

GoldenCare Update

HEALTH NEWS PROVIDED TO ANYONE 60 OR OLDER AS PART OF GOLDENCARE MEMBERSHIP



Watch NBC 15 for tips from St. Mary's dietitian Tammy Fumusa every other Wednesday (5 p.m.) and Thursday (6:45 a.m.).

Sensible Snacking

WHEN THE KIDS were little, you probably spent plenty of time telling them that snacking would ruin their dinner. And now, as a result, you may believe that between-meal nibbling is a no-no, even when you're hungry.

But here's some news you can sink your teeth into. Snacking isn't always bad for you. In fact, one study in the *Journal of the American Dietetic Association* suggests it might even help older adults thrive.

Snacking can actually help older adults get calories that they might be lacking, the study's authors wrote.

None of this is to say that you should snack haphazardly. If you're going to eat between meals, you should be smart about it. That means planning ahead so that you have healthy food on hand, paying attention to how much you eat so you don't overdo it and watching fat content. In short, you have to make good choices.

Here's a sample of good-for-you snacks that qualify, courtesy of the American Dietetic Association:

- Whole-grain crackers with peanut butter.
- Baked tortilla chips with bean dip.
- Yogurt or a yogurt smoothie.
- Carrot and pepper strips with low-fat salad dressing.
- Mixed nuts.
- Fresh fruit, by itself or with cheese.

Done right, snacking can help curb your appetite and boost your nutrition. So if you've been reluctant to snack, lighten up. Then chow down. It just might be good for you.

Plan ahead to have healthy foods on hand.



3 MINUTES MATTER: NOW THERE'S LESS TIME TO WAIT IN THE ER

4 BALANCING ACT: HOW TO PROTECT YOURSELF FROM FALLS

Check Your Knowledge...

AND YOUR BLOOD PRESSURE

SEE WHAT YOU KNOW about high blood pressure with this quick true-or-false quiz.

1 It's easy to recognize the symptoms of high blood pressure, or hypertension.

False. This is a trick question, because high blood pressure doesn't cause recognizable symptoms. Since you can have the condition and feel fine, it's important to get your blood pressure checked regularly. Ask your doctor how often you should get your blood pressure measured.

2 If high blood pressure doesn't make you feel ill, it's not that serious.

False. Even if you feel fine, high blood pressure that isn't found and treated may lead to heart attack, heart failure, stroke, kidney failure and blindness.

3 Both numbers in a blood pressure reading must be high for you to be diagnosed with hypertension.

False. Doctors consider you to have high blood pressure when either number in a blood

pressure reading is too high. Generally, readings must be high at

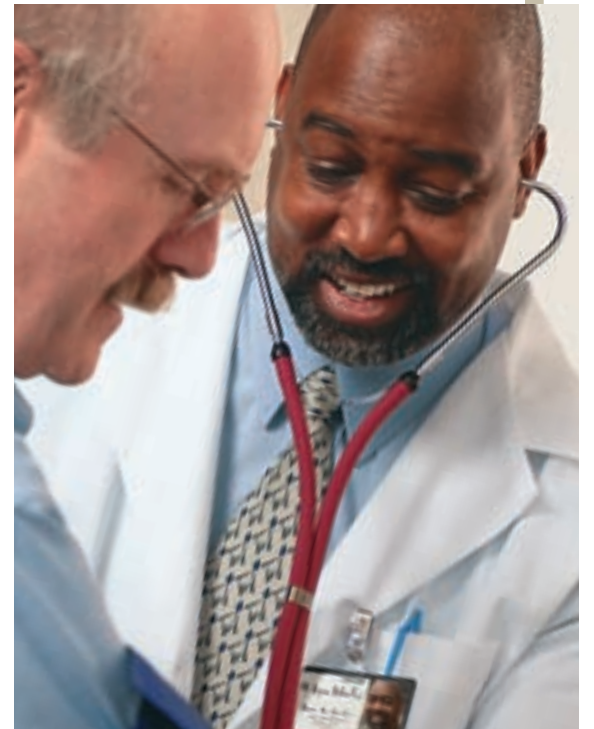
two or more appointments.

4 Lifestyle changes may help both treat and prevent high blood pressure.

True. There's a lot you can do: Stay at a healthy weight; eat plenty of fruits, vegetables, whole grains, and low-fat or nonfat dairy foods; limit salt intake; get regular exercise; and know the risks of drinking alcohol—it can affect blood pressure. If your doctor says you need medicine, take it exactly as directed.

5 When treatment lowers blood pressure to normal levels, you no longer have hypertension.

False. You still have hypertension. If a doctor asks if you have the condition, say yes. And keep taking your medicine.



