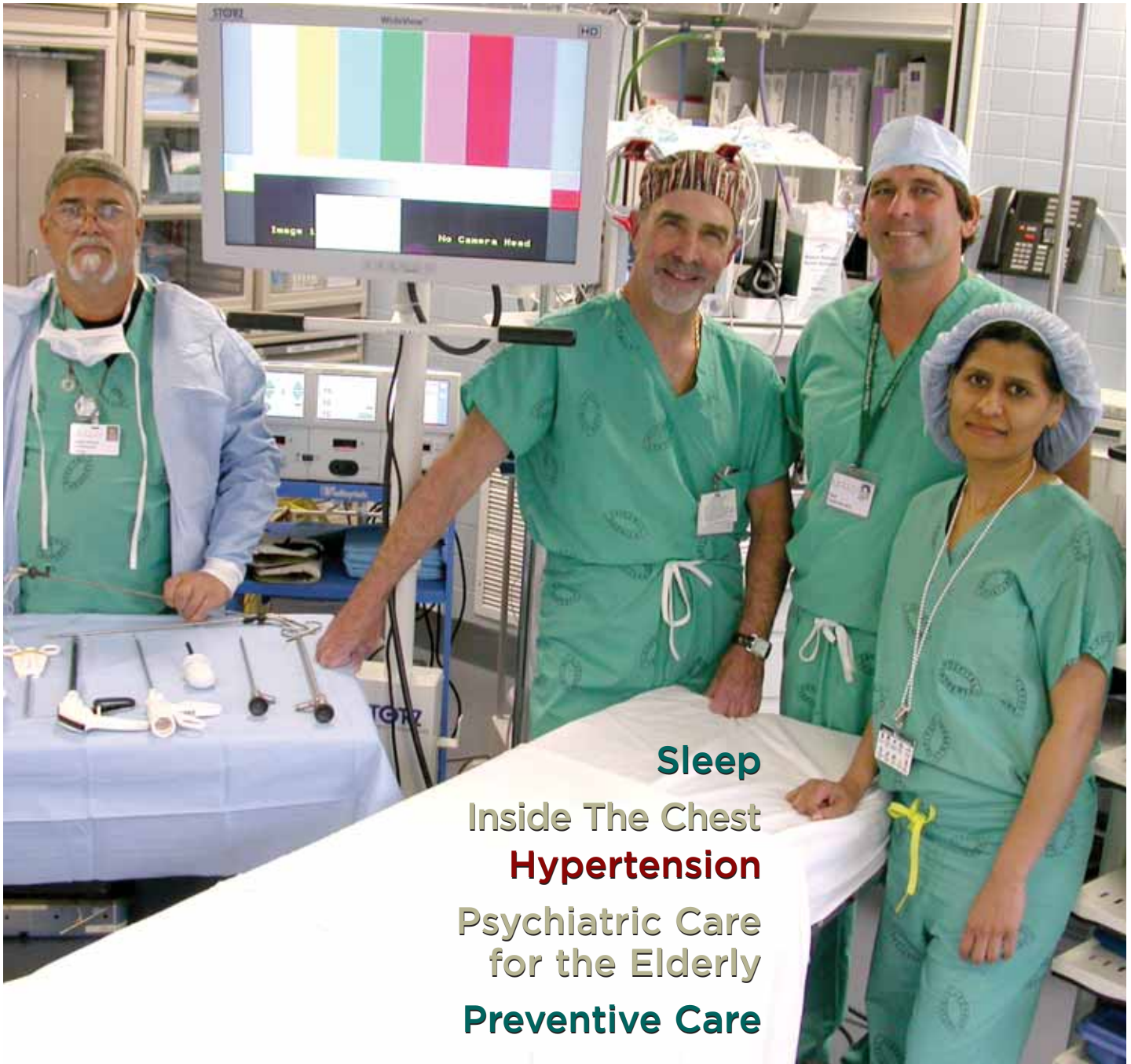


PHELPS

FALL 2009

T O D A Y

News from
Phelps
Memorial
Hospital
Center



Sleep
Inside The Chest
Hypertension
Psychiatric Care
for the Elderly
Preventive Care

Pictured in the operating room, members of the Thoracic Center team (l-r): George Checchi, Surgical Technician; Avraham Merav, MD, Thoracic Surgeon; Paul Terracciano, MD, Anesthesiologist; and Neeta Sethi, RNFA.

A Message from the Chair and President

Greetings



We can all take pride that the new Phelps Emergency Department has been in operation for almost a year. Built to meet the growing needs of the community, the Emergency Department was funded by record-setting donations to the capital campaign that was completed last year. The number of visits to the expanded state-of-the-art facility has increased dramatically since it opened – demonstrating how much members of our community appreciate the beautiful space, patient-friendly atmosphere and excellent care. We expect that by year-end, more than 24,000 patients will have been treated in the new Emergency Department.

In addition to greater demand for care in our Emergency Department, the number of visits to the Hospital's outpatient services has grown, as has the number of inpatient admissions. There have also been a record number of births.

The increased demand for all of Phelps services is a reflection of how the community looks upon their hospital — a place where they are confident that they will receive comfortable, efficient, quality care. It shows how much patients value and respect the physicians, nurses, and technologists who treat them at Phelps.

A hospital such as Phelps "belongs" to the community it serves. Our patients are at the center of everything we do. As a benefactor and also by selecting Phelps as your hospital of choice, you ensure our ability to continue to enhance our services and provide you with the excellent care that you expect and deserve.

Sincerely,

Handwritten signature of David W. Coulam in black ink.

David W. Coulam
Chair, Board of Directors

Handwritten signature of Keith F. Safian in black ink.

Keith F. Safian, FACHE
President & CEO

Contents

Inside The Chest.....	2
Patient Praise	5
Vital Signs On TV and On-Line	5
Calendar	6
Maternity and Baby Classes	10
The Silent Epidemic.....	11
Hypertension.....	12
Sleep	14
Preventing Diabetes.....	16
Preventive Care.....	18
Department of Family Medicine	20
Psychiatric Care for The Elderly	21

PHELPS TODAY

Editor

Bruce Heckman, MD, MPH

Managing Editor

Mary Sernatinger

msernatinger@pmhc.us

Editorial Advisors

Lucy C. Engelhardt, RN • Kenneth C. Kaplan, MD

Keith F. Safian, FACHE

PHELPS TODAY is a publication of Phelps Memorial Hospital Center. Phelps is a member of the Stellaris Health Network and the Hudson Valley's exclusive affiliate of Memorial Sloan-Kettering Cancer Center.

Visit www.phelpshospital.org to see our annual reports, videos, physician directory, calendars and more.



Dr. Merav understands that few things are more stressful than being told that there is a suspicious finding on a chest X-ray, and he makes every effort to be immediately available to patients once they are referred.

Avraham Merav, MD is assisted by Neeta Sethi, RNFA in performing a thoracoscopic lung resection. The Anesthesiologist, Frances Kors, MD, and the OR technician Alex Rhone, ST are following the procedure on the HD monitors.

Inside The Chest

Suddenly one day, while standing in her kitchen, *Elizabeth* felt an intense stabbing pain in her back. Ten years earlier, she was told that an X-Ray showed a small tumor inside her chest along the spine, which was benign and could be “left alone.” When she shared this information with her family physician, Lawrence Goldstein, MD, whom she saw because of her pain, he immediately ordered a chest X-Ray. The tumor was now as big as a tennis ball! He referred *Elizabeth* to Avraham D. Merav, MD, who obtained a CAT scan and an MRI, confirming his suspicion that part of the tumor was protruding into the spinal canal and was growing closer to the spinal cord. Safe removal of the tumor required the collaboration of neurosurgeon John Robbins, MD, who first entered the spinal canal

from the back to remove the component of the tumor that had invaded the canal, and Dr. Merav, who followed by opening the chest to remove the main bulk of the tumor. *Elizabeth* went home in three days. The tumor was benign, but left untreated, it could have pressed on the spinal cord with devastating effects.

The Phelps Thoracic Center

Elizabeth was among the first patients of the Thoracic Center, which was established at Phelps by Dr. Avraham Merav, a renowned expert in the fields of thoracic and cardiac surgery. Thoracic surgery involves treatment of malignant and benign diseases affecting organs inside the chest cavity except the heart. These include the lungs, esophagus,



mediastinum, pleura, pericardium, diaphragm, and chest wall.

There are currently only 4,788 board certified, active cardiothoracic surgeons in the United States; of them, less than 16% perform just thoracic surgery. Most Thoracic surgery has traditionally been done in major teaching hospitals; but with the presence of expert and experienced thoracic surgeons, anesthesiologists, nurses and other staff, as well as the availability of state-of-the-art operating room equipment and monitoring capabilities, it is now possible to successfully perform even the most complex thoracic operations in a community hospital.

