

# Aultman Offers New HeartAware Program to Combat Heart Disease

## Patients at High Risk Receive Free Health Screenings

**H**alf of people who die of a heart attack were not aware of their risks. Education and awareness are keys to combat heart disease. Go online and take Aultman Hospital's new quiz called HeartAware to learn if you could be in the statistic's "aware" or "unaware" half.

The Aultman HeartAware risk assessment takes about seven minutes to answer a series of questions about your health, family background and lifestyle habits. If your results indicate you are "high risk," you will be invited to a free follow-up screening to talk one-on-one with an Aultman clinician.

"Aultman wants to ensure that everyone in this community has the opportunity to prevent heart disease or have their heart needs appropriately treated," said Anne Gunther, vice president of cardiac services. "By encouraging people to evaluate their heart health, we hope to increase awareness and wellness in our community and to decrease the occurrence of this debilitating disease."


The online risk assessment also offers healthy opportunities for those not at high risk. You can request



more information on healthy diets, exercise, heart health and smoking cessation.

Everyone is invited to take the online assessment at [www.aultman.org](http://www.aultman.org). If you do not have computer access, request a paper form of the risk assessment by calling 330-363-7600 or toll-free 800-393-9337.

According to the American Heart Association, 2005 estimates show that more than 80 million Americans had one or more forms of cardiovascular disease (CVD). CVD is the leading cause of death in the United States.

Aultman's heart and stroke programs have been honored by the American Heart Association (AHA) and American Stroke Association (ASA) for their performance achievements in cardiac and stroke patient care under the "Get With the Guidelines" program. Get With the Guidelines is the AHA and ASA's premier hospital-based quality improvement program. It empowers health-care provider teams to consistently treat heart and stroke patients according to the most up-to-date guidelines. 



# Treating Hard-to-Heal Wounds

For most people, minor wounds heal quickly with little care. But for people with diabetes, blood disorders and other medical conditions, even the smallest wounds can cause big problems.

Aultman offers a dedicated center, Wound Care Services, for comprehensive treatment of wounds ranging from diabetic foot ulcers to nonhealing surgical wounds to injuries sustained in accidents. Aultman Wound Care Services has a healing rate of 50 days, compared to the national benchmark of 52 days.

The Wound Care Services team consists of specially trained physicians, nurses and support staff. A customized treatment plan – which could include laboratory studies, X-rays, the application of specialty dressings and ointments or surgery to remove infected tissue and bone – is developed to meet each patient's needs.

A wound needs specialized care when it:

- Fails to show major progress in four weeks of standard care
- Involves deep tissue structures
- Is limb- or life-threatening
- Is complicated by significant comorbidity – which is a condition that exists at the same time as the primary condition such as peripheral vascular disease, persistent infection or prior radiation treatment to the area



*Members of the Wound Care Services team help patients with hard-to-heal wounds.*



*Hyperbaric oxygen therapy helps grow new tissue and heal wounds.*

The Wound Care Services team works in conjunction with other physicians who are treating the patient. "Our services complement attending physicians' care," said George Papacostas, M.D., medical director of Aultman Wound Care Services. "We provide expert wound management consultation and treatment using advanced wound care technology. Other medical conditions, such as diabetes, are treated by the patient's primary-care physician."

## Hyperbaric Oxygen Therapy

Even with specialized wound care treatments, some wounds still don't heal properly. In these cases, hyperbaric oxygen therapy (HBO) is effective technology used to supplement other methods of wound treatment.

During HBO treatments, patients lie comfortably in a pressurized chamber to breathe 100 percent oxygen. The increase in oxygen aids in healing wounds and growing new tissue. "Patients can listen to music, watch TV or sleep during therapy," Papacostas explained. "Other than sometimes experiencing a sensation of fullness in the ears, similar to flying on an airplane or driving down a mountain, patients generally feel as normal as if they were lying in their own beds at home."

HBO is commonly used for these types of wounds:

- Diabetic wounds of the lower extremity
- Wounds that have not healed in several weeks
- Post-radiation tissue injury
- Diabetes-related foot and ankle ulcers
- Crush injuries
- Venous stasis or arterial insufficiency ulcers
- Wounds caused by poor circulation or trauma
- Compromised grafts and flaps
- Gangrene
- Pressure ulcers
- Necrotizing soft-tissue infections
- Carbon monoxide poisoning

Aultman Wound Care Services is located on the ground level of Aultman Hospital. Physician referral is not required for new patients. For more information, call 330-363-4977. [▲](#)

*This article was reviewed by George Papacostas, M.D., Orthopedics and Wound Care.*

# Mitral Valve Prolapse

**M**itral valve prolapse is a heart condition that affects the mitral valve. The mitral valve separates the left atrium from the main pumping chamber of the heart, the left ventricle. The function of the mitral valve is to open and allow blood to flow forward from the atrium into the ventricle and then to close completely to prevent backflow of blood into the atrium when the heart contracts. Prolapse literally means to move out of the normal position.

