

RUSSELL MEDICAL CENTER

Connections

MEDICAL NEWS YOU CAN USE

FALL 2010



Mary Emily Sheffield, M.D., with her husband, Doug, and their children, enjoy a football game.

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HealthExtra

{ WELLNESS NEWS FROM THE WORLD OVER }

> Dads can suffer the baby blues, too

There's a new baby in the house. Mom knows she's at risk of postpartum depression, but what about dad? Recent research in the *Journal of the American Medical Association* suggests that about 10 percent of new dads may be feeling down, too. In the study of more than 28,000 men, researchers found that three to six months after birth was the worst time for dads. Some 25 percent of them were depressed at this time. What's more, if one parent was depressed, there was an increased likelihood that the other would be, too. Depression is treatable, so it's important to recognize the symptoms—a sad or depressed mood, a loss of interest in activities you previously enjoyed, irritability, loss of appetite—and get treatment as early as possible. Depression affects your whole family—not just you. If your baby hasn't arrived yet, take time now to discuss postpartum depression with your spouse and know what signs to look for as well as how you'll handle the new responsibilities together.



> Thanks for the morning sickness, Mom!

Did you spend the better part of your first trimester of pregnancy waylaid by severe nausea? Look no farther than your mother for this little gift, say Norwegian researchers. Severe morning sickness is called hyperemesis gravidarum and, in the worst cases, it can lead to weight loss and hospitalization. It's also been linked to low birth weight and premature birth. Researchers looked at 500,000 mother-daughter pairs and found

that women whose mothers had hyperemesis gravidarum were three times more likely to suffer from the same extreme morning sickness themselves. Researchers say it's important to note that more research is needed—especially studies that look more closely at how body mass index (BMI), smoking habits, nutrition and other lifestyle habits, which tend to be passed from one generation to the next, factor in.



> Nuts crack high cholesterol

Do you have high cholesterol? Go nuts! In an *Archives of Internal Medicine* analysis of 25 trials, researchers found that eating about 2 ounces of the bite-sized morsels daily helped reduce total cholesterol by 5 percent, bad LDL cholesterol by 7 percent and triglyceride levels by 10 percent in those with high levels. Those who were slim, had high LDL levels or consumed a high-fat diet got the greatest benefit. Eating nuts also improved the proportion of bad cholesterol to good HDL cholesterol by 8 percent. While researchers didn't see a difference in health benefits based on the type of nut, other studies point to walnuts and almonds as the strongest allies of your heart. Nuts contain plenty of plant proteins, dietary fiber, heart-healthy fats, antioxidants, minerals and vitamins. But as they are high in calories, limit yourself to 3 ounces (about half a cup of almonds or halved walnuts) a day.

Depression is treatable, so it's important to recognize the symptoms.

If you find yourself **slaving away extra hours** at work every day, you're putting your **heart at risk**.

> A big belly increases cancer risk

There's just no good news when it comes to belly fat. It raises your heart disease risk, your chance of developing diabetes and, researchers at the New York University School of Medicine say, your likelihood of developing pancreatic cancer. Their study, which examined more than 4,000 people, half of whom had pancreatic cancer, also found that the higher your body mass index (BMI) climbed, the higher your risk of cancer.

BMI is a tool that looks at height and weight to help physicians determine obesity. Overall, people who ranked in the top 25 percent for BMI had a 33 percent higher risk of developing pancreatic cancer compared to those in the bottom quarter. But women fared the worst: Obese women had a 61 percent increased risk compared to normal-weight women, while those with the biggest waist-to-hip ratio had an 87 percent increased risk of developing pancreatic cancer. The best way to lower your risk is to banish belly fat with exercise, strength training and a healthy diet.



> Are you working yourself to death?

