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in Your Community

- Physical
- Emotional
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M A G A Z I N E

## *Myrtle Ave. Pediatrics*

Celebrating 50 Years of Helping You Raise Healthy Kids



**Six Secrets**  
for Holiday Success

Five Tips to  
**Keep You Smiling**

Proper Medication  
**Disposal Techniques**

A photograph of a window sill. In the center is a green sign with white text. To the left is a small white dog figurine. To the right is a larger white dog figurine. In front of the sign is a tray containing coins and papers. The background shows a window with a view of trees and a framed picture of a fern.

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**W**ith the holidays in full swing, it is always a good time to thank those around us: our parents, children, friends, and those we work with on a daily basis. The holidays are not just about giving and receiving but are a good time to reflect on the year and on those who have had an impact on our lives.

The common goal of all *Healthy Cells Magazines*® is to get positive health care information to the public. We are partnering with local providers who want to share their health-related message, and providing them with a voice to accomplish this. Every month there will be articles addressing some of the physical, emotional, and nutritional health issues affecting us right here in the Tampa Bay Area. We hope you enjoy reading these and other stories that impact our community.

We would also like to give you a sneak peek into an article that we are working on for the February edition; this is one we are sure everyone will want to read. Florida Hospital is now conducting surgical procedures using the *daVinci*® Surgical System. This interactive robot is one of the most advanced approaches to surgery according to Bruce Bergherm, President and CEO of Florida Hospital North Pinellas. Make sure you pick up a copy of the February edition and read more about the new robot in town!

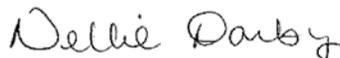
Finally, a big thank you to all the contributors and advertisers who make it possible for us to bring you *Healthy Cells Magazine* of Tampa Bay, we appreciate their time and effort and desire to become partners in educating the community and helping us all live a healthier life.

Sincerely,

*Healthy Cells Magazine*, Tampa Bay Edition - Owners

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*Photo by Ron Hawks of Hawks Custom Photography*

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## This Month's Cover Story:

### Myrtle Ave. Pediatrics

Celebrating 50 Years of Helping You Raise Healthy Kids page 14



(From left to right) Kimberly P. Odom, MD;  
Dr. Greg H. Savel, MD; Katheryn M. Boreman, MD; Karen A. Kelly, MD

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Mission: The objective of *Healthy Cells Magazine*® is to promote a stronger health-conscious community by means of offering education and support through the cooperative efforts among esteemed health and fitness professionals in the Tampa Bay area.

*Healthy Cells Magazine* is intended to heighten awareness of health and fitness information and does not suggest diagnosis or treatment. This information is not a substitute for medical attention. See your healthcare professional for medical advice and treatment. The opinions, statements, and claims expressed by the columnists, advertisers, and contributors to *Healthy Cells Magazine* are not necessarily those of the editors or publisher.

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# Attention Chronic Sinusitis Sufferers New Advancements in Sinus Surgery

Submitted by ENT Associates

**B**alloon sinuplasty has been used in the operating room since 2006 and has recently been approved as an in-office procedure for the appropriate patient.

## So, What is Balloon Sinuplasty?

Balloon sinuplasty (BSP) is a safe and effective procedure for chronic sinusitis patients who are not responding well to medications and are seeking relief from uncomfortable and painful sinusitis symptoms. Unlike traditional sinus surgery, balloon sinuplasty requires no cutting or removal of bone or tissue.

## How Does Balloon Sinuplasty Work?

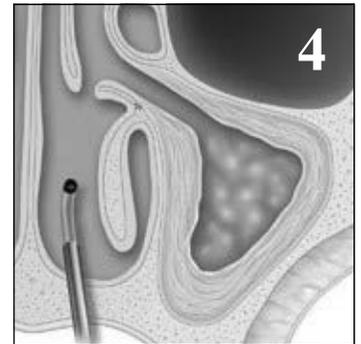
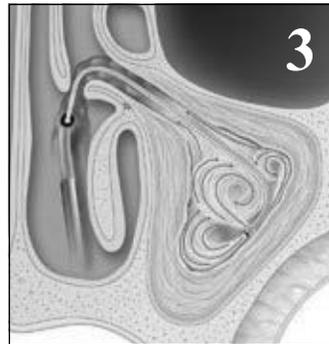
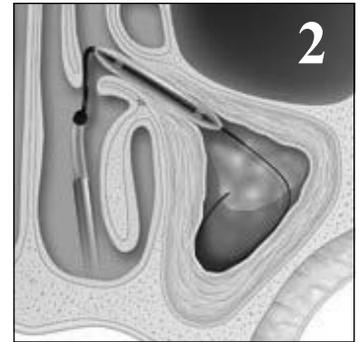
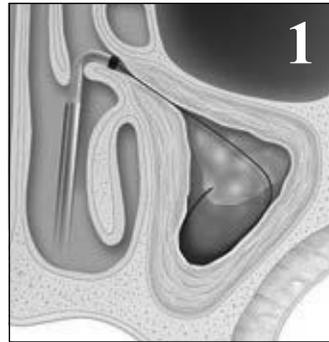
When the sinus balloon is inflated, it restructures and widens the walls of the sinus passageway while maintaining the integrity of the sinus lining.

Published clinical data in the leading ENT journals shows that BSP is safe and effective. Patients experienced no device-related adverse events and demonstrated statistically and clinically significant improvement in their sinusitis symptoms.

Performing balloon sinuplasty in-office offers the key benefits of convenience and comfort to patients, especially those with busy lives, by avoiding general anesthesia, with reduced downtime. Many patients are back to work within a day or two.

## An In-Office Patient Experience

The patient is a 46-year-old woman with recurrent right-sided facial pain, pressure, and nasal congestion. She had been treated for acute sinusitis five times in the past seven months with various antibiotics. Her symptoms would improve with treatment, only to return soon after



**Step 1.** A balloon catheter is inserted into the inflamed sinus.

**Step 2.** The balloon is inflated to expand the sinus opening.

**Step 3.** Saline is sprayed into the inflamed sinus to flush out the pus and mucus.

**Step 4.** The system is removed, leaving the sinuses open.



Meet the Physicians of ENT Associates

stopping medications. She was treated additionally with intranasal steroids and antihistamines, but this had little effect. Allergy testing revealed minimal reactivity to dust mite.

Treatment options for the patient included traditional FESS or functional endoscopic sinus surgery and the less invasive technique of balloon sinuplasty. Since the patient could not take off time from work, she elected to have in-office balloon sinuplasty.

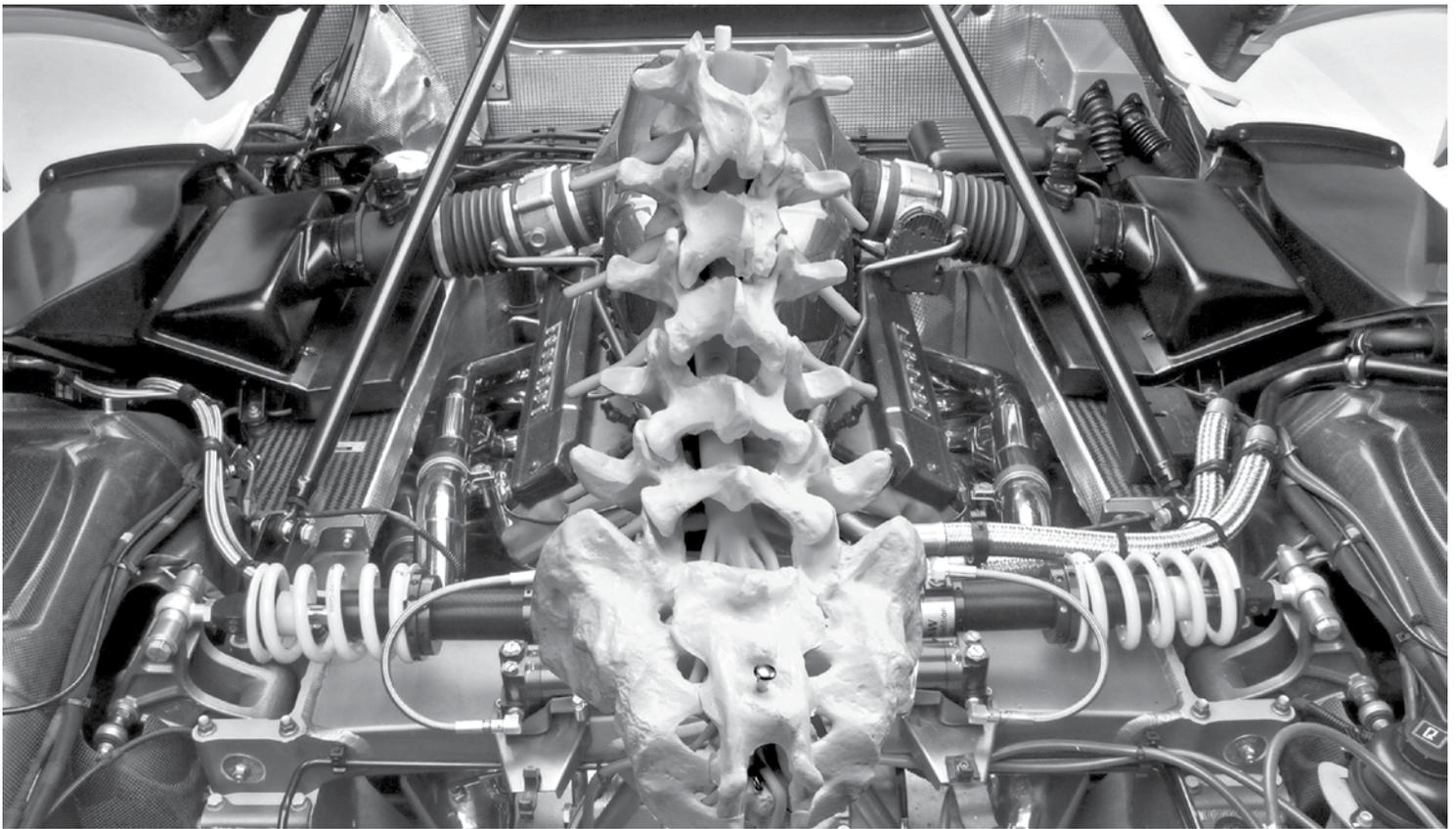
Following the procedure, the patient was able to return to her normal activities over the weekend and was back to work on Monday. She was followed for several months after the procedure with no recurrence of sinus symptoms.

