

# Health Connection

A PUBLICATION OF WOODWARD  
REGIONAL HOSPITAL

## **Bone density**

Do your bones  
pass the test?

## **We've streamlined your ER experience**

## **Start your day off right**

Why breakfast is your  
most important meal

## **A daily dose of safety**

Take care with  
your prescriptions

## **Check out our new online look!**

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# Mind your medicine

## Smart strategies to stay well



**A**dults over age 65 who have adverse drug reactions account for more than 177,000 emergency room visits each year. One-third of these visits are related to three drugs: warfarin (a blood thinner), insulin (for diabetes) and digoxin (a heart medicine). Many of these reactions can be avoided with better communication between patient and physician. Follow this advice to help you avoid becoming a statistic:

- **Tell your physician about all the medicine you're taking.** That

includes prescription medications and over-the-counter drugs and supplements. Your physician will want to make sure you're not taking anything that can cause a reaction or affect a drug's potency. For example, Ginkgo biloba, garlic, ginger and ginseng can all interact with warfarin, as can medications taken for headaches and joint pain, such as aspirin and ibuprofen. Iron and calcium supplements can interfere with thyroid medication absorption.

- **Ask questions.** Don't be afraid to ask your physician to clarify a medication's purpose and common side effects. Also make sure you know when and how often you should take it and what to do if you miss a dose. Learn both the medicine's brand name and generic name and its shape, size and color.
- **Write it down.** Keep a list of all the medications you take in your wallet in case you do end up in the ER. This will allow physicians and nurses to avoid giving you medicine that could cause a dangerous interaction.
- **Take your medication as prescribed.** Don't stop your treatment because you think it's not working, you have side effects or you think your pill-taking regimen is hard to stick with. Instead, call your physician. He or she may be able to prescribe a different medicine or dosage to minimize side effects or simplify your regimen.

Also let your physician know if you've stopped taking a prescribed medicine. Otherwise, he or she may assume the drug isn't working and give you a higher dosage or different medication.

- **Go to follow-up appointments.** Some medications, such as blood thinners and drugs for diabetes, seizures and heart problems, require regular blood tests and monitoring by your physician. Regular visits are crucial to ensure you're getting a safe and effective dose.



# Snap, crackle, pop!

## What are your joints telling you?

**Y**our body is a symphony of sounds—that cracking in your ankles, the popping in your knee. What causes these noises? Sometimes, it's just ligaments or tendons tightening and moving with a joint. For the most part, these sounds are normal and don't require any treatment.

But sometimes these noises can signal a more serious problem. A loud pop and locking of a joint can mean that torn cartilage, a piece of bone or something else has gotten caught between joint surfaces. Cracking and grinding may be a sign of arthritis. A loss of smooth cartilage and roughening of the joint surface is to blame for these noises.

### JUST MAKING NOISE?

To find out whether your popping and cracking should be of concern, look for the following signs. See your physician if you have any of these symptoms:

- pain accompanying the popping
- swelling of the joint
- locking or sticking of the joint
- loss of motion or function

### A JOINT EFFORT

The Arthritis Foundation and the American Academy of Orthopaedic Surgeons suggest following these tips to keep your joints healthy:

- Maintain a healthy weight.
- Stretch to increase your flexibility. Ask your physician to help you develop a regular stretching program.
- Stand up straight, shoulders back.
- When you lift heavy objects, use your legs instead of using your back. If you can't lift something yourself, ask for help.



- Alternate heavy activity such as housework, brisk walking or strenuous yardwork with rest periods.
- Wear protective gear, such as wrist, elbow or knee pads, if you're engaging in an activity where you could fall.
- Pay attention to your body. Pain may be a sign you're overworking your joints.
- Eat a well-balanced diet that includes plenty of calcium (1,200 mg a day for those over age 50; 1,000 mg for those ages 19 to 50).