The Phelps Thoracic Center is a multidisciplinary service in which Dr. Merav works closely with pulmonologists, cardiologists, gastroenterologists, oncologists, radiologists, and other medical specialists to provide patients with prompt diagnosis and comprehensive treatment

At Phelps, patients benefit from the full-time presence of Dr. Merav, who has over 30 years of thoracic surgery experience and offers expertise that heretofore was unavailable in the community.

Quick evaluation and treatment

When patients are referred to a thoracic specialist to determine whether a serious medical problem exists, they usually feel a sense of anxiety and urgency to find out what they have and if treatment will be needed. In most large institutions, delay is unavoidable but at the Thoracic Center, evaluation often begins on the same day and no later than 48 hours after a referral is made. Diagnostic evaluation proceeds with speed and is often completed within a few days. "Patients

don't need to wait for weeks for an appointment and they don't have to travel between hospitals for diagnosis and treatment. Everything is done in one place," says Merav. If a surgical procedure is required, it is scheduled without delay.

Lung cancer and minimally invasive Video-Assisted Thoracic Surgery

With lung cancer still being the number one killer in the US, it is one of the more frequent conditions requiring thoracic surgical evaluation. Dr. Merav understands that few things are more stressful than being told that there is a suspicious finding on a chest X-ray, and he makes every effort to be immediately available to patients once they are referred.

By chance, *Susan*, a 65-year-old woman from New Jersey was found to have two lung nodules, one in each lung, and a PET scan suggested that the nodule in the right lung might be malignant. Her primary care physician sent her from Englewood, New Jersey to Phelps, because he wanted her to be cared for by the prominent thoracic surgeon, Dr. Avraham Merav who had operated on hundreds of his patients at Montefiore and Englewood Medical Centers. After *Susan* was cleared by Phelps Pulmonologists Dr. Charles Abate and Dr. Alex Fijman, she was scheduled for thoracoscopic surgery by Dr. Merav.

Thoracoscopy or Video Assisted Thoracic Surgery (VATS) is a minimally invasive and less traumatic procedure that avoids making a large incision and spreading the ribs apart with a metal retractor in order to expose, inspect and treat a diseased intrathoracic organ. VATS is performed under general anesthesia with the lung on the operated side deflated. The intrathoracic space



A monitor displays a clear and detailed image of the chest cavity.

that is thus created can be viewed on high definition video monitors that are connected to a hand-held camera/surgical endoscope. The endoscope, which is no thicker than a pencil, is inserted through a small hole between the ribs. One or two additional small holes are used to insert surgical instruments allowing the surgeon to perform just about any procedure that previously required opening the chest.

Susan's right upper lobe nodule was removed by VATS, and she went home the next day. The report that followed revealed that the nodule was indeed malignant. *Susan* returned to Phelps, and Dr. Merav removed the upper lobe of her lung – thoracoscopically. She was discharged on the third post-operative day. *Susan* resumed her active lifestyle, playing singles tennis every day, but remained concerned about the nodule in her left lung. Six months after her last operation, she returned to Phelps and the left upper lobe nodule was removed thoracoscopically; she was discharged two days later. Fortunately, this nodule proved to be benign and *Susan* expects to resume playing tennis soon.

Dr. Merav started performing thoracoscopy in 1985, six years before video technology became available in 1991; by 2008, over 50 percent of his thoracic procedures were performed either entirely or partly thoracoscopically. He has performed almost 500 thoracoscopic cases. The first thoracoscopic lobectomy at Phelps was performed by Dr. Merav in August 2008.

Other conditions requiring thoracic surgery

In addition to surgically treating lung cancer, thoracic surgeons diagnose and treat many other conditions, including fluid collection in the chest or around the heart, collapsed lungs, benign and malignant tumors of the esophagus, blunt or penetrating trauma, and a variety of less common disorders.

One such condition is a para-esophageal hiatal hernia, in which the entire stomach moves through a hole in the diaphragm from the abdomen into the chest. Since the diaphragm is the boundary between the abdomen and the chest cavities, treatment of hiatal hernias can be performed either through the chest or through the abdomen, by thoracic or general surgeons, respectively. Recently, general surgeons Har Chi Lau, MD and Michael Weitzen, DO, performed the first laparoscopic trans-abdominal repair of a large hiatal hernia at Phelps under the proctorship of a visiting surgeon, Ibrahim Ibrahim, MD, a colleague of Dr. Merav's who is known for his expertise in this area. Previously, these procedures were done through open abdominal incision or open thoracic incision. Their octogenarian female patient has fully recovered.

"YOU ARE NOT TOO SICK and NOT TOO OLD!"

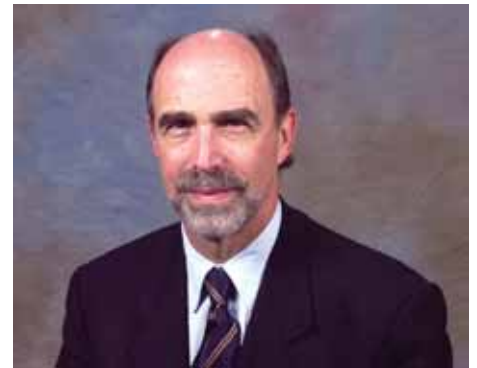
Too Frequently, patients are told that they are not candidates for thoracic surgery because of poor pulmonary function due to emphysema and COPD. The Phelps Pulmonary Lab is extremely helpful in not only evaluating such patients but in raising the level of their pulmonary function with a pre-op exercise program, enabling them to undergo necessary and sometimes life-saving procedures with a reasonable degree of

risk. After the operation, these patients benefit from monitored exercise at the Phelps Pulmonary Rehabilitation Center, "the best I have seen" says Dr. Merav.

Similarly, patients of more advanced age with pulmonary and cardiac function can be treated with good outcomes. Patients who are well into their 80s and early 90s are benefiting from the surgical expertise offered at the Center. "These are people who until recently would not have been considered candidates for surgery. They would have forgone treatment and suffered for the rest of their lives with their disease," says Merav. "Older people should know that they shouldn't just give up on themselves because of their age." These patients have to be very carefully screened, but when properly selected, excellent results can be achieved. In fact, statistics show that there are a greater number of octogenarians undergoing thoracic surgery today than ever before.

Six months before his 91st birthday *Stan* realized that he had skipped a couple of annual visits to his doctor and scheduled one. He "passed" the physical exam, and his lab tests were okay, but a chest X-ray showed a suspicious shadow. A CAT scan and PET scan followed, both raising the level of suspicion that the lung lesion was malignant and *Stan* was referred to Dr. Merav. When he walked into Dr. Merav's office for a surgical opinion, *Stan* was quite skeptical that surgery was in the cards for him, given the fact that he was 90 years old. He had only agreed to see Dr. Merav for a consultation, at the insistence of his family and his doctor. After a thorough evaluation, it was determined that despite advanced age, *Stan* was a candidate for surgery and he decided to proceed. A lobectomy (removal of one lobe of a lung) was

performed, and *Stan* recovered so well that he was discharged to his son's home rather than to a rehab center. *Stan* continues to do well – well enough to travel to Florida for the winter . . . and to send his surgeon a case of oranges as an expression of his appreciation.



A cardiothoracic surgeon since 1975, **Dr. Avraham Merav** has performed more than 4,500 open heart, and more than 3,500 thoracic operations. He did pioneering work on lung transplantation while at Montefiore Medical Center, where he was chief of thoracic surgery. Until last year, when he decided to focus his practice of thoracic surgery at Phelps, he was on staff at Montefiore Medical Center and Englewood Hospital where he was chief of thoracic surgery from 1988 to 2000. Dr. Merav earned his medical degree at the University of Basle and completed a residency in general surgery and a fellowship in cardiothoracic surgery at Montefiore Hospital and Medical Center. He is board certified in general surgery and thoracic surgery and is an associate clinical professor of cardiothoracic surgery at Albert Einstein College of Medicine. Dr. Merav speaks six languages (Hebrew, French, German, Hungarian, Yiddish, and English). Dr. Merav's office is located in the Thoracic Center, 755 North Broadway on the Phelps campus. (914-366-2333)

Patient Praise

In June, I underwent knee surgery at Phelps. I was very impressed with the entire Hospital staff that I dealt with. Everybody greeted me with a smile, explained what they were going to do, then did it competently. Dr. Maddalo performed my surgery. I don't think you could find a better surgeon to represent Phelps. He did an outstanding job along with the entire surgical team, and I give them nothing but praise. I was required to spend the night at Phelps . . . in a room on 2-Center and again, the staff there treated me like I was family. The nurses, assistants, Hospitality team, physical therapists and everyone else involved in my care worked tirelessly to ensure my comfort and well being. One nurse who I was especially impressed by was Lori Oneto, RN. Lori was professional, intelligent, and very kind to me. I thank Lori and the staff of 2-Center for making my stay at Phelps a comfortable one. I was very surprised and relieved, too, by the quality of food. Hospitals aren't usually known for the quality of their food, but again, I was very impressed at Phelps. The food was very good, the portions were more than adequate. The nutritionist who spoke to me was professional and friendly. Thank you to everyone at Phelps for your help and kindness.