*The Partners at ENT Associates have collective experience, caring for patients of all ages, for 23 years. We have eight convenient locations in Pinellas, Pasco, and Hillsborough counties. Should you need an evaluation in one of our areas of expertise, please call us today at 727-791-1368 and speak with one of our friendly staff members who will schedule an appointment for you. For more information on the practice, please visit our website: [www.ENTflorida.com](http://www.ENTflorida.com).*

# The Human Body A High-Performance Machine

Repair and maintenance of the spine through chiropractics  
can heal our most painful afflictions.

Submitted by Tarpon Total Health Care



An engine with fuel lines is much like our spinal column and nerves.

## **The Search for Optimal Performance**

Today, it seems, we are all searching for that “magic pill” to get our health back. It really doesn’t make much sense that we spend so much time looking on the outside for something to heal us on the inside. When we search for youth, happiness, and health, we often forget that the human body is truly remarkable and self-healing. It is designed to function like a high-performance machine. And, the spine is the system designed to deliver the fuel to make our bodies run at peak performance.

## **Breakdown of Parts**

When there is a kink in an engine fluid line, performance goes down and may affect other systems. The same can be said for

pinched nerves coming from the spinal cord. These nerves feed signals to tissues, organs, and cells. When a nerve is pinched, the body part it feeds becomes starved and can start to malfunction. The level of dysfunction depends upon the severity and longevity of a variety of spinal issues.

## **The Biomechanics of Chiropractic**

The body may have many kinked or “clogged” systems that may lead to deterioration, malfunction, and pain. Just as licensed mechanics are high-performance car specialists, chiropractors are spinal health doctors.

Chiropractic spinal adjustments release pressure on the nerves and help remove any interference that may be impairing normal

“When the spine is working correctly, the human body is like a Ferrari with a tune-up. Regular maintenance for best performance is key.”

health. The moment a chiropractor corrects a spinal dysfunction, hundreds of bodily functions and activities are affected. The flood-gate of nerve impulses over the spinal cord and spinal nerves is opened and your body begins to function the way it should. This process rebalances the body structure. As a result, these adjustments can reduce or eliminate a variety of physical afflictions such as vertigo (dizziness), hearing problems, allergies, headaches, musculoskeletal pain, jaw pain, sciatica, thyroid issues, neuropathy (leg and foot pain), and numbness, to name a few.

#### Tune Up Your Health

Without the use of pharmaceuticals or surgery, chiropractic is a healing art. It allows the nervous system to flow freely, bringing vital signals from the brain to every part of the body for optimal health. When the spine is working correctly, the human body is

like a Ferrari with a tune-up. Regular maintenance for best performance is key.

#### Crash Course on Accidents

After a car accident, symptoms of serious neck, back or other injuries may not show up for weeks or even months after initial injury. But, if you wait too long to seek medical care, you lose insurance coverage.

“The minute you get in a car accident, the clock starts to tick. As of January 1, 2013, a new insurance law states that if you are in a car accident, you must seek medical care (including hospital, licensed clinic, medical doctor, dentist, chiropractor, or paramedic) within 14 days or you will not receive reimbursement for what could be costly medical expenses,” said John N. Huy, DC, DACBN, and CEO, Founder, and Clinic Director, Tarpon Total Health Care. “You may not feel pain at the time of the accident, but by the time more serious complications develop, some of the damage from the injury may have become permanent.”

An injury, such as whiplash, can develop into headaches, neck pain, upper back and shoulder pain, cognitive changes, low back pain, and fatigue. With immediate chiropractic spinal adjustments, position of the spinal vertebrae and normal movement can be restored. The significance of chiropractic care is the beneficial results gained from treating the source of the problem and not the symptoms. It is undeniably the single most effective treatment for reducing the long-term impact of whiplash injuries.

*For more information, contact Tarpon Total Health Care at 727-934-0844. Visit [www.tthc.net](http://www.tthc.net).*



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# Mindfulness Matters

## Can Living in the Moment Improve Your Health?



At some point in your life, someone probably told you, “Enjoy every moment. Life is short.” Maybe you’ve smiled and rolled your eyes at this well-intentioned relative or co-worker. But the fact is, there’s something to it. Trying to enjoy each moment may actually be good for your health.

The idea is called mindfulness. This ancient practice is about being completely aware of what’s happening in the present—of all that’s going on inside and all that’s happening around you. It means not living your life on “autopilot.” Instead, you experience life as it unfolds moment to moment, good and bad, and without judgment or preconceived notions.



“Many of us go through our lives without really being present in the moment,” says Dr. Margaret Chesney of the University of California, San Francisco. She’s studying how mindfulness affects health. “What is valuable about mindfulness is that it is accessible and can be helpful to so many people.”

Studies suggest that mindfulness practices may help people manage stress, cope better with serious illness and reduce anxiety and depression. Many people who practice mindfulness report an increased ability to relax, a greater enthusiasm for life and improved self-esteem.

One NIH-supported study found a link between mindfulness meditation and measurable changes in the brain regions involved in memory, learning, and emotion. Another NIH-funded researcher reported that mindfulness practices may reduce anxiety and hostility among urban youth and lead to reduced stress, fewer fights, and better relationships.

A major benefit of mindfulness is that it encourages you to pay attention to your thoughts, your actions, and your body. For example, studies have shown that mindfulness can help people achieve and maintain a healthy weight. “It is so common for people to watch TV and eat snack food out of the box without really attending to how much they are eating,” says Chesney. “With mindful eating, you eat when you’re hungry, focus on each bite, enjoy your food more and stop when you’re full.”



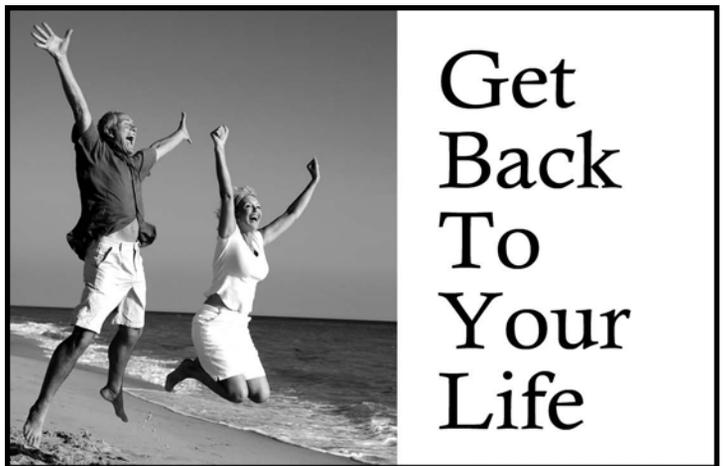
Finding time for mindfulness in our culture, however, can be a challenge. We tend to place great value on how much we can do at once and how fast. Still, being more mindful is within anyone’s reach.

You can practice mindfulness throughout the day, even while answering e-mails, sitting in traffic, or waiting in line. All you have to do is become more aware—of your breath, of your feet on the ground, of your fingers typing, of the people and voices around you.

Chesney notes that as people start to learn how to be more mindful, it’s common and normal to realize how much your mind races and focuses on the past and future. You can just notice those thoughts and then return to the present moment. It is these little, regular steps that add up and start to create a more mindful, healthy life.

So, before you roll your eyes again, take a moment and consider mindfulness.

For more information, please visit [www.NIH.gov](http://www.NIH.gov).



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This bracelet was a gift Amber Apodoca received from the center where she helped teens with drug and alcohol problems. She was wearing it when an underage drunk driver took her life.

**Friends Don't Let Friends Drive Drunk.**



Photo by Michael Mazzone



# Healthy Holiday Recipes

By Chef Emily Golden Drews, Mindful Meals Personal Chef

The holidays are no doubt a time of dietary indulgence. This can be very much a part of the enjoyment and camaraderie of certain occasions. Or, it can be a source of dread if you would rather avoid sweet temptations because you find them irresistible.

There's a way to enjoy the festivities without feeling helpless and hopeless. Our recipes this month are satisfying while leaving out the refined sugars and carbohydrates. They are designed to satisfy not just your taste buds but your appetite too. Share these recipes as gifts or at gatherings and spread the gift of satisfaction



## Apple Crisp

Serves 6–8

- 6 large (about 3 lb) organic Granny Smith apples, cored, peeled and cut into ½” chunks
- 2 tsp. cinnamon divided
- ¼ tsp. freshly grated nutmeg
- 1 tsp. vanilla extract
- 5 Tbsp. raw Florida honey
- 1 tsp. sea salt, divided
- 1 c. almond flour
- 1-1/2 c. toasted pecans
- 1-1/2 c. shredded coconut
- 1 Tbsp. organic virgin coconut oil
- 1 Tbsp. tapioca or potato starch, optional

Preheat oven to 375°F.

### For crisp topping:

In a food processor, process the pecans until it is a pecan meal. Add the almond flour, 1 teaspoon cinnamon, ½ teaspoon salt, and process together. Add 1 tablespoon of the honey and coconut oil and process until well mixed. Add the shredded coconut and process until it is all combined.

### For apple filling:

In a large bowl, toss apples with nutmeg, vanilla, ¼ cup honey, ½ teaspoon salt, 1 teaspoon cinnamon, and starch if using.

### Assemble:

Place apple mixture into a 2-quart baking dish and cover apples with crisp topping. Place baking dish on a rimmed baking sheet and bake about an hour, until apples are tender and crisp is bubbly. If topping begins to brown before apples are done, cover loosely with foil or parchment paper.