## Knuckle cracking: Bad to the bone?

**S**ome people just can't resist cracking their knuckles. The cracking sound you hear is the "popping" of air bubbles when the joint is pushed or pulled a certain way. Knuckle cracking can certainly be annoying to others, but does it really make your knuckles larger? That old wives' tale hasn't been proven, but this is still a habit you should try to break, as studies point to possible soft-tissue damage in joints, a weak grip and hand swelling as a result of repeated cracking.



## A LETTER FROM OUR CEO



Lavah Lowe  
Chief Executive Officer

Dear neighbors,

I'm excited to introduce you to a new initiative that we've implemented at Woodward Regional Hospital: nurse hourly rounding, which will help our staff enhance care and improve communication with patients, physi-

cians and family members. Patients can count on a nurse visiting their room every hour during their stay, which far exceeds the hospital-industry standard.

### MEETING YOUR NEEDS

Our goal is to be the trusted hospital of choice for you and your family. We want you to recommend our hospital to others because you were pleased with your experience here. We're focused on growing and improving to meet your needs, so please take advantage of opportunities to share your feedback with us about our performance.

I hope you enjoy reading about our new Web site, new technology in our emergency department and the benefits of having bone density screening and that you'll sign up today to join Healthy Woman if you're not yet a member!

Best wishes for a great 2009.

Sincerely,

LAVAH LOWE  
Chief Executive Officer  
Woodward Regional Hospital



# WRH launches new Web site!

Woodward Regional Hospital's Web site has been redesigned and is better than ever! Visit [www.woodwardhospital.com](http://www.woodwardhospital.com) and check out all its great features. Our site helps you better understand the health services we offer and allows you to search for a physician, explore our calendar of classes and programs and discover career opportunities at the hospital. You can even view that new baby through our online nursery!

Online site features include:

- a Web nursery
- a physician directory
- bill payment
- job postings
- job applications
- hospital events
- volunteer opportunities
- Healthy Woman events

Visit WRH online any hour of the day or night. Our virtual doors are always open!

**!** See how we've changed!

**C**ome visit [www.woodwardhospital.com](http://www.woodwardhospital.com) today and be sure to send us your suggestions, questions or comments!

# How strong are your bones?

A bone density test can provide the answer

**O**steoporosis, the condition that causes bones to shrink and become brittle and susceptible to fracture, affects millions of Americans—80 percent of them women—and may be the culprit behind more than 1.5 million fractures annually. Yet osteoporosis is often called a “silent” disease because symptoms may not appear until something such as a fracture points to its existence. If caught in its early stages, however, lifestyle changes (diet and exercise) and medication may slow or stop bone loss before such damage occurs.

## DETECTING OSTEOPOROSIS

A bone mineral density test or screening is the most accurate way to assess early osteoporosis. Screening is fast, painless and completely noninvasive.

According to the American College of Obstetricians and Gynecologists, dual-energy X-ray absorptiometry (DEXA) remains the standard for testing and provides precision, minimal radiation exposure and rapid scanning time.

DEXA testing is available at Woodward Regional Hospital (WRH), giving you advanced screening close to home. Recently relocated within the hospital, this service is a convenient, pleasant experience.

## SHOULD I BE SCREENED?

Some physicians advise premenopausal women in their 40s to have a baseline bone density test. But most experts recommend postmenopausal women discuss with their physician the possibility of a screening, especially if you:

- **are age 65 or older.** The older you are, the weaker your bones become.
- **have had a bone fracture.** Having a history of fractures as an adult or since menopause may mean you're losing bone mass.

- **are Caucasian or Asian.** For reasons not completely understood, African-American women have a higher peak bone mass.
- **are thin or small-framed.** Even women whose low weight is normal for their frames are at higher risk for osteoporosis.
- **smoke.** Many studies suggest some connection between tobacco use and bone loss.
- **have a history of alcoholism.** Alcohol use has been linked to a disruption in the way the body uses and stores calcium, an important mineral for bone health.
- **have a medical history associated with an increased risk of osteoporosis.** Some health issues—such as endometriosis, hemophilia, lymphoma, leukemia, eating and nutritional disorders, rheumatoid arthritis and multiple sclerosis—boost your likelihood of developing the disease.
- **take lithium or heparin.**



**!** Schedule your test today!

**T**o schedule a bone density screening at WRH, speak with your physician or call us at (580) 254-8436.

## HEALTHWISE QUIZ

### How much do you know about **exercise**?

Take this quiz to find out.

