

INFORMATION ABOUT YOUR HEALTH FROM
THE NEBRASKA MEDICAL CENTER

advancing health

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SERIOUS MEDICINE. EXTRAORDINARY CARE.

Digital Mammography Improves Accuracy of Breast Screenings



In a large room lined with banks of large computer screens, radiologist Cheryl Williams, MD, studies an image on the screen, searching for the tiniest of white specks—some about the size of a needle point. This is where she and her colleagues read thousands of mammograms, breast ultrasounds and MRIs each year to diagnose cancer or screen images with the hope of detecting breast cancer in its very earliest stages. Digital mammography, which captures images in computer code, has recently replaced view boxes and mammogram films, providing physicians with crisper, brighter images of breast tissue. “Recent studies have found that

in order to make a more accurate diagnosis.

With a click of her finger, Dr. Williams can zoom in on a suspicious calcification or adjust the brightness and contrast of the image to get a clearer view. Dr. Williams, who has more than 18 years of experience under her belt, stresses the importance of experience when reading mammograms. “Statistically, experience is incredibly important when it comes to reading mammograms. Studies have shown that radiologists who read a lot of films and have been doing it for a long time find more cancers than less experienced physicians.”

A woman’s risk for breast cancer

digital mammography is more accurate than film mammography for detecting breast cancer in women with dense breasts, those younger than 50 and those who are premenopausal or perimenopausal,” says Dr. Williams.

The differences between film and digital mammography are similar to those between film and digital photography. Film mammography produces and stores an image of the breast on film. In digital mammography, a computer creates and stores that image. This means radiologists can enhance, magnify or otherwise manipulate the image

increases with age. Women 40 years and older should get a mammogram every year. Mammography can detect a tumor up to two years before you might feel a lump. And breast cancer found in its earliest stages is 90 to 95 percent curable. Statistics show mammograms reduce cancer deaths by 20 to 35 percent in women between the ages of 50 and 69 and by about 20 percent in women in their 40s. Other new, sophisticated techniques, such as ultrasound and MRI, which can be used in combination with mammography for special cases, are helping physicians narrow the gap in detecting tumors that might be missed by mammography.

“These screening methods are the best tools we have to help us detect breast cancer early and begin treatment,” says Dr. Williams. “For women, this means a greater chance of survival and more treatment options.”

In addition to mammography, women in their 20s and 30s should have a clinical breast examination as part of a regular health exam by a health professional every three years and, after age 40, every year. Breast self-exams should be practiced by women starting in their 20s. ■

Frequently Asked Questions About Mammography

Still have questions or concerns about mammography? Don't let these concerns stop you from getting screened from the most effective tool we have for detecting breast cancer early. Visit our website at www.NebraskaMed.com and search “mammography” to find all of the answers you may have about mammograms.

New Vascular Center Treats All Circulatory Problems

Patients now have one place to go for all problems related to the circulatory system. The Nebraska Medical Center's new Vascular Center brings together experienced physicians from a variety of specialties to diagnose and treat circulatory problems such as peripheral vascular disease, varicose veins, clogged arteries and aneurysms.

"The center will allow us to provide more comprehensive and cohesive care to our patients in a streamlined manner that will be easier for referring physicians and patients to navigate," says Anthony Adelson, MD, interventional radiologist at The Nebraska Medical Center.

"Patients with vascular diseases usually have multiple problems in different areas of their body related to the vascular system," says Ali Khojnejhad, MD, PhD, cardiothoracic and endovascular surgeon at The Nebraska Medical Center. "The Vascular Center will allow our multidisciplinary specialists from cardiology, interventional radiology, vascular surgery and cardiothoracic surgery to evaluate patients and collaborate to provide an optimal care plan that addresses all their circulatory problems and ultimately, provide better outcomes."

For instance, in patients with significant coronary artery disease, one-third to one-half will have significant disease in the carotid vessels, notes Dr. Khojnejhad. In patients who have suffered an aneurysm, one-half of these patients will

have coronary artery disease. In addition, one-third of these patients will have additional aneurysms in other areas of the body that will require follow-up and treatment by an endovascular specialist.

Our physician specialists who work in the center bring their own unique set of skills. William Thorell, MD, the only endovascular neurosurgeon in the state of Nebraska, offers expertise in a number of minimally invasive interventional procedures for treatment of neurological conditions. Dr. Khojnejhad is the only cardiothoracic surgeon in Nebraska and surrounding states who has undergone dedicated training in endovascular surgery. The vascular surgeons at The Nebraska Medical Center are trained in all the latest minimally invasive and open surgical techniques to provide patients with peripheral vascular disease the fullest range of options that can be tailored to best suit their needs.