## Coconut Macaroons

Makes 8 large

- 2 large egg whites
- ¼ c. raw Florida honey
- ¼ tsp. sea salt
- 2-1/2 c. coconut flakes

Preheat oven to 350°F. In a medium bowl, whisk together egg whites and honey with a fork. Briefly whisk in salt, then stir in coconut flakes. Place bowl in fridge to chill for ½ hour. Fill a 2-tablespoon scoop with batter so it's heaping full. Using your hand, firmly pack batter into scoop so it is level. Release batter onto a parchment paper-lined baking sheet. Bake for 10–12 minutes, until macaroons are golden brown. Cool for 1 hour and serve.

## Coconut Almond Butter Bites

- 1 c. roasted unsweetened almond butter\*
- 1 c. shredded coconut, divided
- 1 tsp. organic virgin coconut oil
- 2 tsp. raw Florida honey
- ¼ tsp. sea salt

### Optional:

- 2 Tbsp. cocoa powder or 2 tablespoons vanilla protein powder

Toast ½ cup shredded coconut in the oven or skillet on the stovetop just until golden and crisp. Set aside and let cool. In a food processor, add almond butter, ½ cup remaining coconut, coconut oil, honey, salt and cocoa or protein powder if using.

Using a small scoop or teaspoon, form the mixture into balls and roll each one in the cooled toasted coconut. Lay them in a single layer on a cookie sheet or cake pan and refrigerate about 30 min to set them. Place in a container and cover.

### Variations:

1. Add 1 teaspoon cinnamon to mixture.
2. Slightly flatten with the palm of your hand and drizzle cookies with melted bittersweet chocolate before chilling.

\* Unsweetened cashew butter or sunflower butter can be substituted

## Snow Ball Cookies

Makes about 1-1/2 dozen

- 1-3/4 c. blanched almonds
- 1/2 tsp. sea salt
- 1 tsp. vanilla extract
- 2 c. dried low sugar-unsulfured pineapple, soaked until soft, chopped
- 2 c. pitted dates
- 2/3 c. shredded coconut

In food processor, place almonds, salt and vanilla. Process into a fine powder first. Slowly add chopped pineapple and dates, mix well. Place in a large bowl. Mix in 1/3 cup shredded coconut.

To serve, use an ice cream scooper or spoon to form into balls. Roll each into the other 1/3 cup shredded coconut.

## Cinnamon Raisin Cookies

Makes about 2-1/2 dozen small cookies

- 2 c. almond flour\*
- 1/2 c. shredded coconut, toasted
- 1/2 c. pumpkin seeds
- 1/2 c. sunflower seeds
- 1/2 c. raisins or dried cranberries
- 1 Tbsp. cinnamon, divided
- 1 tsp. sea salt
- 1 tsp. baking soda
- 1/4 c. maple syrup
- 2 eggs
- 1 c. fresh apple sauce\*\*
- 1/4 c. organic virgin coconut oil (melted if necessary)
- 1 Tbsp. vanilla extract

Preheat oven to 350°F. In your mixing bowl, add apple sauce, maple syrup, coconut oil, eggs and vanilla and mix until combined. In another bowl, add almond flour, coconut, baking soda, salt and cinnamon and mix to combine. Add this to the wet ingredients and mix. Stir into this mixture the sunflower seeds, pumpkin seeds, and raisins. Mix until thoroughly combined.

Scoop onto a parchment lined baking sheet and flatten them slightly with the palm of your hand. Bake for 10 minutes. Let them cool on the pan slightly before removing to a cooling rack.

\*I make my own nut flour in the food processor. It's much more affordable and you can mix nuts if you like. Use pecans, walnuts, hazelnuts, etc. For nut allergies, substitute sunflower seed meal.

\*\*Peel and chop 2 sweet variety apples (I like gala), and put in a pan with about 1/2-inch water and simmer over med to med-low heat with a pinch of salt. Stir occasionally until apples are tender (using a lid will go quicker). You may need to add a little more water if it evaporates before the apples are cooked through. Drain extra water once cooked. Stir in 1 teaspoon cinnamon and let apples cool before pureeing in the food processor.

## Sweet Potato Chocolate Brownies

Makes 12-16 small brownies

- 4 Tbsp. butter
- 2/3 c. cocoa powder
- 1/2 tsp. cinnamon
- 1/2 c. almond flour
- 1/4 tsp. aluminum-free baking powder

- 1/4 tsp. sea salt
- 1/2 c. maple syrup
- 2/3 c. sweet-potato puree (or one skinned, boiled sweet potato, pureed)
- 2 large eggs, lightly beaten
- 1-1/2 tsp. vanilla extract

Preheat oven to 350°F. Butter an 8-inch square pan; set aside. In a medium saucepan over low heat, melt butter. Remove pan from heat, and stir in cocoa and cinnamon. Let cool slightly. Meanwhile, in a small bowl, whisk together flour, baking powder, and salt. Stir in maple syrup and sweet-potato puree, then eggs. Add vanilla to cocoa mixture. Then add flour mixture to cocoa mixture and stir until no traces of flour remain. Spoon into prepared pan; smooth the top. Bake until surface of brownies looks barely dry and an inserted knife comes out with a few moist crumbs, about 20 minutes. Cool to room temperature before serving.

### Variation:

Add chopped pecans or walnuts.

## Balsamic Dessert Reduction With Fresh Fruit

Makes about 1 cup

- 1-3/4 c. good balsamic vinegar (I like Alessi)
- 1/4 c. Cabernet or other good red wine
- 2 Tbsp. sugar or 1/4 cup raw Florida honey
- 1 cinnamon stick
- 1 tiny sprig rosemary (just a few leaves!)
- 1 Pinch of sea salt

Stir well and bring to a boil. Lower heat to medium low and reduce by half or to desired consistency. Keep in mind it will thicken further in the fridge and should be somewhat of a thinner caramel consistency. Remove cinnamon stick and rosemary before serving.

Serve drizzled over a mixture of berries and orange slices or fresh figs or poached pears. Top with freshly whipped unsweetened organic cream with vanilla.

## Coconut Butter Bark

- 2 c. coconut butter, melted (You will find this in most health-centered food stores)
- 1 c. dried blueberries, cherries or cranberries
- 1/2 c. toasted blanched almond slivers
- 1/2 c. toasted coconut flakes
- Sea salt to taste

Pour the melted coconut butter onto a parchment-lined 8x8 pan. Spread evenly and top with dry ingredients, pressing them into the coconut butter. Sprinkle very lightly with sea salt and refrigerate or freeze until set. Cut or break into pieces and store in the fridge.

### Variations:

1. Drizzle melted bittersweet dark chocolate over ingredients before chilling.
2. Try dried banana chips and macadamias in place of berries and almonds.

*For more recipes or to learn more about Mindful Meals Personal Chef, please visit [www.mindfulmealspc.com](http://www.mindfulmealspc.com) or e-mail Chef Emily at [mindfulmeals@yahoo.com](mailto:mindfulmeals@yahoo.com).*

# All About IRAs

## Part I: Traditional IRAs

Submitted by Nisha Partab, the Prudential Insurance Company of America

An individual retirement arrangement (IRA) is a personal retirement savings plan that offers specific tax benefits. In fact, IRAs are one of the most powerful retirement savings tools available to you. Even if you're contributing to a 401(k) or other plan at work, you should also consider investing in an IRA.

### What Types of IRAs Are Available?

There are two major types of IRAs: traditional IRAs and Roth IRAs. Both allow you to make annual contributions of up to \$5,500 in 2013 (\$5,000 in 2012). Generally, you must have at least as much taxable compensation (income) as the amount of your IRA contribution. But if you are married and filing jointly, your spouse can also contribute to the IRA, even if he or she does not have taxable compensation. The law also allows taxpayers age 50 and older to make additional "catch-up" contributions. These folks can put up to \$6,500 in their IRAs in 2013 (\$6,000 in 2012).

Both traditional and Roth IRAs feature tax-sheltered growth of earnings and a wide range of investment choices. However, there are important differences between these two types of IRAs. You must understand these differences before you can choose the type of IRA that's best for you.

In Part I of this two-part series, we will take an in-depth look at traditional IRAs.

### Traditional IRAs

Practically anyone can open and contribute to a traditional IRA. The only requirements are that you must have taxable compensation and be under age 70½. You can contribute the maximum allowed each year as long as your taxable compensation for the year is at least that amount. If your taxable compensation for the year is below the maximum contribution allowed, you can contribute only up to the amount you earned.

Your contributions to a traditional IRA may be tax deductible on your federal income tax return. This is important because tax-deductible (pretax) contributions lower your taxable income for the year, saving you money in taxes. If neither you nor your spouse is covered by a 401(k) or other employer-sponsored plan, you can generally deduct the full amount of your annual contribution. If one of you is covered by such a plan, your ability to deduct your contributions depends on your annual income (modified adjusted gross income, or MAGI) and your income tax filing status. You may qualify for a full deduction, a partial deduction, or no deduction at all.

What happens when you start taking money from your traditional IRA? Any portion of a distribution that represents deductible contributions is subject to income tax because those contributions were not taxed when you made them. Any portion that represents investment earnings is also subject to income tax because those earnings were not previously taxed either. Only the portion that represents nondeductible, after-tax contributions (if any) is not subject to income tax. In addition to income tax, you may have to pay a 10 percent early withdrawal penalty if you're under age 59½, unless you meet one of the exceptions.

If you wish to defer taxes, you can leave your funds in the traditional IRA, but only until April 1 of the year following the year you reach age 70½. That's when you have to take your first required minimum distribution from the IRA. After that, you must take a distribution by the end of every calendar year until your funds are exhausted or you die. The annual distribution amounts are based on a standard life expectancy table. You can always withdraw more than you're required to in any year. However, if you withdraw less, you'll be hit with a 50 percent penalty on the difference between the required minimum and the amount you actually withdrew.

For a detailed look at Roth IRAs, please read Part II of this article in the February Edition of *Healthy Cells Magazine*®.

