Winter 2010



Health Wellness



A Healthy New Year

10 whole-family resolutions for 2010



It's the same every year. Women resolve to lose weight. Men resolve to build more muscle. Everyone resolves to be healthier. But a month later, little has changed.

How can 2010 be different?

A whole-family approach may be more likely to transform resolutions into reality. After all, what you do with your body affects everyone you love. Whole-family resolutions are more likely to last than individual intentions.

Losing weight and building muscle are not the only paths to healthy living in 2010. Here are 10 suggestions for healthy resolutions, based on what John Farley, MD and Neil Meadows, MD, see in their practices. Both physicians are with Birmingham Internal Medicine Associates at St. Vincent's One Nineteen.

■ **Be a model.** What you do will affect your children for the rest of their lives. Early eating habits last a lifetime. "Forcing a child to clean their plate will condition them to finish everything. That leads to obesity," says Meadows.

The same is true of exercise. If you're active, your kids are more likely to be, too.

"Watch less TV and have more whole-family activity," says Meadows. "Go outside and play in the yard, or go to the park. Ride bikes," suggests this father of four.

number one suggestion," says Farley, medical director for One Nineteen. "Everyone needs regular exercise, at least three times a week, for 20 to 30 minutes. It needs to be aerobic exercise."

Heart-pumping activity not only burns calories, but can also decrease both blood pressure and cholesterol levels, says Meadows. "It can help improve sleep and has been shown to help with anxiety and depression."

■ Eat in moderation. "Most

Americans are eating 4,000 calories a day, twice what they should. The average American weighs 10 to 12 pounds more this month than they did before the holidays," Meadows says. Excess weight can lead to arthritis in the hips and knees. Diabetes is a common result of obesity.

Parents can help children develop a taste for varied foods. It takes multiple tries for children to like certain foods, says Meadows. Although you can't force a child to eat, you can control what is available, refusing to cater to finicky eaters. No child should only eat two things, like chicken fingers and macaroni and cheese, Meadows says.

"Just say, 'It's going to be a long time before breakfast," Meadows says. If they get hungry enough, they'll eat what is served and begin to develop a taste for healthier foods.

- **Banish bad habits.** "This is a good time to stop smoking and excessive drinking," says Farley. If you need help curbing your appetite for any unhealthy substance, consult your physician. Multiple support sources, including prescriptive medications, can help you get over the hump.
- Establish a primary care physician. "There's a shortage of primary care physicians," says Farley. "That's why you shouldn't wait until you're sick to find a doctor." Your doctor will advise how often you will need a checkup, based on your age, health concerns, and family history.

Make sure your children keep up their annual physicals. If your teen resists seeing his or her formerly favorite pediatrician, consider seeking another physician who specializes in family care.

■ Don't believe everything

you hear. Media stories, ranging from websites to magazines, are full of sometimes-conflicting advice. Not sure whether you should have a test at 30, 40, or 50? Not sure if your family is at risk for the latest dread disease? Ask your doctor.

"The advice given in the media is about populations, not individuals," says Farley. "Talk with your physician about your individual case."

■ **Get vaccinated.** Everyone should have a tetanus shot every 10 years,



Meadows says, and a flu shot every fall. Pneumonia vaccines **Women: take care of yourself.** Pap and are recommended for adults over 65 and those with specific health problems. The shingles vaccine is advised for those over 60. Other vaccines, like last year's H1N1, may also be developed.

Don't forget your teen's inoculations, too, following your pediatrician or family physician's guidelines.

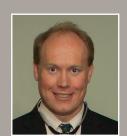
- Ask about appropriate tests. Colonoscopies, fasting blood sugar tests, and cholesterol checks keep thousands of people from developing serious illnesses each year. Tests are recommended based on age and health histories. Ask your physician about these tests, along with hearing and vision tests for all members of the family.
- Men: take care of yourself. Despite some newly developing guidelines, Farley advises men to be conscientious about prostate checks. "Dozens of my patients have had their lives saved by prostate checks," Farley says. Men of African American descent or with a family history of prostate problems should have their first prostate test at 40. Others can wait until 50.

Meadows also suggests self-exams for testicular masses, eliminating concern of a rare but serious form of cancer.

mammogram testing recommendations are in flux, but women should still be careful to do a monthly breast exam and get regular pap smears, say both Farley and Meadows.

"With all the recent changes, it's even more important for each individual to talk with their doctor to review what's best for them," Farley says.

Imagine a healthier 2010. The decisions you make this year may affect your family for generations.