Sincerely,
Chris Balezentis



Anthony Maddalo, MD is a Board Certified Orthopedic Surgeon who specializes in sports medicine. He earned his medical degree from New York Medical College and completed an orthopedics residency at Lenox Hill Hospital in Manhattan. Dr. Maddalo is Assistant Team Physician for the New York Rangers and Team Physician for Westchester Flames Soccer Club. He is a member of Hudson Valley Bone and Joint Surgeons in Hawthorne and Yonkers (914-631-7777).



Lori Oneto, RN, III, earned her BSN from the College of Mount St. Vincent in Riverdale. She has worked on the orthopedic rehabilitation unit at Phelps for six years where she prepares patients for surgery and cares for them after surgery. Lori also serves on the patient education committee.

Vital Signs: On TV and On-Line

Phelps' television program, "**Vital Signs**" continues to be shown on public access cable TV stations throughout Westchester County. The show's host, Arno Housman, MD, Chief of Urology, interviews other Phelps physicians on various medical topics.

Vital Signs videos are now available on the Phelps website as well as on TV. To access the videos, go to www.phelpshospital.org. There is list of videos on the right side of the screen with links to "Video Archives" for additional shows.

Following is a list of **Vital Signs** videos available on the Phelps website:

- Understanding Chest Disease
- ENT (ear, nose & throat) Disorders
- Treating Rheumatoid Arthritis
- Voice and Swallowing Problems
- What You Need to Know About Heart Disease
- Ophthalmology
- Minimally Invasive Surgery
- Back Surgery
- Depression
- Colon Cancer – Preventable, Curable

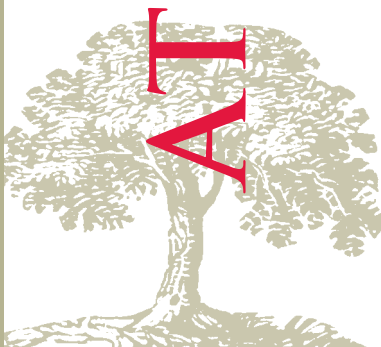
Additional videos available on the Phelps website include:

- A Tour of the New Phelps Emergency Department
- Anterior Approach Hip Replacement
- Hip Replacement
- Chest Pain – When Should You Go to the ER?



Arno Housman, MD, *Vital Signs* host

PHELPS



SEPTEMBER/ OCTOBER

Prostate Screenings

Prostate cancer is one of the most common forms of cancer in men. It is the second leading cause of male cancer deaths in the U.S., but when detected in its early stages, prostate cancer can be effectively treated and cured. In 1987, Phelps became the first Westchester hospital to offer free prostate screenings and continues to offer the most extensive screening schedule in the region.

Jack Hershman, MD, and Arno Housman, MD, Urologists

Free

Please call the Health Management Department at Phelps (914) 366-3220 for an appointment for one of the dates listed below. Appointments are necessary.

Tuesday, September 8

5:30 – 8:30 pm
Arno Housman, MD

Thursday, September 17

5:30 – 8:30 pm
Arno Housman, MD

Thursday, September 17

9 am – 12 noon
Jack Hershman, MD

Monday, September 21

9 am – 12 noon
Jack Hershman, MD

Tuesday, September 22

5:30 – 8:30 pm
Arno Housman, MD

Friday, September 25

9 am – 12 noon
Jack Hershman, MD

Tuesday, September 29

5:30 – 8:30 pm
Arno Housman, MD

Thursday, October 1

9 am – 12 noon
Jack Hershman, MD

Monday, October 5

9 am – 12 noon
Jack Hershman, MD

Monday, October 5

5:30 – 8:30 pm
Arno Housman, MD



8 Tuesdays beginning September 22, 2009

Spousal Loss Bereavement Support Group

For those who are grieving following the loss of a spouse.

Bess Steiger, CSW
Bereavement Coordinator

2 -3:30 pm
Phelps Memorial Hospital

Suggested donation
for 8 weeks: \$75

Call 914-366-3325 or email
bsteiger@pmhc.us for information
or to register

Sibling and Parent Loss groups

Will be scheduled in the fall
Call 914-366-3325 or email
bsteiger@pmhc.us for information



Monday, September 28, 2009

Cosmetic Surgery

At this informal discussion on cosmetic surgery, learn about the latest cosmetic procedures and treatments including Thermage rejuvenation, Botox, and fillers such as Restylane and Radiesse. You will have an opportunity to ask questions and discuss any concerns with Dr. Hassan. Light refreshments will be served.

Mahjabeen Hassan, MD,
Plastic Surgeon

7 pm
Walkway Conference Room
(G-Level)

Must call (914) 631-8414 to register

OCTOBER

Wednesday, October 7, 2009

When You Gotta Go, Gotta Go - What Are the Options?

Treatment options for female overactive bladder/urinary incontinence.
Kenneth Powers, MD

6 pm
Boardroom - C level of hospital
Call (914) 366-3220 to register

**8 Thursdays beginning
October 8, 2009**

Bereavement Support Group

For adults struggling with grief following the loss of a loved one.

Bess Steiger, CSW
Bereavement Coordinator

6:30 - 8 pm
Phelps Memorial Hospital

Suggested donation
for 8 weeks: \$75

Call 914-366-3325 or email
bsteiger@pmhc.us for information
or to register

Tuesday, October 13, 2009

Better Breathers' Club

Exercise geared for those with lung disease is not just weight lifting and stretching. Come, see and participate.

Michele Bertolino, RRT, *Exercise Instructor* at Club Fit

6 – 7 pm
Phelps Hospital Pulmonary Gym
(B-Level)

Call (914) 366-3712 to register

Tuesday, October 13, 2009

Medicaid — Nursing Home Care and Home Care

Learn about using Medicaid to pay for care at home and for care in a nursing home.

Dean S. Bress, Certified Elder Law Attorney/JD, Columbia Law School

7 pm
Boardroom

Call (914) 366-3220 to register



Tuesday, October 13, 2009

Mental Imagery Methods for Relaxation and Holistic Healing

Learn from various religious traditions how meditative relaxation can help you experience holistic healing. In the fields of medical science, neuroscience, and psychology, there is a fascination with data from clinical studies on the impact of medita-

tive practices on the brain and nervous system. Find out how our brain has been “wired for belief.” Come and explore how mental imagery can affect body, mind, and spirit; experience relaxation and healing.

Loyola Amalraj, PhD, Author of *Imagery's Place in Physical, Psychological, and Spiritual Healing*; Adjunct Faculty, Fordham University, Bronx; Spirituality Center Rye; and Mariondale Center, Ossining.

7 pm
Auditorium

Call (914) 366-3220 to register

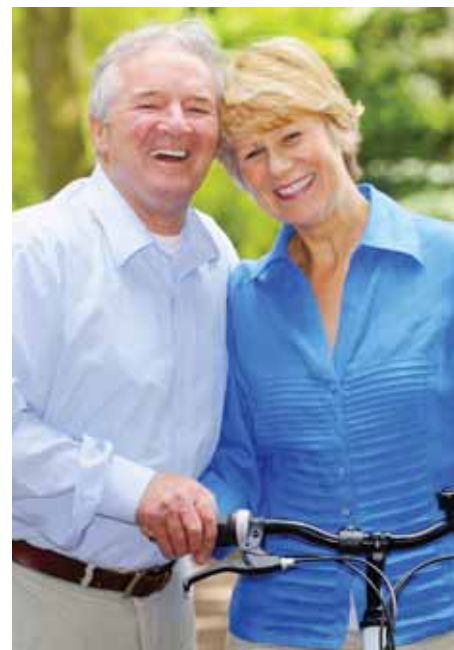
Thursday, October 15, 2009

Senior Health Fair at Kendal on Hudson

Seniors are invited to the Annual Senior Health Fair at Kendal on Hudson. There will be health screenings, massage and exercise demonstrations, free give-aways, and gift raffles. Admission is free; discounted tickets for lunch in the Kendal Bistro will be available.

10 am – 2 pm
Kendal on Hudson - on the Phelps Campus

Call (914) 922-1060 or 1062 for information.





Monday, October 19, 2009

Sore Throat Clinic

Often people complain about chronic sore throats. This discomfort can be continuous, lasting for hours, days, or weeks. It can occur intermittently throughout the year or be associated with certain events such as colds, overuse, and fatigue. Chronic sore throats are usually not infectious in nature. Muscle tension, laryngeal reflux, benign vocal fold disease such as nodules and polyps, vocal paralysis, and possibly cancer can all result in a sore throat of this nature. A detailed history and examination will allow for identification of possible causes of your sore throat.

