

# HealthScope

BROUGHT TO YOU BY GATEWAY  
MEDICAL CENTER

**Kick the  
tobacco habit**

**Get 'hip' to  
joint replacement**

**Fight heart disease  
Go Red For Women**

**Are you  
exercise savvy?**

**Be wise—  
immunize!**



**GATEWAY**  
MEDICAL CENTER

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# Mind your medicine

## Smart strategies to stay well



**A**dults over age 65 who have adverse drug reactions account for more than 177,000 emergency room visits each year. One-third of these visits are related to three drugs: warfarin (a blood thinner), insulin (for diabetes) and digoxin (a heart medicine). Many of these reactions can be avoided with better communication between patient and physician. Follow this advice to help you avoid becoming a statistic:

- **Tell your physician about all the medicine you're taking.** That

includes prescription medications and over-the-counter drugs and supplements. Your physician will want to make sure you're not taking anything that can cause a reaction or affect a drug's potency. For example, Ginkgo biloba, garlic, ginger and ginseng can all interact with warfarin, as can medications taken for headaches and joint pain, such as aspirin and ibuprofen. Iron and calcium supplements can interfere with thyroid medication absorption.

- **Ask questions.** Don't be afraid to ask your physician to clarify a medication's purpose and common side effects. Also make sure you know when and how often you should take it and what to do if you miss a dose. Learn both the medicine's brand name and generic name and its shape, size and color.
- **Write it down.** Keep a list of all the medications you take in your wallet in case you do end up in the ER. This will allow physicians and nurses to avoid giving you medicine that could cause a dangerous interaction.
- **Take your medication as prescribed.** Don't stop your treatment because you think it's not working, you have side effects or you think your pill-taking regimen is hard to stick with. Instead, call your physician. He or she may be able to prescribe a different medicine or dosage to minimize side effects or simplify your regimen.

Also let your physician know if you've stopped taking a prescribed medicine. Otherwise, he or she may assume the drug isn't working and give you a higher dosage or different medication.

- **Go to follow-up appointments.** Some medications, such as blood thinners and drugs for diabetes, seizures and heart problems, require regular blood tests and monitoring by your physician. Regular visits are crucial to ensure you're getting a safe and effective dose.



# Snap, crackle, pop!

## What are your joints telling you?

**Y**our body is a symphony of sounds—that cracking in your ankles, the popping in your knee. What causes these noises? Sometimes, it's just ligaments or tendons tightening and moving with a joint. For the most part, these sounds are normal and don't require any treatment.

But sometimes these noises can signal a more serious problem. A loud pop and locking of a joint can mean that torn cartilage, a piece of bone or something else has gotten caught between joint surfaces. Cracking and grinding may be a sign of arthritis. A loss of smooth cartilage and roughening of the joint surface is to blame for these noises.

### JUST MAKING NOISE?

To find out whether your popping and cracking should be of concern, look for the following signs. See your physician if you have any of these symptoms:

- pain accompanying the popping
- swelling of the joint
- locking or sticking of the joint
- loss of motion or function

### A JOINT EFFORT

The Arthritis Foundation and the American Academy of Orthopaedic Surgeons suggest following these tips to keep your joints healthy:

- Maintain a healthy weight.
- Stretch to increase your flexibility. Ask your physician to help you develop a regular stretching program.
- Stand up straight, shoulders back.
- When you lift heavy objects, use your legs instead of using your back. If you can't lift something yourself, ask for help.



- Alternate heavy activity such as housework, brisk walking or strenuous yardwork with rest periods.
- Wear protective gear, such as wrist, elbow or knee pads, if you're engaging in an activity where you could fall.
- Pay attention to your body. Pain may be a sign you're overworking your joints.
- Eat a well-balanced diet that includes plenty of calcium (1,200 mg a day for those over age 50; 1,000 mg for those ages 19 to 50).

## Knuckle cracking: Bad to the bone?

**S**ome people just can't resist cracking their knuckles. The cracking sound you hear is the "popping" of air bubbles when the joint is pushed or pulled a certain way. Knuckle cracking can certainly be annoying to others, but does it really make your knuckles larger? That old wives' tale hasn't been proven, but this is still a habit you should try to break, as studies point to possible soft-tissue damage in joints, a weak grip and hand swelling as a result of repeated cracking.



