caffeinated beverages or exercise 30 minutes before measuring your blood pressure.
- Sit with your back straight and supported—on a dining room chair instead of a sofa, for instance. Place your feet flat on the floor, and don't cross your legs. Support your arm on a flat surface, such as a table, with the upper part of your arm at heart level.
- Make sure the middle of the cuff is placed directly over your brachial artery (the main artery of the arm). Check your monitor's instructions for an illustration showing how to do this, or ask your doctor to show you.
- Each time you measure your pressure, take two or three readings, one minute apart. Record all results.
- Take the readings daily at the same time—such as morning and evening—or as your doctor recommends.

## NEED A HEALTH PARTNER?

### Lodi Memorial Community Clinics

**Millsbridge**  
209-334-8540

**Iris**  
209-334-8530

**Trinity**  
209-948-0808

**Vine**  
209-334-8520

**LMH Gift Shop**  
209-333-5103

**LMH OB Clinic, Lodi**  
209-333-3030

**LMH OB Clinic, Galt**  
209-745-6105

**LMH West Fitness Center**  
209-333-3011

**LMH Education Department**  
209-339-7520

**LMH Flu-Shot Line**  
209-339-7469



HOUSE CALLS is published as a community service for the friends and patients of LODI MEMORIAL HOSPITAL, 975 S. Fairmont Ave., Lodi, CA 95240, telephone 209-334-3411, [www.lodihealth.org](http://www.lodihealth.org).

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WINTER 2010