Craig H. Zalvan, MD *Laryngologist*
 Medical Director, Phelps Institute
 for Voice and Swallowing Disorders

9:30 – 11:30 am
 Prompt Care

Call (914) 366-3220 to register

Monday, October 19, 2009

Vocal Performance Clinic

Singers, actors, speakers can explore the top 10 signs of vocal injury. Early identification of a vocal problem can



prevent the progression to a disease state of the vocal folds. This clinic will explore vocal use with people having early signs of vocal damage: loss of range, discomfort, breathiness, throat-clearing, voice breaks, problems with passaggio or pitch, decreased power, fatigue, prolonged warm-ups, and poor recovery after a performance.

Craig H. Zalvan, MD, *Laryngologist*
 Medical Director, Phelps Institute
 for Voice and Swallowing Disorders

9:30 – 11:30 am
 Prompt Care

Call (914) 366-3220 to register



**Monday & Tuesday,
 October 19 & 20, 2009**

Defensive Driving

Two-evening certification program. Lowers insurance premiums, reduces violation points, sharpens driving skills.

Robert Fogel

5:30 – 8:30 pm
 Auditorium

Fee: \$40

Call (914) 366-3220 to register

Tuesday, October 20, 2009

**Advanced Technology of
 Hearing Aids: Past to Present**

This seminar will provide information including realistic expectations of hearing aid use, how hearing aids work, useful features and your legal rights as you purchase hearing aids.

Susan D. Reilly, MS, CCC-A
 Donald R. Reed Speech & Hearing
 Center

10 – 11 am
 Auditorium

Call (914) 366-3010 for appointment

Monday, October 26, 2009

**Breast Surgery &
 Tummy Tucks**

At this educational seminar on breast surgery and tummy tucks, you will learn about the latest cosmetic procedures and treatments. You will have an opportunity to ask questions and discuss any concerns with Dr. Hassan. Light refreshments will be served.

Mahjabeen Hassan, MD,
Plastic Surgeon

7 pm
 Walkway Conference Room
 (G-Level)

Must call (914) 631-8414 to register





NOVEMBER

Monday, November 9, 2009

Mental Imagery Methods for Relaxation and Holistic Healing

See October 13 listing for program description

Loyola Amalraj, PhD

7-9 pm

The program will be held at Club Fit in Briarcliff Manor

Call (914) 366-3220 to register

Monday, November 9, 2009

Control of Reflux in the 21st Century From Diet to Pills to Procedures

This lecture will explore the current description of reflux – defining the difference between classical GERD (gastro-esophageal reflux) and LPR (Laryngopharyngeal reflux). LPR commonly presents with chronic throat clearing, voice changes, trouble swallowing, mucus, discomfort in the throat, and chronic cough. Review of these disease states and their diagnosis will be followed by a detailed description of current treatment for this disease. A review of dietary measures including herbal and non-traditional medicines, current medications utilized, as well as surgical procedures will be followed by questions and answers.

Craig H. Zalvan, MD *Laryngologist*
Medical Director, Phelps Institute for Voice and Swallowing Disorders

7-9 pm
Auditorium

Call (914) 366-3220 to register

Tuesday, November 10, 2009

Better Breathers' Club

Back to basics: proper use of inhalers, spacers, and peak flow meters. Learn about these devices plus more and discuss over refreshments.

Kenneth Briglio, RRT, *Hospital Business Manager*, Philips Respironics

6 – 7 pm

Phelps Hospital Pulmonary Gym (B-Level)

Call (914) 366-3712 to register

Monday & Tuesday
November 16 & 17, 2009

Defensive Driving

Two-evening certification program. Lowers insurance premiums, reduces violation points, sharpens driving skills.

Robert Fogel

5:30 – 8:30 pm
Auditorium

Fee: \$40

Call (914) 366-3220 to register

Monday, November 23, 2009

Blood Pressure Clinic

Mhairi Craig, RN

10 am – 12 noon at CLUB FIT

Call 914-366-3220 to register

Monday, November 30, 2009

Laser for Veins and Fat Injections

At this informal discussion on you will learn about laser procedures for vein as well as fat injections for facial improvement. You will have an opportunity to ask questions and discuss any concerns with Dr. Hassan. Light refreshments will be served.

Mahjabeen Hassan, MD,
Plastic Surgeon

7 pm
Walkway Conference Room (G-Level)

Must call (914) 631-8414 to register

DECEMBER

Monday, December 7, 2009

Chronic Cough Clinic

People often have a chronic cough despite numerous doctor visits, medications, and diagnostic tests. Coughing associated with throat clearing, voice changes, trouble swallowing, nighttime cough, and vocal spasms can often be caused from chronic laryngopharyngeal reflux disease. Alternatively, some people often feel a tickle in the throat that precedes a cough, a dry spot or dryness in the throat, and a cough that is neuropathy. Screening for these types of coughs will be offered.

Craig H. Zalvan, MD, *Laryngologist*
Medical Director, Phelps Institute for Voice and Swallowing Disorders

9:30 am-11:30 am
Prompt Care

Call (914) 366-3220 to register



ALL PROGRAMS SUBJECT TO CHANGE OR CANCELLATION

Maternity & Baby Care Classes

The Childbirth Experience/ LaMaze Method:

Weeknights 7:30 – 9:30 pm
for 5-6 weeks.

Start dates: September 15,
October 7 or 27, November 18,
or December 8.

Or **Weekend session**, 10 am – 3 pm:
September 12-13, October 10-11,
November 14-15, or
December 12-13
Cost: \$170 per couple

Breastfeeding: First Choice for Babies.

**October 12, November 2, or
December 3**
7 – 9 pm
Cost \$45 per couple

ABC's of Baby Care

**September 14 or 21, October 26
or 29, November 9 or 19,
December 7 or 10**
6 pm
Cost: \$65 per couple

Big Brother/Big Sister: Sibling Preparation,

**September 19, October 17,
November 21 or December 19**
10:30 am
\$20 per child

Totsaver Program: American Heart Association CPR for Family and Friends

**October 3, November 7
or December 5**
9 am
\$55 per person

For up-to-date schedules, visit www.phelpshospital.org or call (914) 366-3359 for information or to register.

Prenatal Clinic:

Phelps Memorial Hospital Center and Open Door Family Medical Center, participants in the Medicaid Prenatal Care Assistance Program, jointly sponsor a Prenatal Program. Care for expectant mothers is provided by a highly trained, caring, bilingual staff. No one is turned away based on income or health insurance. Women are encouraged to seek prenatal care early in their pregnancy. Care is provided at Open Door during the first 36 weeks of pregnancy and at Phelps Memorial Hospital during the remainder of the pregnancy and for delivery. For information, call: (914) 941-1263

Atención Prenatal:

Phelps Memorial Hospital Center en Sleepy Hollow y Open Door Family Medical Center, participantes en el Programa de Asistencia de Atención Prenatal de Medicaid, auspician conjuntamente un Programa Prenatal. La atención de mujeres embarazadas es provista por un personal bilingüe y solidario, altamente capacitado. No se rechaza a nadie basándose en sus ingresos económicos o seguro.

Se alienta a las mujeres a recibir atención prenatal lo más temprano posible durante su embarazo. La atención es provista en Open Door durante las primeras 36 semanas del embarazo y en Phelps Memorial Hospital durante el resto del embarazo y el parto. Para mayor información, sírvase llamar al: (914) 941-1263



Hearing loss has been called the “silent epidemic” of the elderly. A gradual decrease of hearing over a number of years makes the signs often difficult to recognize.

To make a quick assessment of your own hearing, answer these questions:

- Do people seem to mumble or speak in a softer voice than they used to?
- Do you feel tired or irritable after a long conversation?
- Do you sometimes miss key words in a sentence or frequently need to ask people to repeat themselves?
- When you are in a group or a crowded restaurant, do you have difficulty following the conversation?
- When you are with other people, does the background noise bother you?
- Do you need to turn up the volume on your TV or radio?
- Do you have difficulty hearing the doorbell or telephone ring?
- Is carrying on a telephone conversation difficult?
- Has someone close to you mentioned that you might have a problem with your hearing?

If you answered yes to any of these questions, you would benefit from a complete audiological evaluation by an audiologist.

Perhaps you have already been diagnosed with a hearing loss. There are often many negative emotions associated with that loss: social isolation and withdrawal from activities that

were once pleasurable, embarrassment at having to ask people to repeat what they have said, frustration with not being able to participate easily in conversations.

Denial, avoidance or concealment allows the hearing loss to rule your life. Improving your hearing with hearing aids will improve your emotional outlook as well.

Today’s hearing aids are much improved from the technology available just a few years ago. Manufacturers have focused on the hearing impaired person’s primary complaint which is being able to distinguish speech in noisy situations. Hearing aid companies have also found ways to provide digital technology which is affordable and reliable.

Making the decision to try hearing aids after a hearing loss has been documented often involves years of avoidance and procrastination. Sometimes this occurs because of a lack of information about the products that are currently on the market.

