

HEALTHY

A JOURNAL DEVOTED TO HEALTHFUL LIVING

unitedregional

YOU

SUMMER 2007

An opportunity of a lifetime

WHY WOMEN SHOULD TAKE HEART DISEASE PERSONALLY—AND HOW TO ACT ON IT NOW

WOMEN AND heart disease. You've read about it. You know it's a problem. But have you ever considered it *your* problem? Knowing that heart disease is the leading killer of U.S. women may not hit close to home. But what if you knew your risk for dying of heart disease within the next 10 years?

"Cardiovascular disease is not an overnight occurrence," says Andre Desire, M.D., Chairman of Cardiology at United Regional. "Family history and lifestyle choices play a vital role in heart health.

"It is important to take time to learn about your personal risk of cardiovascular disease and to work with your physician to lower your risk factors," Dr. Desire says.

"Stay active doing activities you enjoy—yard work, dancing, etc.—and know your cholesterol numbers."

—Continued on back page



HEART

A high-tech look at your arteries

BEFORE YOU even have symptoms, computed tomography (CT) scanning can be used to detect heart disease.

CT involves the use of special x-ray equipment and a computer to create cross-sectional images of organs, bones and other tissues. These scans are more detailed than regular x-rays and provide clear pictures of even small bones, muscles and blood vessels.

A CT scan can measure the amount of calcium in your coronary arteries—a procedure known as calcium scoring. Too much calcium contributes to the buildup of plaque in your arteries. Clogged arteries can lead to a heart attack or chest pain.

A coronary calcium scan is a painless, noninvasive test that takes less than 10 minutes.

A CT scanner and a computer are used to calculate a calcium score that represents the calcium buildup in your arteries. Your doctor can use this score to determine whether you need treatment. Talk to your doctor to find out if calcium scoring is right for you. ♦

Source: Radiological Society of North America

A passion for excellence

UNITED REGIONAL IS EVOLVING TO SERVE YOU BETTER

UNITED REGIONAL'S promise is to be the kind of health care provider you deserve and can be proud of. To continue fulfilling that promise, we've initiated an expansion of our services and facilities.

NEW SERVICES

Over the past two years, United Regional has accelerated a comprehensive update of its medical technologies. A 64-slice computed tomography (CT) scanner and new magnetic resonance imager (MRI), both installed in 2006, have greatly enhanced United Regional's diagnostic imaging capabilities.

In 2006 alone, United Regional

reinvested almost \$22 million in the health of the community through new technology, equipment and facility improvements.

THE BRIDWELL TOWER

We are now embarking on a plan to consolidate all services to a single campus. "This consolidation will further increase the quality and safety of care provided for our patients while simultaneously providing enhanced convenience and accessibility," says Phyllis Cowling, President and CEO of United Regional.

The first phase of the facility consolidation plan is to construct and equip a new, four-story tower directly south of the 11th Street facility. Named in honor of the J. S. Bridwell Foundation's generous donation, the Bridwell Tower will house outpatient services, obstetrical services, pediatric services and new inpatient/outpatient surgical suites.

Two sky bridges spanning 11th Street will connect the tower with the hospital itself, providing easy access to the rest of the facility.

Our passion is to provide excellence in health care for the communities we serve.

ELEVATING EXCELLENCE

The consolidation plan enhances United Regional's fulfillment of our promise and our continued growth to meet our region's current and future health care needs. As we grow and adapt to meet our community's needs, our passion is clear—excellence in health care. ♦