SOURCES: AMERICAN HEART ASSOCIATION; NATIONAL HEART, LUNG, AND BLOOD INSTITUTE; NATIONAL INSTITUTE ON AGING

Attend St. Mary's open house on May 16 to learn how heart emergencies are treated. ~ ~

Private Funding is Vital for Quality, Local Health Care.
Just ask Nancy Lindsay.

“My late husband, Jim, and I have benefited from local health care excellence,” said the Baraboo resident. “That’s why I decided to remember my local hospital with a gift to its endowment. My gift will help ensure that quality health care will be perpetuated for others.”

The need for private funding of health care is ever-increasing as health care facilities are forced to take a harder look at shrinking capital and operating budgets. If you’d like to play a role in helping ensure health care excellence through a gift from your estate, please contact:

Carole Halberg	Keri Olson
St. Mary's Foundation	St. Clare Health Care Foundation
(608) 258-5601	(608) 356-1449

Too Much Pressure?

Blood pressure readings consist of two numbers, given in millimeters of mercury (mm Hg).

Blood pressure readings fall into these categories:

Normal. The first number is 119 or lower and the second is 79 or lower.

Prehypertension. The first number is 120 to 139 and/or the second is 80 to 89. (Prehypertension may raise your risk for high blood pressure.)

Stage 1 high blood pressure. The first number is 140 to 159 and/or the second number is 90 to 99.

Stage 2 high blood pressure. The first number is 160 or higher and/or the second number is 100 or higher.

SOURCE: AMERICAN HEART ASSOCIATION

ER EFFICIENCY

When Minutes Matter

WHAT ONCE WAS REFERRED TO as an emergency waiting room might need to change its name—now that the traditionally long wait is gone.

At St. Mary's Hospital in Madison and St. Clare Hospital in Baraboo, a team-based model of care provides faster and better care to patients visiting the emergency room (ER).

In 2008, St. Clare treated 20,000 emergency patients while St. Mary's approached 40,000. What's more, the "door-to-doc" time—the amount of time between the patient's arrival and visit with the doctor—now averages 30 to 35 minutes at St. Clare and less than 30 minutes at St. Mary's.

Efficiency clearly counts when it comes to emergencies. That's why St. Mary's emergency services department completed a major renovation in 2008. Strategic design yielded a contemporary environment, state-of-the-art facilities and many benefits to patients:

- Fourteen more exam rooms, for a total of 30.
- Streamlined processes that eliminate unnecessary delays before seeing a doctor.
- Registration and laboratory testing at the bedside.
- Care teams that focus on six to eight patients in adjacent rooms.
- X-rays, computed tomography (CT) scans, echocardiograms (EKGs) and ultrasound performed right in the unit.
- A fire truck-themed exam room, funded by gift support, to help young patients feel more comfortable in the medical setting.
- A rooftop helipad with direct access to the ER and cardiac catheterization labs.

In addition, the blocked arteries of heart attack patients will be treated in the brand new catheterization labs of the Dean & St. Mary's Cardiac Center. Everyone in the chain of care—from emergency personnel in area hospitals and on ambulances to specialized heart care staff at St. Mary's—operate with maximum efficiency as



ABOVE: Recent upgrades make a trip to emergency services at St. Mary's more comfortable and efficient. **LEFT:** St. Mary's Sun Prairie Emergency Center opens this summer, bringing quality emergency care close to home for many residents north of Madison.

part of the center's lifesaving Level-One Heart Attack Program.

The national goal for the time from patient arrival at a hospital to the opening of blocked arteries is 90 minutes. St. Mary's exceeds that by far. For patients who arrive at an area hospital's ER and then are transported to St. Mary's by helicopter, the record time for opening blocked arteries is 70 minutes. For patients who arrive at St. Mary's by ambulance, the record is an amazing 11 minutes.

ST. MARY'S OPEN HOUSE

See How We Save Lives



THIS SPRING, St. Mary's Hospital invites you to see what's new in emergency and cardiovascular services.

Both areas offer lifesaving medical expertise—the cath labs and other specialized facilities for heart attack patients and the emergency room for all other health

emergencies. St. Mary's will open these newly remodeled areas for the public to learn about emergency medicine as well as the Level-One Heart Attack Program, which gets heart patients the help they need within minutes of arrival.

Watch for details of the **May 16** event. A separate open house will be held this summer when the St. Mary's Sun Prairie Emergency Center opens at the intersection of Highway 151 and Reiner Road.