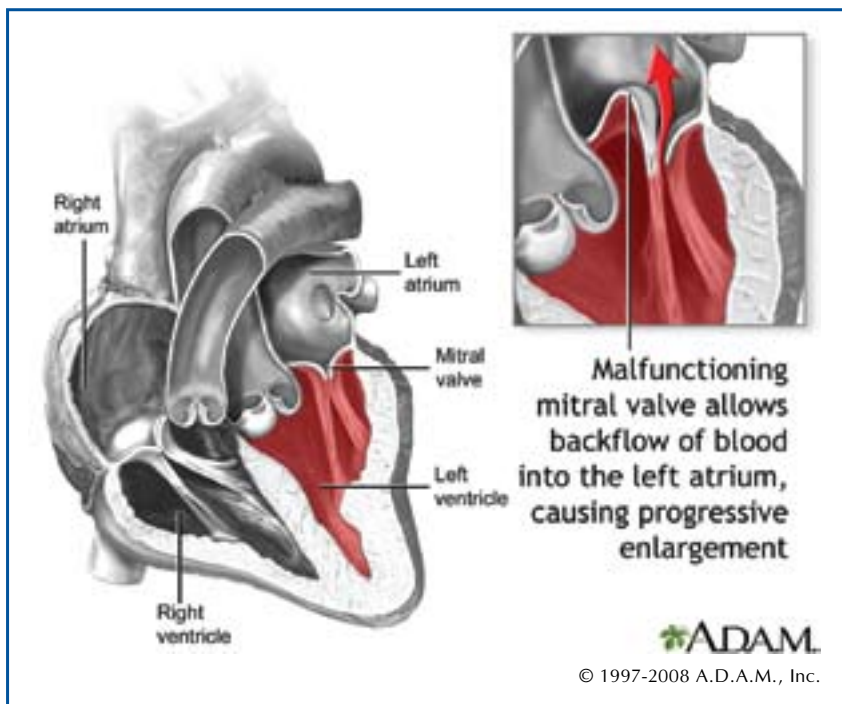
When a person has mitral valve prolapse, he or she has a valve that is redundant or made out of an excess amount of valve tissue. Accordingly, when the valve moves to the closed position, it bows backward or prolapses into the left atrium. When it bows backward, the leaflets can potentially separate and allow leakage or regurgitation of blood into the atrium. This is a congenital condition – a condition one is born with.

Mitral valve prolapse seems to be very common in thin or asthenic women and is often associated with musculoskeletal abnormalities, including minor chest wall deformities, scoliosis and long limbs, sometimes with double jointedness.

Symptoms of mitral valve prolapse can mimic more serious types of heart disease and include palpitations, rapid heartbeat, chest pain, shortness of breath or fatigue.

Your doctor can oftentimes diagnose mitral valve prolapse by simply listening to your heart with a stethoscope. When the valve bows backward into the atrium, as it reaches the peak of the backward bowing, it makes a clicking noise. If the valve's leaflets separate, it may create a murmur. This murmur can vary with posture. It can vary quite considerably from one visit to the next and cause some confusion for the listener.

Tests to diagnose prolapse, other than physical examination, include a sound wave test of your heart,



which is called an echocardiogram, typically with a color flow examination to check for valve leakage.

Most of the time, no treatment is needed – other than reassurance. Sometimes, confusing symptoms may require more in-depth testing to rule out co-existing coronary artery blockage.

The vast majority of patients do well long-term with this condition. However, a small percentage may require surgery to repair the valve. Additionally, some patients may be troubled by heart arrhythmias, which require medications to control the arrhythmia. Very occasionally, medications are used to control the chest pain syndrome, but the response to treatment for this is variable.

In summary, mitral valve prolapse is the most common congenital condition of the heart. It has a good prognosis in the vast majority of patients. Only a small minority requires surgery and, in most patients, reassurance goes a long way toward helping patients to cope with the sometimes confusing symptoms. ▲

*This article was written by Milan Dopirak, M.D., Cardiology.*

# About Autism

Autism isn't a single disease; it is a collection of brain development disorders called autism spectrum disorders (ASD). Children with ASD demonstrate deficits in verbal and nonverbal communication, social interaction and repetitive behaviors or interests. In addition, they often have unusual responses to sensory experiences, such as certain sounds or the way objects look.