**1** To lose one pound, you need to burn how many calories?

- a. 500
- b. 1,500
- c. 2,500
- d. 3,500

**2** A good way to measure the intensity of an exercise is to keep track of your:

- a. heart rate
- b. blood pressure
- c. sweat levels
- d. thirst intensity

**3** Exercise can:

- a. reduce depression
- b. help manage type 2 diabetes
- c. boost good HDL cholesterol
- d. all of the above

**4** The *minimum* amount of time you should be active every day is:

- a. 15 minutes
- b. 20 minutes
- c. 30 minutes
- d. there is no minimum

**5** Which of the following exercises will *not* help you build stronger bones?

- a. running
- b. swimming
- c. lifting weights
- d. dancing

ANSWERS: 1. (d) 2. (a) 3. (d) 4. (c) 5. (b)

# The kidney-heart connection

If you think kidney disease only affects your kidneys, think again. Though researchers can't fully explain the link, kidney disease is an independent risk factor for heart disease and greatly increases the risk of dying from heart problems. In fact, heart disease is the most common cause of death for the more than 20 million Americans with chronic kidney disease.

## WHO GETS KIDNEY DISEASE?

Kidney disease is often called a "silent killer" because many people don't even know they have it until it reaches an advanced stage. Risk factors include being obese; smoking; and having high blood pressure, diabetes or a family history of kidney disease. Ask your physician about testing if you're at risk. If he or she suspects you may have chronic kidney disease, blood and urine samples can diagnose it.

## KEEP YOUR KIDNEYS HEALTHY

If you already have kidney disease, early treatment can help keep it from getting worse. But the best method of attack is to prevent the problem in the first place. Take these steps to minimize your risk:

- **Maintain a healthy weight.** Eat healthful foods and be active every day.
- **Quit smoking.** Besides the damage it can do to your heart, smoking can interfere with medicine for high blood pressure.
- **Get your blood pressure level to 120/80 mm Hg or lower.**

Start by slashing salt from your diet and getting more potassium (found in bananas, apricots and broccoli). If changing your diet doesn't help, discuss medications with your physician.

- **Control your blood sugar if you have diabetes.** Dietary changes and medication may be needed.



# 'Brake' for breakfast



**Y**ou wouldn't take off for a road trip with no fuel in your car, so it doesn't make much sense to send your body out for the day with nothing to run on. Your tank needs breakfast.

Studies have shown that those who eat this most important meal of the day are less tired and irritable, have better concentration and are more likely to maintain a healthy weight. Not a bacon-and-eggs person? No problem. Try these

out-of-the-cereal-box suggestions from the American Dietetic Association:

- one cup of vanilla low-fat yogurt topped with whole-grain cereal and berries
- leftover veggie pizza with a piece of fruit and a glass of milk
- whole-grain toast topped with a little peanut butter and apple slices
- whole-grain waffles or pancakes topped with fresh banana
- a super-fast smoothie, made from frozen fruit and yogurt, whipped up in a blender
- a breakfast wrap (try low-sodium deli turkey, low-fat cheese and spinach in a tortilla)
- oatmeal sprinkled with cinnamon and walnuts

## Ready, aim, vaccinate!

**V**accines aren't just for babies. If your child hasn't been to the pediatrician in a while, he or she may have missed some important shots. And don't forget that adults need vaccines, too! Talk

with your pediatrician about your child's specific needs and whether he or she is at high risk. And ask your own physician about *your* needs. Use this handy chart as your guide.