# Be a quitter!

## Kick the tobacco habit

**T**he statistics are scary: In 2008, an estimated 400,000 Americans died as a direct result of smoking. Yet, despite the risks of cancer, heart disease, high blood pressure and ulcers, millions of Americans continue to feed their addiction to nicotine.

If you've ever tried to quit smoking, you know what a difficult task it can be. Many smokers may try numerous times before they're successful. However, no matter how long you've been smoking, quitting will help you live longer. According to the Centers for Disease Control and Prevention (CDC), a lifetime of smoking will cut your lifespan by an average of 12 years.

Why not quit today? To help you be successful, the U.S. Surgeon General has provided the following five-step formula:

- 1. Get ready.** Set a quit date. Your quit date should be a specific calendar day that isn't too far into the future but far enough away that you can still prepare. People who avoid smoking on their quit date are 10 times more likely to be smoke free six months later, says the CDC. In addition to setting a quit date, make changes to your environment by ridding your house, vehicles and office of cigarettes, then cleaning the smell of smoke from your house and clothes. If you've tried to quit before, review your past attempts and make note of what strategies were successful and what things to avoid.
- 2. Get support.** If you have the backing of your family and friends, you're much better prepared to quit smoking.

### ! Get help for your habit!

**I**f you need help giving up tobacco for good, speak with your healthcare provider or call the Tennessee Tobacco Quit Line at **1-800-QUIT-NOW**.



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No matter how long you've been smoking, quitting will help you live longer.

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Inform friends, family and co-workers of your plan to quit and encourage them not to smoke around you. Find help through individual, group and Internet support groups and talk with your healthcare provider to discuss a healthy approach to quitting.

**3. Learn new skills and behaviors.** This is the time to take up a new hobby. Whether it's exercise or arts and crafts, changing your routine can help you avoid smoking triggers. Many times, smokers light up when they're stressed. Find ways to distract yourself from urges and reduce your stress.

**4. Get medication and use it correctly.** According to the Surgeon General, using medication—patches, nicotine gum, inhalers and prescription medicines—can more than double your chances of quitting for good. Your healthcare provider can help you find the right medication for you.

**5. Be prepared for difficult situations.** Quitting isn't easy, and most relapses occur within three months. Try these tips to help you dodge the urge to smoke:

- Avoid alcohol use.
- Avoid other smokers.
- Eat healthy.
- Stay busy.

# FIGHT HEART DISEASE

## Go Red For Women

**O**n Friday, February 6, Gateway Medical Center will join thousands of women, companies, organizations and cities across the United States on National Wear Red Day. Wearing red and making a donation to the American Heart Association will help support ongoing research and education efforts to increase awareness about women and heart disease.

National Wear Red Day has its own dress code. Wear your favorite red clothes or accessory—a red blouse, red dress pin, fabulous red handbag—put on red lipstick or sport a red tie and red socks. Go red in your own fashion to show your support for women and the fight against heart disease.

### WHAT'S A WOMAN TO DO?

Too few women perceive heart disease as their greatest health threat, nor do they know it's the No. 1 killer of women and men. And while women may be aware of the classic signs of an attack, such as chest pain radiating down the left arm and difficulty breathing, they aren't aware of symptoms they're more likely to experience. In fact, one-third of women experience the following symptoms, often with no chest pain at all:

- sudden onset of severe weakness
- stomach upset or nausea with passing weakness
- mild burning sensation in the middle of the chest that extends outward
- vague chest discomfort
- palpitations, cold sweats or paleness

Though some risk factors for heart disease are unchangeable—including age, gender and family history—you can reduce some threats to your heart



health by not using tobacco; controlling your weight, cholesterol and blood pressure; being physically active at least 30 minutes a day on most days of the week; and taking medications prescribed by your physician.