The Centers for Disease Control and Prevention estimates that one in 150 children has an ASD. The exact cause of autism isn't clear, and there is no cure. However, early intervention and intensive treatment can make a big difference.

## Signs of Autism

Milestones enable parents and physicians to monitor a baby's learning, behavior and physical development. While each child develops differently, some differences may indicate a slight delay – and others may be a cause for greater concern.



If your baby shows any of these signs, see your pediatrician or family physician for an evaluation:

- No big smiles or other warm, joyful expressions by 6 months or thereafter
- No sharing of sounds, smiles or other facial expressions by 9 months or thereafter
- No babbling by 12 months
- No back-and-forth gestures, such as pointing, showing, reaching or waving by 12 months
- No words by 16 months
- No two-word meaningful phrases (without imitating or repeating) by 24 months
- Any loss of speech or babbling or social skills at any age

## Early Diagnosis Is Critical

As recommended by the American Academy of Pediatrics (AAP), pediatricians should screen all children at 18 and 24 months for ASDs. Parents are also reliable sources of information, as they are most familiar with their children's development.

The AAP also recommends to start treatment when an autism diagnosis is suspected, rather than waiting until a formal diagnosis. Children who receive intensive therapy as early as possible can make great strides in their overall function and go on to lead productive lives.

**Treatment**

There’s no “one-size-fits-all” treatment for autism. Families and doctors should work together to identify resources and create treatment plans to optimize your autistic child’s development.

Treatment options may include:

- Behavioral and communication therapies that focus on reducing problem behaviors and teaching language, communication and social skills.
- Drug therapies such as stimulants to help with hyperactivity and antipsychotic medication to control repetitive and aggressive behaviors.
- Complementary approaches ranging from art and music therapy to special diets. Some parents choose to supplement educational and medical intervention with complementary therapies, although there is no scientific proof that these work.



It’s important to talk with your child’s doctor before trying any treatment. Autistic children often respond well to highly structured education programs that often include a team of specialists and a variety of activities to improve social skills, communication and behavior. ▲

*Coping skills for parents of autistic children*

Raising a child with an autism spectrum disorder can be physically and emotionally exhausting. Here are some tips to help you cope:

**Educate Yourself**

Learn all you can about your child’s disorder. Consult government organizations or nonprofit groups for more information on ASD and the latest research.

**Find a Support Network**

Other families struggle with the same challenges you do. Seek out local or online support groups, where you can share your experiences, offer encouragement and learn from each other.

**Take Time for Yourself and Others**

Parenthood is a 24-hour job, and the stress increases when you have an autistic child. To avoid burnout, take time out to relax, exercise or enjoy your favorite activities – even if just for a few minutes each day. Plan “date nights” with your spouse and social activities with your friends. Spend one-on-one time with your other children as much as possible. ▲

*This article was reviewed by Beth Marcinkoski, M.D., Pediatrics.*

# Exercising in Hot Weather

Heat injuries range from mild forms to more serious types such as heat exhaustion and heatstroke.

Here are some tips from the American Academy of Orthopaedic Surgeons to help you exercise safely in hot weather:

- Drink plenty of fluids, even when you’re not thirsty.
- Take frequent breaks, and avoid outdoor exercise during the midday hours.
- Instead of quick, vigorous exercise, work out slowly and less vigorously for longer periods of time.
- Wear lightweight clothing, and avoid heavy gear.

If someone looks like he or she is having a heat injury, seek immediate medical attention.

*This article was reviewed by Eyad Nashawati, M.D., Pulmonary.*

# Protect Your Skin: How to Avoid Excessive Sun Exposure

Although you may feel healthier with a bit of a tan, your skin does not. The sunlight that warms our bones after a snowy winter and soggy spring contains ultraviolet (UV) radiation. Too much UV radiation can damage the skin.

Exposure to UV radiation from sunlight can lead to:

## Sunburn

This is an immediate sign you have been in the sun too long. Your skin will be red and tender, and it may swell. You may even run a fever and feel nauseous from sunburn.

## Premature Wrinkling

Over time, too much sun exposure will cause your skin's texture to change. The skin can become tough and leathery, and you may notice more wrinkles. In addition, the sun can cause sunspots – discolorations in your skin's tone that may be red, yellow, gray or brown.

## Skin Cancer

This is the most serious result of too much sun. Check your skin regularly, and notify your primary-care physician or dermatologist if you discover changes in the appearance of your moles or freckles.