John Farley, MD **Birmingham Internal Medicine Associates**



Neil Meadows, MD **Birmingham Internal Medicine Associates**

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Looking for a heartfelt gift for someone **you love?** Consider a belated present on February 20, during the annual Heart Day event at St. Vincent's One Nineteen. A few simple tests can offer reassurance or identify areas of concern before they become emergencies.

"There are a lot of people out there with undetected coronary or vascular disease," says Byron Jones, MD of Alabama Cardiovascular Group at St. Vincent's One Nineteen. "Heart Day can play an important role in detecting problems early."

If Heart Day screenings raise concerns, a physician might order a traditional or nuclear stress test to rule out further problems.

What's the difference between the two?

"A regular treadmill test, or GXT, is relatively inexpensive," says Jones, explaining that the patient is linked to monitors as they walk on a treadmill. "The electrocardiogram indicates the heart's response to exercise and any rhythm abnormalities. It can be useful in picking up blockages, but it's not as sensitive as a nuclear stress test.'

A nuclear test is advised for a patient with established coronary disease or for patients with mobility problems, Jones says. "It is much more expensive, and there is some radiation exposure. An IV is inserted, and the patient is scanned before and after the test."

Both tests are called "stress tests" because the treadmill pace is aimed at raising the heart's rate to 85 percent of what's considered maximal for the patient's age. Those with mobility problems are given medications within the nuclear test to have the same effect as exercise.

A cardiologist then reads the results. Unless the test reveals an immediate problem, the patient will meet with their physician at a later, appointed time to discuss results. Despite its "stress" title, this common test is considered relatively quick and easy.

When is a stress test recommended?

A physician might order the test when patient symptoms, such as unexplained chest pain, raise concern. Those

without symptoms might be tested if they fall into a high risk category, including extensive family history of early disease, high blood pressure, or high cholesterol levels.

A post-Valentine's Heart Day screening might be the perfect reassurance gift for yourself or for someone you're concerned about. In the unlikely event the results aren't perfect, stress tests and other "next steps" can catch problems early.



Byron Jones, MD **Alabama** Cardiovascular Group



Need to know more? Take a tour.

St. Vincent's One Nineteen now offers Test Tours. Associates walk guests through our testing areas, explaining procedures and equipment, so patients know what to expect. The free tours can be scheduled Fridays at your convenience, or you may drop in from 11:00 a.m. to 1:00 p.m.

Call 408-6600 for more information.

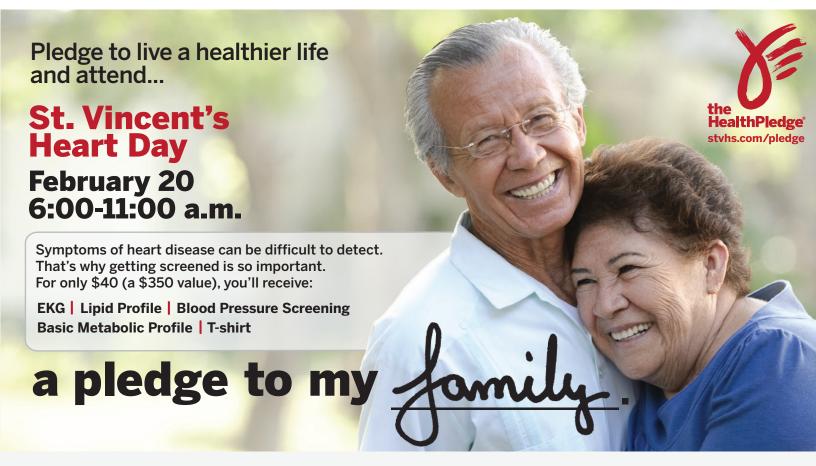
Have-A-Heart Tests You Need To Know

It sometimes seems that medicine has developed its own alphabet soup of tests to prevent and detect diseases. Nowhere is that more true than in cardiology, where St. Vincent's One Nineteen specialists use state-of-the-art imaging to assess risk factors and address problems before they start. Some physicians are even sending their patients to One Nineteen for screening tests before other surgery, just to make sure the heart is healthy and without risk.

In just one place, the following heart-friendly tests can be done in a non-threatening environment. This testing is overseen by cardiac-specialized registered nurses and licensed technologists with more than 50 years of combined experience in cardiac diagnostics and cardiac acute care:

- •ABI: Ankle-Bracheal Index. By comparing blood pressure in the leg and arm, this test, supplemented with ultrasound, can provide an indication of blockages.
- •ECHO: An ultrasound used to assess the heart's pumping functions. Carotid ultrasounds also evaluate blood flow.