The Donald R. Reed Speech & Hearing Center is offering a free seminar to provide information about hearing aids on Tuesday October 20, 2009, from 10-11 am in the Auditorium at Phelps Hospital. Topics include realistic expectations of hearing aid use, your legal rights as a purchaser, how hearing aids work and what useful features are available. Join us so that you are able to make an informed decision about treating this “silent epidemic.”

Susan D. Reilly, M.S., CCC-A

Coordinator of Audiology Services,
Donald R. Reed Speech & Hearing
Center at Phelps Memorial Hospital
Center.

The Silent Epidemic

Denial, avoidance or concealment allows the hearing loss to rule your life. Improving your hearing with hearing aids will improve your emotional outlook as well.



Hypertension is a multi-faceted disease with numerous complications. Fortunately, many of the complications can be delayed or avoided if blood pressure is consistently well controlled. Simply being aware that one has hypertension is insufficient; it must be followed by an understanding of this disease and its many potential life threatening effects.



HYPERTENSION

Nirva M. Lindor-Antoine, M.D.

It is estimated that sixty million Americans have hypertension, with two million new cases diagnosed each year. Only two thirds of those with hypertension are aware of their disease and about half are on treatment. These alarming statistics emphasize the importance of being informed about hypertension. If you have been diagnosed as hypertensive, you are wise to comply with recommendations made by your physician. If you are unaware of your blood pressure status, it would be a good idea to schedule an appointment with your primary care physician.

Blood pressure is a measurement of the force applied to the walls of the arteries as the heart pumps blood through the body. A blood pressure reading gives two numbers – systolic (the top number) representing the maximum pressure exerted when the heart contracts, and diastolic (the bottom number) representing the minimum pressure in the arteries when the heart is at rest.

Hypertension – high blood pressure – is defined as having a systolic blood pressure at 140 or higher and a dias-

tolic blood pressure at 90 or higher. An elevation in either one or both values is sufficient to diagnose hypertension. The average of at least two separate sets of elevated blood pressure taken during separate visits with your physician should be used prior to confirming a diagnosis.

There is greater risk for hypertension in those who consume too much salt or alcohol, have a family history of hypertension, follow a sedentary lifestyle, are obese or of African American descent. It is presently recommended that all adults be screened for hypertension. Those with a blood pressure of less than 120/80 should be screened every two years. Those with blood pressure between 120/80 to 130/89 should be screened yearly.

Hypertension can be divided into three types:

Primary (essential) Hypertension: High blood pressure that is not caused by an identifiable disease. Uncontrolled primary hypertension must be treated.

Secondary Hypertension is associated with an underlying disease that is causing the elevation in blood pres-

sure. In some cases, correcting the underlying problem will resolve the hypertension. Other cases of secondary hypertension are not curable even when the cause is identified. In that instance, the blood pressure will need to be treated.

White Coat Hypertension: The blood pressure is elevated only in a clinical setting. Outside of that setting, the blood pressure tends to be normal. People in this category are at an increased risk of developing chronic hypertension and heart disease. Lifestyle modification and regular blood pressure monitoring are the advised intervention.

Pre-hypertension is a precursor-to-hypertension classification introduced in recent years in which systolic blood pressure is between 120 and 139 and diastolic blood pressure is between 80 and 89. A normal blood pressure value, then, is less than 120/80. People who fall within the pre-hypertensive range are at a higher risk of developing hypertension and heart disease. These risks can be delayed by the adoption of lifestyle modifications, such as a decrease in alcohol and salt consumption, a decrease in weight, an increase in aerobic activity and an adaptation of the DASH (Dietary Approaches to Stop Hypertension) diet. The DASH diet consists of “a diet rich in fruits, vegetables, and low-fat dairy, with reduced content of saturated and total fat.”

The goal in treating hypertension is to have a value of less than 140/90. By controlling the blood pressure, damage to major organs can be minimized. Many people are aware that uncontrolled hypertension can lead to a cerebrovascular accident (also known as a stroke), but there are other consequences of this disease. Congestive heart failure, a condition where the heart essentially fails as a pump, is one of them. Other conditions arising from uncontrolled hypertension include kidney disease,

myocardial infarction (also known as a heart attack) and cognitive impairment. In studies, controlling blood pressure reduced the incidence of myocardial infarction, stroke, and congestive heart failure by an average of 25 percent, 40 percent and 50 percent, respectively.

If the blood pressure is at an acceptable range, then lifestyle modification alone is instituted. If lifestyle modification is insufficient to lower the blood pressure, then a medication regimen will often be prescribed. In some cases of exceedingly high blood pressure (for example 160/100 or higher) clinicians may recommend both lifestyle modification and medications at the onset of treatment.

There are numerous classes of anti-hypertensive medications. It is not the purpose of this article to review them. However, it is important to stress that factors such as other co-existing medical conditions, race, and gender are normally taken into account in deciding how to best treat patients. The degree of elevation often determines if one or more oral agents are necessary at the onset of treatment. Regular physician follow-up is crucial to ensure that the target blood pressure is obtained and that medication dosages can be adjusted if necessary. Once the blood pressure is at goal, physician visits may be less often.

Additional testing is often undertaken once a diagnosis of hypertension has been made. For example, the physician may order a cholesterol profile and a blood sugar test to rule out hyperlipidemia (elevated cholesterol level) and diabetes mellitus. This is important, not only to help identify other medical conditions, but also to help determine the ideal blood pressure in light of a pre-existing disease. If, for example, a diagnosis of diabetes mellitus is made, then the therapeutic goal for that patient is automatically set at 130/80 or less. Other

tests such as urine analysis and blood chemistries can also be ordered to help differentiate between primary and secondary hypertension.

In conclusion, hypertension is a multifaceted disease with numerous complications. Fortunately, many of the complications can be delayed or avoided if the blood pressure is consistently well controlled. Simply being aware that one has hypertension is insufficient; it must be followed by an understanding of this disease and its many potential life threatening effects. Once this has occurred, then compliance with your specific physician-recommended regimen is obligatory. Subsequently, the untoward effects of this disease can potentially be delayed and lessened.

Please talk with your primary care physician for a more in-depth explanation of your individual hypertension.



Nirva M. Lindor-Antoine, MD, is board certified in Family Practice. She earned her medical degree at Hahnemann School of Medicine in Pennsylvania and completed a residency in Family Practice at Williamsport Hospital and Medical Center in Pennsylvania. Dr. Lindor is a member of the Department of Family Medicine at Phelps and is associated with Family Medicine of Tarrytown & Ossining. (914-631-1535; www.tofamilymedicine.com)

Research has demonstrated that people are sleeping less than they were 20 years ago. Those with sleep deprivation show impaired memory, poor cognition, greater emotional volatility, and increased anxiety as well as poor work performance.

Sleep

Michael J. Bergstein, M.D., F.A.C.S.

Sleep disorders are more prevalent than most people realize. Approximately 50 to 70 million Americans suffer from some disorder of sleep that interferes with daily functioning and can affect their future health and longevity. Sleep deprivation is associated with high blood pressure, diabetes, obesity, depression, stroke, and sudden death. Approximately 20% of all serious car crashes are associated with driver sleepiness. It is clear that sleep problems are a national health issue that needs to be more fully addressed.

Affects of Sleep Deprivation:

Research has demonstrated that people are sleeping less than they were 20 years ago. Those with sleep deprivation show impaired memory, poor cognition, greater emotional volatility, and increased anxiety as well as poor

work performance.

In children, sleep deprivation has been associated with hyperactivity, inattention, learning disabilities, lower IQ, attention deficit hyperactivity disorder, and excessive daytime sleepiness.

Evaluation

A physician evaluating a person with symptoms of sleep deprivation will initially ask the patient about snoring, daytime sleepiness, awakenings at nighttime, and feeling fatigued upon awakening in the morning. Any positive answers are a red flag that a sleep disordered breathing (SDB) condition may exist.

Sleep Disordered Breathing (SDB)

SDB is most commonly associated with obstructive sleep apnea; which is





the stopping of breathing multiple times during the night, with episodes lasting greater than ten seconds.

Snoring

A person who has sleep apnea will always snore; however, not every person who snores will have sleep apnea.

Risk factors associated with obstructive sleep apnea include high blood pressure, male gender, obesity, menopause, increased neck circumference, and age greater than 65.

Children with sleep apnea typically snore, and their parents report that the child sleeps restlessly. The cause of this disorder in children is quite different from adults. Enlarged tonsils and adenoids are the primary cause of sleep-disordered breathing in children.

An adequate physical examination along with a comprehensive clinical history allows the physician to diagnose this condition.

Phelps Sleep Center

Phelps Memorial Hospital has the most up-to-date, state-of-the-art sleep laboratory in Westchester County. Patients referred to the Phelps Sleep Center typically spend one night in a quiet, comfortable setting, monitored by an experienced technician who will determine if sleep apnea exists. Patients leave the next morning and can go directly to work or home. The results of the sleep monitoring are then evaluated by board-certified physicians. If sleep apnea is diagnosed, the patient will be counseled on the most appropriate treatment to help resolve their obstructive sleep apnea.