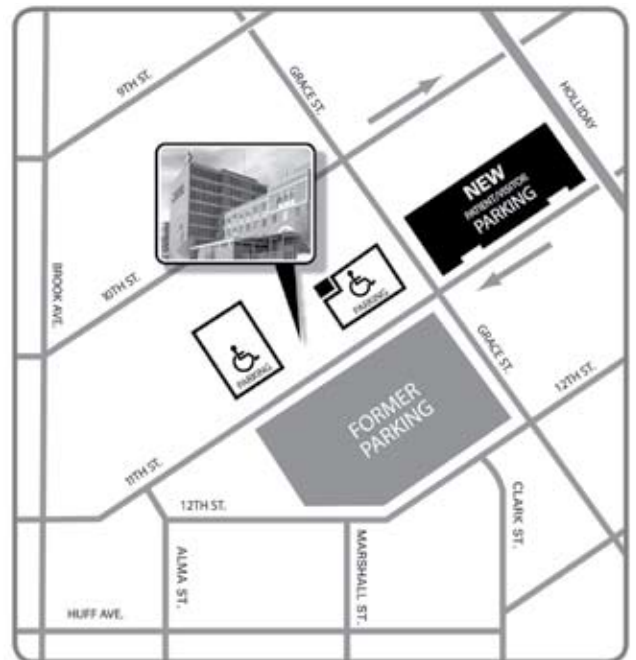
PARKING

Make way for Bridwell Tower

As part of our ongoing effort to provide excellence in health care for the communities we serve, United Regional will soon be under construction as we add the Bridwell Tower.

In July we began preparing for construction by relocating the patient/visitor parking lot at the 11th Street Campus. During this time of growth, patients and visitors will be directed to park in the lot located on 11th Street between Holliday and Grace streets. Look for large, orange signs to help direct you to the new parking area as well as the temporary main entrance by the Chapel on the corner of 11th and Grace.

And remember, you don't have to search for a parking space. United Regional's free valet parking service is available Monday through Friday, from 5 a.m. to 5 p.m., for your convenience. During construction, the valet service has relocated to the east (Chapel) entrance.



For more information on services, contact Call-A-Nurse at 940-764-8570.

Be ready!

WHEN IT'S YOUR CALL—
ACTING QUICKLY IN AN EMERGENCY

IT'S NOT ALWAYS easy to know whether a medical situation calls for a trip to the emergency department.

Is that hacking cough a crisis? Does that cut need stitches? Are you experiencing heartburn or heart problems?

The answer might depend on who is ill or injured—the person's age, for example, or medical history. For instance, the same symptoms that are serious in a child may not be as serious for an adult, and vice versa.

United Regional serves as a trauma center for more than nine counties.

accompanied by sudden headache, neck stiffness or rash; difficulty eating; excessive sleepiness; or skin or lips that look blue, purple or gray.

Chairman of the Department of Emergency Medicine at United Regional.

Driving is not always the safest choice. Call 911 for an ambulance if:

- You think the person's condition

But one rule of thumb that never changes is this: Err on the side of caution. If you're not sure you have an emergency, assume you do and get help.

IS IT AN EMERGENCY?

According to the American College of Emergency Physicians (ACEP), it's an emergency if someone could suffer significant harm or die without prompt care.

Some warning signs are:

- Problems breathing.
- Chest pain that lasts two minutes or more.
- Uncontrolled bleeding.
- Coughing or vomiting blood.
- Sudden dizziness, weakness or changes in vision.
- Severe or persistent diarrhea or vomiting.
- Confusion or other changes in mental status.

Kids and emergencies.

Warning signs in children may also include fever

ACTING FAST

“Visit the emergency department if you or someone you know thinks you need immediate care,” says Philip Chapa, M.D.,

Why the wait? Understanding how triage works

You go to the emergency department because you believe you have an urgent medical situation on your hands.

And yet you may be told you'll have to wait a bit before a doctor can see you.

It might seem like a contradiction, but sometimes going to the emergency department can take longer than a visit to your doctor's office.

For one reason, there are no set appointments in the emergency department. That means any number of people could arrive for care at the same time.

To handle this, emergency departments use a system called triage, which sorts people by the severity of their illnesses or injuries. Those with the most serious medical conditions are seen first, while those with less severe problems may have to wait.

When you arrive at the emergency department, a nurse or other health care worker will ask about your symptoms. Your vital signs—such as blood pressure and temperature—will be checked.

If you're told to wait, rest assured that you will be seen as soon as possible.

Source: American College of Emergency Physicians

is life-threatening or might become so quickly.

- Moving the person might require special skills or equipment.
- The ill person is you and no one is available to drive you.

When in doubt, call 911.

Ready when you need us. And remember that our emergency staff is available 24 hours a day, seven days a week. ♦

For more information on services, visit our Web site at www.unitedregional.org.