"This center will provide the most advanced vascular care and treatment in the city," says Thomas Howard, MD, vascular surgeon at The Nebraska Medical Center. "Our patients will receive more comprehensive and efficient care and our specialists will be more accessible."

For more information about our Vascular Disease Center, visit us at www.NebraskaMed.com. ■



Women's Health & Wellness Conference *Healthy Living in a Hectic World*



Friday, Oct. 5

8 a.m. to 4 p.m.

Mid-America Center

1 Arena Way, Council Bluffs, Iowa

Continental breakfast and lunch served.

To register, call 402-559-6345.

Cost: \$40; \$70 for nurses with 4.3 contact hours. Take this opportunity to learn more about how you can take control of your health with exhibits, health screenings and presentations on important women's screening tests, balancing your life, stress management, managing pain, obesity, diabetes and healthy meal planning.

We Are Here for You 24 Hours a Day, 7 Days a Week

The Nebraska Medical Center allows you access to free health information whenever you need it and features:

- Access 7 days a week, 24 hours a day
- Bilingual options
- Physician referral
- Class or seminar registration
- A "call-me-back-later" feature through our website

800-922-0000

Blood Pressure Screenings On the Go

Now you can get free blood pressure readings and monitor your numbers without a trip to the doctor's office with new Heart Check Kiosks sponsored by The Nebraska Medical Center at area malls.

The process is simple:

- Slip on the arm cuff.
- Push the button.
- Within a matter of seconds, the reading is complete and recorded on a card that can be taken home.

Heart Check Kiosks are now available at these locations:

- Oak View Mall, upper level near Dillard's
- Westroads Mall, second level near Dick's Sporting Goods

Join Us for the Zoo Walking Club Fall Festival

Friday, Nov. 9, 8:30 a.m.

- Free refreshments
- Giveaways
- Door prizes
- Presentation

Meet in the Tree Tops Restaurant and then move to the Mutual Pavilion auditorium for a health presentation by a nutrition therapist on "super foods." End with a walk around the zoo grounds!

Reservations required. Please call the zoo at 402-738-2038.



health & wellness

P R O G R A M S

Club activities are open to all individuals age 50 and older. Health and Wellness Club (H&W) members enjoy occasional discounts and special offerings. **For more information or to register, call 800-922-0000.**

Zoo Walking Club

Meets Fridays, 8:30 a.m. at the north gate until Fall Festival Nov. 9.

Must be a zoo member to participate. Everyone is welcome at Fall Festival.

Lauritzen Gardens Walking Club

Club walkers meet on Tuesdays at 8:30 a.m. through Oct. 30.

Visitor Center, 100 Bancroft Street Garden members free. All others pay regular admission of \$7.

Third Thursday Art Encounter Club

Third Thursdays, 10:30 to 11:30 a.m., Nov. 15, Dec. 20

Free to Joslyn members; H&W Club members pay museum admission. Enjoy guided tours of Joslyn's

permanent collection and special exhibitions. *Nov. 15: TBA; Dec. 20: The Art of Robert Bateman*

Free Club Bowling Day

Tuesday, Oct. 16, 9 a.m.

Westlane Bowling Alley
151 North 72nd Street
Three free games and refreshments.

Visualizing Literature:

Book Club for Art Lovers

Meets four times annually, 10:30 a.m. to noon or 1 to 2:30 p.m.

Joslyn Art Museum conference room
A series of moderated book discussions designed to explore connections in the literary and visual arts. Includes a walk in the galleries. *Tuesday, Sept. 11: The Orchid Thief: A True Story of Beauty and Obsession* by Susan Orlean; *Tuesday, Nov. 13: My Name is Asher Lev* by Chaim Potok

Free to Joslyn members; \$7 for adults; \$5 for ages 62+. For more information, call Joslyn Art Museum at **402-342-3300.**

Vigor Tone, Mightier Bone

An ongoing, supervised strength and weight training class geared toward seniors. The class meets on Mondays, Wednesdays and Fridays, 10 to 11 a.m., at the Student Life Center on the University of Nebraska Medical Center campus, 40th and Jones Street. For more information, please call **402-559-2030.**

Medical Seminar: Colon Cancer

Sue Wardian, RN
Thursday, Oct. 11
Storz Pavilion, Rooms 1 & 2
Lunch served at 11:20 a.m.; speaker begins at noon.
\$5 H&W Club members; \$6.50 guests. **Registration required; call 800-922-0000.**



Interested in becoming a Health & Wellness Club Member? Please call 402-559-4996.