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## Traditional IRAs – Tax Year 2013

Individuals Covered by an Employer Plan		
Filing status	Deduction is limited if MAGI between:	No deduction if MAGI over:
Single/Head of household	\$59,000 - \$69,000	\$69,000
Married joint*	\$95,000 - \$115,000	\$115,000
Married separate	\$0 - \$10,000	\$10,000
* If you're not covered by an employer plan, but your spouse is, your deduction is limited if your MAGI is \$178,000 to \$188,000, and eliminated if your MAGI exceeds \$188,000.		

# Five Tips to Keep You Smiling This Holiday Season

By Cindy Roark, DMD, Chief Clinical Director at Coast Dental



**C**ookies and candy canes, hot cocoa and pie, tins filled with fudge and brightly-wrapped sweets. We love the holidays, even if our waists do not. Unfortunately, the season of snacking can also affect our teeth. Here are five easy ways you can make sure you're still smiling when January rolls around.

- 1. Brush after eating berry pies.** Blueberries, blackberries, and cranberries can stain the teeth. Teeth are porous and that's why dark-colored foods and beverages, including coffee, grape juice, and red wine can stain them.
- 2. Eat protein along with your carbs.** When you're loading up your plate with stuffing and rolls, remember to also add a helping of beans, a handful of nuts, or a few slices of cheese. Carbohydrates break down into sugar in the body, and sugar plus bacteria form acids which can lead to cavities. Proteins will help counteract the process.
- 3. Avoid hard or sticky foods.** Your Uncle Bob might love to give out boxes of taffy, but the sticky candy can stay on your teeth longer, which can increase your risk of cavities. Also, you could chip a tooth while trying to crack open a chestnut or bite off a piece of the world's biggest candy cane.

**4. Limit your grazing.** When you eat or drink often during the day, your saliva doesn't have a chance to wash away the sugar. If you do find yourself snacking often, make sure you're drinking a lot of water. That will help flush away the food debris before it can harden into cavity-causing plaque.

**5. Enjoy teeth-friendly foods.** Celery, apples, and carrots all help the mouth produce more saliva, which will wash away bacteria. Dairy items like cheese and milk combat the acids in the mouth, making those another good choice. Last but not least, you can pop a piece of sugar-free gum into your mouth to help stimulate more saliva and protect your teeth until you have time to floss and brush.

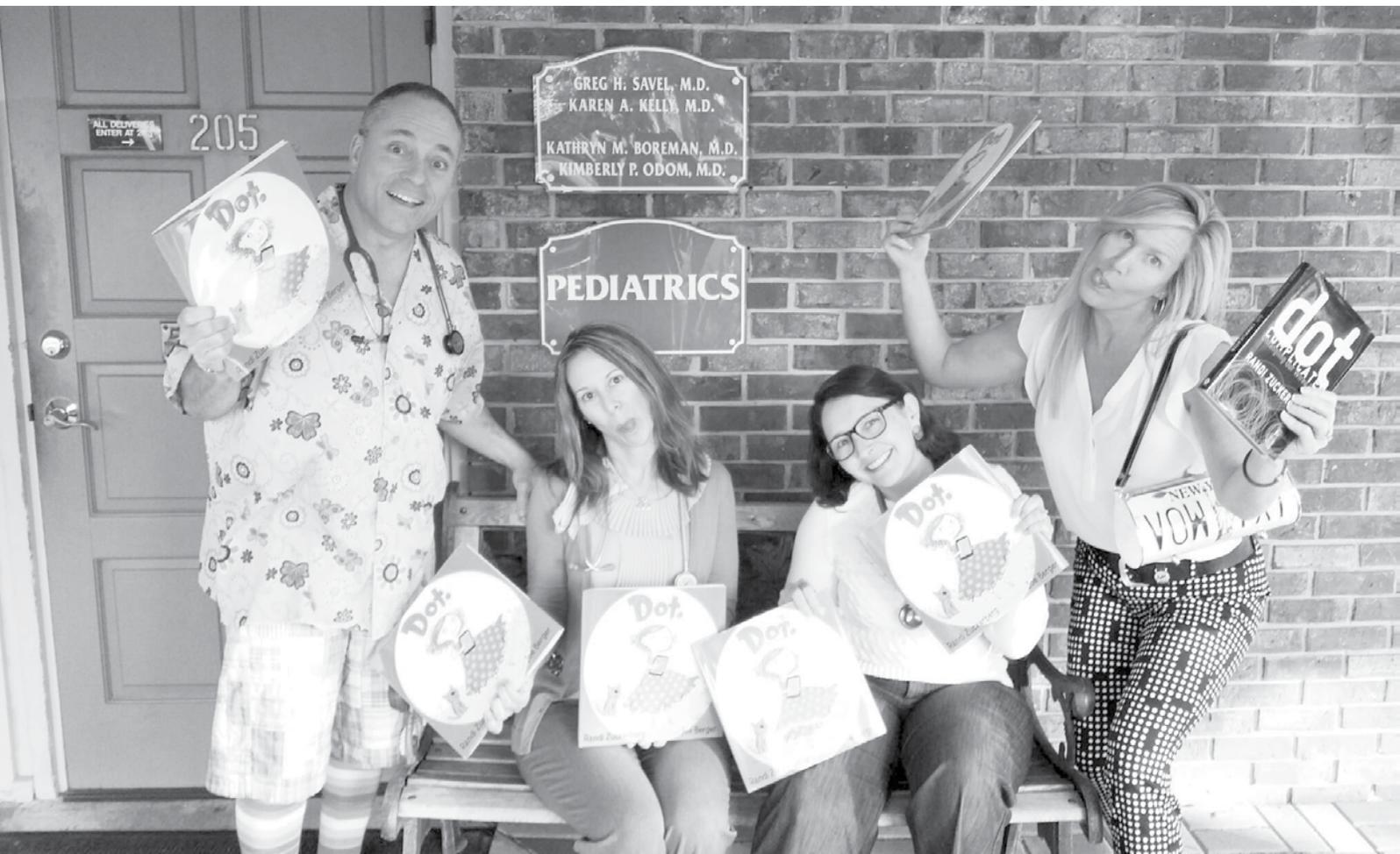
From all of us here at Coast Dental — Happy Holidays!

*Cindy Roark, DMD, is a member of the American Dental Association, Florida Dental Association, and the Academy of General Dentistry. As the Chief Clinical Director of Coast Dental's 180 practices, she coordinates the deployment of key patient care initiatives including digital radiography, dental laser therapy, oral cancer screening technology, bone grafting, and the protocol for the treatment of periodontal disease.*



# Celebrating 50 Years of Helping You Raise Healthy Kids

By Dr. Karen Kelly of Myrtle Ave. Pediatrics and Sharon Fekete, Practice Manager



Dr. Greg, Dr Kathy, Dr Karen, & Sharon Fekete

“Helping you raise healthy kids is our specialty!” That mantra has represented this pediatric practice for over 50 years. The founder of our practice, Dr. Jean L. Bennett, MD, began practicing in Clearwater on July 1, 1963. Through her 40 years of dedication (Dr. Jean retired in 2003), she laid the groundwork for trust and instilled the notion of “community” that lives and flourishes within our walls today.

I joined the practice in 2000 and have spent the past 13 years building upon and nurturing those ideals. Dr. Greg Savel has been with the practice since 1991 and has brought a wonderful sense of dedication to our community as well. Dr. Kathy Boreman joined us in 2004 and has recently expanded her hours in our Clearwater office on Tuesdays and Thursdays to 4 p.m. Dr. Kimberly Odom followed in 2006 and spends three out of five days in our Oldsmar office and joins us in



Nurse Melissa and Linda Ellis, ARNP, from our evening division having fun on Halloween with Scully the Skeleton.



Our staff kids used for our music video.



50th Anniversary Staff Party

Clearwater on Mondays and Fridays. Each board-certified physician has children of his/her own and has a keen ability to make children feel at ease. We have dedicated our lives to helping raise healthy children in our community.

In December of 2005, we opened our second office in Oldsmar in order to serve our valued families. During the past eight years, we have become lovingly entrenched in this second community we are humbly proud to serve. Our Clearwater office is open 365 days a year at 6:30 a.m. We understand that children will get sick at the most inconvenient time, and we must always remain available for their needs. Such a philosophy reduces cost and creates continuity of care.

To commemorate our 50th year in practice, we opened our doors at night for sick visits in our Clearwater location three nights per week. Our very experienced Pediatric ARNP, Linda Ellis, has been an amazing addition to our extended hour's staff. She comes with 12 years of experience in a pediatric setting and we feel truly blessed to have her in our practice. Melissa, our LPN, and front office assistant, Michelle, have made our extended hours a smooth transition.

We are blessed to have such a loyal and dedicated staff who truly have your family's best interest at heart.

#### **The Invisible Threat and The Importance of Vaccination**

In keeping with our goal of raising healthy children, the critical topic of childhood vaccination must be explored. The importance of preventive vaccinations is monumental as these preventable diseases pose an alarming, invisible threat. Our office recently teamed up with PITCH (Pinellas Immunization Team for Community Health), a task force whose goal is to educate our community on the importance and safety of vaccines.

Vaccines have served our country and world tremendously in decreasing the disease burden. However, their success is also a source of their decline in usage. With less disease burden present and adequate supplies of misinformation, Pinellas County has faced a 10 percent drop in immunization rates since 2011. Alarmingly, one out of every four 2-year-old child in Pinellas County is not fully immunized, making them vulnerable to a host of vaccine preventable diseases. Low vaccination rates have a trickle down effect, placing entire communities at risk, especially younger siblings too young to be vaccinated and those



Karen A. Kelly, MD

with weakened immune systems. When immunization rates become too low, there is a loss of herd immunity and the danger of outbreaks becomes much more serious. One such example is the current pertussis (whooping cough) outbreak, with the U.S. experiencing the highest incidence of whooping cough since 1955.

As pediatricians, we face a difficult task in emphasizing the importance of vaccinating your child while battling the obstacle of false information and unfounded fear. Tackling this issue encompasses bringing a community together and presenting factual information. Addressing parental fears from the false information read online and in the media is paramount. In my own practice, I desperately try to address these parental concerns and assure them they are making the right decision to vaccinate their child. My goal is to impress upon them that their decision not only keeps their children healthy but the community as a whole. Education is the key. Some parents don't understand that an infant child can die from a vaccine-preventable disease that would not be as severe in an older child. Such a parent could then become directly responsible for the death of another child because they were not properly informed regarding their choice to not vaccinate.