Treatment

Treatments for sleep apnea as well as disordered sleep range from conservative measures, including weight loss with dietary modifications, to the use of continuous positive airway pressure (CPAP) or possible surgical

intervention. Many patients are successfully treated with continuous positive airway pressure (CPAP), which is a small mask that sits over the nose or face and delivers a gentle puff of air when a blockage of the breathing passage is noted.

For those patients who are unwilling or unable to use CPAP, a surgical alternative will be discussed. This may range from an in-office procedure, Pillar Implants (see www.restoremedical.com), to a hospital day procedure which may include repair of a deviated nasal septum or a procedure on the oral cavity.

Conclusion

At Phelps Memorial Hospital Sleep Center, we work with physicians and the public to raise awareness about sleep disorders and we are dedicated to diagnosing and treating people who have sleep problems. Our breadth of knowledge in sleep medicine allows us to provide the best in comprehensive care.



Michael J. Bergstein, M.D., F.A.C.S., is board certified in Otolaryngology. He earned his medical degree at Mount Sinai Medical Center, where he also completed an internship in general surgery and a residency in otolaryngology. He completed a fellowship in plastic surgery at University of California Medical Center in San Francisco. Dr. Bergstein has offices in Sleepy Hollow and Yorktown Heights. (914-631-3053)



Preventing Diabetes

Before people develop type 2 diabetes, they almost always have “pre-diabetes,” with blood glucose levels higher than normal but not yet high enough to be diagnosed as diabetes. Fifty-seven million people in the United States have pre-diabetes.

Research has shown that if you take action to manage your blood glucose when you have pre-diabetes, you can delay or prevent type 2 diabetes from developing. Pre-diabetes should be treated aggressively with weight control, improved diet, and exercise. When diet and exercise don't bring blood glucose levels down near the normal range, medication to lower glucose levels may be prescribed. Always consult with your physician on a regular basis to monitor your blood glucose levels and get advice about what is best for you.

The following advice can be confidently followed by *anyone* who wants to improve health and well being.

Diet

- Enjoy **fruits** and lots of *non-starchy vegetables* such as spinach, carrots, broccoli or green beans. Try picking fruits and vegetables of different colors to get maximum nutritional variety – from leafy dark greens, bright red tomatoes, and white cauliflower to blueberries and oranges. Starchy vegetables such as potatoes and corn can be eaten in moderation.
- Choose **whole grain** breads, cereals, pastas and brown rice instead of processed, refined white ver-

sions of these foods.

- Include **dried beans** such as kidney or pinto beans and lentils with your meals.
- Eat **fish** 2-3 times a week.
- Choose **lean** “loin” **meats** such as pork loin and sirloin. Remove the skin from chicken and turkey.
- Consume **non-fat dairy** such as skim milk, non-fat yogurt and non-fat cheese.
- Drink **water** and **calorie-free “diet” drinks** instead of soda and other sugar-sweetened drinks.
- Use **liquid oils** for cooking instead of solid fats that can be high in saturated and trans fats. Limit the amount of added fats in your diet.
- **Reduce or eliminate consumption of high calorie snacks** and desserts such as chips, cookies, cakes, and ice cream.

Eating too much of even healthful foods can lead to weight gain, so **watch your portion sizes!**

Exercise

Exercise is physical activity and includes anything that gets you moving. It makes you feel better physically and mentally – and it can help prevent diabetes. For optimal benefit, incorporate aerobic exercise, strength training and flexibility exercises into your schedule.

Aerobic exercise increases your heart rate, works your muscles, and raises your breathing rate. If you haven't been exercising lately, start with 5 or 10 minutes a day and work up to a

total of 30 minutes a day at least 5 days a week. You don't have to do all 30 minutes of exercise at once but can split it up over the day. Take a brisk walk, dance, do an aerobics class, swim, skate, bicycle or play tennis.

Strength training helps build strong bones and muscles, and more muscle means you burn more calories, even at rest. You can join a class to do strength training with weights, elastic bands, or plastic tubes or do your own workout at home a few days a week.

Flexibility exercises, also called stretching, help keep your joints flexible and reduce your chances of injury during other activities. Incorporate some gentle stretching into your daily routine.

Be Active Throughout the Day. In addition to formal exercise, there are many opportunities to be active: Walk instead of drive, take stairs instead of the elevator, garden, rake, or clean your house. The more you move, the more energy you'll have.

Glucose Monitoring

Ask your physician if you should get a home glucose monitor. Measuring your blood sugar after fasting and two hours after you've eaten carbohydrates will show if your levels are within normal range. You will be able to see which foods spike your blood sugar and learn to avoid them. Home monitoring is not a substitute for monitoring by your physician, whom you should consult regularly about your progress.

Source: diabetes.org

Prevención de la diabetes

Antes de que la gente desarrolle diabetes tipo 2, casi siempre tienen “prediabetes,” con niveles de glucosa en la sangre más altos de lo normal pero no lo suficientemente altos como para ser diagnosticados con diabetes. Cincuenta y siete millones de personas en los Estados Unidos tienen prediabetes.

Las investigaciones han demostrado que si toma acción en el manejo de su glucosa en la sangre cuando tiene prediabetes, puede demorar o prevenir el desarrollo de la diabetes tipo 2. La prediabetes debe ser tratada agresivamente con el control del peso, una dieta mejorada y ejercicio. Cuando la dieta y el ejercicio no bajan los niveles de glucosa en la sangre hacia el rango normal, puede que le receten medicamentos para bajar los niveles de glucosa. Siempre consulte a su médico regularmente para monitorear los niveles de glucosa en la sangre y recibir consejos sobre qué es lo mejor para usted.

Los siguientes consejos pueden ser seguidos confiadamente por *cualquier persona* que quiera mejorar su salud y su bienestar.

Dieta

- Disfrute **frutas** y una gran cantidad de **verduras** sin almidón como espinaca, zanahorias, brócoli o habichuelas verdes. Trate de escoger frutas y vegetales de diferentes colores para obtener una máxima variedad nutricional, desde verduras de hojas verdes oscuras, tomates de color rojo brillante y coliflor blanca hasta arándanos y naranjas. Puede comer con moderación verduras almidonadas como papas y maíz.
- Escoja panes, cereales y pastas de **grano entero**, así como arroz integral en lugar de versiones blancas, procesadas y refinadas de

estos alimentos.

- Incluya en sus comidas **frijoles secos** como frijoles rojos o pintos y lentejas.
- Coma **pescado** 2 a 3 veces por semana.
- Escoja **carnes magras de “lomo”** tales como lomo de cerdo y solomillo. Remueva la piel del pollo y el pavo.
- Consuma **lácteos sin grasas** como leche descremada, yogur sin grasa y queso sin grasa.
- Beba **agua y bebidas de “dieta” sin calorías** en lugar de bebidas gaseosas y otras bebidas endulzadas con azúcar.
- Use **aceites líquidos** para cocinar en lugar de grasas sólidas que pueden ser altas en grasas saturadas y grasas trans.
- **Reduzca o elimine el consumo de snacks con un alto contenido calórico** y postres tales como chips, galletitas, bizcochos y helados.

Aún comer demasiado de comidas saludables puede causar aumento de peso, así que **¡controle el tamaño de las porciones!**

Ejercicio

El ejercicio es una actividad física e incluye cualquier cosa que lo haga moverse. Lo hace sentir mejor física y mentalmente, y puede ayudarlo a prevenir la diabetes. Para un beneficio óptimo, incorpore en su horario ejercicio aeróbico, ejercicios de entrenamiento para el fortalecimiento de los músculos y ejercicios de flexibilidad.

El ejercicio aeróbico aumenta su ritmo cardíaco, trabaja sus músculos y aumenta su ritmo de respiración. Si no se ha estado ejercitando recientemente, empiece con 5 a 10 minutos al día hasta que llegue a 30 minutos al día, al menos 5 días a la semana. No tiene que hacer los 30

minutos al mismo tiempo, pero los puede dividir durante el día. Haga una caminata rápida, baile, tome una clase de aeróbicos, nade, patine, ande en bicicleta o juegue tenis.

El entrenamiento para el fortalecimiento de los músculos le ayuda a tener músculos y huesos fuertes, y más músculo significa que quema más calorías, aún cuando descansa. Usted puede unirse a una clase para hacer ejercicios para el fortalecimiento con pesas, bandas elásticas o tubos plásticos, o haga su propia rutina de ejercicios en casa algunos días a la semana.

Los ejercicios para flexibilidad, a los que también se los conoce como estiramiento, lo ayudan a mantener las articulaciones flexibles y reduce su probabilidad de lastimarse al hacer otras actividades. Incorpore un poco de estiramiento como parte de su rutina diaria.

