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Windward Health

JOURNAL OF WELLNESS AND GOOD HEALTH CARE

SUMMER 2008

GET INVOLVED!

Kailua Relay for Life
July 12 and 13
Kailua Beach

Join Castle Medical Center in honoring cancer survivors, paying tribute to the lives lost to cancer and raising money to help fight it—right here on the Windward side. The goal this year is to have 66 teams and to raise \$100,000. Sign up to organize a team or donate at www.relayforlife.org.



Windward Half Marathon Race Series Run
Sunday, Sept. 14
6 to 9 a.m.
Entry deadline: Aug. 24
Kailua Intermediate School

Join the Windward Boys & Girls Club and Castle Medical Center to raise funds for the Boys & Girls Club of Hawai'i. Fees are \$30 for the half marathon, \$25 for the 5K, \$15 for the Keiki 1 mile and \$10 for the Keiki 100-yard dash. Applications are available at running stores in O'ahu, or visit www.active.com to register online.

GOING GREEN HEALTH CARE WITHOUT HARM

Hospitals aren't the first places that come to mind when you think of saving the environment. ♦ But Castle Medical Center (CMC) is mindful of its impact in the community and is looking to set an example as it steps up efforts to be "green." ♦ Tina Johnson, RN,

Women's Center nurse manager, chairs the hospital's Going Green Committee, which is looking at what the hospital consumes and finding ways to recycle, reduce and reuse. She is optimistic about the options the committee has found.

"Caring for our environment is our obligation, and Castle Medical Center has the opportunity to lead the way toward setting an example for our community," Johnson says. "There is so much more we can and plan to do."

THE POWER OF RECYCLING Designated recycling receptacles are placed throughout CMC so that staff and visitors can recycle bottles, cans, newspapers, cardboard, paper (confidential and nonconfidential) and printer cartridges.

- Other things that the hospital recycles include:
- Vegetable oil, used for biodiesel fuel.
 - Green waste, used for mulch.
 - Sequential compression device sleeves, which are reprocessed.
 - Trash, which is processed into useable electricity by HPower.

"We appreciate the community we live in, and we want to do what we can to save it for future generations."

—TINA JOHNSON, RN, CHAIR OF THE GOING GREEN COMMITTEE



PITCHING IN: Nurse Manager Tina Johnson, RN, says that the bright new recycling containers that have been placed throughout the hospital are just the beginning of Castle Medical Center's efforts to go green.

ECO-FRIENDLY EVERY DAY A hospitalwide policy encourages staff whenever possible to: ● Use electronic communication and hold paperless meetings. ● Use hand gel. ● Reuse paper. ● Eliminate the use of Styrofoam. ● Turn off lights and electrically powered equipment when they are not needed.

Additionally, the hospital purchased green shopping bags for all of its associates and offers a discount on cafeteria coffee and tea to associates who use their own mug.

PARTNERSHIPS CMC plans to partner with community high school students to remove the recycled cans and bottles. The school's programs will collect the money from turning in the recycled items.

"Recycling won't make much of a difference to the hospital's bottom line, but we appreciate the community we live in, and we want to do what we can to save it for future generations," Johnson says.



AUG. 28
SAVE THE DATE

PIZZA PARTY PIZZAZZ—see page 8.
Pick up some creative and healthy new pizza recipes!



Peter Roney, MD, Castle Medical Center ophthalmologist, and fellow ophthalmologist George Nardin, MD, perform 300 to 400 cataract surgeries at Castle annually. Castle's "phaco" machine (pictured in background) has improved technology and features that shorten procedure times, which benefits patients.

Blurry vision may signal a cataract

When life appears to be a little blurred around the edges, that's a clue to see your eye doctor—you may have a cataract.

A cataract causes the eye's naturally clear lens to become clouded. The effect is much like looking through a window that is frosted or yellowed, reports the American Academy of Ophthalmology (AAO).

Cataracts can cause light sensitivity, poor night vision and double vision in one eye. If you have a cataract, you also may need a brighter light to read and colors may appear faded or yellowed.

Cataracts can occur in one or both eyes. They are especially common in people 60 and older. Usually cataracts become progressively worse over a period of years. When they occur in younger people and

people with diabetes, they may worsen in a short time.

You are more likely to develop cataracts if you have a family history of cataracts, have a medical problem such as diabetes, or have had an eye injury or eye surgery.

Use of steroid medications, radiation exposure, smoking, alcohol use and unprotected exposure to sunlight are also risk factors.

Surgery is the only way to remove a cataract. The cloudy lens is taken out and, in most cases, a new permanent lens is put in its place. You may not need surgery if your cataract is not bothering you. If you can easily perform daily tasks—such as cooking, shopping and taking medicines—you and your eye doctor can discuss if and when surgery might be appropriate.

Even without surgery, a simple change in your eyeglass prescription will help you see better while living with a cataract, according to the AAO.

Also, wearing glasses and sunglasses that screen out ultraviolet (UV) light can slow the growth of a cataract.