If you find yourself slaving away extra hours at work every day, you're putting your heart at risk. According to Finnish researchers, people who put in three or more hours of overtime daily increase their risk of death from heart disease and having chest pain or a heart attack by 60 percent. What's not clear from the study, which followed more than 6,000 British civil servants over 11 years, is how long the added hours need to continue before they begin harming the heart. Other factors that go hand in hand with working excessively are unhealthy habits like smoking and not getting enough exercise or sleep. Researchers hypothesize that people who work excessively may also be more likely to ignore signs of heart problems and be less likely to schedule regular health checkups. If this sounds like you, do your heart a favor and take a break.

It takes a village

RMC's behind-the-scenes team keeps things running smoothly

Chances are, when you're a patient at a hospital you don't put much thought into the lawn outside, the well-lit exit signs, the machine used for your diagnostic test or even the outlet in the wall. But there's an entire team of people at Russell Medical Center (RMC) who not only think about these things, but are dedicated to making sure you never have to. They're the men and women in physical operations at RMC. While their jobs happen largely behind the scenes, what they do affects every aspect of the care delivered at the hospital.

PHYSICAL OPERATIONS

"We're responsible for the environment, ensuring patients are comfortable and safe," says Mike McCaleb, director of facility services at RMC. A hospital environment includes many pieces, parts and places, including grounds maintenance, hospital security, environmental services, heating and air systems, carpentry and biomedical engineering, which includes medical equipment and electronics.

"Starting around 6 a.m., all the facility guys have particular tasks to be sure everything is running for the day," says McCaleb. It's their attention to detail and refined systems that promote a positive patient experience at RMC.

UNDERSTANDING BIOMED

One of the most extensive aspects of physical operations at RMC is biomed. Biomed staff members are certified to work on and service the hospital's medical equipment. They're educated in electronics, specialize in servicing and maintaining medical equipment and attend specialized trainings with equipment manufacturers.

When you need to know anything about biomed at RMC, you'll get answers from Ray Ward and Chris McCain, both CACC graduates with electronics backgrounds who found their fit at RMC.

"We work on everything—the stationary stuff like X-ray and CT machines and small stuff like IV pumps," says McCain, who has been in biomed for nine years. "Each type of equipment has its own type of check, to be sure that it's giving its appropriate measures and settings, and it's our job to make sure things are working correctly."

Ward and McCain maintain a preventive maintenance (PM) inventory program that tracks all hospital equipment and the necessary checks. "We touch every piece of equipment at least once a year, some once a month," says Ward, who has been in biomed for six years.



“That’s the benefit of having in-house biomed staff ... In an emergency, we don’t have to wait.”

—Chris McCain, biomedical engineer at RMC

A typical day starts by running off the PMs to be completed that day and determining where each person needs to go in the hospital to complete the checks. “The hospital never closes and something may come up and derail your day,” says McCain. “But that’s the benefit of having in-house biomed staff who can work on the equipment. In an emergency, we don’t have to wait or have downtime on our equipment.”

They also welcome biomed students from CACC once a week to provide real-life field experience working on medical equipment and electronics. “Working with students helps them develop skills and helps us stay fresh in our field,” says Ward.

CERTIFIED SAFETY

While keeping medical equipment in top shape is key to operating any hospital, the physical operations staff’s duties also include assisting with the compliance of Joint Commission accreditation standards—a hefty job.

“The goal of The Joint Commission is to provide the highest quality of care and the safest environment,” says Misty Anderson, R.N., M.S.N., director of education, safety and accreditation at RMC. “Equipment, fire safety, security, infection prevention—everything has to be considered for patient safety.”

McCaleb stays up to date on Joint Commission standards and codes by keeping current with code books and using information and research he receives as a board member of the Alabama Society for Healthcare Engineering (AlaSHE). To help the hospital detect potential problems, Anderson, McCaleb and other physical operations staff members conduct practice surveys. “We want to find any potential glitches in the system before a real problem arises,” says Anderson.

THE PATIENT EXPERIENCE

Patients experience much more of the hospital than just equipment, safety and security. James Floyd, director of environmental services at RMC, and the environmental services team work diligently to clean and disinfect the hospital, wash linens and gowns and clean patient rooms. “RMC has a great reputation for being a clean hospital, and James and his crew are instrumental in earning that reputation,” says McCaleb.