New CT Scanners Provide Quick Diagnosis for Chest Pain

CT coronary angiography, a quicker and less invasive alternative to traditional cardiac catheterization, is being used in a select number of patients to diagnose chest pain as a first-line screening tool. "CT coronary angiography has become clinically more useful with the introduction of the 64-slice CT scanner which is four times faster than the previous 16-slice scanners," says Ward Chambers, MD, cardiologist at The Nebraska Medical Center, "and has the potential to eventually replace heart catheterizations."

The new CT scanners can assemble three-dimensional images of the heart and arteries, enabling clinicians to assess artery diameter and identify possible blockages. The procedure can be performed in five minutes compared to an hour for cardiac catheterization, which also requires a six- to eight-hour observation time after the procedure.

According to a recent study, 64-slice CT coronary angiography accurately established or excluded the presence of coronary artery disease in 75 percent of chest pain patients and reduced average diagnostic time from 15 hours to 3.4 hours. The scans still come with some limitations, however. CT coronary angiography exposes patients to more radiation than catheterizations and catheterizations can show finer detail in smaller arteries.

The CT scanner is used primarily for diagnostic purposes in individuals at risk for heart disease and who present with symptoms and could benefit from a quick diagnosis, says Dr. Chambers.

Coronary heart disease is America's number one killer and stroke is

number three. That's why it's so important to reduce your risk factors, know the warning signs and know how to respond quickly and properly if warning signs occur.

Some heart attacks are sudden and intense; however, most heart attacks start slowly, with mild pain or discomfort. Many people don't realize they are experiencing a heart attack and wait too long before getting help. If you

are experiencing any of these symptoms, call 911 immediately. Minutes matter when it comes to saving lives.

■ Chest discomfort.

Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.

■ Discomfort in other areas of the upper body. Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.

■ Shortness of breath with or without chest discomfort.

■ Other signs may include breaking out in a cold sweat, nausea or lightheadedness.

In addition, women are somewhat more likely than men to experience some other common symptoms, particularly shortness of breath, nausea/vomiting and back or jaw pain. ■



Health Assessment Tools

Confused about your cholesterol? Want to know if you're getting enough sleep? Think you know all there is to know about skin cancer or heart disease? Take these health quizzes and assessments to test your knowledge.

Go to www.NebraskaMed.com.

UPDATE

the latest medical research

Cryptogenic Stroke and PFO Study

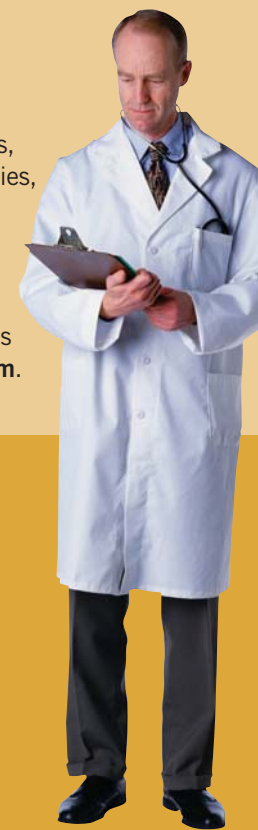
Have you or someone you know recently suffered a stroke? Adults 19 to 60 years old who have had a stroke in the past 180 days and have a common heart defect—patent foramen ovale, or PFO—are invited to participate in a research study. The purpose of the study is to find out whether implanting an investigational device to repair the PFO during a nonsurgical procedure is better than standard medical treatment in preventing future strokes. To learn more about the study, call The Nebraska Medical Center at 800-922-0000. To learn more about PFO closure, go to www.amplatzer.com.

