

# Health Matters

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of safety**

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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.



# COPD

## What it is and what to do about it

By Akinyinka A. Ajelabi, M.D.  
Pulmonologist/Intensivist, Critical Care  
and Sleep Medicine Specialist

**C**hronic Obstructive Pulmonary Disease (COPD)—a chronic lung disease that damages the lungs, making breathing difficult—is the fourth leading cause of death in the United States, affecting at least 12 million people. It occurs mostly in individuals older than 40, and in the past, men were more likely than women to develop COPD. However, recent studies reveal that since 2000, the number of female COPD deaths exceeds male deaths. Chronic bronchitis, asthmatic bronchitis and emphysema are commonly grouped together as COPD.

### THE MECHANICS OF COPD

Air travels down the trachea and into the bronchial tubes when you breathe in. The air is then carried through small air passages that branch off into each of your lungs. At the end of each of the branches are thousands of little air sacs called alveoli. In healthy lungs, the airways and alveoli are elastic, springing back to their normal shape after filling with air. With COPD, the airways and alveoli lose their elasticity and shape,

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If you're experiencing any of the signs of COPD, seek medical attention early to reduce your risk of developing the disease.

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making it harder for air to flow back out of your lungs. The alveoli walls are destroyed, air passage walls thicken and mucus production increases, blocking the airways and making it difficult to breathe.

### UNDERSTAND THE CAUSES

Smoking is the primary cause of COPD; smokers are 12 to 13 times more likely to develop the disease than nonsmokers. Exposure to secondhand smoke and indoor or outdoor pollutants may also increase a person's chance of developing COPD. A recent study found that 19 percent of COPD cases are connected to work-related exposure to toxic chemicals and pollutants. A rare genetic disorder called alpha-1 antitrypsin deficiency and other respiratory infections may also cause COPD.

### RECOGNIZING SYMPTOMS

Symptoms like persistent cough, increased mucus production, shortness of breath (especially during exercise), wheezing and a tight feeling in the chest are warning signs of COPD. The disease is often mistaken for other conditions like "smoker's cough" and is sometimes misdiagnosed or undertreated for several reasons:

- People often attribute reduced physical ability and shortness of breath to normal aging. These symptoms

## Dear friends,

It's with great pleasure and excitement that I address you at the start of this New Year. I'd like to express my deep appreciation to each of you for your support. Half a year has passed since I became Chief Executive Officer (CEO) of Cleveland Regional Medical Center, and in that time, I've recognized the variety of our strengths. I've made it my goal to personally visit each of our employees and physicians and many of you in our community, and I have confidence in the advanced capabilities of our people and technologies.

### DEDICATED TO YOUR HEALTH

We're proud to work with you as your health-care partner and look forward to helping you create a healthier future for yourself and your family. You're the CEO of your own health, and the key is prevention. Take charge of your health and learn what you need to do to keep your body in top shape. As your community hospital, CRMC is here to work with you to make this goal a reality. We look forward to continuing our commitment to comprehensive service and launching new programs and services in 2009.

Sincerely,

CORY COUNTRYMAN  
Chief Executive Officer  
Cleveland Regional Medical Center



Cory Countryman  
Chief Executive  
Officer

could indicate COPD and shouldn't be ignored.

- Studies have shown that some people with COPD are misdiagnosed with asthma. Shortness of breath, wheezing and chest tightness are symptoms of both conditions.
- Symptoms can be misunderstood during the early stages. Smokers often blame shortness of breath and coughing on their smoking. Quitting won't rid you of COPD symptoms once the condition is present, but it can help slow the disease's progression.

### LIVING WITH COPD

No cure for COPD exists, and damage to the airways and lungs is irreversible. However, the symptoms can be manageable. Lifestyle changes like getting regular exercise, eating a healthy diet and stopping smoking may improve shortness of breath and strengthen the body. Patients should visit a physician to discuss medications and treatment options. If you're experiencing any of the symptoms of COPD, seek medical attention early to reduce your risk of developing the disease.

The good news is that the disease is preventable. With early lifestyle changes, you can steer clear of COPD.

## ! Clear the air!

**P**ulmonologist/Intensivist, Sleep Medicine  
Specialist and Board-certified Internist

Akinyinka A. Ajelabi, M.D., can help if you or a loved one has any of the symptoms of COPD. Call (281) 432-7300 for an appointment. Dr. Ajelabi is located at 203 N. College, Suite 3003, in Cleveland.

## 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

## MEET OUR MEDICAL STAFF

The experienced, dedicated medical staff members of Cleveland Regional Medical Center (CRMC) can help keep you and your family healthy. We'd like to introduce you to one of them.



**AKINYINKA A. AJELABI, M.D.**  
**Pulmonologist/Intensivist, Critical Care and  
Sleep Medicine Specialist**

**203 N. College, Suite 3003  
Cleveland, TX 77327  
(281) 432-7300**

**A**kinyinka A. Ajelabi, M.D., is a Board-certified Pulmonologist/Intensivist and Sleep Medicine Specialist who specializes in treating disorders of the lungs and respiratory tract. Pulmonology is classified as an internal medicine subspecialty. Because pulmonologists—internal medicine subspecialists—encounter a variety of clinical problems, they must be knowledgeable in internal medicine and other specialties to obtain certification.

Dr. Ajelabi treats a variety of pulmonary diseases and offers diagnosis and treatment for asthma, bronchitis, chronic cough, chronic obstructive pulmonary disease, cystic fibrosis, emphysema, obstructive sleep apnea, sleep disorders and tuberculosis. Dr. Ajelabi provides care with skill, compassion, dignity and respect.

"We're fortunate to have advanced pulmonary care right here in our community," says Cory Countryman, CRMC Chief Executive Officer. "We're pleased to add Dr. Ajelabi's services to those of our experienced and skilled medical staff."

Dr. Ajelabi is accepting new patients at 203 N. College in Cleveland. Call **(281) 432-7300** to schedule an appointment.



**Time is life!**

**H**eat attack treatments are most effective when given within one hour of the start of symptoms. Acting fast can save your life and limit heart damage. CRMC is here for you.

[www.clevelandregionalmedicalcenter.com](http://www.clevelandregionalmedicalcenter.com)

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