He also notes that the physical operations staff is responsible for patient and hospital security. Systems like door access controls secure patients, visitors and staff in authorized areas for patient privacy, confidentiality and safety. All departments also have emergency procedures they review and practice. McCaleb credits supervisors Donna Hearn and Shannon Browning, both of whom work closely with the security crew and team of physical operations staff to keep things running smoothly. “They’re a great team of people to work with,” says McCaleb. “It’s a great environment.”

The goal, say all members of physical operations, is to help patients have a positive experience, and that means their work should go undetected. “If you don’t realize we’re out here, that means we’re doing our job,” says McCaleb. ●



◀ **1:** Physical operations staff members (l-r) Leslie Martin, Melvin Garrett, Shane Boos and Ronnie Speaks. **2:** Biomedical engineers Chris McCain (left) and Ray Ward. **3:** Maintenance team members (l-r) Gene Jones, Mike Taunton, Johnny Hay and Joel Adams. **4:** Mike McCaleb, director of facility services.



Choose the right painkiller

The pharmacy's pain-relief aisle is chock-full of different over-the-counter (OTC) drugs that promise to ease your aches and pains, but not every painkiller is right for you. Most should help when you have a toothache or a pounding headache, but what if you have a sprained ankle or a fever? Read on to see what's right for you, but if you're pregnant or have a serious medical condition, talk with your doctor before taking any medication.

> Doubling up

You have a splitting headache and a horrible cold, so you swallow acetaminophen, then take some OTC cold medication. You may have just unwittingly taken twice the recommended dose of acetaminophen, since many cold medications contain painkillers. Read labels carefully to avoid this problem because too much acetaminophen can cause liver damage, and too much aspirin or ibuprofen can cause stomach bleeding. Accidentally combining painkillers (taking ibuprofen, then a cold remedy with acetaminophen) is also dangerous.



> Aspirin therapy

If you take a baby aspirin daily to lower your risk of a heart attack or stroke, ask your healthcare provider what you should do when you need to take something for pain relief. He or she may recommend that you let a specified period of time pass before taking another OTC drug (like ibuprofen), so the drugs don't interact.

> PAINKILLER: Aspirin

When to use: It's a nonsteroidal anti-inflammatory drug (NSAID), which means it can help relieve swelling and inflammation associated with injuries or overuse. Aspirin helps headaches, too. Some migraine-relief medications combine aspirin, acetaminophen and caffeine.

When to avoid: Don't give aspirin to children or teens; they may develop Reye's syndrome, a health condition that affects all organs of the body. People with asthma or chronic nasal congestion may have an aspirin allergy; ask your doctor before using. Generally, pregnant women shouldn't take aspirin as it may harm the fetus.

> PAINKILLER: Ibuprofen

When to use: Like aspirin, ibuprofen is an NSAID, but it's stronger and longer lasting than aspirin.

When to avoid: NSAIDs may cause stomach irritation and bleeding when taken too frequently.

> PAINKILLER: Acetaminophen

When to use: Acetaminophen isn't an NSAID, so it's best-suited as a fever reducer and for pain relief not associated with swelling and inflammation.

When to avoid: Check with your doctor before taking this or any other OTC painkiller if you consume three or more alcoholic beverages daily.

> PAINKILLER: Naproxen

When to use: This NSAID is also a longer-lasting alternative to aspirin but, like ibuprofen, it can cause stomach irritation.

When to avoid: Don't give naproxen to a child without a doctor's OK. ●

FSA VS HSA

If you're looking for ways to save money on your medical bills, see if you're eligible for a Flexible Spending Account (FSA) or Health Savings Account (HSA). Both are designed to help people with health insurance save on eligible out-of-pocket medical costs like blood pressure monitoring devices; chiropractic expenses; co-insurance amounts; contact lenses, eyeglasses and prescription sunglasses; crutches; flu shots and other vaccines; and smoking cessation programs. The accounts let you use pre-tax dollars for the expenses. Which one is right for you? Find out more here.