West Nile Virus Research Study

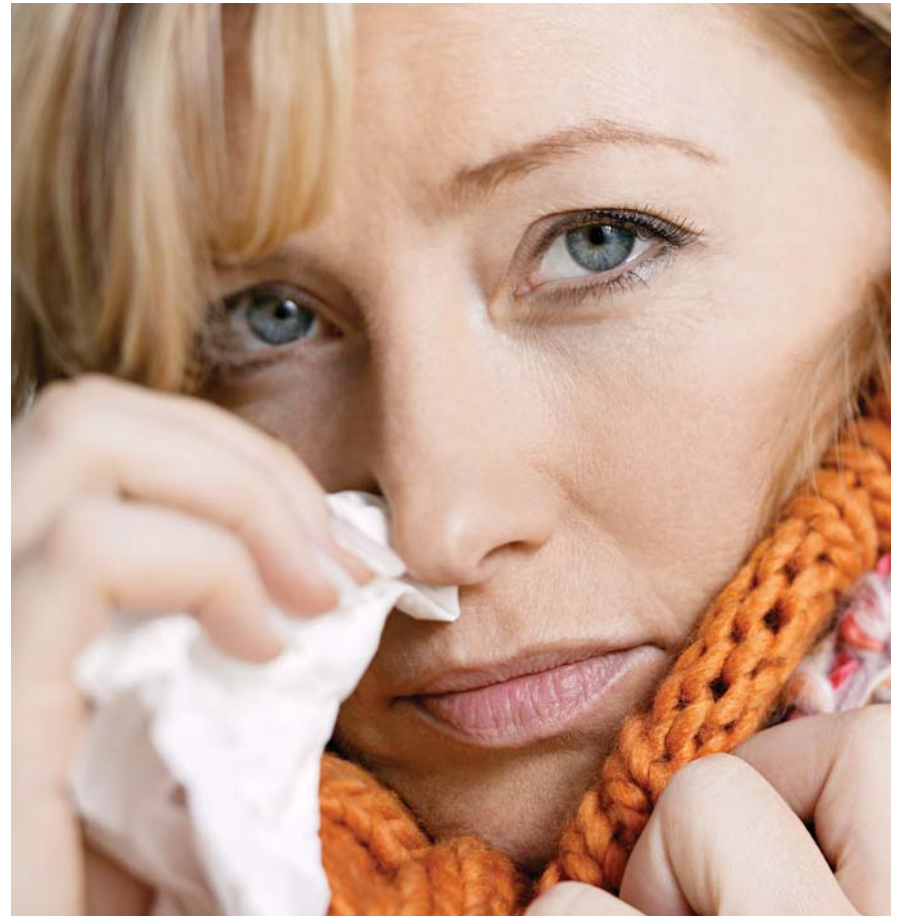
Adults diagnosed with West Nile Virus anytime within the last four years may be eligible for The Nebraska Medical Center research study. For details, call The Nebraska Medical Center at 800-922-0000.

TOP DOCTORS ARE HERE!

The Nebraska Medical Center had 82 physicians, representing 28 specialties, named to the 2006 Best Doctors list. To find a doctor at The Nebraska Medical Center, call 800-922-0000 or visit us at www.NebraskaMed.com.



For more information about heart disease, go to www.NebraskaMed.com.



Is It a Cold or Allergies?

Do you feel like you're sneezing and congested more often than not? Are you having trouble sleeping? "If you're having symptoms more than 50 percent of the year and they have begun to affect your quality of life, you probably have allergies," says Jill Poole, MD, allergist at The Nebraska Medical Center.

Determining if your symptoms are due to allergies or the common cold can be difficult, especially if you suffer from seasonal allergies. Allergies are more likely to be persistent while the common cold will usually dissipate in seven to 10 days. In addition, the common cold is associated primarily with congestion, runny nose and fatigue while allergies may include these symptoms as well as watery and itchy eyes, itchy nose, clear mucus drainage, sinus headaches and fatigue. Another clue: If you've tried various antibiotics to treat a supposed cold or sinus infection without success, it may be time to make an appointment with an allergist.

More than one-third of all Americans have allergies. While allergies continue to increase in this country, we still do not have definitive reasons why, says Dr. Poole. Allergies are particularly more acute in the Midwest due to the prevalence of seasonal allergens such as ragweed and perennial allergens such as dust mites, which prefer to live where there is 50 percent or more humidity.

"Hay fever" or seasonal allergies, is the most common type of allergy and is usually triggered by

allergens such as grasses, tree pollens and weeds. These allergies tend to occur more frequently in the spring and summer months. Allergens that can cause year-round symptoms include indoor allergens such as dust mites, cockroaches, mold or pet dander.

Whether you suffer from seasonal or perennial allergies, it is important to get an accurate diagnosis by seeing an allergy specialist for evaluation and treatment. Failing to treat your allergies can lead to chronic sinus problems, fatigue, interfere with sleep, and even cause the development of asthma, says Dr. Poole. Over-the-counter (OTC) medications may be enough to manage mild allergy symptoms. Nonsedating OTCs like loratadine (Claritin), pseudoephedrine, as well as nasal/sinus rinses can be very helpful, says Dr. Poole. The key is to take your medicines regularly and consistently, she says.

A variety of prescription medications also are available to help control symptoms. Steroidal nasal sprays are effective in treating nasal congestion as well as associated asthma symptoms. Individuals who have had little or no success with medications can be allergy tested to help pinpoint



the exact allergens that are causing their symptoms. Allergy shots, which can desensitize you to a given allergen, may be another option. These shots are given monthly for three to five years and, if effective, can produce long-lasting changes, sometimes up to 20 years.

