

SeniorCircle plus

NEWS AND HEALTH INFORMATION FOR SENIORS

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Stop the Pain!

After the soothing, patients get moving

What do you do when the pain is awful but surgery is not an option? Margaret Quinlivan of Euclid has a good answer.

Several months ago, Quinlivan, 81, was visiting her daughter in Oklahoma when she developed severe back pain. "The pain was so bad that I had to use a wheelchair at the airport. When I got home, my family practitioner prescribed lots of strong pain medications, which made me groggy," she says.

An MRI showed that Quinlivan had a herniated disc. Unfortunately, she was not a good candidate for surgery to correct the problem. As an alternative, her physician suggested she see a specialist at the Cleveland Clinic Pain Management Center at Euclid Hospital.

With the pain persisting, Quinlivan was more than ready to give it a try. "When I first got up in the morning, I walked around bent over in half with pain," she recalls. After receiving treatment at the center, Quinlivan says, "Thank you, God! I'm not in pain anymore."



Quinlivan received injections of nonaddictive and nondrowsy pain medications from Sung Ki Min, M.D., a Cleveland Clinic internist specializing in physical medicine and rehabilitation. Quinlivan says, "I think the Pain Center is wonderful. Dr. Min is very nice and very thorough."

Back pain like Quinlivan's is just one problem treated by the Pain Management Center's team of health care professionals, which includes anesthesiologists, specially trained nurses, a psychologist, therapists and a social worker. By determining the root cause of the pain and developing a comprehensive treatment plan, these experts can relieve pain caused by arthritis, cancer, headaches, shingles and

many other conditions, as well as lower back pain.

Treatments may include oral medications, nerve blocks, physical therapy or even infusion pumps, which are implanted in the body and release medication directly to the source of pain.

If you're suffering from chronic pain and would like additional information about pain management at Euclid, Hillcrest, Huron and South Pointe hospitals, call Medline at **440/312-4533** or toll-free at **800/621-0004**. ●



**Euclid
Hillcrest
Huron
South Pointe**

**Need a physician? Call Medline for a referral at
440/312-4533 or 800/621-0004.**

Mending a Broken Heart

Debunking the myths about cardiac rehabilitation

If you've suffered a heart attack or have a heart condition, you don't have to face returning to normal life alone. With the help of a rehabilitation specialist, cardiac rehabilitation will enable you to develop healthy habits, strengthen your heart and help you get back to living again.

In fact, cardiac rehabilitation is the safest course to recovery for heart patients. Yet, only a third of those who have heart attacks enter a formal rehab program—even though the exercise and support in these centers could extend life and improve its quality for most patients.

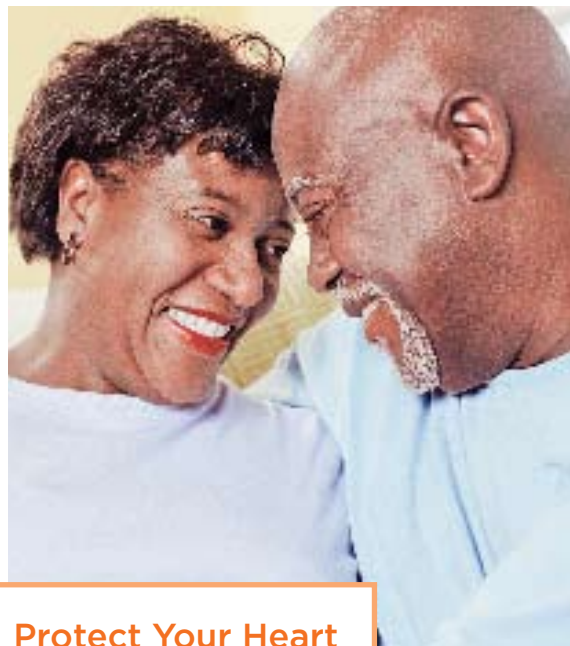
Here are some of the myths that keep many people out of rehab.

Myth 1 • "I'm not in good enough shape."

You don't have to get in better shape before beginning a rehab program. Experts will create an individualized program to help you get in better shape—no matter what shape you're in.

Myth 2 • Exercise is dangerous.

Actually, a supervised rehabilitation facility is one of the safest places you can be. If you experience chest discomfort or heart rhythm abnormalities, professionals are on hand to provide immediate assistance.



Protect Your Heart

For more information about cardiac rehabilitation, call your local Cleveland Clinic Health System hospital.

Myth 3 • Rehab is only for heart attack survivors.

On the contrary—just about anyone with heart disease can benefit from cardiac rehab programs.

Myth 4 • Cardiac rehabilitation is just exercise.

Not true—cardiac rehab focuses on all the risk factors for the progression of heart disease. Participants usually receive counseling from a dietitian, assistance with smoking cessation, instruction on stress management, and help with coping with depression, which affects up to 20 percent of patients after a heart attack.