### ! Money talks!

**W**ant to help fight heart disease in women? Donate at [www.goredforwomen.org](http://www.goredforwomen.org), or use your cell phone to text RED to 90999 to donate \$5. If you'd rather shop, visit [www.goredforwomen.org](http://www.goredforwomen.org) and click on "Shop Go Red," where net proceeds go to the Go Red For Women movement.

### PHYSICIAN SPOTLIGHT

We'd like to introduce you to the newest member of Gateway Medical Center's medical staff.



**GWYNETTA LUCKETT, M.D.**  
Board-Certified Pediatrician

To learn more about our medical staff, visit our Web site at [www.todaysgateway.com](http://www.todaysgateway.com).

## HEALTHWISE QUIZ

### How much do you know about **exercise**?

Take this quiz to find out.

**1** To lose one pound, you need to burn how many calories?

- a. 500
- b. 1,500
- c. 2,500
- d. 3,500

**2** A good way to measure the intensity of an exercise is to keep track of your:

- a. heart rate
- b. blood pressure
- c. sweat levels
- d. thirst intensity

**3** Exercise can:

- a. reduce depression
- b. help manage type 2 diabetes
- c. boost good HDL cholesterol
- d. all of the above

**4** The *minimum* amount of time you should be active every day is:

- a. 15 minutes
- b. 20 minutes
- c. 30 minutes
- d. there is no minimum

**5** Which of the following exercises will *not* help you build stronger bones?

- a. running
- b. swimming
- c. lifting weights
- d. dancing

ANSWERS: 1. (d) 2. (a) 3. (d) 4. (c) 5. (b)

# The kidney-heart connection

If you think kidney disease only affects your kidneys, think again. Though researchers can't fully explain the link, kidney disease is an independent risk factor for heart disease and greatly increases the risk of dying from heart problems. In fact, heart disease is the most common cause of death for the more than 20 million Americans with chronic kidney disease.

## WHO GETS KIDNEY DISEASE?

Kidney disease is often called a "silent killer" because many people don't even know they have it until it reaches an advanced stage. Risk factors include being obese; smoking; and having high blood pressure, diabetes or a family history of kidney disease. Ask your physician about testing if you're at risk. If he or she suspects you may have chronic kidney disease, blood and urine samples can diagnose it.

## KEEP YOUR KIDNEYS HEALTHY

If you already have kidney disease, early treatment can help keep it from getting worse. But the best method of attack is to prevent the problem in the first place. Take these steps to minimize your risk:

- **Maintain a healthy weight.** Eat healthful foods and be active every day.
- **Quit smoking.** Besides the damage it can do to your heart, smoking can interfere with medicine for high blood pressure.
- **Get your blood pressure level to 120/80 mm Hg or lower.**

Start by slashing salt from your diet and getting more potassium (found in bananas, apricots and broccoli). If changing your diet doesn't help, discuss medications with your physician.

- **Control your blood sugar if you have diabetes.** Dietary changes and medication may be needed.



# 'Brake' for breakfast



**Y**ou wouldn't take off for a road trip with no fuel in your car, so it doesn't make much sense to send your body out for the day with nothing to run on. Your tank needs breakfast.

Studies have shown that those who eat this most important meal of the day are less tired and irritable, have better concentration and are more likely to maintain a healthy weight. Not a bacon-and-eggs person? No problem. Try these

out-of-the-cereal-box suggestions from the American Dietetic Association:

- one cup of vanilla low-fat yogurt topped with whole-grain cereal and berries
- leftover veggie pizza with a piece of fruit and a glass of milk
- whole-grain toast topped with a little peanut butter and apple slices
- whole-grain waffles or pancakes topped with fresh banana
- a super-fast smoothie, made from frozen fruit and yogurt, whipped up in a blender
- a breakfast wrap (try low-sodium deli turkey, low-fat cheese and spinach in a tortilla)
- oatmeal sprinkled with cinnamon and walnuts

## Ready, aim, vaccinate!

**V**accines aren't just for babies. If your child hasn't been to the pediatrician in a while, he or she may have missed some important shots. And don't forget that adults need vaccines, too! Talk

with your pediatrician about your child's specific needs and whether he or she is at high risk. And ask your own physician about *your* needs. Use this handy chart as your guide.