If you're an asthmatic, diagnosis is even more critical as allergies can be a significant trigger for asthma attacks. In addition, allergies increase a person's risk of developing asthma by three times. In children, treating allergies aggressively can decrease the risk of developing asthma later, notes Dr. Poole. ■

FREE Brochure

Our brochure, *Living Well with Allergies*, explains types of allergic diseases and treatment plans. To order a FREE copy, please call 800-922-0000.



q & a...

Will getting a good night's sleep affect my memory the next day?

William Baumann, MD, pulmonary, critical care and sleep medicine specialist

Some of the latest research indicates that getting a good night's rest not only helps retention, but may even help you remember thoughts forgotten during the day. Recent studies with college students suggest that staying up all night to cram for an exam may still produce an adequate performance on the next day's test, but later recall of the information may be impaired because the brain hasn't had enough time to incorporate those facts into long-term memory. A good night's sleep produces changes in the brain that help strengthen and stabilize memories. All night studying can leave you forgetful. In one recent study, MRI scans revealed that the brain's motor center that controls speed and accuracy was more affective when individuals had gotten adequate rest. The MRIs also showed decreased activity in the brain's limbic system, the region that controls emotions such as stress and anxiety. This led the researchers to deduce that "when you awaken, memory tasks can be performed more quickly and accurately and with less stress and anxiety." There is also evidence that cutting back from the standard eight down to four hours of sleep each night produces significant changes in glucose tolerance and endocrine function that mirror many of the common characteristics of aging. It is suspected that chronic sleep loss may not only accelerate the onset but could also increase the magnitude of age-related conditions such as diabetes, hypertension, obesity and memory loss.



What causes sudden hearing loss?

Britt Thedinger, MD, otologist and neurotologist

Sudden hearing loss is hearing loss that occurs abruptly or during a period of several days and usually affects only one ear. Sometimes this type of hearing loss is accompanied by a ringing in the ear (tinnitus) or dizziness. Sudden hearing loss requires immediate medical attention. While the cause can't always be determined, known causes of sudden hearing loss include: viral infection of the inner ear due to infections like the mumps, measles or chickenpox; disruption of blood flow to the cochlea, such as due to a head injury; torn membrane within a part of the inner ear; or a noncancerous tumor of the acoustic nerve. An audiologist will test your hearing to determine the extent and severity of your hearing loss. Mild hearing loss may improve within a few weeks. Depending on the underlying cause, many people with sudden hearing loss may regain their former level of hearing. However, some individuals show no improvement or regain only partial hearing in the affected ear. Treatment of sudden hearing loss focuses on treating the underlying cause. If the cause isn't known, treatment may include corticosteroids or antiviral medications.

Need a PHYSICIAN REFERRAL?

Call us at 800-922-0000 or visit
www.NebraskaMed.com.



q&a: Are You at Risk for Pancreatic Cancer?

an interview with Aaron Sasson, MD, surgical oncologist

Pancreatic cancer is one of the most serious cancers. It is estimated that 32,000 Americans will be diagnosed with pancreatic cancer this year and an equal number will die from the disease. That's why it's important to know your risk factors, its symptoms and steps you can take to prevent it.

Q: Who is likely to develop pancreatic cancer?

A: The likelihood of pancreatic cancer increases with age. Most cases occur in individuals older than age 60, in men more than women and among African-Americans more than other ethnic groups. Cigarette smokers are two to 10 times more likely than nonsmokers to develop pancreatic cancer.

People with diabetes also have a greater risk as do those with a history of chronic pancreatitis—a chronic inflammation of the pancreas. In addition, having a member of your immediate family with pancreatic cancer triples your own chances of developing it. A history of colorectal or ovarian cancer in your immediate family also increases your risk.

Q: Should I be screened for pancreatic cancer?

A: Currently there is no effective screening test for pancreatic cancer. Small tumors are difficult to detect during routine physical exams since your pancreas is located deep within your abdominal area. If you suspect you are at risk, talk to your doctor.

Q: What are the symptoms of pancreatic cancer?

A: Early pancreatic cancer frequently goes undetected because there are no noticeable signs of it. As the cancer grows, symptoms may include:

- Pain in the middle or upper abdomen or back
- Yellowed skin and eyes
- Weakness or fatigue
- Appetite loss, indigestion
- Nausea and vomiting
- Weight loss

See your doctor if you're experiencing any of these symptoms.