Vaccines have transformed the landscape of medicine over the course of the 20th century. Before vaccines, parents in the United States could expect that every year:

- Polio would paralyze 10,000 children.
- Rubella (German measles) would cause birth defects and mental retardation in as many as 20,000 newborns.
- Measles would infect about 4 million children, killing about 500.
- Diphtheria would be one of the most common causes of death in school-aged children.
- Haemophilus influenzae type b (Hib), a bacterium, would cause meningitis in 15,000 children, leaving many with permanent brain damage.
- Pertussis (whooping cough) would kill thousands of infants.
- Varicella or Chicken Pox would kill a hundred people.

According to the Vaccine Education Center, ([vaccine.chop.edu](http://vaccine.chop.edu)) the disappearance of many childhood diseases has led some parents to question whether vaccines are still necessary. Furthermore, a growing number of parents are concerned that vaccines may actually cause autism, hyperactivity, developmental delay, attention deficit disorder, diabetes, multiple sclerosis, and sudden infant death syndrome (SIDS) among others. These concerns have caused some parents to delay vaccines or withhold them altogether from their children.

Committees of experts, serving to carefully monitor vaccines and possible reactions, are composed of scientists, clinicians, parents, and caregivers who are passionately devoted to our children's health. They serve in the Centers for Disease Control & Prevention ([www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)), the American Academy of Pediatrics ([www.aap.org](http://www.aap.org)), the Infectious Diseases Society of America ([www.niid.org](http://www.niid.org)), among other groups. Please review these referenced websites for more information.

In closing, I would like to interject my own thoughts. I hope you will consider reeducating yourself on the topic of vaccines using the information in this article. Please connect to the reputable websites cited so

that you can join us in this vital effort to shed a light on this invisible threat. During these 50 years of helping to raise the children of this fine community, we have held the hands of our patients during their worst struggles as well as rejoiced in many of their greatest triumphs. As our nation struggles in this economic climate, we understand what a blessing it is to care for the children who represent our future. It is our privilege to help families sift through the trials of raising kids. It is also my great honor to work with such loving colleagues that truly care about their patients and staff. I have never laughed or cried as hard as I have in this practice. There is something to be said about maintaining old school values in an innovative medical practice. The countless moments in time that occur on a daily basis in this family are priceless. I would like to thank you for enriching our lives Dr. Jean, Dr. Greg, Dr. Kathy, Dr. Kim, Linda, and staff.



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# My Six Secrets for Holiday Success

By Jenee Mendillo, Business Development Director, Bayshore Home Care

For as long as I can remember the holidays have been my favorite time of year, and also my most dreaded. Most seasons have started off with the delusion of spending my evenings sipping hot cocoa while leisurely baking beautifully decorated cookies and visiting with friends and family while holiday carols play in the background. Reality quickly hits me as most years I have found myself caring for an ill loved one and yet still trying to achieve the picture perfect holiday for everyone. Has this been your story? Why do we feel the need to be all things to all people? Is it our own pride or does it come from a soft spot in our heart for others? For me it is both, but this year the soft spot is winning, and I am putting away my pride. Here are some helpful tips I've learned along my holiday journey.

- **Ask for help:** You don't have to cook the entire holiday meal yourself. Consider preparing the main dish and asking everyone else to bring a covered dish. Your local grocery store can also cook the turkey and any sides you would like for about \$8.00 per person. Resolve to only make one item from scratch this year instead of the whole meal. Or, if you are taking care of your ill or elderly loved one, consider finding a home health aid to help you take on some of your caregiving duties, so you can focus on one thing at a time. They can even assist you with decorating, holiday cooking, and engaging your loved one in the process at their own pace. The last thing anyone wants to be around the holidays is a burden. Your family will welcome the less-stressed version of yourself.

Use paper plates. Save yourself the work of washing dishes after the big dinner. There are some lovely but sturdy plates with holiday designs. Get matching plastic flatware for a festive table setting. No one wants to be stuck washing dishes while the rest of the family is passed out on the couch with full bellies. Another helpful tip I received from my mother-in-law is to use the dishwasher for everything! Put the pots and pans in after a quick rinse through sink and immediately run the dishwasher. At the very least the pans are out of site, and with any luck, they may actually come out clean.

- **Make shopping for gifts easier:** Consider shopping over the Internet or by catalog. Try to think of one store where you can buy gifts for everyone. Take advantage of stores that offer free gift-wrapping. Another not-as-well-known trick is to hire a respite caregiver. Home care agencies specialize in this service around the holidays. A home health aid will come to your house or the house of your ill loved one and they will be your surrogate for a few hours should you need to get some shopping done. They can even stay for several days around-the-clock should you need to take a holiday getaway.

- **Don't overspend:** That will only cause you more stress after the holidays are over. No one remembers how much you spent on them, but they do remember your attitude and how you made them feel. It's not what you do for someone that matters most; it's what you do with them. The best gift you can give (and receive) is spending quality time together.

- **Make time for yourself:** I know it's hard to do at such a busy time of year, but it will make a huge difference in your level of stress. Do your best to eat right, get enough sleep, and get some exercise. Consider attending a support group for caregivers or make time for tea with a friend. Seek professional help if you need it. Yes, it's hard to fit these



things in at such a busy time. Make them a priority. It's hard to do a good job of taking care of someone else if you don't take care of yourself first.

- **Traditions are optional:** You don't need to go to every party just because you always have. And you do not need to keep every tradition. Discuss with your family members what they like most about the holidays (it might surprise you). My husband loves nothing more than pre-meal appetizers and relaxing on the couch. Why bother with a big meal if my hubby and I can snuggle on the couch with a bowl of spinach dip! That is what I call quality time.

Despite the added stress, the holidays can still be a joyful time of year. Plan ahead and take steps to deal with the stress, ask for help, and enjoy the special time you have with your loved ones.

For more information, contact Bayshore Home Care at 800-335-2150 or visit [www.bayshorehomecare.com](http://www.bayshorehomecare.com).

# Know Your Risk

## Getting a Clearer Picture of Your Breast Cancer Risk!

### Part II: Assessment of Risk

By Dr. Elliot Cazes, New Tampa OB/GYN



Last month, in Part I, we discussed the different types of breast cancer risks such as hereditary and non-hereditary risk. This article will discuss what methods can be used to determine these risks and manage them.

I believe that it is very important for all patients to be informed of all risk factors on a regular basis, and if such risk factors are present, for them to be managed in a more aggressive manner, in terms of both assessment of risk and screening and prevention of breast cancers.

#### **Mammograms**

The American Cancer Society and the U.S. Preventive Task Force both still recommend starting routine mammography at age 40.

#### **Gail Model or Tyrer Cusick Assessment**

Further, there are several “models” or tests for accurately determining five-year and lifetime risk of breast cancer in each of our patients. Tests such as the Gail model or Tyrer Cusick assessment can be performed quickly in an office setting. These tests will then

allow us to determine which patients need additional screening for sporadic cancer risk.

#### **Brevagen**

Brevagen is a two-part test that gives an accurate assessment of both five-year and lifetime sporadic breast cancer risk. It is also an extremely useful test for determining familial risk in patients with a strong family history who have tested negative for BRCA.

This two-part test involves having the patient fill out a questionnaire that asks about all of the risk factors that we’ve already discussed. The second part of the test is a cheek swab that looks for tiny fragments of DNA, which have been shown to be present at a much higher rate in patients who ultimately develop sporadic, postmenopausal breast cancer. Unlike BRCA mutations, these fragments are present in a fairly large part of the population, but they cover only a slightly increased risk of breast cancer.

Together with the results of the questionnaire, this DNA gives us a “personalized” Gail score, which is a very accurate five-year and lifetime breast cancer risk assessment.

As with BRCA testing, most insurers are covering the cost of Brevagen, and further, they are using an elevated risk on this test as a guideline for covering the cost of breast MRIs.

### Guidelines

So, what do we now do with all of this information? Well, fortunately there are American Cancer Society and National Comprehensive Cancer Network guidelines which have been established to determine how to further manage patients who are at an increased risk.

Patients who are noted to have a greater than 20 percent lifetime risk are considered "high risk" and should have *both* a mammogram and breast MRI yearly, as well as much more frequent clinical breast exams by a provider. This screening regimen has been shown to be able to pick up cancers at a much earlier, smaller, and more treatable phase.

Patients with a five-year risk greater than 1.67 percent are now offered chemopreventive therapy with either Tamoxifen or Evista, two drugs that have been shown to substantially lower risk in such high-risk patients.

Tests such as Brevagen are not just notable for the fact that they provide us with important information about risk, but also because they enable us to follow established guidelines for better management in higher risk patients.

### Recurrence Risk

Of great concern regarding breast cancer recurrence risk, are those patients who are breast cancer survivors. It is known, from statistical tables and study data, that they have a very high risk of recurrence.

Until recently, the management of these patients was to make an early diagnosis and treat aggressively. Unfortunately, the majority of recurrences are diagnosed at an advanced stage.

Recently, a new test, ClearID, became available for assessing these patients. ClearID is indicated only in patients with prior history of breast cancer. It is a simple blood test which looks for the presence of "circulating tumor cells" in these patients. These circulating tumor cells are detected at a very early point in the cancer process, enabling us to catch breast cancer recurrence at a very early stage. A second part of the test allows for identification of specific types of breast cancer DNA, and this helps to guide further treatment in these patients.

The most important take home message in all of this is simply: *know your risk*. Once you know what your risk of breast cancer is, then you can act on that risk.