STAYING ON BALANCE



IMAGINE A TIGHTROPE WALKER on a thin, taut wire. Body in control, limbs in perfect position, the tightrope walker is expert at something many of us may struggle with sometimes: balance.

And if you have a balance disorder, you—like the tightrope artist—may be vulnerable to a fall.

A bad fall can seriously affect your life. You may end up with an injury, such as a hip fracture, that can limit your mobility and independence.

According to the National Institutes of Health (NIH), you could have a balance disorder without even knowing it. If you have a balance disorder, you may:

- Feel dizzy or light-headed.
- Feel as though you are moving even when sitting still.
- Stagger when you walk.
- Trip when climbing stairs.
- Experience vertigo, the feeling that you or your surroundings are spinning.

If you have any of these symptoms, you may be susceptible to a fall.

Good balance means you can control and maintain your body's position whether you are still or in motion. Although you don't need to be able to navigate a high wire, you should be able to get around and carry out your daily activities.

Balance disorders are common in older adults and can be very serious. But with treatment, you may be able to maintain your balance—and your independence.

WHAT CAUSES BALANCE DISORDERS? Most balance problems are related to disturbances in the inner ear, reports the NIH. For instance, you may have a buildup of small, displaced calcium stones in your inner ear. This can cause a feeling of vertigo when you move your head.

Or you may have an infection or inflammation in the labyrinth, a series of intricate passages in the ear related to balance. This is called labyrinthitis.

Dizziness can also come from Ménière's disease, a condition



Anytime, Anywhere Balance Exercises

Being able to move around easily can reduce your risk of falling. And these simple exercises can help you improve your balance—without any special training or equipment.

The first few times you do these exercises, hold on to a table or countertop with one hand. As your balance improves, try to steady yourself with one fingertip.

After a while, you can try the exercises hands-free. If you feel very steady on your feet, try them with your eyes closed. You might want to ask someone to watch you the first few times, just in case you lose your balance.

Walk heel to toe. With each step, put one heel just in front of the toes of your opposite foot, as though you were walking a tightrope.

Your heel and toes should almost touch.

Stand on one leg. Try standing on one foot. You can shift back and forth between feet, balancing on one foot at a time, when waiting in line at a store or bus stop.

For a more vigorous exercise, put all your weight on one leg and lift the opposite leg just an inch or two off the ground. Switch legs. As you improve over time, gradually lift the leg higher, until you are able to lift it so that your

associated with changes in the fluid levels in your ears. In addition to dizziness, it can cause ringing in your ears and hearing loss that comes and goes.

Sometimes balance problems signal a serious health problem in another part of your body, such as your brain, heart or blood vessels.

In addition, certain medications known as ototoxic drugs can damage your inner ear and make you feel off-balance. For example, some medicines in each of these categories may be ototoxic: antibiotics, chemotherapy drugs, heart medications and mood-altering drugs. Ask your doctor if any medications you take could affect your balance.

If you are having balance problems, your primary care doctor may refer you to a specialist called an otolaryngologist, who may order special tests to determine what's causing the difficulty.

BACK IN BALANCE. Depending on the cause of the problem, treatments may include:

- Medication to control infection or disease.
- Directions for moving your head to dislodge calcium stones.
- Specially designed exercises to improve balance.
- Diet and lifestyle changes, such as reducing sodium, avoiding caffeine and alcohol, and maintaining a healthy weight.
- Adjusting medications that may harm your ears.



upper thigh is parallel with the ground.

You can also try lifting your leg to the side, holding the lifted leg at a 45-degree angle, if possible. Or try lifting your leg straight behind you, with the opposite arm reaching forward. Remember to alternate sides.

You can count repetitions or time yourself to record your monthly progress.

SOURCES: AMERICAN INSTITUTE FOR CANCER RESEARCH; NATIONAL INSTITUTE ON AGING

Knowing who to call can help you be prepared. To inquire about our hospitals' emergency response systems, call 608-258-6747 (St. Mary's) or 608-356-1407 (St. Clare). ~ ~ ~ ~ ~

Clip & Save



Getting Up After a Fall

Falling can cause serious injury. But panicking when you fall may actually cause worse injury than the fall itself.

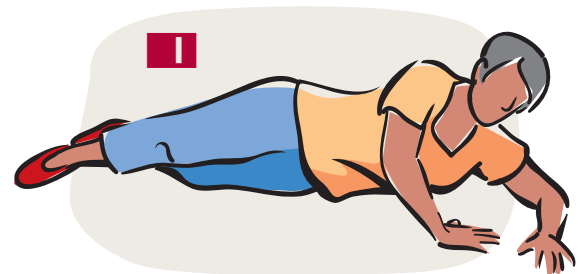
Remember: If you fall, stay calm. Take a few deep breaths, and try to determine if you are hurt.