FSA

An FSA is a good idea if you expect to incur big medical expenses, such as if you need dental work or are having a baby this calendar year.

- > You'll sign up for a program at work to withhold some of your salary to fund your FSA. You don't pay income tax on FSA funds, and you can withdraw the money tax free if you use it for qualified medical expenses. Some employers contribute to workers' FSAs.
- > FSAs are established by employers. Self-employed people are not eligible.
- > Each company sets its own limit on the dollar amount (or percentage of your salary) that can be contributed to an employee's FSA (\$3,000 is a common limit). You must use the funds during the calendar year or you forfeit the money, so strive to accurately estimate how much you'll spend annually.
- > You can't change the dollar amount that you contribute or drop out of the plan during the year unless you have a change in family status, like a birth, death, divorce, adoption or change in your spouse's health insurance.
- > An FSA isn't "portable;" it's only good at your current job.

HSA

This plan might work well if you refill prescriptions often to treat chronic conditions, or you see a doctor, chiropractor or therapist regularly, with no end in sight.

> HSAs are established through qualified HSA trustees, like banks or insurance companies. See if your own financial institution offers one. You don't need to be an employee to qualify, but some companies offer them for their employees, and some employers contribute to workers' HSAs.



> To qualify, you need to be covered by a high-deductible health insurance plan. You can contribute a lump sum to your HSA at the start of the year or have it deducted from your paycheck.

> In 2010, you can contribute \$3,050 to your individual HSA or \$6,150 to your family HSA. The limit increases to \$4,050 for your individual HSA and \$7,150 for your family FSA if you're age 55 or older. Your funds can stay in your HSA from year to year until you use them up.

> An HSA is "portable," so you can keep it if you switch jobs or stop working.



Making it personal

A new take on cancer care

For men and women wrestling with serious conditions, having world-class healthcare providers close to home is critical. And, as Mary Emily Sheffield, M.D., hematologist and oncologist at the Cancer Center at Russell Medical Center (RMC) says, being a healthcare provider in a small town takes on new meaning when you're helping your friends and neighbors through those hard times.



Mary Emily Sheffield, M.D. (seated), a Lanett native, is happy to be closer to family while working at Russell Medical Center.

FOLLOWING HER CALLING

After helping her sister-in-law through an experience with breast cancer at a young age, Dr. Sheffield says she knew going into medical school that she wanted to practice oncology, the branch of medicine that studies and treats various types of cancer and tumors. "I went to my sister-in-law's physician visits and saw how important relationships between the physician, patients and families are," she says. "It seemed like it would be really rewarding." Dr. Sheffield also specializes in hematology, the diagnosis, treatment and management of blood disorders such as hemophilia and sickle cell disease.

A RETURN HOME

Originally from Lanett, Dr. Sheffield and her husband of six years, Doug, were ready to return to their roots in a smaller community to raise their daughter and son. Being closer to home and family was important not just to Dr. Sheffield but to Mabry Cook, director of the Cancer Center at RMC, and Ellen Abernathy, senior director of physician development and centers, who recruited Dr. Sheffield to RMC. "We learned that she had ties to the area, and that's important to us. We wanted to make sure she and her family would be happy here," Abernathy says.

Cook agrees bringing world-class physicians to the area is exciting when it's a match for both the physician's personal and professional life. "Dr. Sheffield is joining our staff with incredible recommendations and credentials, and just as important, she wants to be part of our community, wants to raise her family here and appreciates the quality of life in Alexander City," he says. "It wasn't just about finding any physician, it was about finding the right physician."