A little knowledge gives you the power to act. And in acting upon that knowledge, you can have some hope for the future. Remember: *Knowledge is power is hope!*

*I am very passionate about identifying and quantifying risk in every patient in my practice. Every single patient that walks through our doors fills out a family cancer history questionnaire and a survey looking for sporadic breast cancer risk factors. We don't just do this for breast cancer — we do similar screening for eight different types of cancers. For more information about your risk for Breast Cancer or to schedule an appointment, contact Elliot Cazes, MD at New Tampa Ob/Gyn; email: doctor@newtampaobgyn.com; or call 813-977-2757.*

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# Palliative Care

## Finding Comfort Amongst the Confusion

By Kirksak Jay Poonkasem, MD, LMT, Suncoast Hospice



Kirksak Jay Poonkasem,  
MD, LMT

“What did you say? Who are you? Palliative what? What is that?” Those are responses known all too well to health care providers who are involved with palliative care. When speaking about palliative care, hospice also comes to mind. Historically, palliative care came about from the care of dying patients starting in the 1950s. Dr. Cicely Saunders introduced the idea of hospice care to the United States in the 1960s. Dr. Elisabeth Kubler-Ross in 1969 published her book, *On Death and Dying*, which became internationally known to advocate for the care of dying patients. A Canadian physician, Dr. Balfour Mount, in the 1970s, coined the term “palliative care” and is considered the Father of Palliative Care in North America. What the pioneers in this field realized was that an ill person regardless of the disease, chronic or life limiting, needed specialized care and attention.

Navigating the health care system while in the hospital can be very stressful and confusing. Patients may see four or five doctors a day, may not even know or remember who is who and which ones said what to them. Palliative care specializes in pain, symptom management (anxiety, nausea, vomiting, etc.), and offers support to an ill patient and their family. Oftentimes patients do not understand the full extent of their disease process, and the options they may or may not have in treating it. Palliative care strives to help the patient sift through the complexities of their disease as well as the complexities of the health care system, whether it be in the inpatient hospital setting or the outpatient setting. Understanding and helping to advocate for the patient’s goals of care are also at the forefront.

“What has surprised me is how little palliative care has to do with death. The death part is almost irrelevant. Our focus isn’t on dying.

Our focus is on quality of living.”

— Dr. Balfour Mount

Palliative Care often takes an interdisciplinary approach to the patient and their families. The teams can include physicians, nurses, counselors, social workers, chaplains, nutritionists, and more. This is such an important approach because it allows the patient to be cared for from a truly whole perspective. Pain, for instance, can have many components, whether physical, psychological, emotional, spiritual, or a combination of those. If pain were only to be treated from a purely physical standpoint, patients may never get relief or resolution of the distressing symptom.

Abundant myths are propagated about palliative care and hospice. One of the biggest misconceptions is that palliative care is only for dying people. Palliative care should be utilized when a patient is first diagnosed with a disease and followed throughout their lifetime. Hospice is generally brought on when a patient has a life expectancy of six months or less. Another myth is that if patients accept palliative care, their physicians have given up on them. That is absolutely not true.



Patients in palliative care have an extra layer of support for themselves and their families. They keep their current doctors and specialists who are involved in their care and continue the treatments that have been prescribed. The other myth is that palliative care is only for cancer patients. Again, palliative care is for patients of all ages regardless of diagnosis and/or prognosis. The last myth that will be discussed here is that patients in hospice and palliative care get loaded up with opiates (example: morphine, oxycodone, hydromorphone) until they go to sleep and die. Pain and breathing difficulties are a big part of patient’s symptoms at the end of life. These medications are titrated to help alleviate the patient’s pain and discomfort. The intention is never to accelerate the dying process, but to provide comfort and dignity to the patient in the time they have left. Many people, including health care professionals, do not understand these medications and fear continues to be propagated without the facts.

Education about the specialty of palliative care needs to be more available to health care professionals as well as the general public. Not being correctly informed about a potentially helpful service can cause undue harm and suffering to patients that deserve comfort, quality, and dignity.

For more information or to request service, please contact Suncoast Hospice at 727-467-7423 or visit us online at [www.thehospice.org](http://www.thehospice.org). Follow Dr. Jay on Twitter: @drjayinfo

# Pinellas Immunization Team for Community Health

By Leah Sampson, RN at All Children's Hospital, PICU and PITCH Volunteer



**P**ITCH, the Pinellas Immunization Team for Community Health, is a new county initiative to improve immunization rates in Pinellas County. The group is comprised of community partners including the Florida Department of Health in Pinellas County (DOH-Pinellas), hospitals, medical providers, community organizations, individuals, and volunteers.

Due to declining immunization rates, especially among 2-year-olds, organizations along with families have joined forces to safeguard the health of all children by increasing immunization rates through community awareness, education, policy change, and collaborative partnerships. PITCH volunteers have been present at many community events providing parents and families with information and DOH-Pinellas has been working with pediatricians to provide them with up-to-date teaching materials for parents.

Since 2011 Pinellas County's immunization rates have declined by 10 percent. Today, one in four 2-year-olds in the county are under-immunized. Part of the reason for the decline in immunization rates may be misinformation and the growing anti-vaccine movement. Many young parents have never seen the devastating effects on families and the community from diseases such as polio, measles, or pertussis (whooping cough). Unfortunately, these diseases do still exist and children in the United States still contract them. It's not uncommon to have outbreaks of these diseases in communities where immunization rates have dropped. Also, many of the diseases nearly eradicated in the United States are still very prevalent in other countries. With all of the international travel in today's society, these diseases can easily cross geographical borders and reappear in our own backyard.

Currently, the United States has had the highest incidence rates of pertussis since 1955. These facts alone reiterate the importance of educating parents on the significance of immunizations.

PITCH will be promoting the release of the new film "Invisible Threat" beginning in January 2014. This film was created by some award winning teenage journalists who captured a well-balanced, peer-to-peer documentary on the immune system. During the filming, they stumbled across a controversy they didn't even know existed.

What was originally a simple science educational film that the teens were not interested in, turned into a soul-searching project they fought to make. This film is supported by the CDC and highly endorsed by pediatric hospitals, universities, and many other organizations. PITCH encourages the public to come to any of the upcoming screenings of the "Invisible Threat" as it presents all sides of the issue.

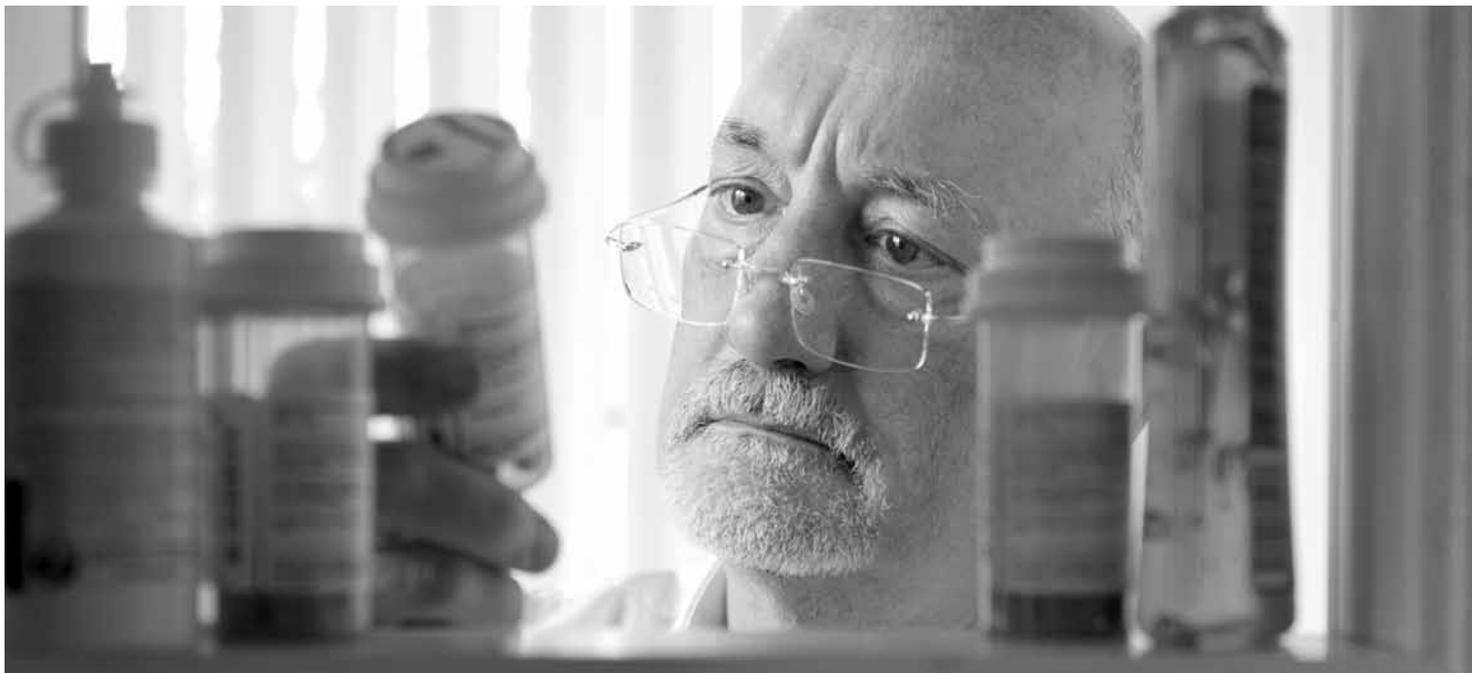
PITCH also welcomes anyone who wants to be involved in this initiative. Some simple ways to get involved include attending bi-monthly meetings; offering input for the educational campaign; helping to disseminate information to your families; giving, hosting, or attending a community presentation; and/or being added to our distribution list to stay informed.

*For more information, contact Samantha Staley, Immunization Champion at DOH-Pinellas at 727-824-6900, ext. 4632 or via email at [Samantha.Staley@flhealth.gov](mailto:Samantha.Staley@flhealth.gov) or Andrea Peaten, DOH-Pinellas School Immunization Liaison, at 727-588-4040, ext. 3173 or via email at [Andrea.Peaten@flhealth.gov](mailto:Andrea.Peaten@flhealth.gov).*

# Trash It... Don't Stash It

## Proper Medication Disposal Techniques

By Jennye Morano, Director of Marketing, Hoye's Pharmacy



For many Americans, taking prescription or over-the-counter medications is a normal part of everyday life. But what do you do when you have unused medication or expired medication? Many people don't know the actual answer to this question and end up with a cupboard or medicine chest full of substances that can create an unnecessary, and preventable, exposure to potential tragedy.