IMMUNIZATION	BIRTH TO AGE 6	AGES 7-18	AGES 19+
Diphtheria, tetanus, pertussis (DTap, Td/Tdap)	4 doses by 18 months; final dose at age 6	Kids need a booster at ages 11-12. For teens, ask your pediatrician if your child is up to date.	Get a Td booster every 10 years. If you're under age 65 and haven't been vaccinated with Tdap before, you need a single dose.
Haemophilus influenzae type b	4 doses by age 15 months		
Hepatitis A	2 doses between 12 and 23 months	High-risk kids and adults need a vaccination.	
Hepatitis B	3 doses within first 18 months of life	Ask your pediatrician if your child is up to date.	High-risk adults should be immunized.
Human papillomavirus (HPV)		3 doses are recommended for girls ages 11-12, or later if a young woman isn't up to date. Ask your physician about the pros and cons of vaccination.	
Inactivated polio virus	3 doses by 18 months	Ask your pediatrician if your child is up to date.	
Influenza	Yearly, for kids ages 6 months to 19 years		Anyone <i>can</i> get vaccinated; high-risk adults and those over age 50 <i>should</i> be.
Measles, mumps, rubella (MMR)	1 dose at 12-15 months; another at ages 4-6	Ask your pediatrician if your child is up to date.	If you haven't had this vaccine, you need it. High-risk adults need a second dose. If you were born before 1957, you're considered immune to measles and mumps.
Meningococcal (meningitis)	Ask your pediatrician if your child is high risk.	It's recommended for kids ages 11-12; otherwise, ask your pediatrician if your child is at high risk.	It's a must for high-risk groups.
Pneumococcal (pneumonia)	4 doses of pneumococcal conjugate by 15 months	High-risk kids and adults need the pneumococcal polysaccharide vaccine. Adults should get vaccinated at age 65; some older adults may need a booster.	
Rotavirus	3 doses by 6 months		
Varicella (chicken pox)	1 dose at 12-15 months; another at ages 4-6	Ask your pediatrician if your child is up to date.	If you aren't up to date and never had the chicken pox, speak with your physician.
Zoster (shingles)			Get it once, at age 60 or older.

Source: Centers for Disease Control and Prevention

# Upgraded tracking: We're streamlining your ER experience

**A**t Woodward Regional Hospital (WRH), we understand that in an emergency, the last thing you want to do is wait. To help reduce wait time and get you treated faster, WRH has installed a new clinical information and patient tracking system called Pro-MED in the emergency room (ER). "This is one of our latest investments to streamline service, enhance communication and add convenience for our patients," says Chief Executive Officer Lavah Lowe.

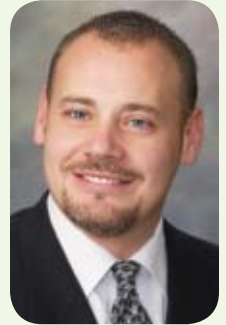
The clinical information system allows ER staff to track patient care from the moment you walk in until you're discharged. The system allows us to closely monitor your time in the ER, and it helps to ensure that appropriate and

consistent patient care is administered quickly and reliably.

## CONTINUOUS MONITORING

"Once we assess your condition and you're escorted to a room, physicians and nurses will use the system at the bedside to monitor your care," says Michael Oliver, D.O., ER medical director. "It helps us improve assessment and documentation of your condition and ongoing care. When you're discharged, we send you home with personalized, printed discharge instructions to support your recovery.

"We're still in the implementation phase," Dr. Oliver adds. "When our ER team members are fully trained on the system and gain more experience using it, we expect patient benefits to grow as well. The system helps us to continually improve and assure that services are appropriate, consistent and meet—or exceed—our standards for quality patient care."



Michael Oliver, D.O.  
Emergency Room  
Medical Director



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**C**omprehensive, timely medical services are here at WRH whenever you need them. Visit [www.woodwardhospital.com](http://www.woodwardhospital.com) to learn more or to find additional health resources.

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