Take a measure of your health

An expansive waistline may make you feel unattractive, but there's more than vanity at stake. When too much fat is stored around your waist, your risk for health problems increases.

Women with a waist measurement more than 35 inches and men with a waistline greater than 40 inches are susceptible to high blood pressure, diabetes and high levels of LDL cholesterol (the bad kind). Having one or more of these conditions increases your risk for heart disease and stroke, according to the American Heart Association.

To check your waistline, place a tape measure around your bare abdomen just above your hip bones. Hold the tape parallel to the floor. Pull the tape snug without compressing your skin.

Now relax, exhale and measure your waist.

If the tale of the tape reveals a problem, ask your doctor about a diet and exercise program that is right for you.

Four to know: Tips for proper medicine use

Medicine can make all the difference when you don't feel well or need to manage a health condition. But medicine can also be dangerous if not used properly. These four safety tips can help you avoid medication errors:

- 1 Store all medicines in their original containers out of children's reach. Avoid storing medicine in a bathroom medicine cabinet or in a car. Humidity, heat and light can affect a medicine's potency and safety.
- 2 Take your medicine exactly as your doctor or pharmacist tells you. Don't chew, crush or break pills unless instructed. This could cause some medications to be absorbed too quickly or not work properly.
- 3 If you miss a dose or make a mistake when taking your medicine, call your doctor or pharmacist for advice.
- 4 Call your doctor right away if you have a serious side effect or if any side effect doesn't get better. You may need to change doses or switch to another medication.

Sources: Institute for Safe Medication Practices; United States Pharmacopeia



TAKE ACTION

Exercise classes, health assessments and personal training—see page 8.

HOW TO FIND US

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808-263-5500

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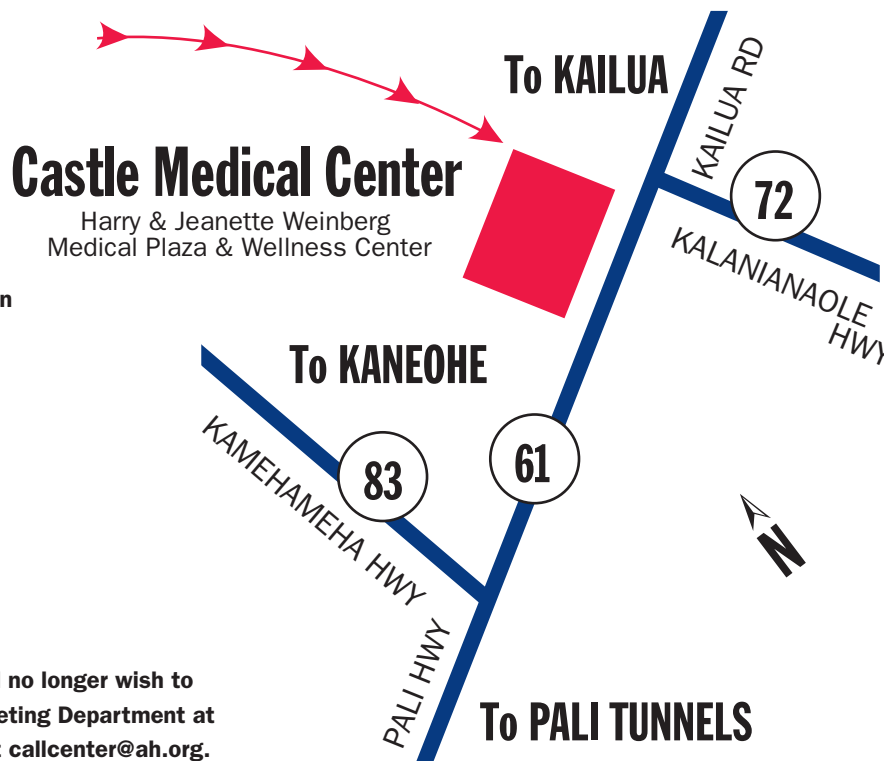
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WINDWARD HEALTH is published quarterly as a community service for the friends and patrons of CASTLE MEDICAL CENTER, 640 Ulukahiki St., Kailua, HI 96734, telephone: 808-263-5163, website: www.castlemed.org.

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WindwardHealth

SUMMER 2008



VIRAL GASTROENTERITIS
When your gut is under attack

Your stomach hurts. You have diarrhea and nausea. When your friend calls, you say, "I think I've got the stomach flu."

But you really don't—because there's no such thing as stomach flu. What you most likely have is viral gastroenteritis—an infection in your digestive system that you probably got from being in contact with someone who was already infected or from eating contaminated food or water.

Viral gastroenteritis can be caused by a number of viruses—none of which is related to the influenza, or flu, virus.

The specific type of virus attacking your gut will determine the type and number of your symptoms. In addition to diarrhea and vomiting, you may have abdominal pain, headaches, fever or chills. Though unpleasant, these symptoms usually subside after a few days.