- **Electrocardiogram (EKG):** Used to detect underlying heart conditions that might include acute or previous damage to heart muscle. It also notes electrolyte disturbances or conduction abnormalities. Used as an initial screening test at a resting rate. A Cardiac Stress Test is done at an exercise rate.
- •GXT: A nuclear stress test that shows localized blockages.
- Heart CT with Calcium Scoring: A non-invasive scan providing highly detailed images of the heart that provide information about calcium in coronary arteries. Can prevent more invasive testing.
- Holter and Event Monitoring: An EKG temporarily attached to patients, continuously recording the heart's electrical activity as one goes through a normal day. Used to detect abnormal heart rhythms.



To register, call Dial-A-Nurse 939-7878 or 800-331-6777

Visit onenineteen.com for more information.

The data derived from these screenings is to be considered preliminary only and does not constitute a final diagnosis.



Two years ago, Brenda Ladun and her dear friend Vickie Imbusch, both cancer survivors, found their diseases had recurred.

Both of these mothers of young children resolved to beat their cancers again. Ladun was successful with her breast cancer bout. But Vickie succumbed to melanoma one year later.

Ladun vowed to change her annual Conquer Cancer Run to honor her friend's memory and educate others on the dangers of this preventable disease.

"Her death could save people's lives," says Ladun of the Conquer Cancer Run's melanoma emphasis. This year's event will be held January 30 at St. Vincent's One Nineteen.



Meet Robert Pritchett, MD and other physicians at the race.

Brenda Ladun Conquer Cancer Run

Saturday, January 30 1. 8:00 a.m.
St. Vincent's One Nineteen
Register at active.com

Robert Pritchett, MD agrees that education can be a key to skin cancer prevention. This dermatologist at St. Vincent's Birmingham urges people of all ages to seek regular screenings and to protect themselves and their children from ultraviolet exposure. St. Vincent's has conducted an annual skin cancer screening for 25 consecutive years.

"Any kind of sunburn presents a risk factor for melanoma," says Pritchett. "There is no question that tanning beds can lead to skin cancer, too, in addition to their aging effects."

That's why Pritchett encourages his patients to avoid tanning beds and to use sunscreens of at least 15 SPF or higher on bright days, with application 20 to 30 minutes before exposure. Sun-protective hats and clothing are also helpful near water and other high-UV places, along with beach umbrellas and other shade providers.

"Broad-brim hats are best for protection of ears and neck, as well as the face," Pritchett says.

"Melanoma and other skin cancers can strike at any age. We see it in children, in teens, and often in adults in their early 20's. Any unusual moles should be shown

to your primary care physician or dermatologist. The mortality rates are highest among men with moles on their back, where they have burned as young men," Pritchett says. "If melanomas are detected early, they are usually curable."

The Conquer Cancer Run is designed to generate not only money for the American Cancer Society, but also awareness and encouragement, says Ladun. "If you can't walk or run, just come out and watch at One Nineteen's phenomenal facility. This is a celebration of life as much as a money raiser."

Participants can learn more about cancers of all types and also enjoy cooking demonstrations that include healthy eating tips for cancer patients. Free blood pressure screenings and activities for children will also be available.

Both Ladun and Pritchett hope the event will serve multiple purposes, encouraging those with cancer, raising research money, and preventing new cancer cases.

"We have such great doctors in this community that we need to do everything we can to spread the word about cancer awareness and how preventable and treatable cancers like melanoma are," says Ladun.



Oh, my aching back! Spinal advice from a pro



Carter Morris, MD Birmingham Neurosurgery and Spine Center

Whether it's a catch, crick, or cramp; a spasm, sting, or strain, a pain in the back is - well, a pain in the back.

Most people will strain their back at some point, says Carter Morris, MD, neurosurgeon with Birmingham Neurosurgery and Spine Center at St. Vincent's One Nineteen. Dr. Morris says anti-inflammatory medications and heat/ice applications will ease typical strains in a few days.

But then there's the pain that's atypical.

"If your pain radiates into an arm or leg, or you have weakness or numbness in an arm or leg, you should see a doctor right **away,"** Morris says. "If it's a sudden onset with intense, severe pain and spasms that are beyond a normal strain, it could indicate serious problems, including a pinched nerve."

Some patients' first consult will be with their internist. But as a neurosurgeon, Morris also sees back patients without referrals. Those patients know neurosurgeons are back specialists.