PERSONALIZED CARE

With Dr. Sheffield in place, the Cancer Center's focus is to increase awareness of cancer screenings and available treatments. "There's a wide variety of subspecialists here—rheumatologists, nephrologists, cardiologists—so patients don't have to go somewhere else if they have other

> Cancer Center services

Services available at the Cancer Center at Russell Medical Center include:

- Initial consultations
- Bone marrow biopsies
- A variety of labwork
- Radiation oncology
- Chemotherapy
- Blood transfusion
- Routine intravenous (IV) pain medications and fluids
- Nutrition services
- Support services with a social worker

complications,” says Dr. Sheffield. The center also welcomes Lee Burnett, M.D., and Rojyamon Jacob, M.D., radiation oncologists, from UAB every week. “As a patient, you get access to what’s available at a larger hospital,” says Cook, an important point for patients whose illnesses can make traveling difficult.

Perhaps the biggest difference is the Center’s emphasis on personalized care. Dr. Sheffield works side-by-side with her patients to help them understand and choose the best course of treatment for them. “It’s a lot to know and worry about, but it’s my job to take on the part of worry and concern.”

But her work doesn’t stop there. “When patients have limited options, it’s still my job to assist them with supportive therapies and services,” she says.

The future of cancer care highlights the personalized approach. “Oncology is driven by finding a cure for cancer, and in the future we’ll be able to take a person’s biopsy tissue and choose treatment based on a DNA analysis,” says Dr. Sheffield. This means patients will receive the best treatment for their specific type of tumor.

INCREASING AWARENESS

Cancer screening events offered by the Cancer Center raise awareness and provide an affordable screening option to area men and women. “Screenings for breast, cervical



The Cancer Center at RMC emphasizes a personalized approach to cancer care.

and prostate cancer have improved so much, and mortality rates have declined because we’re finding the diseases earlier when they’re more treatable,” says Dr. Sheffield.

These screening events, along with the variety of services available at the Cancer Center and Dr. Sheffield’s expertise, are just a few of the ways RMC is working toward its goal to provide local comprehensive cancer care. “If we can provide a service, then we want to provide the highest quality we can,” says Abernathy. That focus on quality care, says Dr. Sheffield, is why she’s happy to be at RMC. ●

> Early detection is key

To learn more about cancer screening events at Russell Medical Center, visit www.russellmedcenter.com or call Enrichment Services at (256) 329-7145.



Intimidated by the gym?

Smart solutions to help you get fit

When you're getting started with a new exercise plan, joining a gym has the potential to be both helpful and harmful. Sure, you'll be surrounded by the latest fitness equipment and have access to knowledgeable staff members. But if you're too self-conscious to break a sweat while surrounded by well-toned people or you avoid using the machines because you don't know how they work, you won't get much return for your investment. You could also get hurt if you use the machines incorrectly. Here's how to increase your comfort level at the gym:

Try blending in. Scared you'll embarrass yourself in a group exercise class? Take a spot in the back row, where no one will notice any slip-ups.

> Get fit, no gym required!

Working out at a fitness center isn't the only way to get into shape. Try these ideas at home or in your neighborhood:

- > **Make chores fun.** Blast the radio and dance while vacuuming, or try raking or mopping faster than usual, to increase your heart rate. A 140-pound woman who rakes the yard or dances for 30 minutes burns 160 calories; a 180-pound man burns more than 200.
- > **Start a video library.** Join forces with a few friends who have exercise DVDs and swap them regularly so you can vary your routines without spending a fortune, or just take the videos out from the library.
- > **Play hard with the kids.** At the playground, be "it" during tag or jump into the kickball game, instead of sitting on a bench.
- > **Focus on scenery.** Go for regular walks, jogs or bike rides where you enjoy looking at your surroundings, whether it's a scenic park or a local neighborhood with historic homes. Choose a place that's quick and easy to get to so you'll return often.

If you're too self-conscious to sweat at the gym, you won't get much return for your investment.

Work with a personal trainer. If you can afford a session, you'll learn how to stretch and use all the equipment properly. Otherwise, if your gym offers a complimentary orientation, take advantage of the personalized tour, and ask questions about how to use the equipment.