The most important thing to do if you get viral gastroenteritis is to prevent dehydration, which is a risk because the virus attacks cells in your digestive system. The cells release stored fluid, making your stool watery. You also lose fluids when you vomit.

Watch for signs of dehydration such as dark yellow urine, dry mouth and excessive thirst. You can prevent dehydration—and treat mild versions of it—by drinking plenty of fluids. Severe dehydration may require hospitalization.

Because viral gastroenteritis is highly contagious and there are no specific medications for it—antibiotics work only on bacterial infections, not viral ones—the best defense is a good offense.

To reduce your risk of getting viral gastroenteritis, the U.S. Centers for Disease Control and Prevention says:

- Wash your hands for at least 20 seconds before eating and after using the bathroom or changing a diaper.
- Avoid close contact with people who are infected. You can get sick by sharing utensils or dishes with a sick person.



SUNGLASSES
More than lookin' good

Nothing says cool quite like a sharp pair of shades. But sunglasses do more than make you look good. The best sunglasses also block the sun's ultraviolet (UV) rays.

Long-term UV exposure may raise the risk of cataracts and age-related macular degeneration, the American Academy of Ophthalmology says. Both conditions cause vision loss among older people.

Short-term, high-level UV exposure can also cause an eye problem akin to sunburn. Called photokeratitis, this is a painful condition that makes the eyes feel gritty and extremely sensitive to light. Luckily, lasting damage is rare.

To guard against UV rays, wear quality sunglasses and a wide-brimmed hat whenever you're outside, experts say.

The best sunglasses need not be expensive, but they do need to block 99 to 100 percent of UV rays and screen 75 to 90 percent of visible light.

ADULT VACCINE ALERT

Are you at risk for chickenpox or shingles?

You may think of chickenpox as only a childhood disease. But if you've never had it, you never outgrow your risk for this highly contagious and potentially dangerous infection.

Fortunately, vaccines are available to help protect against the virus that causes chickenpox and, in later life, a painful condition known as shingles.

While the vaccines are not 100 percent effective, they can prevent many cases of the diseases or reduce the diseases' severity, according to the U.S. Centers for Disease Control and Prevention (CDC).

The dangers of chickenpox Although chickenpox strikes more children than adults, adults are more likely to have serious complications and to die from the disease. Serious complications include viral pneumonia and encephalitis (infection of the brain).

A vaccine to prevent chickenpox has been available since 1995. If you never had chickenpox as a kid, you should talk to your doctor about getting vaccinated.

The CDC recommends the following vaccination schedule for kids and adults:

- One dose of chickenpox vaccine between ages 12 and 15 months, followed by a second dose between ages 4 and 6 years.
- Two doses of vaccine four weeks apart for people 13 and older if they haven't had chickenpox or haven't been vaccinated.

If you've had chickenpox, you don't need to be vaccinated against the disease. But you might need another vaccine instead: the one for shingles.

Preventing shingles The same virus that produces chickenpox causes shingles. If you've ever had chickenpox, the virus remains in your body. It can resurface when you are older, usually after age 50, triggering shingles.

The hallmark sign of shingles is a painful skin rash and blistering along nerve fibers on one side of the face or body. The rash lasts from two to four weeks. About one person in five who gets shingles has severe pain for months or even years after the rash clears up.

In 2006 the U.S. Food and Drug Administration approved a one-time shingles vaccine for all people 60 and older, including those who have had shingles before.

In studies, the vaccine prevented shingles up to 64 percent of the time and reduced the number of cases of severe pain following shingles by 67 percent.

Castle News

NEW BIRTH CENTER AND NURSERY OPEN SOON

The new Vera Zilber Birth Center and Eleanor Crim Nursery are scheduled to open this summer. Renovation of Castle Medical Center's Birth Center and Nursery was made possible by sizeable donations from the Joe and Vera Zilber Family Foundation, based in Milwaukee, Wis., and a bequest from the estate of Eleanor Carlo Crim, MD. These donations were combined with proceeds from Castle's 18th annual charity golf tournament held in June.



From left: Kevin A. Roberts, Castle Medical Center president and CEO; Susan Chapman, MD; Joseph Zilber with granddaughter Melissa and great-grandson Jackson

NEW AMBULATORY SURGERY CENTER COMING IN FALL

Plans for the development of the Castle Ambulatory Surgery Center are moving forward, and construction has begun. This joint venture between 15 Windward surgeons and Castle Medical Center will result in a four-room operating center that includes two operating rooms and two procedure rooms. It will be located in the Harry & Jeanette Weinberg Medical Plaza & Wellness Center and is scheduled to open in early 2009.

MORENO-CHOW RECEIVES NATIONAL MILITARY AWARD

Maria Moreno-Chow, a registered nurse in Castle Medical Center's Emergency Services, also serves as a lieutenant commander in the U.S. Naval Reserve Nurse Corps. This March she received the national Bea Ratner Nurse Corps Junior Officer of the Year award for 2007. Her nomination for the award was based on her exceptional and outstanding leadership, compassion and devotion to duty in services to the corps.