### A Hidden Danger

In 2007, there were 255,732 cases of improper medicine use reported to Poison Control Centers in the United States. Approximately 9 percent of these cases (23,783) involved accidental exposure to another person's medicine. Approximately 5,000 of these accidental exposure cases involved children 6 years and younger.

Keeping medicines after they are no longer needed creates an unnecessary health risk in the home, especially if there are children present. Even child resistant containers cannot completely prevent a child from taking medicines that belong to someone else. In a study that looked at cases of accidental child exposure to a grandparent's medicine, 45 percent of cases involved medicines stored in child-resistant containers.

### Don't Keep It if You Don't Need It

Safely dispose of unused, unneeded, or expired prescription drugs and over the counter drugs, vitamins, and supplements.

### Options for Disposal of Medications, Vitamins, and Supplements

Depending on the type of medication that you are disposing of, there are different methods to use. Please read the label or product insert for any manufacturer specific instructions. If none are found, there are other options.

- **Throw away:** For most medications, vitamins and supplements, disposal in a trash can is perfectly acceptable. However, in order to reduce any risk as much as possible, mix the medication (do not crush or grind pills down) with an inedible material, such as kitty litter or used coffee grounds. Then seal the mixture in a container or device that resists any leakage.
- **Flush:** For certain medications, such as controlled substances, where any exposure could be harmful if not taken by the patient the medicine was prescribed for, it is recommended by the FDA to dispose of these by flushing them down the toilet or sink. According to the FDA, "Based on the available data, the FDA believes that the known risk of harm to humans from accidental exposure to these medicines far outweighs any potential risk to humans or the environment from flushing them down." An FDA approved list of these medications can be found on their website, [www.fda.gov](http://www.fda.gov), on the "Disposal of Unused Medicines: What You Should Know" page.
- **Turn In:** Turn any medication in at a local take-back program or during National Drug Take-Back events. A list of Tampa Bay area medication disposal locations working in conjunction with the Florida Department of Environmental Protection can be found on their website at [www.dep.state.fl.us](http://www.dep.state.fl.us).

For more information, please contact or visit Hoye's Pharmacy at 4330 South Manhattan Avenue, Tampa, FL 33611. Call 813-839-8861. Visit [www.hoyespharmacy.com](http://www.hoyespharmacy.com). Hoye's is a PCAB-Accredited Pharmacy.

Sources upon request

# Health Care of the Future

## Integrating Emotional Intelligence for Medical Students

By Sarah E. Hoffe, MD, Moffitt Cancer Center

We've all heard the stories. The physician who walks into the patient's cubicle in the emergency department with the lab results, tells the patient sitting alone, "Your blood count was high because you have leukemia," and walks out. Sometimes it's the physician who's angry that the patient wants a second opinion and tells them never to come back. The common denominator is a fundamental lack of the physician's self-awareness and self-management skills, which translates to poor relationship management in a patient encounter.

Lack of emotional intelligence permeates a fragmented health care delivery system where physicians have less face-to-face time with each patient and more computer time by virtue of the new laws mandating electronic medical records. Yet the example from the business community is clear: those leaders with high "EQ" are more successful. Indeed, MBA students work in small interactive groups all throughout their training yet medical school curricula has traditionally been isolationist. The SELECT program at the USF Health Morsani School of Medicine is about to change all that. A new model of medical education has been created using principles of emotional intelligence to integrate health systems knowledge, patient centered care, and leadership.

The program was conceived by former Dean, Stephen K. Klasko, MD, MBA, in collaboration with Eliot Sussman, who was CEO of the Lehigh Valley Health Network (LVHN) in Allentown, Pennsylvania at the time. The program is now in its third year, and features a longitudinal professional development curriculum with physician faculty coaches and peer coaching. The first two years are spent on the Tampa campus and the last two clinical years are focused at LVHN.

The Director of the SELECT preclinical curriculum, Dr. Allea English, notes that "our program is truly unique on many levels. First, they are mentored by professional staff from the Teleos Leadership Institute as well as USF Health Morsani faculty who teach such topics as conflict resolution and provide individualized feedback to students on their performance. Our Vice Dean for Educational Affairs, Dr. Alicia Monroe, for example, leads them through a session on Values Based Practice. Second, for the four years they are in medical school, they are assigned a Professional Development Coach, who meets with them one-on-one each month to ensure they are practicing their EQ skills and are on track. Third, our program includes ample opportunities for role-playing, interaction with peers, and small group projects."

The SELECT curriculum is supplemental to the traditional staples of the medical school diet such as anatomy lab and evidence based medicine. With a wealth of EQ tools to guide them, the medical students of the future may be our nation's creative innovators who improve the system for us all.

*Dr. Sarah E. Hoffe is an Associate Member of the Moffitt Cancer Center faculty. For more information, please contact Moffitt Cancer Center online at [www.Moffitt.org](http://www.Moffitt.org) or call the New Patient Appointment Center at 813-745-3980.*



# Cancer Bullet Points

By Peggie D. Sherry, Faces of Courage Foundation



Let's face it, cancer patients get a lot of attention, and rightfully so, but we mustn't forget that cancer affects the entire family. The weight of cancer sits heaviest, I believe, on the well siblings and the children of cancer patients. Even if you are not openly talking about it, children can feel the fear, tension, and upset in the household.

#### Many times the well-children feel:

- Survivor guilt because they are healthy and can't help the parent or sibling with cancer
- Protective of the patient, feeling that they need to become the protector/caretaker
- Resentment that the cancer patient gets the gifts, flowers, visits, stuffed animals (i.e., all the attention)
- Shame about wondering why their sibling/parent is sick, bald, always tired, can't play, or do the things that they normally do
- Worry that their world is out of control
- Scared of what could happen
- Uncertain of the future
- Angry that plans need to be made around surgeries, hospital visits, medication times, chemo, and radiation treatments

- Bored from spending endless hours, days, and weeks sitting around in hospitals, waiting rooms, or at home waiting to hear news

#### How can you help these children cope?

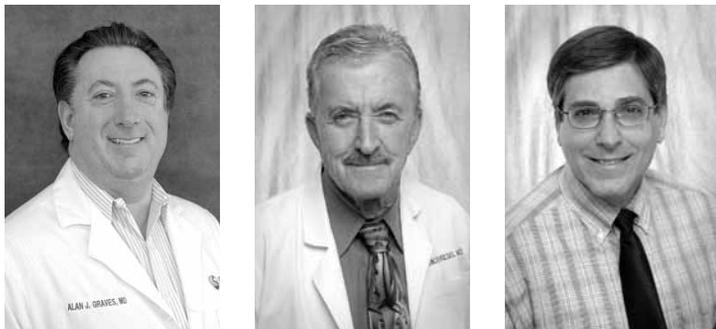
- Plan a day to take the well child/children on a play date, to a movie, or out shopping.
- Offer to take them to after-school activities when schedules conflict.
- Bring the children gifts that are meaningful for them.
- Bring the child's favorite meal. Not just another tuna casserole or ham.
- Above all, ask them about their interests, hopes, and dreams.

Knowing that the entire family is touched by cancer is the first step to offering meaningful help to them.

*For more information, please contact Peggie D. Sherry at [www.facesofcourage.org](http://www.facesofcourage.org).*

# Uni-Knee

Submitted by Florida Hospital North Pinellas



Left to Right: Alan Graves, MD, Vincent Kiesel, MD, and Gordon Zuerndorfer, MD, all physicians affiliated with Florida Hospital North Pinellas, are currently offering the Uni-Knee to viable patients.

You're young and active and used to going all-out, but the pain in your knee is slowing you down. Today, you don't have to choose between the pain of doing nothing and the pain of a total knee replacement. When it comes to knee replacement, thousands of active people are taking a "less is more" approach.

## An Alternative to Total Knee Replacement

"Osteoarthritis affecting the cartilage of the knee can require a total knee replacement, which replaces all three compartments of the knee and the ACL," says Vincent Kiesel, MD, orthopedic surgeon. "With the new Uni-Knee procedure, however, two-thirds of your knee is conserved compared to total knee replacement."

The Uni-Knee process now allows patients that catch the disease early enough to keep the healthy portions of their knee and ACL. With less disruption of the soft tissues and bone, you'll have a more natural feeling knee with less pain, a smaller incision, and a shorter recovery.

"Other partial knee replacements don't accommodate the same range of motion as the Uni-Knee," adds Gordon Zuerndorfer, orthopedic surgeon. "With this procedure, you can expect a decrease in your hospital stay." With physicians and physical therapists guiding you every step of the way, this outpatient procedure is designed to get you home the same day.

## Who is a Good Candidate?

"The Uni-Knee is a great solution for patients with isolated disease in one compartment of their knee," says Alan Graves, MD, orthopedic surgeon. "Patients sometimes believe they need to wait until they are older or until the pain progresses to have surgery, but using the Uni-Knee, it enables me to renew their lives and get them back to the activities that they might be giving up due to the pain in their knee."

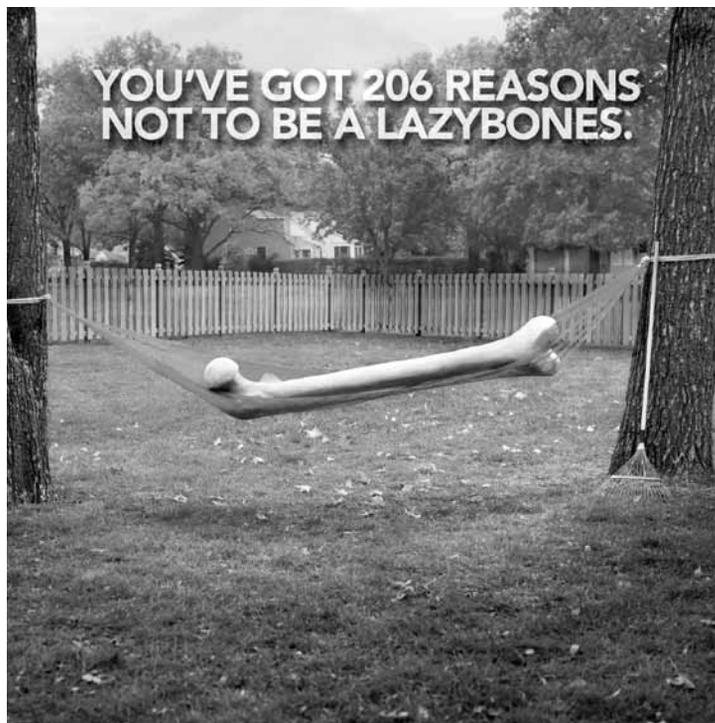
The Uni-Knee has a 98 percent cumulative success rate at 10 years, which is one of the highest success rates seen in unicompartmental knees to date.