Join with a friend. There's safety in numbers, and you'll enjoy meeting your pal regularly to chat and burn calories together.

Keep a journal. Jot down the exercises you tried and how you felt afterward. After a few weeks, you should feel more confident about your abilities. For inspiration, flip back through your old entries. ●





Don't let job stress weigh you down

One in four of us has called out sick because we've felt stressed and overwhelmed by work. A little stress can be good for you; it can keep you on your toes, ensuring that your job performance is top-notch. But too much tension—especially chronic stress—not only hampers your work performance, it can also harm your health. People who are overcome by job responsibilities succumb to colds and other illnesses more frequently. And chronic stress can raise your risk of developing heart disease: A recent study found that women with high-pressure jobs (like nurses) have a much higher risk of developing heart disease if they constantly feel overwhelmed by work responsibilities. Research has also found that chronic stress can double your risk of having a heart attack.



Tackle work-related stress head-on with healthy habits:

> **Exercise during your lunch break.** Working out can improve your mood and lower your risk of developing heart disease.

> **Address your most difficult task of the day early,** when you are most refreshed. At the end of the day, when you're feeling frazzled, do mindless tasks, like filing or photocopying.

> **Take short breaks often throughout your day to recharge your batteries.** Stretch or take a five-minute walk outside, if you can.

> **Eat fruits, vegetables and other good-for-you foods** instead of going for a chocolate bar when you feel stressed. You may be able to increase your tolerance to stress through a healthy diet.

> **Try meditation.** Many people with stressful jobs use relaxation exercises or meditation techniques to calm themselves. Research has found that meditating for 10 to 20 minutes per day can make it easier to stomach chronic stress.

> **Talk your worries away with a friend or loved one.** Discussing your on-the-job problems with someone who is removed from the situation can help you release anger, see the situation from a different angle and get emotional support, which can help you de-stress. ●





Catherine Scroggins, R.N., cardiac rehabilitation nurse, helps cardiac rehabilitation patients like Mike Prather (above) get back on their feet after a cardiac event.

Heart matters

A new support group focuses on heart health

One of the hardest parts of recovering from or managing any health problem is adjusting to lifestyle changes. Sharing emotions and problems with others facing similar challenges can provide strength as well as practical solutions. Participants can discuss their experiences, strategies for healthy living and solutions to the challenges they face without the time constraints of a normal doctor visit.

For men and women living with cardiovascular disease or who have suffered a heart event, Russell Medical Center's (RMC) new cardiac support group offers a place to discuss and focus on their heart health or recovery, and a place for their family members to learn about the challenges and opportunities their loved ones face.

SUPPORT FROM FRIENDS

The cardiac support group helps participants understand that life after heart disease can be rewarding. Members are there to listen, share their experiences and discuss matters relating to lifestyle changes, recovery and treatment in a compassionate environment.

"The personal experiences of participants inspire and help others," says Catherine Scroggins, R.N., cardiac rehabilitation nurse and cardiac support group facilitator. "The heart patient and his or her family gain hope from talking with other patients who have dealt with similar heart problems and have had a healthy recovery."

GUIDANCE

In addition to social support, the group also helps participants set realistic individual health goals and educates them about heart healthy lifestyles. A different topic of interest is presented at each meeting, with topics suggested by group members and discussion facilitated by Scroggins. The group welcomes presentations from physicians and specialists, including presentations from Amy Jones, fitness specialist at Total Fitness at RMC, to help members learn about heart health, diet and nutrition, safe exercise, stress management and more.

"Men and women who have lived through a heart attack sometimes feel like they've been given a new lease on life," says Scroggins. "The support group helps them and their families make the most of that." ●

> Be heart healthy with us!

If you or someone you know is interested in joining the cardiac support group, call **(256) 329-7191** for information about meeting dates and times.