Breast CANCER

FIGHTING BACK WITH TREATMENT



Every day 575 women in this country learn that they have a cancerous tumor growing inside their breast. ♦ In many cases, they have no outward sign of the disease and feel absolutely fine, adding to the shock of their diagnosis. If you are one of these women, you may find yourself asking, “Will I survive this disease?” ♦ Almost certainly, you will find yourself facing a series of choices, from what kind of surgery to undergo to whether chemotherapy is in your best interest. ♦ As you make these decisions, you will need information. The following information is not a substitute for a doctor’s advice. But it may help you ask the doctors who treat you better questions.

REASON FOR OPTIMISM As you become more informed, be encouraged by what is arguably the most important piece of information about breast cancer—namely, that it is an increasingly survivable disease. Consider:

- Because of steady gains in both early detection and treatment, breast cancer death rates have dropped every year since 1990, the American Society of Clinical Oncology (ASCO) reports.
- Today, about 98 percent of women with early-stage breast cancer—or cancer confined to the breast—live at least five years after their diagnosis. “And most have long, full lives and die of something other than breast cancer,” says Julie Gralow, MD, chair of the ASCO communications committee.

Moreover, even when cancer invades distant organs, such as the bones or lungs, there is often reason for optimism.

“Even when breast cancer is advanced, women may live for years with a good quality of life,” emphasizes Debbie Saslow, PhD, director of breast and gynecologic cancers at the American Cancer Society (ACS). “Today, when one treatment stops working, women typically can be given another treatment. And then another. And so on.”

UNDERSTAND YOUR CANCER More than ever before, doctors are personalizing breast cancer treatments, matching surgery and cancer-fighting drugs to such variables as the specific biology of a woman’s tumor and how aggressive that tumor appears to be.

Not only does this help improve the chances of successful treatment, but it helps women avoid potentially risky side effects of unnecessary treatments.

To better understand the particulars of your cancer, Dr. Gralow advises you to ask your doctor questions such as these:

- **What type of cancer do I have?** About 20 percent of new breast cancer cases are diagnosed as ductal carcinoma in situ, or DCIS. This is the earliest form of breast cancer—so early that tumors may be as tiny as pinpoints.

Typically, DCIS is detected only by mammograms. It arises in the ducts that carry breast milk to the nipple. DCIS is a noninvasive cancer—meaning it hasn’t spread through the walls of the duct where it originated and into nearby breast tissue. Importantly, nearly all women with DCIS can be cured, reports the ACS.

Other common breast cancers include:

Call 263-5166 to schedule a comfortable mammogram at Castle Medical Center.

Invasive ductal carcinoma. This is the cancer most women learn that they have. It starts in a duct, invades surrounding fatty tissue and may spread beyond the breast to other parts of the body.

Invasive lobular cancer. Rather than starting in a duct, this cancer first shows up in the breast's milk-producing glands, or lobules. Because it is an invasive cancer, it can travel throughout the body.

● **What stage is my cancer?** Staging breast cancer allows doctors to describe how widespread the disease is when it's discovered. Doctors use a scale of zero through 4, with zero being DCIS (the least extensive stage) and 4 being cancer that has taken hold in distant organs (the most extensive stage). To accurately stage cancer, doctors often surgically remove and test lymph nodes to see if cancer has invaded them.

● **Is my tumor sensitive to hormones?** Often, breast cancer cells test positive for what are called hormone receptors. This finding means that the female hormones estrogen or progesterone spur a tumor's growth. It also means that a woman is a likely candidate for hormonally based treatments.

● **Is my cancer HER2 positive?** About 20 percent of women with breast cancer have tumors that make too much of a protein called HER2, says Dr. Gralow. Though these tumors may spread quickly, specialized treatment can help control them.

WEIGHING TREATMENTS Taking a few days—or even a few weeks—to explore all your treatment options usually won't hurt you, Dr. Gralow says. And it may make a difference between decisions you'll ultimately feel comfortable with and ones you might regret.

Here are points to keep in mind:

● **Surgery is often the first defense against breast cancer.** Mastectomy, or removal of the entire breast, was once the only surgical option for treating breast cancer. But now most women can safely opt for a lumpectomy, a procedure in which a surgeon removes only the cancerous tumor plus a small margin of healthy

tissue. Usually, a lumpectomy is followed by radiation therapy to destroy any cancer cells that may be lingering in the breast.

● **Radiation is usually given for about six weeks after a lumpectomy.** Fatigue is a common side effect of radiation, especially as the therapy progresses. That's why doctors are testing the effectiveness of radiation that is delivered in only five days.

● **Women with early-stage breast cancer may benefit from chemotherapy.** Even if your lymph nodes are cancer-free and your tumor is too tiny to be felt, you may still live longer if you have chemotherapy in addition to surgery.

The reason: Even when cancer has been caught at an early stage, undetected cancer cells may have traveled outside the breast. If so, chemotherapy drugs can attack these hidden cells. But chemotherapy drugs may trigger hair loss and other side effects, such as nausea and fatigue. So carefully review with your doctor the risks and benefits of this therapy.