STROKE

What everyone should know



STROKE It affects someone in the United States every 45 seconds.

It's also the leading cause of adult disability and the third leading cause of death in this country.

With numbers like this, you'd think stroke would get plenty of attention.

But experts say it doesn't get nearly enough—and a lot of people may die because of that.

"Many of the strokes that occur each year could be prevented," says Robert J. Adams, M.D., spokesman for the American Stroke Association (ASA). "While we clearly

need to do more research in stroke, we also need to apply what we already know works to prevent this disabling and deadly disease."

If you'd like to know more about stroke, read on. Consider it

a very good use of your time—what you learn today could be lifesaving.

WHAT IS A STROKE?

A stroke occurs when blood is prevented from reaching the brain, causing brain cells to die.

It happens suddenly and can be deadly. When it isn't, the effects can be serious, including paralysis, speech and memory difficulties, and coma.

Ischemic strokes are the most common type of stroke. They occur

when a clot blocks the flow of blood in the brain or when the carotid arteries, which lead to the brain, become clogged with plaque.

Hemorrhagic strokes occur when a blood vessel

in the brain ruptures.

WHO IS MOST AT RISK?

The older you get, the greater your risk. But thousands of strokes occur in people younger than 65, the ASA reports.

For more information about stroke prevention, talk with your physician or go to www.unitedregional.org and click on "Stroke News."



STROKE Signs

Face Droop/numbness
Arm Weakness
Speech Difficulty
TIME CALL 911

FOR A FREE MAGNET SHOWING THE SIGNS AND SYMPTOMS OF STROKE, CONTACT CALL-A-NURSE AT 940-764-8570.

- Trouble seeing with one or both eyes.
- Trouble walking, dizziness, or loss of balance or coordination.
- Severe headache with no known cause.

WHAT'S THE BEST THING TO DO IF SYMPTOMS OCCUR?

Call 911 right away. Quick treatment can save lives and lead to fuller recoveries.

Even if symptoms get better within minutes, you should consider them an emergency. They could signal a transient ischemic attack, or TIA.

A TIA is often a sign that a major stroke will soon occur.

HOW IS STROKE TREATED?

Ischemic strokes may be treated with a drug called tissue plasminogen activator, or tPA. It can restore blood flow and dramatically reduce the effects of stroke, but it generally

must be given within three hours of the time symptoms start.

Hemorrhagic strokes are often more difficult to treat. Sometimes surgery can be performed to stop the bleeding. But that isn't always possible.

Recent research suggests there may be new ways in the next few years to control the bleeding of a hemorrhagic stroke. Those treatments are promising, but they are still being studied.

HOW DO PEOPLE RECOVER?

Most stroke survivors are left with some disability, but others make a full recovery or have only mild aftereffects.

People who take part in a stroke rehabilitation program can often improve their recoveries.

Of course, another important part of stroke recovery is taking steps to reduce the risk of a second stroke. ♦

Besides increasing age, other risk factors include being male, being African American or Hispanic, and having a family history of stroke or heart disease.

These factors are out of your control, of course. But several risk factors can be treated or changed. They include:

- Having high blood pressure, high cholesterol, atrial fibrillation or diabetes.
- Smoking.
- Abusing alcohol.
- Being obese.
- Eating a diet high in saturated fat, cholesterol and salt.

If you have these risk factors, talk to your doctor about taking charge of your health.

Don't delay. Many strokes could be prevented if those people at risk were identified and treated in time, Dr. Adams says.

WHAT ARE THE SYMPTOMS?

Stroke symptoms occur suddenly and include:

- Numbness or weakness of the face, arm or leg, especially on one side of the body.
- Confusion or trouble speaking or understanding speech.

North Texas hospitals are working together for better stroke care

Minutes can make the difference of a lifetime when someone is having a stroke. "United Regional's certified Stroke Center ensures the use of proven education, technologies and treatments—all designed to provide excellence in health care for the communities we serve," says Mehari Gebreyohannis, M.D., Medical Director of United Regional's Stroke Center.