## More About Osteoarthritis:

Osteoarthritis is the most common form of arthritis, affecting more than 27 million Americans. Minimize your risk while protecting your joints with these dos and don'ts from the Arthritis Foundation:

- **Do keep your weight down.** For every pound you shed, you'll lower the load you exert on your knees by 4 pounds.
- **Do exercise.** Exercise keeps your joints flexible and improves muscle strength. If pain is a barrier, consider an aquatic exercise program.
- **Don't sit still.** Changing positions regularly can loosen muscle and joint stiffness.
- **Do maintain good posture.** Good posture will protect the joints in your neck, back, hips, and knees.
- **Don't ignore pain.** If you experience pain after an activity, you may have overstressed your joints.

For more information, please visit Florida Hospital North Pinellas at [www.FHNorthPinellas.com](http://www.FHNorthPinellas.com).



Even as an adult, all of your bones keep changing. They're either building and maintaining their strength or becoming weak and porous. Weight-bearing exercise is critical. By staying in shape, you can help prevent bone loss.

Visit [aaos.org](http://aaos.org) or call 1-800-824-BONES for more about staying healthy and strong, right down to your bones.



# Test Your **HealthyCells**® Knowledge

MAGAZINE

The following questions are relevant to this month's *Healthy Cells Magazine*.

**1. The Invisible Threat is...**

- a. the potential outbreak of preventable diseases due to low vaccination rates.
- b. what makes herd immunity work.
- c. four times more dangerous than a visible threat.
- d. nullified by proper handwashing.

**2. An expired prescription in your cabinet should be...**

- a. saved for a rainy day.
- b. reported to the poison control center.
- c. moved to a higher shelf.
- d. disposed of safely.

**3. Pertussis is more commonly known as...**

- a. a chest cold.
- b. Otiluke's eardrum.
- c. whooping cough.
- d. a heart murmur.

**4. A new treatment for chronic sinusitis is...**

- a. trans-nasal hydraulics.
- b. balloon sinuplasty.
- c. steam-assisted sinu-flex.
- d. hypersinus manipulation.

**5. A Uni-Knee replacement will...**

- a. remove the need for two knees.
- b. conserve about two thirds of a patient's original knee.
- c. be an external option to traditional knee replacement surgery.
- d. be used by patients with disease in multiple knee compartments.

**6. Whiplash can lead to...**

- a. behavior modification.
- b. stitches.
- c. head, neck, and back pain.
- d. railroad track binding.

**7. Harmful bacteria and sugar are washed away from your teeth...**

- a. by saliva.
- b. when you eat.
- c. while you sleep.
- d. by breathing.

**8. ClearID...**

- a. perfects hospitals' patient identification.
- b. is required to vote in many counties.
- c. is a blood test to determine the recurrence of breast cancer.
- d. is the latest imaging test for breast cancer.

**9. Balsamic Dessert Reduction with Fresh Fruit is...**

- a. a lesser-known still life by Diego Velazquez.
- b. a healthy holiday dessert recipe.
- c. the recommended cure for glandular cronyism.
- d. a failed progressive rock duo from '74.

**10. In the 1970s, Dr. Balfour Mount coined the term...**

- a. "cognitive therapy."
- b. "magnetic resonance imaging."
- c. "holistic medicine."
- d. "palliative care."

1. The Invisible Threat is... a. the potential outbreak of preventable diseases due to low vaccination rates. Learn more about the importance of vaccines on pages 14-16.

2. An expired prescription in your cabinet should be... d. disposed of safely. Learn the proper way to dispose of various prescription drugs on page 22.

3. Pertussis is more commonly known as... c. whooping cough. This potentially deadly yet preventable disease is currently in resurgence in the U.S. Find out how to avoid it on page 21.

4. A new treatment for chronic sinusitis is... b. balloon sinuplasty. See what balloon sinuplasty can do for you on page 5.

5. A Uni-Knee replacement will... b. conserve about two thirds of a patient's original knee. See the benefits of catching osteoarthritis early on page 25.

6. Whiplash can lead to... c. head, neck, and back pain. Read more about chiropractic on pages 6-7.

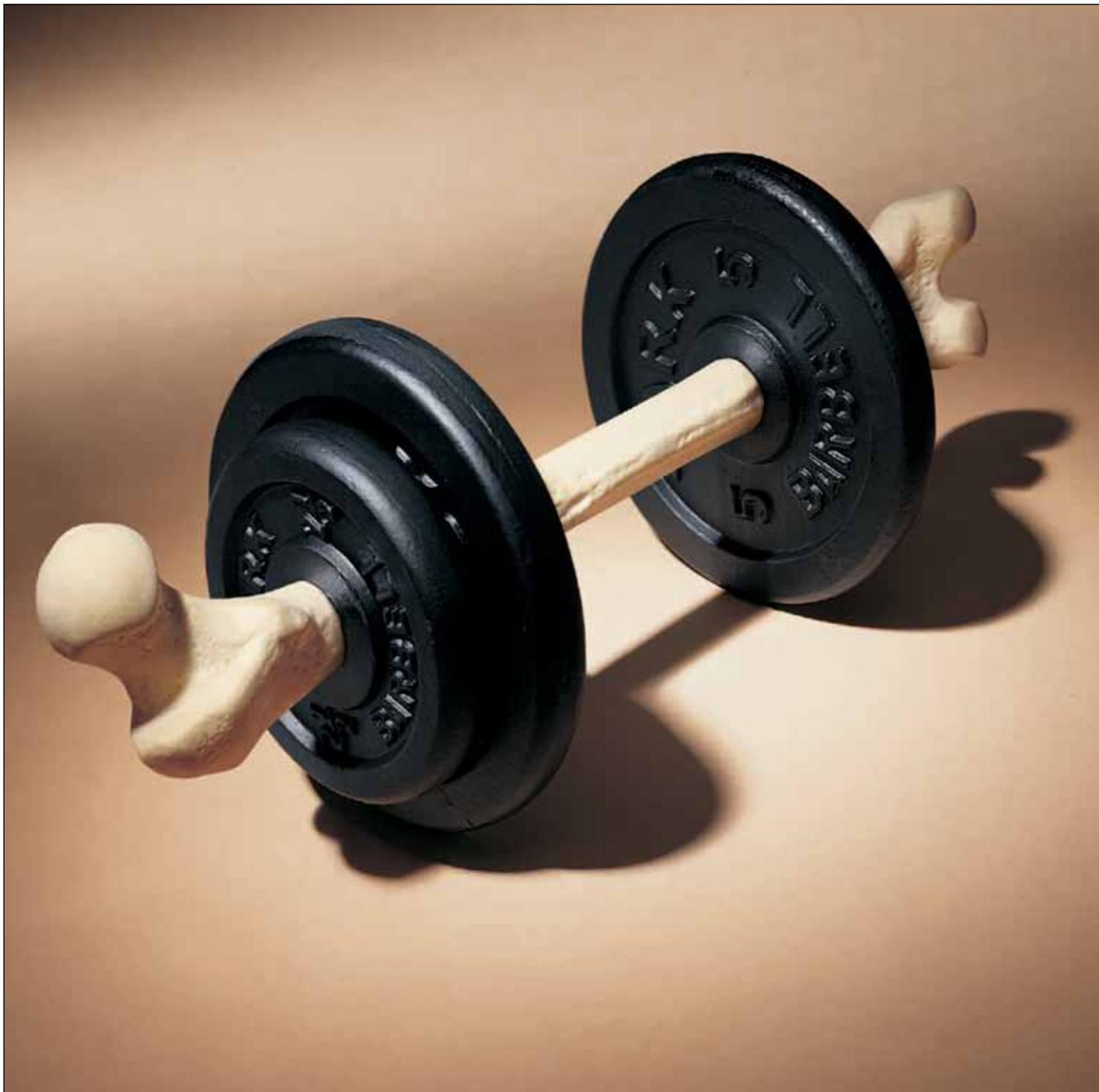
7. Harmful bacteria and sugar are washed away from your teeth... a. by saliva. Learn more about caring for your teeth during the holidays on page 13.

8. ClearID... c. is a blood test to determine the recurrence of breast cancer. Read about this and other ways to determine breast cancer risk on pages 18-19.

9. Balsamic Dessert Reduction with Fresh Fruit is... b. a healthy holiday dessert recipe. Find this recipe and others to make your holidays deliciously healthy on pages 10-11.

10. In the 1970s, Dr. Balfour Mount coined the term... d. "palliative care." Find out more about palliative care on page 20.

ANSWERS:



## What's your body's greatest weakness?

If you're over 35, your bones and joints aren't what they used to be. And exercising only on weekends puts them at great risk of injury. The good news is, you can reduce that risk by exercising at least 30 minutes every day. If necessary, you can split this into 10- or 15-minute segments. As always, stretch and warm-up for several minutes before any exercise session, and wear appropriate shoes and safety gear. To learn more, call 1-800-824-BONES, visit [www.aaos.org](http://www.aaos.org), or visit [www.sportsmed.org](http://www.sportsmed.org).

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- **Compression Therapy**
- **Hyperbaric Oxygen Therapy**
- **Laboratory and Radiological Evaluation**
- **Edema Management**
- **Nutritional and Antibiotic Management**



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