● **Chemotherapy is only one type of drug therapy.** If your cancer is sensitive to hormones, you may benefit from drugs that help reduce the risk of cancer coming back by about 50 percent, says Dr. Gralow. Options include tamoxifen and—if you're past menopause—newer drugs such as letrozole, anastrozole and exemestane.

Additionally, if your tumor makes too much of the HER2 protein, you may benefit from a highly effective drug called trastuzumab, Dr. Gralow says. Though once approved for advanced cancer, it is now available for those with early-stage disease as well.

LEARN MORE To find out more about options for treating breast cancer, visit the ASCO website at www.asco.org or the ACS website at www.cancer.org.



Regular mammograms and breast checkups—a lifesaving combo

A mammogram can find a cancerous tumor in the breast before even the most experienced doctor can feel it, giving a woman a crucial head start on potentially lifesaving treatments.

That makes mammograms one of the most powerful protections a woman has against dying from breast cancer.

But there is a caveat to that statement: For maximum protection, a woman needs to have mammograms on a regular schedule.

The occasional mammogram simply doesn't provide enough protection against breast cancer, cautions Debbie Saslow, PhD, director of breast and gynecologic cancers for the American Cancer Society (ACS).

The reason: A tumor may not be found early if a woman doesn't get mam-

mograms on a regular basis.

"Studies suggest regular mammograms can decrease a woman's risk of dying from breast cancer by roughly 30 percent. But the emphasis is on regular," says Dr. Saslow.

That's why the ACS advises women to have yearly mammograms starting at age 40. If you're at high risk for breast cancer—for example, if you have a strong family history of the disease—ask your doctor about earlier screening and screening with other tests, such as an MRI.

Exams also essential

Still, despite their clear benefits, even regular mammograms are not foolproof.

Overall, mammograms may fail to find up to 20 percent of all breast cancers,

the National Cancer Institute reports.

As a result, regular breast exams by a health care professional are also a must.

Along with helping doctors find any lumps a mammogram may miss, these exams are an opportunity for women to learn more about breast cancer itself.

"Among other things, this is your chance to talk with your doctor about any factors in your history that might make you especially vulnerable to breast cancer," says Dr. Saslow.

Women should have their breasts checked regularly starting at age 20. Talk to your doctor about a screening schedule that is best for you.

Finally, if you notice a lump or other change in your breast, tell your doctor right away—even if you recently had a normal mammogram and breast exam.

Only a biopsy can answer that question

It might happen this way: In the shower, on an otherwise normal day, you noticed a tiny but unmistakable lump in your breast. Or perhaps something suspicious showed up on a mammogram.

No matter how you arrived at this point, you've reached it nonetheless: Your doctor says you need a breast biopsy.

You wouldn't be human if you weren't worried.

Still, "The fact that your doctor is advising a breast biopsy does not mean you have cancer," says Debbie Saslow, PhD, director of breast and gynecologic cancers for the American Cancer Society (ACS).

Consider: Four out of every five women in this country who have breast biopsies ultimately get good news—they find out that they don't have cancer, according to the ACS.

But this doesn't mean you can afford to skip your biopsy.

While imaging tests such as mammograms, ultrasounds and even MRIs can provide important clues about a worrisome area in your breast, a biopsy is the only certain way to find out if you have cancer, says Dr. Saslow.

The kind of biopsy you'll have depends on several things, including the size of the suspicious area, where it's located and how troublesome it appears.

Among the likely choices:

■ **Fine needle aspiration.** This is often used to evaluate a lump that can be felt. Your doctor will use a very thin needle and syringe to collect a small amount of tissue or cells. If the lump is a harmless cyst, it's likely that fluid taken during the aspiration will cause the lump to collapse.

■ **Core needle biopsy.** Here a doctor will use a slightly larger needle to remove small cylinders, or cores, of tissue.

When a mass can't be felt, the doctor may use breast x-rays to guide the needle into place. This type of biopsy is known as a stereotactic core needle and is often used to sample tiny deposits of calcium in the breast that are sometimes red flags of cancer.

■ **Surgical biopsy.** A surgeon will cut away all or part of an abnormal area.

COULD IT BE BREAST CANCER?

METABOLISM

WHAT ROLE DOES IT PLAY IN WEIGHT?

IT SEEMS THAT in every group of friends there are always one or two people who never seem to gain weight, no matter what they eat. When it's commented on, they say, "Oh, I have a fast metabolism."

But do they really?

The term *metabolism* is often used loosely. People tend to associate it with weight gain or loss. But it's really a collective term for all the chemical reactions that occur in the body, says to the American College of Physicians.

It just so happens that one of those reactions is burning calories.

METABOLIC RATE Technically, when people refer to their metabolism, what they're really talking about is their metabolic rate—the rate at which their body burns energy, or calories.

The metabolic rate is made up of three parts:

- Basal metabolic rate (BMR)—calories burned while at rest.