To help protect your skin when you are in the sun, follow these simple tips:

- Always wear sunscreen with a sun protection factor (SPF) of at least 15. Use a "broad spectrum sunscreen," which absorbs at least 85 percent of the sun's UVA and UVB rays.
- Apply sunscreen to all exposed areas of your skin approximately 20 minutes before sun exposure. Remember to protect the back of your neck, around your ears and the tops of your feet. Reapply sunscreen every few hours and after swimming.
- Try to avoid sun exposure between 10 a.m. and 4 p.m., when the sun's rays are the most damaging.
- Don't deliberately sunbathe – and avoid artificial tanning devices such as tanning booths or tanning lamps.
- Use extra caution near water and sand, as they reflect the sun's rays and can increase the likelihood of sunburn. ☀

## The UV Index

The U.S. Environmental Protection Agency and the National Weather Service issue the UV Index, a daily report on the UV radiation levels in different areas in the country. Here is how to interpret the number:

<b>LOW (0-2)</b>	You can safely enjoy being outside. Wear sunglasses on bright days. If you burn easily, cover up and use SPF 15+ sunscreen.
<b>MODERATE (3-5)</b>	Take precautions if you will be outside, such as wearing a hat and sunglasses and using sunscreen. Reduce your exposure to the sun's most intense UV radiation by seeking shade during midday hours.
<b>HIGH (6-7)</b>	Protection against sun damage is needed. Wear a wide-brimmed hat and sunglasses, use SPF 15+ sunscreen and wear a long-sleeved shirt and pants when practical. Reduce your exposure to the sun's most intense UV radiation by seeking shade during midday hours.
<b>VERY HIGH (8-10) and EXTREME (11+)</b>	Protection against sun damage is needed. If you need to be outside between 10 a.m. and 4 p.m., take steps to reduce sun exposure. A shirt, hat and sunscreen are must-haves, and be sure you seek shade.

*This article was reviewed by Lisa Sayoc, M.D., Dermatology.*

Seniors' Health:

## Travel Tips



Retirement gives many seniors the opportunity to explore the United States or travel around the world. Being a little older, however, can make seniors more susceptible to travel-related health problems.

Keep these suggestions in mind when planning your next big trip:

- Consult with your travel agent for suggestions. Some tour operators specialize in trip packages for senior travelers.
- Buy travel insurance, so you can get a refund should you need to cancel your trip.
- Make sure your itinerary isn't too demanding for you and your companions. If you're flying to a far-away destination, allow for a day or two of jet lag.
- Prior to your trip, visit your doctor for a complete checkup – and receive the immunizations you will need to travel to certain international destinations.

- Have a dental checkup before you travel.
- If you're flying, make sure your carry-on bag contains everything you will need for the duration of the flight. Carry all of your prescription medications with you, in their original bottles, instead of packed in your suitcase.
- Leave a detailed itinerary – including your flight numbers and schedule, hotel addresses and telephone numbers, etc. – with a friend or relative.
- If you wear eyeglasses, take along a backup pair in case your primary glasses get lost or broken.
- When traveling in areas with poor sanitation, avoid drinking unbottled water – including ice cubes and tap water when brushing your teeth.
- To reduce the risk of food poisoning, avoid food buffets, seafood, peeled and raw fruits or vegetables, unpasteurized dairy products and undercooked meats.
- If you need medical care while abroad, go to the largest university hospital in the area – or consult the hotel concierge.

It's also important to remember basic safety tips when you're traveling. Do not wear expensive jewelry on obvious display. Protect your passport by not leaving it packed in your suitcase while you are sightseeing. Keep valuables such as money and traveler's checks on a belt worn under your clothes and next to your skin. ▲

*This article was reviewed by Gust Pantelas, M.D., Family Medicine.*

**For more information on any of the topics covered in this newsletter, call the Sharon Lane Health Information Center at 330-363-3333, or e-mail us at [ainstitute@aultman.com](mailto:ainstitute@aultman.com).**



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## Warning Signs: Anorexia

Anorexia nervosa is an eating disorder in which a person refuses to stay at even a minimum recommended body weight. People with this disorder may have an intense fear of weight gain and a distorted body image. Their inadequate eating or excessive exercising results in severe – and sometimes life-threatening – weight loss.

Common warning signs of anorexia include:

- Extreme fear of gaining weight
- Distorted impression of weight and body
- Excessive weight loss or being seriously underweight
- Frequent use of laxatives, diet pills or diuretics with the goal of losing weight
- Eating very little food or very few calories
- Missing menstrual periods
- Having low blood pressure or pale/yellowish skin
- Depression

If you see a loved one is restricting food intake, exercising excessively or seems preoccupied with weight, seek medical attention. Early intervention before abnormal patterns are established can reduce the severity of an eating disorder such as anorexia. 

*This article was reviewed by Gust Pantelas, M.D., Family Medicine.*

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