Do not try to get up if you think you are hurt. If you can reach a phone, call 911, or ask someone nearby to call for you. Try to make yourself comfortable as you wait for help to arrive.

Consider a personal emergency response system if you are concerned about falling when you are alone. For a fee, you will get a device—such as a bracelet—that you can use to call emergency personnel with the touch of a button.

If you think you can get up by yourself safely, follow these steps:

- 1** Roll onto your side.
- 2** Push yourself up into a seated position, and rest while your body adjusts.
- 3** Crawl to a sturdy chair, and pull yourself to a kneeling position; then put both hands on the seat.
- 4** Bending whichever knee is stronger, slide one foot forward so it is flat on the floor, keeping the other knee on the floor.
- 5** From this kneeling position, slowly lift yourself and turn around to sit in the chair.



SOURCES: AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS; NATIONAL INSTITUTE ON AGING



Relax: It's Good for You

TO BE HUMAN IS TO KNOW ANGER. We've all felt it. Maybe it's a passing annoyance. Maybe it's a white-hot rage. Maybe it's something you feel routinely—or rarely. In any event, it's something we all feel eventually.

And while anger is a completely normal—and at times healthy—emotion, it needs to be handled carefully. Otherwise, anger can lead to problems at work, at home and elsewhere.

According to the American Psychological Association (APA), the healthiest way to express anger is to be assertive without being aggressive. That means respectfully making your needs clear without being pushy or demanding or hurting others.

But, of course, anger can also be expressed in unhealthy ways.

Some people simply lash out. Others suppress their anger and turn it inward, where it can result in high blood pressure, depression and other problems. Some resort to passive-aggressive actions—punishing others indirectly without telling them why.

If your anger is getting in your way, consider these tips from the APA:

■ **Change your thinking.** Don't let your thoughts become exaggerated. Try to look at the situation logically.

■ **Communicate.** Slow down and think about what you want to say before you speak. Then listen closely to the other person's response.

■ **Relax.** Breathe deeply. Slowly repeat a calming word, such as *relax*. Recall or imagine a peaceful experience. If possible, do

some slow stretches to relax your muscles.

■ **Find alternatives.** If a certain situation usually ends in anger for you, try something different. For example, map a new commute to work to avoid road rage, or take the bus instead of driving.

If you have trouble controlling anger, consider talking to a mental health professional with experience in anger management.

St. Clare GoldenCare offers free hand massage. Call 608-356-1407 for an appointment.

Anger Puts Your Heart at Risk

Being angry all the time can make life miserable. It can also be hard on your heart.

According to the American Heart Association (AHA) and other health experts, frequent or extreme anger can cause your blood pressure and heart rate to rise and may lead to angina (chest pain) or a heart attack.

Research has shown that people more prone to anger are almost three times more likely to have a heart attack than those less prone to anger.

If your anger is getting the best of you, the AHA suggests that you:

■ **Keep a journal.** Record what's caus-

ing your anger and how you're reacting. Think about any other feelings that may be triggering your anger. Perhaps feelings of rejection or helplessness are actually the basis of your anger.

■ **Take a break.** When you feel your anger building, step back. Take deep breaths to calm down, and then face the situation anew.

■ **Empathize.** If another person is making you angry, try to put yourself in that person's place to understand his or her point of view.

If you still need help controlling your anger, talk to your doctor, who can refer you to a mental health professional.

BRAIN'S ELECTRICAL DISORDER

Epilepsy in Later Life

*W*HEN YOU PONDER the various conditions you might face as you get older, epilepsy probably doesn't make the list.

Yet the incidence of epilepsy in this country is rising faster in older adults than in any other segment of the population, according to the Epilepsy Foundation (EF). Estimates of the number of seniors with epilepsy in the United States range from 300,000 to 570,000.

Seizures are the hallmark symptom of the disorder. But they don't always resemble the dramatic TV stereotype. In fact, seizures in older people are often subtle enough to be dismissed as a sign of age.

A single seizure doesn't mean you have epilepsy. But it does suggest you should see your doctor.

WHAT IS EPILEPSY? Epilepsy is a disorder in the brain's electrical system.

Seizures are like electrical surges. For a short time, they can change your feelings, senses and behavior.

Although some seizures might look frightening, they don't cause pain. They usually last only a minute or two, according to the EF.

Why an older person develops epi-

lepsy isn't always known. Sometimes it is related to a stroke, heart attack or a brain disease, such as Alzheimer's.