Manténgase activo durante el día. Además de ejercicio formal, hay muchas oportunidades para estar activo. Camine en vez de conducir, vaya por las escaleras en vez del ascensor, trabaje en el jardín, use el rastrillo, o limpie su casa. Mientras más se mueva, más energía tendrá.

Control de la glucosa

Pregúntele a su médico si debería tener un aparato para monitorizar la glucosa. Medir el nivel de azúcar en la sangre en ayunas y dos horas después que ha comido carbohidratos le mostrará si sus niveles están dentro de un rango normal. Usted podrá ver qué alimentos disparan su nivel de azúcar y aprenderá a evitarlos. Monitorizar desde la casa no es un sustituto para la monitorización que hace su médico, a quien debe consultar regularmente sobre su progreso.

Fuente: diabetes.org



PREVENTIVE CARE

A Proactive Approach to Your Good Health: Family Physicians at the Front Line



Nearly 50 percent of Americans do not receive regular health maintenance and screening exams. Many of them are not aware that they should have regular exams and don't even know what "health maintenance" means. People who see a physician sporadically for a specific problem mistakenly assume that the doctor has "checked everything out."

The US spends more on health care than any other industrialized nation in the world, ranking #1 for expenditures per capita and #2 as a percentage of the GDP. Despite this investment, the US ranks only #72 of 191 countries in general health rating. Why is there such a disparity between the health and wealth of our nation? It may be due to the fact that many Americans do not take advantage of preventive healthcare measures. In fact, statistics comparing the world's healthcare systems show that those emphasizing preventive care and health maintenance programs have better rankings in terms of healthy populations and medical expenditures.

Nearly 50 percent of Americans do not obtain regular health maintenance and screening exams. Many of them are not aware that they should have regular exams and don't even know what "health maintenance" means. People who see a physician sporadically for a specific problem

mistakenly assume that the doctor has "checked everything out."

One reason that some people do not receive comprehensive medical care is that they do not have the financial resources to do so (there are more than 50 million uninsured or under-insured persons in the US). Among those who can afford healthcare, many live in a state of denial, as in "I feel fine, so I'm okay," or "Something's wrong, but I'm afraid to know what it is." This kind of thinking, which is, after all, human nature, has contributed to a comparatively unhealthy population.

Roughly half of those with chronic, potentially life-threatening diseases such as diabetes, hypertension, coronary disease, hepatitis C, HIV, and cancer are undiagnosed and untreated because they have no symptoms (or unrecognized symptoms) and have not had health maintenance and screening exams that could detect these problems. Physicians, themselves, are sometimes not aware of current recom-

mendations for health maintenance and do not routinely provide screening for diseases that are out of their realm of expertise or specialty.

Our healthcare system tends to emphasize acute care rather than providing preventive measures, which if offered and acted upon, would significantly reduce the need and cost of acute and emergency care.

A 2007 study by Partnership for Prevention examined the low utilization rate of preventive services in the US – services that are very cost effective and have been recommended for years.

The study estimated that increasing the use of just the five services listed below could save more than 100,000 lives annually.

- Increasing to 90% the portion of adults who take a daily aspirin, at their physician's recommendation, to prevent heart disease.
- Increasing to 90% the portion of smokers who are advised by a healthcare provider to quit smoking and are offered medication and assistance (presently, only 28% of smokers receive such services).
- Increasing to 90% the portion of adults who are up to date with recommended colon cancer screening (presently 40%).
- Increasing to 90% the portion of adults age 50 and over who receive annual flu immunizations (presently 37%).
- Increasing to 90% the portion of women age 40 and over who have been screened for breast cancer in the past two years (presently 67%).

So, what is preventive care? What is a health-maintenance visit? Who will provide them?

Preventive medicine takes measures to prevent illness or injury before curative medicine is needed. Simple examples of preventive care are hand washing and immunizations.

Health maintenance visits involve the taking of your medical history, which includes any medical issues or surgical procedures you have had in your life, allergies you may have, medications you may be taking or have taken in the past. You will also be asked about your family medical history, which may reveal some inheritable conditions for which you can be tested; and your social history, which includes your occupation, sports and exercise activities, smoking, alcohol and drug use, and possibly risky sexual practices.

Once you have provided this information, the physician will perform a complete physical exam that contains variable elements, depending on your age, gender, and other risk factors that were learned during your health history interview. It may include an electrocardiogram, breast exam, or prostate and rectal exams. Blood and urine samples will be obtained, immunization updates will be offered, and a follow-up visit can be scheduled to review lab results. Any abnormalities will be discussed with you, and recommendations will be given for further treatment, testing and/or lifestyle changes.

A physician who specializes in primary care – usually a family physician, internist, pediatrician, or gynecologist – is probably the best person with whom to establish an ongoing relationship in order to receive appropriate preventive care and up-to-date screening services. Specialists such as cardiologists, oncologists, or ophthalmologists, generally concentrate on their specialties and do not focus on the broader aspects of health maintenance.

If you see a specialist, he or she may suggest or assume that you consult a primary care physician for your general health “check-ups.”

While internists do not treat children and pediatricians only treat children and adolescents, most family physicians treat both adults and children. In addition to providing preventive care, health maintenance and screening exams, family physicians also provide acute care in their office and in the hospital, making appropriate and timely referrals to specialists when necessary. Your primary care physician strives to have the full picture of your health and will work closely with your specialists to assure that your care is complete.



Michael McCormick, MD is board certified in Family Practice. He earned his medical degree at St. George's University School of Medicine and completed internships and a residency in Family Practice at John F. Kennedy Medical Center in New Jersey. Dr. McCormick is Director of the Department of Family Medicine at Phelps and is associated with Family Medicine of Tarrytown & Ossining. (914-631-1535; www.tofamilymedicine.com)

Department of Family Medicine

Family Medicine is a primary care specialty concerned with providing continuing, comprehensive healthcare for the individual and family, both male and female, from children to the elderly. Family Medicine physicians are trained to diagnose and treat a wide variety of ailments and they place an emphasis on

disease prevention and health promotion. Two of the articles in this issue of *Phelps Today* were written by members of Phelps' Department of Family Medicine – Preventive Care by Dr. Michael McCormick and Hypertension by Dr. Nirva Lindor-Antoine. Drs. McCormick and Lindor-Antoine are pictured below with their Family Medicine colleagues.



Thomas Arminio, Jr.
Speaks Spanish, Italian
Ossining
914-941-6262



Stere Carniciu
Board Certified:
Family Practice
Speaks Romanian,
French, Spanish
Dobbs Ferry and
Sleepy Hollow
914-591-6888



Asaf Cohen
Board Certified:
Family Practice
Speaks Hebrew, Spanish
Open Door Family
Medical Center
Ossining
914-941-1263



Aida Cruz-Soto
Board Certified:
Family Practice
Speaks Spanish
Family Medicine of
Tarrytown and Ossining
914-631-1535



Lawrence Goldstein
Board Certified:
Family Practice
Speaks Spanish
Tarrytown and Ossining
914-366-0633



Elio Ippolito
Speaks Italian,
Spanish, French
Sleepy Hollow and
Ossining
914-332-1533



Vikrant Khanderia
Board Certified:
Family Practice
Open Door Family
Medical Center
Ossining and Mt. Kisco
914-941-1263



Irina Klyatis
Board Certified:
Family Practice
Speaks Russian
Pleasantville
914-769-7300



Nirva Lindor-Antoine
Board Certified:
Family Practice
Speaks French, Creole
Family Medicine of
Tarrytown and Ossining
914-631-1535



Michael McCormick
Board Certified:
Family Practice
Family Medicine of
Tarrytown and Ossining
914-631-1535



Edward Merker
Board Certified:
Family Practice
Pleasantville
914-769-7300



Patricia Meyer
Board Certified:
Family Practice
Speaks Spanish
Sleepy Hollow
914-631-4141



Dora Piccirilli
Board Certified:
Family Practice
Speaks Italian
Pleasantville
914-769-7300



Lucy Rovito
Board Certified:
Family Practice
Sleepy Hollow
914-631-4141



Frank Soroka
Board Certified:
Family Practice
Speaks French
Pleasantville
914-769-7300



Richard Strongwater
Board Certified:
Family Practice
Pleasantville
914-769-7300



Walter Szpur
Board Certified:
Family Practice
Tarrytown
914-631-6563



Daren Wu
Board Certified:
Family Practice
Speaks Chinese, Spanish
Open Door Family
Medical Center
Mt. Kisco, Rye Brook
914-666-3272

"Anne" is an 85-year-old patient who recently lost her husband of 60 years. She also suffered a gastrointestinal problem that resulted in her having an ileostomy (a pouch that is surgically created when the upper intestine is not functioning properly). Although Anne's medical problem was stabilized, the loss of her husband caused her to become extremely depressed. When she was admitted to the Psychiatric Unit at Phelps, she spoke openly of wanting to die. She felt that her life was over. Anne could not cope with these stressors, and she saw no reason to continue living.