United Regional and other local hospitals participate in a stroke network that provides support to the communities in our region. "This collaborative effort includes physician and nursing education, the sharing of evidence-based practices, and, when necessary, expediting patient transfer," says Dr. Gebreyohannis. More importantly,

after treatment for stroke, patients are referred back to their local hospitals for rehabilitation and follow-up, bringing them closer to friends and family.

Collaborating hospitals include:

- Baylor County Hospital
- Bowie Memorial Hospital
- Clay County Memorial Hospital
- Electra Memorial Hospital
- Faith Community Hospital
- Graham Regional Medical Center
- Hamilton Hospital
- Hardeman County Memorial Hospital
- Nocona General Hospital
- Wilbarger General Hospital

Working together, North Texas hospitals are providing excellence in stroke prevention and care for their communities.

A healthy weight for a lifetime

GIVE YOUR KIDS THE GIFT OF GOOD EATING HABITS

THESE DAYS YOU might think you could do without a dining room table. With busy schedules, it's rare when the whole family sits down to eat together.

Missing family meals means more than having less time to enjoy each other, however. It also probably means you'll have less influence on your kids' eating habits.

"Kids learn about healthful eating by watching you," says Denise Blair, R.N., Certified Diabetes Educator at United Regional. "As obesity and related health problems increase among youth, you need to be a good role model."

The American Dietetic Association reports that kids who frequently eat dinners with their families tend to consume more calcium, iron, fiber and vitamins, and less saturated fat and trans fat.

What's more, research suggests that kids who develop healthy dietary habits are likely to continue to eat well as they grow.

GIVE KIDS THE GO

Of course, eating together is only part of the solution. You'll also want to consider the foods you serve and in what portion sizes.

Try to involve your kids in meal planning, shopping and food preparation. Along the way, you can teach them about what the National Institutes of Health calls "go," "slow" and "whoa" foods.

Go foods are high in nutrients and relatively low in calories. You can eat them often. Examples

include fresh fruits and vegetables, whole grains, and low-fat or fat-free dairy products.

Slow foods are higher in fat, added sugar and calories. Consider them "eat sometimes" foods. Pasta and breads made with refined flour as well as 2 percent milk fit into this category.

Whoa foods are highest in calories and added sugars.

Included are cookies, sugary sodas and full-fat dairy foods.

They're best as rare treats. But explain to your kids that you can sometimes change a *whoa* food into a *go* food. Part-skim cheese, for example, is a good alternative to regular cheese.

Ready,
spaghetti!
Make meals
together a family
priority.

Burn calories too. It's also important to help kids understand that weight gain occurs when you take in more calories than your body uses up. So encourage lots of activity. And after those healthful meals, you might just head out the door together for a family walk or bike ride. ❖



Are you dining out too often?

Eating out can be convenient. But if you do it too frequently, it might also be hazardous to your children's health, according to a study reported by the American Heart Association. The study compared children who ate out four or more times per week with children who dined out less often. Those who ate away from home more often had:

- Higher intakes of starch, sugar, sodium, fat and cholesterol.
- Higher blood pressure and poorer cholesterol levels.
- Lower insulin sensitivity, an early sign of diabetes developing.

Researchers said other lifestyle factors besides frequency of eating out may account for some of the differences between the groups. But the study may give you food for thought when planning tonight's dinner.

For more information on services, contact Call-A-Nurse at 940-764-8570.



2007 GOLF CLASSIC

Tee off to support local health care

In memory of
Dr. Guillermo "Willy" Pino

■ Casual dinner

Sunday, Sept. 9

Knights of Columbus Hall

Celebrating the life of Dr. Pino

■ Golf tournament

Monday, Sept. 10

\$150 per person or \$600 per team

For details or to register, contact
Mara Berardi at the Foundation Office
at 940-764-8205. ❖



Save the date

Saturday, Feb. 9, 2008

MPEC

Call Nancy Brown at 940-764-8283
for more information. ❖

Women's heart health facts

- Heart disease is the number one killer of women in the United States.
- One in two women will die of heart disease or stroke.
- Heart disease kills more women than the next five causes of death combined—including cancer. ❖

Sources: National Heart, Lung, and Blood Institute; American Heart Association

YOUR GIFTS AT WORK



Your pledges make miracles happen

Cake, candles and confetti go hand-in-hand with a party. On the weekend of June 2 and 3, the 20th Annual Children's Miracle Network Telethon was held. The party turned into a celebration when \$607,540 was raised for Children's Miracle Network at United Regional. That was a \$105,000 increase from 2006.