"About 90 percent of what a neurosurgeon does is spine-related," Morris says. "We can take care of all aspects of spine care."

Many patients delay seeking help because they fear surgery, Morris says. But most neurosurgeons consider surgery a last-resort option.

"Neurosurgeons are trained to have very strict criteria," Morris says. "I start with conservative measures, including physical therapy, medications, and epidural blocks. I make

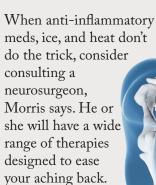
a lot of chiropractic referrals. If it's not an emergency, there are many things to be done before you might need surgery."

One of those deterrent measures is physical therapy and supervised exercise. That's one reason Morris enjoys having an office at One Nineteen.

"One Nineteen has a wonderful facility for trainers and physical therapists. It's a wonderful set-up for spine health."

When Morris does recommend surgery, he assures patients that back surgery is not what it used to be.

"I've been doing this for 25 years, and we have many more refined techniques that are less invasive and more effective than years ago. Outpatient surgery is even possible at the NeuroSpine Center at St. Vincent's Birmingham, the only such center in the state."







Is there a doctor in the neighborhood?

INTERNAL MEDICINE

Birmingham Internal Medicine Associates, PC • 205-995-9909

- John Farley, MD
- Tammy Leong, MD
- Rebecca Lockhart, MD
- S. Jason Smith, MD
- Edward Alderson, MD
- Neil Meadows, MD

ASTHMA & ALLERGY

Birmingham Allergy and Asthma Specialists, PC • 205-943-1197

- Clara Chung, MD
- Carol Smith, MD

CARDIOLOGY

Alabama Cardiovascular Group, PC • 205-939-0139

• Byron Jones, MD

Birmingham Heart Clinic, PC • 205-856-2284

- Michael Simpson, MD
- Van Reeder, MD
- Robert Foster, MD
- C. Andrew Brian, MD
- Brian Snoddy, MD
- James Trimm, MD
- Jason Thompson, MD

DERMATOLOGY

Greystone Dermatology • 205-408-4488

• Sandra L. Zahradka, MD

Alabama Nasal and Sinus Center, PC • 205-980-2091

• Michael Sillers, MD

Shelby Ear, Nose and Throat, PC • 205-621-8900

• David Halvorson, MD

GENERAL SURGERY

Breast Care Center of Birmingham, PC • 205-877-2987

• April Maddux, MD

NEUROLOGY

Hamo Neurology, PC • 256-249-0091

• Wael Hamo, MD

NEUROSURGERY

Birmingham Neurosurgery and Spine Group • 205-986-5200

• Carter Morris, MD

OBSTETRICS/GYNECOLOGY

Birmingham OB/GYN, PC • 205-933-8334

- Michele Christine, MD Ronald Orso, MD
- David Damrich, MD
- Ashley Przybysz, MD
- L. Jeffers Fowlkes, MD
- Lori Smith, MD
- David McKee, MD
- Dean Veren, MD
- · Sarah Davis, MD
- Christy Heath, MD

OB/GYN Associates of Alabama, PC 205-271-1600

- Jodie Benton, MD
- William Johnson III, MD
- Rebecca DeRosier, MD

OPHTHALMOLOGY/OPTOMETRY

Alabama Vision Center • 205-991-2021

- Price Kloess, MD
- Andrew Velazquez, MD
- Stephen Downey, OD

ORTHOPEDICS

Sports Medicine & Orthopedic Specialists, PC • 205-595-6757

- Samuel Goldstein, MD
- Cherie Miner, MD
- Reneé Riley, MD
- Emily Bell Casey, MD
- James Flanagan, MD

Davis Orthopedics • 205-533-6644

• Matt Davis, MD

PAIN MANAGEMENT

Southern Pain Specialists, PC • 205-995-9967

• Kenneth Varley, MD

• Andrew Rozsa, PhD

PLASTICS

Clinton Plastic Surgery Center • 205-408-9787

• Michael Clinton, MD

GASTROENTEROLOGY

Birmingham Gastroenterology Associates, PC • 205-271-8000

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- Cotton Shallcross, MD
- Owen McLean, MD

Gastroenterology Associates South, PC • 205-933-0960

- Steve Coleman, MD
- Randy Newman, MD
- Carrie Folse, MD

Southview Medical Group, PC • 205-918-1471

• Jack Averett, MD

VASCULAR AND VEIN

Alabama Vascular and Vein Center, PC • 205-823-0151

• Iames Isobe, MD

St. Vincent's Lab Services are also available.

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