"This is the amount of calories you burn just to stay alive—to keep your heart pumping, your kidneys going and the blood going to all of your tissues," says Holly Wyatt, MD, associate professor of medicine at the University of Colorado at Denver and Health Sciences Center, division of endocrinology, metabolism and diabetes.

According to the American Dietetic Association, your BMR represents about 60 percent of the total calories you burn daily.

- Thermogenic rate—calories burned by processing food. "In the process of eating food, you expend energy," explains Jeffrey Mechanick, MD, from the American Association of Clinical Endocrinologists.

This process includes digestion, absorption and storage of the food you eat, and it requires about 10 percent of your energy use.

- Active metabolic rate—calories burned by physical activity.

Every move you make burns a certain amount of calories. "Just sitting in a chair, you burn more calories than lying down," says Dr. Wyatt. "When you exercise, you burn even more."

Add up all three parts—your basal metabolic, thermogenic and active metabolic rates—and you have your total metabolic rate, or the total number of calories you burned that day.

THE OBESITY QUESTION Conditions that cause hormonal imbalances, such as an overactive or underactive thyroid, can make your metabolism too fast or too slow.

But both Dr. Wyatt and Dr. Mechanick say it is a myth that obesity is the result of an abnormally slow metabolism. In fact, having a bigger body means your metabolism will most likely be faster than that of someone who has a smaller body.

How is that possible? Because when you put on weight, you gain about 80 percent fat and about 20 percent muscle,



says Dr. Wyatt. And muscle, or lean mass, burns more energy than fat. Even at rest, someone whose body has a higher amount of muscle mass will burn more calories than someone with a lower muscle mass.

Find the weight management option that's right for you. See page 8.

According to Dr. Mechanick, you need the additional muscle to carry the additional weight. "[Being overweight is] sort of like walking with a backpack or carrying weights. Lean tissue has to increase to carry all that extra weight around."

In addition to more muscle, it takes more energy to move a larger amount of weight, says Dr. Wyatt.

"As you gain more weight, you burn more calories in the resting state and burn more when you're moving," she says. "So when you add those together, your total energy expenditure is higher than someone of a lesser body weight."

This is why men typically have faster metabolisms than women: Men have 10 to 20 percent more muscle mass and are usually bigger. Women, on the other hand, typically can't gain as much muscle and naturally have more fat stores than men.

BALANCING THINGS OUT It is possible to naturally have a slower metabolism than someone else, but that doesn't mean you need to focus on speeding it up. Studies show that a slower metabolism doesn't mean you'll have problems losing weight.

The key is to have a healthy metabolism, neither too fast nor too slow, which is the natural byproduct of increased physical activity and resistance (weight) training—both of which help build muscle.

Since muscle burns energy faster than fat, building muscle can help increase your resting metabolic rate. Maintaining muscle can also be helpful for people who are losing weight.

"When you lose weight, you lose muscle," says Dr. Wyatt. "Resistance training may help you not lose as much muscle."

But don't focus on weight training too much, advises

Dr. Wyatt. What is most helpful, she says, is incorporating physical activity into your daily routine. The more physically active you are, the more calories you burn.

Healthy eating habits are important too. Cutting calories is good, but extreme dieting can affect your metabolism.

"When you drop calories very low, like 800 calories or less a day, there have been studies that show a decrease in resting metabolic rate," says Dr. Wyatt.

THE RIGHT FOCUS The bottom line: Obsessing about your metabolism won't help you manage your weight. To lose weight and keep it off, you need to eat a healthy diet and exercise frequently.

If you do those things, your metabolism will do its job just fine.

Newborns are screened for metabolic disorders

Shortly after babies are born, they are screened for a group of metabolic disorders that, left untreated, can cause physical and mental disabilities.

Here are the most common metabolic disorders for which babies are screened:

Phenylketonuria (PKU)—in this inherited disorder, the body has a problem breaking down phenylalanine, a protein that is in most foods. As a result, phenylalanine is turned into harmful substances that build up in the blood and can cause brain damage.

Galactosemia—large amounts of galactose, a sugar found in milk, build up in the body, leading to liver, brain and eye damage.

Congenital hypothyroidism—production of thyroid hormone is either low or absent. This can cause developmental delays.

Most babies test negative for these conditions. However, if tests do reveal a problem, early diagnosis and treatment can prevent a child from having physical and mental disabilities.

Sources: American Academy of Pediatrics; American College of Physicians; March of Dimes; National Institutes of Health



GETTING THROUGH

Tips for communicating with someone who has dementia

YEARS AGO YOU shared long, heartfelt talks. But now it seems your loved one rarely understands what you say.

A breakdown in communication is one of the most heartbreaking and frustrating aspects of dementia.

But there are steps you can take to make things less stressful and to help improve communication, says Donna Schempp, LCSW, program director for the Family Caregiver Alliance.

EDUCATE YOURSELF “Learning as much as you can about your loved one’s condition is the best way to reduce stress,” Schempp says.