Since 1988, Children's Miracle

Network at United Regional has raised more than \$6.7 million. The funds are used to purchase state-of-the-art pediatric equipment, provide specialized medical training for nurses and medical staff, and create a warm, child-friendly atmosphere for the children of North Texas and Southern Oklahoma who are cared for by United Regional. ❖

Tax-free giving through your IRA

The Pension Protection Act of 2006 gives people at least 70½ years old the opportunity to help themselves and others by making a tax-free charitable gift. Making gifts from IRA funds that would otherwise be subject to tax when withdrawn voluntarily or under mandatory withdrawal requirements may be wise for many this year.

For 2007, Congress is allowing people with traditional or Roth IRAs to make tax-free gifts directly to qualified

charities. Donors may choose to make charitable distributions in any amount up to \$100,000 per year. Spouses with separate IRAs could each give up to that amount.

People who are required to take IRA withdrawals and others who have faced limitations on tax benefits will find the new law of particular interest.

Please contact the United Regional Foundation at 940-764-8283 for more information. ❖

"We make a living by what we get, but we make a life by what we give."
—Sir Winston Churchill

For more information on services, visit our Web site at www.unitedregional.org.

Opportunity

—Continued from front page

KNOW YOUR NUMBERS

To learn your personal risk for heart disease, you'll need a few numbers. You already know your age and your smoking history.

You'll need your doctor's help, however, to find out your blood pressure and cholesterol levels.

Using these numbers, your doctor can determine whether you are at high, average or low risk of having a heart attack or dying of heart disease within the next decade. (Some medical conditions, such as diabetes or peripheral arterial disease, automatically put you at high risk.)

YOUR ACTION PLAN

Once you know your personal risk, you can take specific actions to lower it, if needed, Dr. Desire says.

Step 1. For starters, focus on your lifestyle, says the American Heart Association. Heart-healthy changes you can make include the following:

- Not smoking.
- Avoiding secondhand smoke.

- Getting at least 30 minutes of physical activity daily.
- Eating a heart-healthy diet. Think low in fat and high in fruits, vegetables and whole grains.
- Maintaining a healthy weight or losing weight, if needed.

"Small changes can make an impact in your heart health.

Start with one change and then begin working to incorporate other healthy behaviors," Dr. Desire says.

Step 2. Control your cholesterol and blood pressure. Ask your doctor what numbers you should aim for.

The lifestyle changes above can help improve your numbers. But if your risk for heart disease is high, talk to your doctor about whether you should take medications as well.

Talk with your physician—know your personal risk.

TAKE IT TO HEART

Learning more about your specific risk can help you take heart disease personally—and take the important steps to a healthier future. For more, talk with your physician or go to www.unitedregional.org and click under "Health Watch." ❖

Additional source: Lori Mosca, M.D., Ph.D., *Heart to Heart: A Personal Plan for Creating a Heart-Healthy Family* (HCI Books, 2005)



More than a day's work. It's our life's work.

764.8570 · unitedregional.org

Help is just one call away

WHEN YOU NEED health information, it's only a call away. The "Call-A-Nurse" hotline at United Regional is staffed by registered nurses who are available to answer general health questions (they will not diagnose or confirm a disease, condition or state) and make physician referrals Monday through Friday, from 8 a.m. to 5 p.m.

"Call-A-Nurse" at United Regional will:

- Provide information about services and classes
- Provide physician referrals
- Provide health promotion and educational information

Call **940-764-8570** or **800-982-9799**, or visit our Web site at www.unitedregional.org. ❖

HEALTHY YOU is published as a community service for the friends and patrons of UNITED REGIONAL HEALTH CARE SYSTEM, 1600 11th St., Wichita Falls, TX 76301, telephone 940-764-7000, Web site www.unitedregional.org.

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