Anne was started on an antidepressant and became involved in the group program and activities. While the program gave her social contact with others, she continued to feel very depressed. Her appetite was poor. She did not want to care for herself or learn to care for her ileostomy pouch, but the nurses slowly, positively encouraged her to become involved in her own care.

However, the antidepressant medications were insufficiently effective. Her psychiatrist discussed Electroconvulsive Therapy (ECT) treatment with her, and she agreed to begin a course of treatment. After one week of treatments, Anne began to smile and interact more with others. She was more willing to try to walk and with staff assistance, to care for herself.

After two weeks of ECT treatments, Anne started eating well and taking care of all her personal needs. While she was still extremely sad about the loss of her husband, she showed more interest in living and spoke less about wishing to die. After three weeks of ECT treatments and involvement in the daily program, she was stable enough for discharge.

Anne was one of the first patients to benefit from Phelps' new inpatient

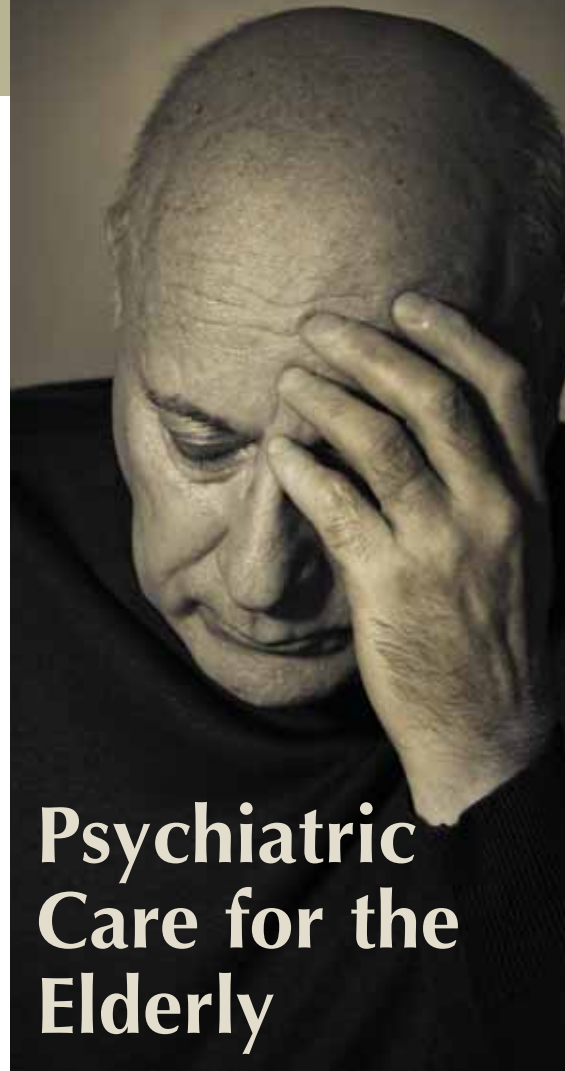
psychiatric program for seniors. The *Senior Program* is an expansion of the existing psychiatric service at Phelps, in which an interdisciplinary team of psychiatrists, psychiatric nurses, social workers, and recreational therapists provides treatment for individuals 18 and older.

The *Senior Program* helps older adults who often have multiple medical, as well as psychiatric problems. The program includes a daily regimen of psychiatric therapy, plus educational and recreational groups in areas such as exercise, gardening, arts and crafts, music appreciation, movement, personal growth, life skills and nutrition education. A special lounge has been set aside for seniors where they can view movies, play cards, and socialize.

"As people age, they often need help dealing with psychiatric and behavioral problems, such as depression or substance abuse brought on by increased isolation," notes Phelps psychiatrist Bonita Chapman, MD. "This new inpatient program offers seniors insight, coping skills, and support at a time of life when they may need it most."

In addition to the Inpatient Psychiatric Unit, Phelps has a Behavioral Rehabilitation Unit that provides inpatient treatment for adults with a dual diagnosis of mental illness and chemical addiction (MICA). The Hospital also has outpatient services on the campus and in locations in the surrounding communities that offer mental health counseling, continuing day treatment, supportive case management, and chemical dependency services.

For referrals or admission to the senior inpatient program, call 914-366-3513. For more information about the Behavioral Health Department, call 1-888-300-8454 or call our 24-hour line: 914-366-2222.



Psychiatric Care for the Elderly



PHELPS

Phelps Memorial Hospital Center
701 North Broadway
Sleepy Hollow, NY 10591-1096
www.phelpshospital.org

NON-PROFIT
ORGANIZATION
U.S. POSTAGE PAID
PERMIT NO. 5198
WHITE PLAINS, NY

Ongoing Health Promotion and Support Groups

Alzheimer's Support Group

For information, call Ellen Imbiano (914) 253-6860

Outpatient Behavioral Health

Alcohol/chemical dependency, counseling, continuing day treatment, supportive case management (914) 366-3027

Bereavement Support Groups

(914) 366-3325

Better Breathers' Club

(914) 366-3712

Blood Donations (914) 366-3916

Blood Pressure Screenings

Generally the 1st & 3rd Wednesday of the month, 9:30 - 11:30 am
Appointments necessary:
(914) 366-3220

Cardiovascular Rehab

(914) 366-3740

Cardiovascular Wellness Center -

Exercise under RN supervision
(914) 366-3752

Celiac Sprue Support Group

Sue Goldstein: (914) 428-1389

CPR Classes (914) 366-3166

Diabetes Education Classes for Adults (914) 366-2270

Essential Tremor Group. Meets in Somers. Contact barlowhumphreys@yahoo.com for information.

Group Counseling

Help with issues such as: separation & divorce, losses, relationships, family issues, parenting, coping skills (914) 366-3600

Hospice (914) 366-3325

Mammography (914) 366-3440

Maternity & Baby Classes

(914) 366-3359

My Sister's Place

1-800-298-SAFE (7233)

Ostomy Support Group

3rd Sunday of every month
(914) 366-3395 (Call 366-3000 for cancellation information)

Physical/Occupational Therapy

(914) 366-3700

Physician Referral

(914) 366-3367

Pulmonary Rehabilitation

(914) 366-3712

Stroke Support Group

The 1st Wednesday of the month, 6:30-8 pm, Walkway Conference Room (914) 366-3221

Blood Donor Corner

The number-one reason donors say they give blood is because they want to help others. If you would like to learn about donating blood, call 914-366-3916. For every 2nd donation, you may choose from a variety of gifts provided by:

- AJ's Burgers & America's Favorite Foods, New Rochelle
- At the Reef Restaurant & Caterers, Peekskill
- Auto Clean Clinic, Inc., Ossining
- Basilico Pizza, Pasta & Gourmet, Mt. Kisco
- Bistro Z at the Doubletree Hotel, Tarrytown
- Brasserie Swiss, Ossining
- The Cabin, White Plains
- Canfin Gallery, Tarrytown
- Caravela, Tarrytown
- Casa Rina, Thornwood
- Castle on the Hudson, Tarrytown
- Coffee Labs Roasters, Tarrytown
- Crabtree's Kittle House, Chappaqua
- Creative Flooring, Mt. Kisco
- Doubletree Hotel, Tarrytown
- Eldorado West Restaurant Diner, Tarrytown
- Eyebuzz Fine Art, Tarrytown
- Executive Diner, Hawthorne
- Fairview Golf Center, Elmsford
- Geordane's Deli & Catering, Irvington
- Goldfish Oyster Bar & Restaurant, Ossining
- Gordo's Restaurant, Hawthorne
- Hair on the Hudson, Tarrytown
- Heritage Frame & Picture, Tarrytown
- Horsefeathers, Tarrytown
- The Horseman Restaurant & Pizza, Sleepy Hollow
- Il Sorriso Ristorante Italiano, Irvington
- Isabella Italian Bistro, Tarrytown
- Kendal on Hudson, Sleepy Hollow
- Lago di Como Italian Restaurant, Tarrytown
- Landmark Diner, Ossining
- Main Street Sweets, Tarrytown
- Marriott Westchester, Tarrytown
- Mediterraneo, Pleasantville
- New York School of Esthetics Tarrytown
- PHR Center for Electrolysis, Tarrytown
- Pinnacle at Heritage Hills Country Club, Somers
- Pleasantville Colonial Diner, Pleasantville
- The Red Hat Bistro & Bar, Irvington
- Sheraton Tarrytown Hotel, Tarrytown
- Sparx Hair & Makeup Center, Pleasantville
- Striped Bass, Tarrytown
- Sunset Cove, Tarrytown
- Tarrytown Woodworks
- Taste of China, Tarrytown
- Terra Rustica, Briarcliff Manor
- T.G.I. Friday's, Tarrytown
- Tramonto Restaurant-Bar-Cafe, Hawthorne
- Trapp Optical, Irvington

Please patronize these businesses. Let them know you appreciate their community-minded support.