Talk to your loved one’s physician to learn more about the dementia. Is it due to Alzheimer’s disease or another condition? Will the dementia get worse over time? Are there medications that can help control symptoms? It’s good to know what to expect.

Often, people with dementia:

- Use the same word repeatedly.
- Easily lose their train of thought.
- Use curse words.
- Speak less often.
- Rely more on gestures than words.
- Invent new words to describe familiar things.
- Have trouble finding the right words.

BETTER COMMUNICATION When talking with your loved one, try these tips:

Get the person’s attention. Turn off the radio or television so there are no distracting noises when you’re speaking to your loved one. Call the person by name, and maintain eye contact to help retain his or her focus.

Use a positive approach. “If we address people in a calm, reassuring way, we’re more likely to get a good response,” Schempp says.

“Try to use a relaxed and friendly tone,” she adds. “And pay attention to your body language. People pick up on that—they respond to your body posture and facial expressions.”

Use clear, direct language. Speak slowly, and use simple words.

“Don’t phrase things as a question if you’re making a statement,” suggests Schempp. “If the person says no, then you’re stuck. Don’t say ‘Are you ready for your doctor’s appointment?’ if you mean ‘It’s time to see the doctor.’”

Also, it’s best to provide clear choices to people with dementia, Schempp says. “If you ask them what they want for dinner, they may get confused. But if you say ‘Would you like chicken or hamburger?’ they have a clear choice.”

Give your loved one plenty of time to respond to you. Don’t interrupt.

Be respectful. Don’t talk to the person in a condescending way, as if he or she were a child or baby. And don’t act as if the person weren’t in the room.

Be patient. Give your loved one plenty of time to respond to you. Don’t interrupt. If he or she is struggling to remember a word, gently make suggestions.

Distract and redirect. If your loved one gets upset, change the subject or your environment. You might suggest going for a walk or moving to another room.

Recall the good old days. People with dementia may have poor short-term memory, but they often have clear memories of the distant past. Talking about some of these old experiences may make for a pleasant conversation.

LEARN MORE Visit the Family Caregiver Alliance at www.caregiver.org or the Alzheimer’s Association at www.alz.org for more communication tips.

ARTHRITIS

YES, YOU CAN EXERCISE

IF YOU HAVE arthritis, you might think that exercise is something that’s best avoided. Maybe you think it’s just too painful and hard on your joints.

But the truth is that exercise can actually help reduce the pain of arthritis, and it can be done safely.

“Exercise has benefits for people with arthritis, and you can do a range of activities,” says Leigh Callahan, PhD, associate professor of medicine, orthopedics and social medicine at the Thurston Arthritis Research Center, University of North Carolina, and member of the American College of Rheumatology.

BENEFITS ABOUND Gone are the days when exercise was considered to be hard on people with arthritis. Research shows that there are lots of good things in store for those who stay active.

According to the Arthritis Foundation, in addition to easing pain and stiffness, regular, moderate activity can help:

- Increase flexibility and endurance.
- Build strong muscles around the joints.
- Promote overall health and fitness by boosting energy.

Exercise also helps with weight control, which can take pressure off knee and hip joints riddled with arthritis.

Arthritis experts recommend a goal of at least 30 minutes of activity on three or more days a week, but you don’t have to do it all at once.

“The best thing is for people to start moving,” says Dr. Callahan. “You don’t have to move 30 minutes straight. You can move in increments, such as 10 minutes three times a day.”

In general, experts recommend three main types of exercise—aerobics, strengthening exercises, and flexibility and range-of-motion activities (such as stretches).

Some specific examples of activities people with arthritis often choose are:

● **Walking.** “Walking has been shown to be very good for people with arthritis,” Dr. Callahan says. Best of all, you don’t need any fancy equipment. “You just have to have a good pair of shoes that are suitable for walking,” she says. Quality shoes don’t need to be expensive, she emphasizes.

● **Bicycling.** You can pedal outside on a regular bike or in your home on a stationary one.

● **Swimming.** Swimming and aquatic exercises done in warm, soothing water can be helpful if you’re dealing with joint pain. The buoyancy that water provides eases stress on joints.

It’s important to remember that you can choose from a menu of different activities that can be beneficial for people with arthritis, Dr. Callahan says. Inviting friends or family to get moving with you can increase your enjoyment of exercise and can help you stick with an exercise plan.

Also, you don’t have to think of activity as strictly exercise, Dr. Callahan notes. From gardening to golfing, there are many creative ways to add more physical activity to your day, she says. Just pick something you enjoy.

No matter what exercise activities you choose, be sure to start slowly and to warm up and cool down, such as with gentle stretches.

Additional source: U.S. Centers for Disease Control and Prevention

TAKE TIME FOR YOUR HEALTH

Castle Medical Center

Adventist Health

Summer is the best time to get active and healthy! Take advantage of the opportunities at Castle Medical Center. We invite you to register for a health-promoting class or seminar or call for a physician referral. Take charge of your health. Call 263-5400 or visit our website at www.castlemed.org.