Attitude is everything

Battling breast cancer the positive way

When Dona Patterson got the call from her surgeon's office in October 2009, she knew—that knot she had felt in her left breast while lying in bed was cancer. But for some reason the 68-year-old Jacksons' Gap resident wasn't scared, despite having three cousins who had been diagnosed with breast cancer, and a sister-in-law who would die from the disease just two months after Patterson was diagnosed. "I just felt like everything would be OK," she says. Patterson told no one about the lump—not even her husband—until she knew it was cancer. She didn't want to needlessly worry anyone.

FACING CANCER

The diagnosis from Barbara Michna, M.D., a surgeon at Russell Medical Center (RMC), was stage II invasive ductal carcinoma, the most common type of breast cancer. It starts in the milk ducts and invades surrounding breast tissue. Luckily, Patterson's cancer had not spread beyond her breast.

She started chemotherapy at the Cancer Center at RMC soon after her diagnosis and finished her sixth and final round in February. After her first round, her tumor had shrunk to half its size. But for Patterson, chemotherapy would be the hardest part of her cancer treatment. It left food without taste and the tips of her fingers and feet numb.

Her hair started coming out in clumps during the second week of treatment. But much like every other aspect of her cancer, Patterson kept her positive attitude and took it in stride. She had her beautician daughter-in-law shave her head and took a lighthearted picture with her son-in-law and stepson—both short on hair themselves.

In March, she underwent a lumpectomy. "I had no problems, no pain," Patterson says. And in May, she started her radiation treatment while continuing to receive Herceptin infusion treatments, which she had been undergoing since taking chemotherapy. She formally finished her cancer treatment with the last Herceptin infusion on October 28. "I consider myself cancer free," she says, and she's ready to keep on enjoying her seven children, 11 grandchildren and church activities.

Patterson says she was thrilled with the care she received at RMC. "I am so proud to have the Cancer Center in our community," she says. "I didn't have to leave home to get treatment. And everybody was so good—the doctors, the chemo nurses. I'm going to miss them so much."

That's why she's decided to volunteer through the RMC's auxiliary to offer comfort to women going through the breast cancer experience. "I want to tell women they can make it through," she says. "Don't let the cancer take over you." ●



◀ Dona Patterson's family attended the recent RMC Breast Cancer Awareness Luncheon together. Pictured from left to right: Elizabeth Hawkins, aunt; Helen Hawkins Dickinson, cousin and breast cancer survivor; Dona Hawkins Patterson; Jane Hawkins, mother; Kay Hawkins Nail, sister; Pat Hawkins Cofield, cousin; Carol Ann Westbrook Hawkins, cousin and two-time breast cancer survivor.

Healthy eating by the numbers



You probably grew up thinking that you should eat three square meals a day with foods from four food groups, but nutrition experts have increased both of those figures for better nutrition. Unsure if the other numbers in your diet match up with today's healthy-eating requirements? Learn more here.



1 TEASPOON OR LESS OF TABLE SALT EVERY DAY.

Most Americans eat too much salt because it's included in many prepared foods in surprisingly high amounts. Too much salt in your diet can lead to high blood pressure and other health problems.

4 or 5 MEALS OR SNACKS A DAY. Eating breakfast, lunch, dinner and one or two small snacks can help you maintain a healthy weight, or even lose weight. People who skip meals tend to overeat at the next meal because they're famished.



8 EIGHT-OUNCE GLASSES OF WATER A DAY TO STAY PROPERLY HYDRATED. You may need more or less water, depending on how much you exercise, how hot it is outside and whether you have an underlying health condition. Being properly hydrated allows your body to take full advantage of the vitamins and minerals in your diet, regulates your body temperature and prevents constipation. Other fluids can hydrate you, but water does it without adding sugar, sodium or calories.



5 or more SERVINGS OF FRUITS OR VEGGIES a day to prevent cancer, says the American Cancer Society. The latest government recommendations, however, vary depending on your age, gender and physical activity level. Visit www.fruitsandveggiesmatter.gov to see just how much you should eat. Including more produce in your diet can help you lose weight and lower your cholesterol.