IMMUNIZATION	BIRTH TO AGE 6	AGES 7-18	AGES 19+
Diphtheria, tetanus, pertussis (DTap, Td/Tdap)	4 doses by 18 months; final dose at age 6	Kids need a booster at ages 11-12. For teens, ask your pediatrician if your child is up to date.	Get a Td booster every 10 years. If you're under age 65 and haven't been vaccinated with Tdap before, you need a single dose.
Haemophilus influenzae type b	4 doses by age 15 months		
Hepatitis A	2 doses between 12 and 23 months	High-risk kids and adults need a vaccination.	
Hepatitis B	3 doses within first 18 months of life	Ask your pediatrician if your child is up to date.	High-risk adults should be immunized.
Human papillomavirus (HPV)		3 doses are recommended for girls ages 11-12, or later if a young woman isn't up to date. Ask your physician about the pros and cons of vaccination.	
Inactivated polio virus	3 doses by 18 months	Ask your pediatrician if your child is up to date.	
Influenza	Yearly, for kids ages 6 months to 19 years		Anyone <i>can</i> get vaccinated; high-risk adults and those over age 50 <i>should</i> be.
Measles, mumps, rubella (MMR)	1 dose at 12-15 months; another at ages 4-6	Ask your pediatrician if your child is up to date.	If you haven't had this vaccine, you need it. High-risk adults need a second dose. If you were born before 1957, you're considered immune to measles and mumps.
Meningococcal (meningitis)	Ask your pediatrician if your child is high risk.	It's recommended for kids ages 11-12; otherwise, ask your pediatrician if your child is at high risk.	It's a must for high-risk groups.
Pneumococcal (pneumonia)	4 doses of pneumococcal conjugate by 15 months	High-risk kids and adults need the pneumococcal polysaccharide vaccine. Adults should get vaccinated at age 65; some older adults may need a booster.	
Rotavirus	3 doses by 6 months		
Varicella (chicken pox)	1 dose at 12-15 months; another at ages 4-6	Ask your pediatrician if your child is up to date.	If you aren't up to date and never had the chicken pox, speak with your physician.
Zoster (shingles)			Get it once, at age 60 or older.

Source: Centers for Disease Control and Prevention

# Get 'hip' to joint replacement

## Advanced technology for active people

The U.S. Food and Drug Administration approved the first ceramic-on-ceramic hip implant for total hip replacement in 2003, providing a solution for active patients who need the procedure to regain their quality of life.

### BETTER-BUILT PROSTHETIC

"After almost seven years of clinical trials, the widespread availability of a ceramic-on-ceramic bearing surface for hip reconstruction is a real advancement," says Duncan McKellar, M.D., orthopedic surgeon. "I can now offer my patients who suffer from pain and discomfort, an implant option that's been developed to address their lifestyle."

The technology uses alumina ceramic-on-ceramic bearing surfaces, that in lab testing have demonstrated significantly less wear than conventional technologies. Therefore, these improved characteristics mean longer-lasting joints. In addition, a patented titanium sleeve is used to

### ! Make a joint decision!

If you'd like to get back to activities you once enjoyed, talk with your physician about hip replacement, or visit [www.todaysgateway.com](http://www.todaysgateway.com).



protect the ceramic material while increasing the insert's overall strength by 50 percent.

### HELP TO LIVE YOUR LIFE

"The orthopedic industry is being challenged to extend the life of total-hip-replacement components to address the needs of younger and more active patients," says Dr. McKellar. "Ceramic-on-ceramic hip replacements provide a significant advancement for improving total-hip-replacement performance."

Each year about 300,000 hip replacement surgeries are performed in the United States, primarily for people over age 60. Physicians often recommend hip reconstruction for patients who suffer from arthritis and related conditions and fail to respond to medication and physical therapy. Hip reconstruction removes diseased bone/cartilage and replaces them with artificial implants that relieve pain and restore function.



IMAGE COURTESY OF STRYKER ORTHOPAEDICS

Advancements in hip-replacement components can help keep patients up and running.

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