EVENTS CALENDAR

EVENTS

Pizza Party Pizzazz

Thursday, Aug. 28

6:30 p.m.

\$20

Preregistration and fee due Aug. 26

Discover creative twists to that favorite party food—pizza! Recipes are quick, tasty, healthy and especially fun for kids. Half-price for kids (ages 8 to 17) when accompanied by a paying adult. Recipes and samples provided.

EXERCISE CLASSES

Registration required (may include a medical clearance and physical therapy screening).

- Bone Builder
- Core Conditioning
- Freedom of Movement
- Interval Training
- Longer Life
- Morning Stretch
- Pilates
- Steady on Your Feet
- Qigong

Choosing the Right Exercise Shoe

Thursday, Aug. 14

Noon to 1 p.m.

Presented in partnership with HMSA.

FAMILY

Call for locations.

Birth Center Tour

July 1, Aug. 8, Sept. 2, 30

5 p.m.

Call for reservation.



Breastfeeding

Thursdays, July 10,

Aug. 14, Sept. 11

6 to 8:30 p.m.

\$25 (or free with a childbirth class)

Taught by a certified lactation consultant.

Childbirth Basics Seminar

Tuesday, Sept. 16

5 to 10 p.m.

Delivering at Castle: \$45 (single) or \$55 (couple); public: \$50 (single) or \$65 (couple)

Child Overweight—A Preventive Toolkit for Parents

Thursday, July 10, noon

Free

Join us as we examine the health consequences of overweight children, identify the causes of overweight youth, and explore prevention and intervention strategies for parents. Presented by HMSA.

Family Fitness

Thursday, Sept. 11, noon

Explore age-appropriate exercises for children of all ages and locate “fun spots” on O’ahu that involve physical activity. Creating a healthy family environment might be easier—and more enjoyable—than you think.

General Newborn Care

Monday, Aug. 4

6 to 9 p.m.

\$25 per couple

Infant CPR and Safety

July 28, Aug. 19, Sept. 9

6 to 9 p.m.

\$25 per couple.

Does not provide certification.



Lamaze Prepared Childbirth

Six sessions.

■ Aug. 25, Sept. 8, 15, 22, 23, 29

6:30 to 9:30 p.m.

■ Sundays, Aug. 3, 17 through Sept. 14

4:30 to 7:30 p.m.

■ Sundays, Aug. 31 through Oct. 5

11 a.m. to 2 p.m.

Delivering at Castle: \$65 (couple); public: \$75 (couple)



and men’s wellness.

Services may be eligible for insurance coverage.

Call 263-5050 for more information.

SCREENINGS

HMSA HEALTHPASS

July 3, Aug. 7, Sept. 4

An in-depth assessment of your current lifestyle and health risks. Body measurements and blood screenings are included to create a personalized health guide. Free to HMSA members. Call 948-6456 for an appointment.

SMOKING CESSATION

Breathe Free

Eight sessions.

■ July 22, 29, Aug. 4 through 7, 12, 26

■ Sept. 16, 23, 29, 30, Oct. 1, 2, 7, 21

7 to 8:30 p.m.

\$120 for eight sessions

This dynamic stop-smoking program takes a total lifestyle approach to quitting smoking, and it can help you quit without gaining weight. Class fee includes all materials and ongoing group support sessions.

The fee is covered by HMSA’s Ready, Set, Quit! stop-smoking program.



“After 42 years of smoking a pack a day, I finally quit,” says Breathe Free participant David. “I was always sick and had the beginning signs of emphysema. Now I feel stronger and don’t cough the way I used to. I didn’t realize how much time I wasted smoking!”

SUPPORT GROUPS

Free and open to anyone needing support.

- Cancer
- Parkinson’s
- Bereavement

WEIGHT LOSS

Individualized Weight Management Program

Ongoing, by appointment

Comprehensive weight-loss program includes one-on-one nutrition counseling with a registered dietitian and personal training sessions with a certified exercise specialist, menu planning, fitness classes, and body composition analysis. Call 263-5050 for more information.

Take Shape for Life

Thursday, Sept. 11

6:30 p.m.

Learn about Castle’s popular weight-loss product. Preregistration required. For more information now, visit www.castlewellness.tsfl.com/hp. Call 263-5050 to schedule a consultation and taste testing and to learn about special discounts.

Weight-Loss Surgery Seminar

Wednesdays, July 16,

Aug. 20, Sept. 17

6:30 p.m.

Preregistration required



Steven Fowler, MD

Learn about Castle’s comprehensive surgical weight-loss program from bariatric surgeon Steven Fowler, MD, and other members of the bariatric team, including a dietitian, nurse coordinator, and fitness and wellness specialists.



FEATURED EVENT

Foods to Enhance Beauty and Vitality

Thursday, Sept. 25

6:30 p.m.

\$20

Preregistration and fee due Sept. 23

Learn culinary tricks that treat a woman’s body well—inside and out. Sample these delicious but simple-to-prepare recipes, including one with dark chocolate! Men are welcome.



Chef Rebecca Woodland