7%

or fewer of your daily calories from saturated fats to lower cholesterol levels. Limiting saturated fats is the most important change you can make to lower your cholesterol, according to the National Institutes of Health.



24.9
(or lower) body mass index (BMI). BMI compares your height to your weight to determine whether you weigh too much or too little. A healthy BMI is 18.5 to 24.9.



25 GRAMS OF FIBER IN YOUR DAILY DIET, FOR WOMEN AGES 50 AND YOUNGER. (Men 50 and under need 38 grams.) Ample fiber can lower your cholesterol, keep your blood-sugar levels in check, help you lose weight by making you feel fuller longer and keep your bowel movements regular.

12 OUNCES OF BEER IN YOUR GLASS. The American Heart Association recommends that anyone who drinks alcohol should do so moderately. That means one glass a day (a 12-ounce beer) for women, two for men. Drinking more than that regularly could increase your risk of developing high blood pressure, stroke or breast cancer and raises your risk of obesity.

20 to 35 PERCENT OF YOUR DAILY CALORIES FROM FATS. Too much fat can contribute to heart disease, but too little may prevent your body from getting enough vitamin E or essential fatty acids. The best fat sources are fish, nuts and vegetable oils.



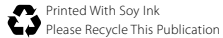
100 CALORIES OR FEWER WHEN YOU SNACK. If done properly, snacking can help you lose weight. A low-calorie snack can help curb your hunger between meals, preventing you from overeating at mealtime. Try 2 cups of carrots, 2 tablespoons of peanuts or 3½ cups of air-popped popcorn.



5 FOOD GROUPS TO SELECT FROM TO CREATE A WELL-BALANCED DIET. They are: grains; vegetables; fruits; milk and dairy products; and meat, beans, fish and nuts. You should also include some fats and oils in your daily diet.

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Physician Referral Line (256) 329-7149



Community calendar

Health events at
Russell Medical Center

To register or for more information about these events,
call Enrichment Services at **(256) 329-7145**.

DIABETIC SUPPORT GROUP

Cooking Demonstration for a Diabetic Diet

- Tuesday, December 7, noon
 - RMC Community Room
- Lunch is available for \$5.

CHILDBIRTH CLASSES

- Tuesdays, January 4–February 1, 6–9 p.m.
 - RMC Community Room
- The cost is \$50.

CARDIAC SUPPORT GROUP—NEW YEAR, NEW YOU!

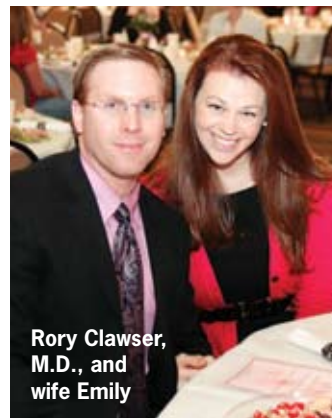
- Thursday, January 13, noon
 - RMC Community Room
- Heart-healthy lunch is available for \$5.

BREASTFEEDING CLASS

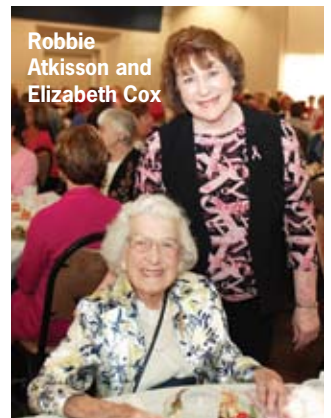
- Thursday, February 10, 6–8 p.m.
 - RMC Classroom
- The cost is \$15.

Annual Breast Cancer Awareness Luncheon

Thank you to Alexander City and our surrounding communities for your support of Russell Medical Center's 2010 Breast Cancer Awareness Luncheon, held on October 26, 2010.



Rory Clawser,
M.D., and
wife Emily



Robbie
Atkisson and
Elizabeth Cox



Keynote speaker
Jenny Nolen
presented "Laughter
is the Best Medicine."