SIGNS AND SYMPTOMS. Unconsciousness. A fall to the ground. Jerking and shaking.

That's the classic portrayal of a seizure.

Sometimes it's accurate, notes the EF. But in older people, it can be a different story.

Call Dean Foundation at 608-283-7013 to participate in research study No. 440 for epilepsy medication. ~ ~

For instance, you might not lose consciousness. But you might seem confused or seem to be in a dreamlike state.

You might be unable to talk. You may appear agitated. You might feel as if you have lost chunks of time.

Other symptoms can include: ~ Staring. ~ Chewing movements in the mouth. ~ Mumbling. ~ Wandering.

WHY TREATMENT IS IMPORTANT. Seizures increase your risk for falls and fractures, among other things.

In most cases, epilepsy can be treated with either medication or surgery.

Talk to your doctor if you experience blank periods in your memory or any other symptoms.

 You can also learn more about epilepsy at www.epilepsyfoundation.org. Or call 800-332-1000.

How to Help During a Seizure

Popular belief holds that a person having a seizure might swallow his or her tongue.

That's not true, says the Epilepsy Foundation, so don't try to put anything in the person's mouth. You want to help keep the airway clear, not block it.

Here are more ways to respond to a seizure:

- Gently roll the person onto his or her side.
- Cushion the head.
- Do not try to hold

the person's body still.

- Gently guide the person to safety if he or she wanders.
- Stay with the person until the seizure ends.
- Be calm and comforting as awareness returns.

A seizure usually ends on its own without the need for medical treatment.

Ask your doctor what to do if you or a loved one has seizures.



Older people are not immune to epilepsy, a disorder in the brain's electrical system.

EVENTS

Calendar

St. Mary's and St. Clare are sponsors of, or participants in, the following events.

Hospitalist Q & A and Living Well With Chronic Conditions

Thursday, April 30, 1:30 p.m.

St. Clare Hospital, Ringling
Conference Room, Lower Level



■ Learn about
Living Well
With Chronic
Conditions from
program coordi-
nator Mike Lew.

■ Meet Kansas
DuBray, MD,

Kansas

DuBray, MD

hospitalist at St.
Clare Hospital. Learn what a hospital-
ist is in a question and answer session.

■ Piano entertainment and refresh-
ments provided.

Admission is free. Call St. Clare
GoldenCare at **608-356-1407** for
reservations.

Legal and Financial Planning Seminar

Thursdays, April 30 and May 7
5:30 to 7:30 p.m.

St. Mary's Hospital
Conference Center
FREE

A two-part workshop providing an
overview of legal and financial issues
for anyone caring for an older adult.

This program of the Alzheimer's
Association South Central Wisconsin

Join us for Musical Memories

At Madison's Overture Center



Free

**Tania Tandias Flamenco
and Spanish Dance**
Wednesday, March 25
9 a.m.: Coffee will be served
10 a.m.: Performance

**Mark Twain and
the Laughing River**
Thursday, April 23
9 a.m.: Coffee will be served
10 a.m.: Performance

For transportation reservations
(required only for those riding the
bus), call St. Mary's (\$1 bus fare) at
608-258-5995 or St. Clare (\$5 bus
fare) at **608-356-1407**.

Chapter is led by an Elder Law
attorney. For reservations, call
608-232-3400 or **800-272-3900**.

AARP Driver Safety Class

Monday, May 11, 12:30 to 4:30 p.m.

St. Clare Hospital, Ringling
Conference Room, Lower Level
\$12 for AARP members; \$14 for
non-members

One-day class; great new format.
Call St. Clare GoldenCare for reser-
vations at **608-356-1407**.

St. Mary's Emergency and Cardiovascular Services Open House

Saturday, May 16, 1 to 4 p.m.

St. Mary's Hospital invites the
public to see the newly remodeled
emergency services department and
specialized emergency heart-care labs.

For more information, call
608-258-5065.

Talking Tech: Life Made Easier Using Technology

Wednesday, May 27, 6 to 7:30 p.m.



**Steve Van
Dinter**

St. Mary's
Hospital
Conference
Center
St. Mary's media
relations direc-
tor Steve Van
Dinter pres-
ents the latest

gizmos and gadgets to get you up to
speed with the times. For reserva-
tions, call **608-259-5560**.

St. Mary's
HOSPITAL

St. Clare
Hospital & Health Services



MEMBERS OF SSM HEALTH CARE

GoldenCare

GOLDENCARE UPDATE is published four times a year for all St. Mary's and St. Clare GoldenCare members. Please direct correspondence and address corrections to:

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www.stmarysmadison.com

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www.stclare.com

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