Myth 5 • Cardiac rehab is a "guy thing," usually for the young.

Women need cardiac rehab just as much as men—even though about 20 percent fewer women enroll. And, in older age, research suggests that if exercise is safe, it can improve endurance and physical functioning. ●

Numbers to Know

1.5 million

Number of Americans who suffer from a heart attack each year

11.5

Average number of years of life lost prematurely because of a heart attack

500,000

Number of Americans who will have a recurrent heart attack this year

52

Percentage cardiac rehabilitation increases a heart attack patient's chances of survival by at least three years following a heart attack

Sources: American Heart Association; Centers for Disease Control and Prevention; Mayo Clinic in Rochester, Minn.; National Heart, Lung, and Blood Institute



Now What?

Finding hope in an osteoporosis diagnosis

You've just found out you have osteoporosis. What do you do? First of all, don't panic. Yes, your bones are weak—but your determination to strengthen them doesn't have to be. In fact, you have many tools at your disposal. Try these tips from the National Osteoporosis Foundation (NOF) to get started.

- With your doctor's approval, engage in regular weight-bearing exercise such as walking.
- Make sure to loosen up your muscles by stretching.
- Make sure you get your recommended daily amounts of calcium and vitamin D. For adults over age 50, the NOF recommends 1,200 mg

of calcium and between 400 and 800 IU of vitamin D daily.

- Take steps to fall-proof your home, such as making sure stair rails are secure, ensuring rugs are anchored and smooth, and installing grab bars and non-skid tape in the tub and shower.
- Talk with your doctor about medication. From drugs that slow bone loss to drugs that increase the rate of new bone formation, several medications are available that can strengthen bones and reduce the risk of fracture.

For additional bone-building advice, or for information about osteoporosis, visit nof.org.

Eat Up

Spice up mealtime with five simple solutions

Trouble chewing and loss of appetite are just two of the many reasons seniors might not be eating well, according to the U.S. Food and Drug Administration. To make mealtime palatable once again, try incorporating these tips into your next meal:

Can't chew? Look for substitutions. Instead of fresh fruit, try fruit juice and soft, canned fruits, such as applesauce, peaches and pears.

Can't get to a grocery store? See if your local supermarket delivers, or check with a community group for volunteer help.

Don't feel like cooking? Keep canned or frozen fish, meat, fruits,

vegetables, dinners and soups on hand for a quick yet nutritious meal.

Trying a new food? Look for foods with labels that reveal something healthy about the food, such as "cholesterol-free" and "a good source of fiber."

Have no appetite? If meals taste bland because of medications or taste problems, add flavor with spices, herbs and lemon juice. Or make mealtime a social time by dining with family and friends.



For nutrition fact sheets, grocery shopping advice, tips of the day and more, visit the American Dietetic Association's Web site, eatright.org.

Sources: U.S. Food and Drug Administration; National Institute on Aging

Senior Circle Plus, in cooperation with Web Wise, offers computer classes for individuals age 50 and older. To join the fun and learn more about using computers, call **440/953-2443** or **866/232-7032**.

Did I Take My Pill?

With Lifeline, there's no question

If you have a medical condition, taking care of yourself can seem like a full-time job. You may need to take several different medications at various times throughout the day, weigh yourself regularly or remember doctor appointments. This can get stressful—especially when you know that not following doctor's orders may result in serious problems.

Someone to Watch Over You

Gwen Million of East Cleveland was in this very predicament. Then she subscribed to Lifeline with Reminders, an easy-to-use program that helps her remember to take her medications, clean her oxygen tank and tend to other important health care tasks. The service also offers immediate emergency response at the touch of a button, time and date announcements and auto-dialing for frequently called numbers.

"Lifeline is the most wonderful service in the world," says her daughter,

Alicia Million. "When you need it, you just push the button. You're not alone anymore, and it makes you feel safe. Plus, it makes me happy to know my mother has this added degree of protection. It's a big relief."

Since Lifeline with Reminders helps individuals follow their doctors' orders, it can optimize their health and promote a sense of well-being. According to a local study, patients with heart failure who use Lifeline with Reminders are able to better follow their prescribed care plans. This, in turn, results in a reduction of complications and length of hospital stay.

How It Works

Subscribers to Lifeline with Reminders receive a special telephone and personal help button. The reminder phone can be programmed to play up to six personalized reminder messages, which can be set to play



once a day, once a week or one time only. A friendly chime prompts subscribers to listen to messages, which are recorded in the caregiver's own voice. If no family is available, the Lifeline staff can assist with the set-up. Reminders can be added, changed or deleted remotely.

"It's been a big help to my mother," says Alicia Million. "With this service, she's avoided going to the hospital so much."

For a free brochure, additional information on Lifeline or to subscribe, call the Lifeline office at **216/896-8730** and ask for Carolyn or Wendy. ●