Q: Can you prevent pancreatic cancer?

A: You can take steps to lower your risk of developing pancreatic cancer:

- Quit smoking.
- Maintain a healthy weight.
- Limit the amount of pork, red meat and processed meat in your diet.
- Avoid cooking meats at high temperatures such as when you fry, broil or barbecue, which produces harmful chemicals. Partially cooking meat in a microwave prior to high-temperature cooking can help minimize exposure to these chemicals.
- Eat at least five servings of fruits and vegetables daily.

Q: What causes pancreatic cancer?

A: The exact causes of pancreatic cancer are still undetermined. Cancer of the pancreas is a genetic disease, which means that it is caused by changes in DNA. These changes can be inherited or they can develop after we are born. In a small percentage of people, the disease may run in families, also known as a genetic predisposition.

Q: Are there treatments available for pancreatic cancer?

A: Surgical removal (resection) of the tumor is the only possible cure for patients with pancreatic cancer. Approximately 30 percent of pancreatic cancer patients will be candidates for surgery. The five-year survival rate for these patients is 15 to 20 percent.

The NCCN (National Cancer Center Network) recommends that patients with pancreatic cancer seek opinions and care from centers of excellence like The Nebraska Medical Center that treat high volumes of patients.

For more information about pancreatic cancer, visit us at www.NebraskaMed.com.



CANCER SUPPORT FOR YOU

Cancer support groups can provide knowledge, hope, support and inspiration. To find out more about our cancer support groups, visit www.NebraskaMed.com.

Thyroid Cancer Is on the Rise:

How to Determine If It Is a Swollen Gland or Cancer

It has been one of the fastest increasing of all cancers among both women and men in the United States during the last 10 years, but medical experts are not sure why it's on the rise. The good news is that it is not very common—approximately 35,000 new thyroid cancer cases are expected to be diagnosed in the U.S. this year. That compares with more than 200,000 new cases of breast cancer and approximately 170,000 new cases of lung cancer. In addition, “the most common type of thyroid cancer—papillary thyroid cancer—can be cured in up to 98 percent of cases when it is found early,” says Bill Lydiatt, MD, head and neck surgical oncologist at The Nebraska Medical Center.

Most thyroid cancers appear as a growing, hard lump in the front of the neck that doesn't go away. This is known as a thyroid nodule, a solid or fluid-filled lump in the thyroid that often is detected during an incidental ultrasound examination of the neck. More than 95 percent of these nodules are not cancerous. Swollen glands or lymph nodes also are a common source of lumps in the neck. These lumps are not associated with the thyroid, but are part of your body's immune system response to infection. Unlike thyroid cancer, a swollen gland often develops on the side of your neck, may move around a bit when palpated, and will go away within a week or two as you get better. “A thyroid cancer nodule will stay in the same place and never goes away,” says



Dr. Lydiatt. If after two weeks, the lump has not gone away, Dr. Lydiatt recommends seeing your physician.

Thyroid cancer occurs most often in women in the 20-to-45 age group and tends to be more aggressive when it develops in women and men older than age 45.

While most cases of thyroid cancer do not produce symptoms, as the cancer grows, it may cause a hoarse voice or changes in your voice; difficulty swallowing; trouble breathing; or pain in your throat or neck. “Painless lumps are more likely to be cancerous than painful ones,” says Dr. Lydiatt.

Factors that are more likely to increase the risk for cancerous nodules, says Dr. Lydiatt, include: being a woman younger than age 20 or older than age 65; a man with nodules; having had radiation of the head and neck during adolescence; the nodule is changing or growing rapidly; the nodule is hard or associated with lymph node enlargements; the nodule is irregular in shape and fixed to a particular space.

Improved diagnostic techniques including more widespread use of ultrasound may play a role in the increasing number of cases, says Dr. Lydiatt. Treatment involves surgery

to remove the thyroid gland, followed in many cases by radioactive iodine treatment, that involves swallowing a pill that is specifically attracted to thyroid cancer cells to potentially kill any that are left after surgery.

Some thyroid cancers will return after treatment but the majority of recurrences can be retreated with surgery, radioactive iodine or radiation therapy very successfully. “The outlook for thyroid cancer patients is very promising,” says Dr. Lydiatt. “It is one of the most treatable and curable of all cancers.” ■



For more information about thyroid cancer, go to www.NebraskaMed.com.

How to Calm Restless Legs



You crawl into bed, ready to relax, but your legs won't settle down. You suddenly have a strong urge to move your legs that is difficult to resist. You feel burning or crawling sensations deep inside your calves that seem to go away when you move your legs. You often get these same sensations during the day whenever you sit down. Sound familiar? You could have restless legs syndrome (RLS).

Approximately 6 to 15 percent of the U.S. adult population has this condition. RLS is a neurological condition that can be caused by many factors, including genetics, low iron levels and health conditions such as diabetes, related neuropathies and kidney failure, says Sabin Bista, MD, sleep medicine specialist at The Nebraska Medical Center. It occurs more frequently in women than men and becomes more common with age. If a first-degree relative—such as parents, siblings or children—has RLS, you have a three to

six times higher risk of developing symptoms. To diagnose restless legs syndrome, doctors look for four criteria: the urge to move legs usually accompanied by an uncomfortable feeling in the legs; leg movements that begin or worsen during periods of rest or inactivity; unpleasant sensations or urges to move the legs that gets better with leg movements; leg movements that start or worsen at night.

About 80 percent of individuals with restless legs also have periodic leg movements during sleep, often causing partial awakenings that disrupt sleep and may cause daytime sleepiness.

“Some individuals may not even be aware of these movements,” says Dr. Bista, “and it is often the bed partner who observes the leg movements and complains.” While there is no cure for RLS or periodic leg movement disorder, the majority of people can reduce their symptoms significantly with a combination of lifestyle changes and treatment of symptoms if caused by underlying disorders and medications, says Dr. Bista.

Lifestyle changes include: refrain from caffeine intake; avoid alcohol consumption; practice good sleep hygiene; engross yourself in activities such as foot massages or exercise; and take a warm or cool bath. Most antidepressants, antihistamines commonly used for allergies, and anti-nausea agents can trigger or worsen restless legs, says Dr. Bista. Some anesthetic agents also exacerbate symptoms, so it is important to inform your doctor if any surgery is being planned under anesthesia. If the underlying cause is an iron or folic acid deficiency, supplements alone may be sufficient to relieve your symptoms. If these changes are not enough, medications are available to treat RLS and response to these varies for each person. However, medicines that target dopamine such as ropinirole or pramipexole, are the drugs of choice in most cases.

Several conditions can mimic RLS including varicose veins, peripheral vascular disease, leg pain from arthritis or other disorders and peripheral neuropathy, which causes pins-and-needles sensations in the legs. The difference is, in these conditions, the pain gets worse with activity instead of going away as in RLS.

RLS can cause significant sleep disruption and affect your lifestyle considerably, says Dr. Bista. Therefore, it is important to get RLS diagnosed and treated. ■



FREE BROCHURE

Do you or a loved one suffer from restless legs syndrome? Our FREE brochure offers tips for temporary relief. To order, call **800-922-0000**.



To learn more about restless legs syndrome, visit us at www.NebraskaMed.com.

How to Cope with Chronic Fatigue Syndrome

Everyone feels tired now and then. But when fatigue doesn't get better with rest and becomes chronic, you could have something more serious like chronic fatigue syndrome (CFS). "This is a rare condition that is diagnosed after everything else has been eliminated," says Brock Lasure, MD, family practitioner at The Nebraska Medical Center.

Chronic fatigue can last for years, come and go, or even disappear. While CFS strikes both genders, it is two to four times more common in women than men. The main symptom

of CFS is severe, unexplained, chronic fatigue lasting for at least six months. A diagnosis also requires the presence of four or more of the following symptoms: impaired short-term memory loss; sore throat; tender lymph nodes; muscle pain; joint pain without swelling or redness; headaches of a new type, pattern or severity; unrefreshing sleep; or not feeling well for at least 24 hours after exercising.

There is no clear cause for CFS, although it is thought that there may be a link to viral infections such as Epstein-Barr or the human herpes virus.

Mononucleosis (mono), which is caused by a virus, can have similar symptoms and is usually accompanied by swollen lymph nodes in the neck as well as sore throat and fever. Mono can last for several weeks to several months and can be diagnosed with a blood test.

Patients can monitor triggers like stress or environmental factors that seem to worsen symptoms. A combination of other treatments also may help. These include: moderating daily activity by avoiding excessive physical and psychological stress; beginning an exercise program and gradually increasing the intensity with time; cognitive behavioral therapy, which focuses on replacing false beliefs with correct information to encourage behavior change; antidepressant medications for treatment of depression; treatment with pain relievers such as acetaminophen and nonsteroidal anti-inflammatory drugs such as aspirin and ibuprofen.

Individuals who have difficulty coping with chronic fatigue syndrome may also benefit from counseling. The good news is that chronic fatigue syndrome is not life threatening and it is not linked to any other conditions such as heart disease or cancer, notes Dr. Lasure.

If you are diagnosed with chronic fatigue syndrome, the key is to be realistic about your condition and realize that there is no magic cure, says Dr. Lasure. "If patients understand they have a chronic condition, they can be better equipped to cope with it," he says. ■



Simple Forgetfulness or Alzheimer's Disease?

As we age, we all experience some decline in short-term memory and the ability to process information. But how do you know when you or your loved one has surpassed simple forgetfulness and may have something more serious like Alzheimer's disease?

That's the difficulty with recognizing the early stages of Alzheimer's disease, which is often misinterpreted and underrecognized by both family members and clinicians. "If you're a little more forgetful, but you're still able to do everyday activities, you're probably okay," says Daniel Murman, MD, neurologist at The Nebraska Medical Center.

There are two levels of cognitive impairment that can develop in older adults that do not qualify as Alzheimer's disease: mild cognitive impairment, which is associated with some decline in cognitive thinking but no impairment in functional abilities; and dementia, which is more serious and involves a significant decline in cognition but does not interfere with everyday functional abilities such as driving or cooking.

Patients with dementia need additional diagnostic tests to determine the cause of their condition. These include laboratory tests, a review of their medical history and medications, a physical examination including tests of cognition and neurologic examination and brain imaging.

Alzheimer's disease is the most common cause of dementia. Other common causes of dementia include vascular dementia and Dementia with Lewy Bodies. Other medical problems that may cause symptoms similar to Alzheimer's also must be ruled out, says Dr. Murman. Approximately 5 to 10 percent of people show memory loss, confusion and other signs of dementia due to a potentially reversible illness such as metabolic problems, depression, drug intoxication, thyroid problems or vitamin deficiency.



For more information about chronic fatigue syndrome, visit us at www.NebraskaMed.com.

Take Charge of Your Health!

Don't Miss Out!

The Nebraska Medical Center is offering the following health information resources free of charge.

To receive your free information, call us at 800-922-0000.

- Allergies brochure
- Restless legs brochure
- Cholesterol brochure

Sign up Today for Free E-Mail Newsletters

Receive valuable health information on a monthly basis and get the latest updates on our classes and services relevant to your interests. Register under "Health and Wellness" at www.NebraskaMed.com.



Best Foods to Lower Your Cholesterol

In the world of heart disease and diet, it seems that we are constantly inundated with messages about foods that can increase our risk for heart disease.

The good news is that there also are foods you can eat to help keep your cholesterol levels in check or even lower them.

Increasing your consumption of high-fiber foods like fruits, vegetables, beans, legumes and whole grains and decreasing consumption of high-fat foods like processed meats and baked goods can help you lower cholesterol by 10 to 15 percent, says Brenda Bishop, medical nutritionist at The Nebraska Medical Center. Soluble fibers found in oatmeal and beans are particularly effective at lowering cholesterol levels.

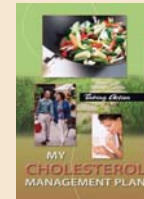
Combining a low-fat, high-fiber diet with lifestyle modifications such as exercising, weight management, quitting smoking and reducing stress, can provide even greater cholesterol-lowering benefits.

Plant sterols, which are natural substances found in certain plant-based foods, also have been found to be effective at lowering cholesterol and may be an option for individuals with elevated LDL cholesterol. Plant sterols



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have been added to some margarines and other foods in large enough quantities to reduce cholesterol. Other foods that promote heart health include oily fish like tuna, salmon and catfish, which are all high in omega-3 fatty acids. Evidence also points to the cholesterol-lowering abilities of nuts—including almonds, hazelnuts, pecans, macadamia nuts and walnuts. When cooking, choose monounsaturated cooking oils found in olive, peanut and canola oils and avoid coconut and palm kernel oils.

The most concentrated sources of cholesterol include organ meats, egg yolks and whole milk products. Choose these foods infrequently and in small amounts. Instead, choose

lean cuts of meat, egg whites or substitutes and skim or 1 percent milk most of the time. If you're really serious about lowering your cholesterol, use vegetable-based meat substitutes like beans or soy in recipes.

Limit your intake of fats, especially saturated and trans fats. Trans fat—found in commercially baked foods and fried foods—are the worst of them all. Trans fat raises both your bad cholesterol or LDL, and lowers your good cholesterol, or HDL. Major sources of saturated fat include beef, butter, cheese, milk, and

coconut and palm oils.

"Choosing a diet pattern of whole grains, fruits, vegetables, low-fat dairy, fish and nuts will help keep your heart healthy and blood fats in check," says Bishop. ■

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