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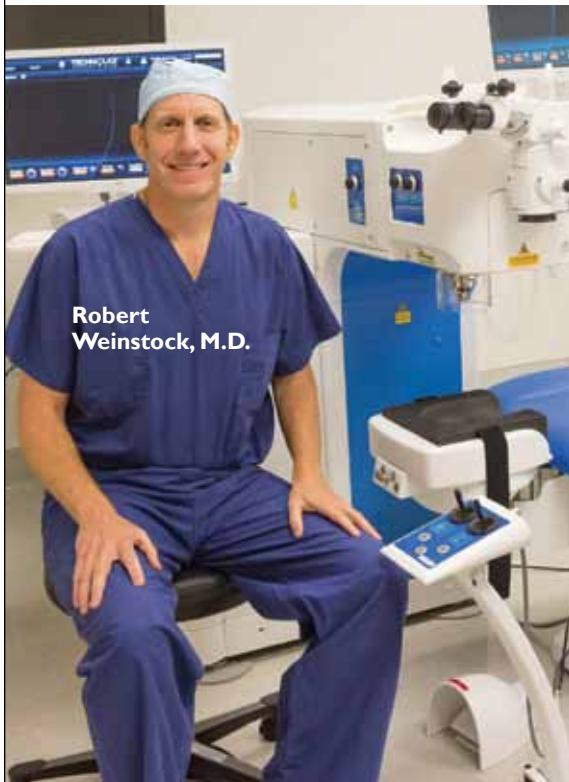


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The common goal of all *Healthy Cells Magazines*® is to get positive health care information to the public. We are partnering with local providers who want to share their health-related message, and providing them a voice with which to accomplish this. 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 about these and other topics that impact our community.

The Premiere Edition of *Healthy Cells Magazine* of Tampa Bay had a very successful launch and we are looking forward to many more editions. We have had an overwhelmingly positive response to the magazine in Pinellas County by both health care providers and readers alike. Our writers and advertisers found the Premiere Edition to be professional and of high quality while our readers stated that the magazine was wonderful, and, most importantly, the content was interesting and easy to read. We would like to thank everyone who picked up the magazine and enjoyed reading it. We believe we have established a solid start and could not have achieved this without all of you.

Finally, we would like to thank all the contributors and advertisers who made it possible for us to bring you this magazine. We greatly appreciate their time and effort, and their desire to become partners in educating our community and helping us all live a healthier life.

Sincerely,

Healthy Cells Magazine, Tampa Bay Edition - Owners

Debbie Sailor

Nellie Darby



debbie@healthycellsmagazine.com



nellie@healthycellsmagazine.com

www.healthycellsmagazine.com/tampa



Debbie



Nellie

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2013 – Volume 1, Issue 2



This Month's Cover Story:

Florida Hospital North Pinellas

Surviving Cancer with Spirit page 14

For advertising information,
contact Debbie Sailor, owner
Cell: 727-424-6525
debbie@healthycellsmagazine.com
or
Nellie Darby, owner
Cell: 309-310-2448
nellie@healthycellsmagazine.com

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Lime Light
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1711 W. Detweiller Dr., Peoria, IL 61615
Ph: 309-681-4418 Fax: 309-691-2187
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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.

Healthy Cells Magazine is available FREE in high traffic locations throughout the Tampa Bay area, including medical facilities and other waiting rooms. *Healthy Cells Magazine* welcomes contributions pertaining to healthier living in the Tampa Bay area. Limelight Communications, Inc. assumes no responsibility for their publication or return. Solicitations for articles shall pertain to physical, emotional, and nutritional health only.



Autonomic Nervous System

By Dr. Gregory L. Dokka, Clearwater Spine & Rehabilitation

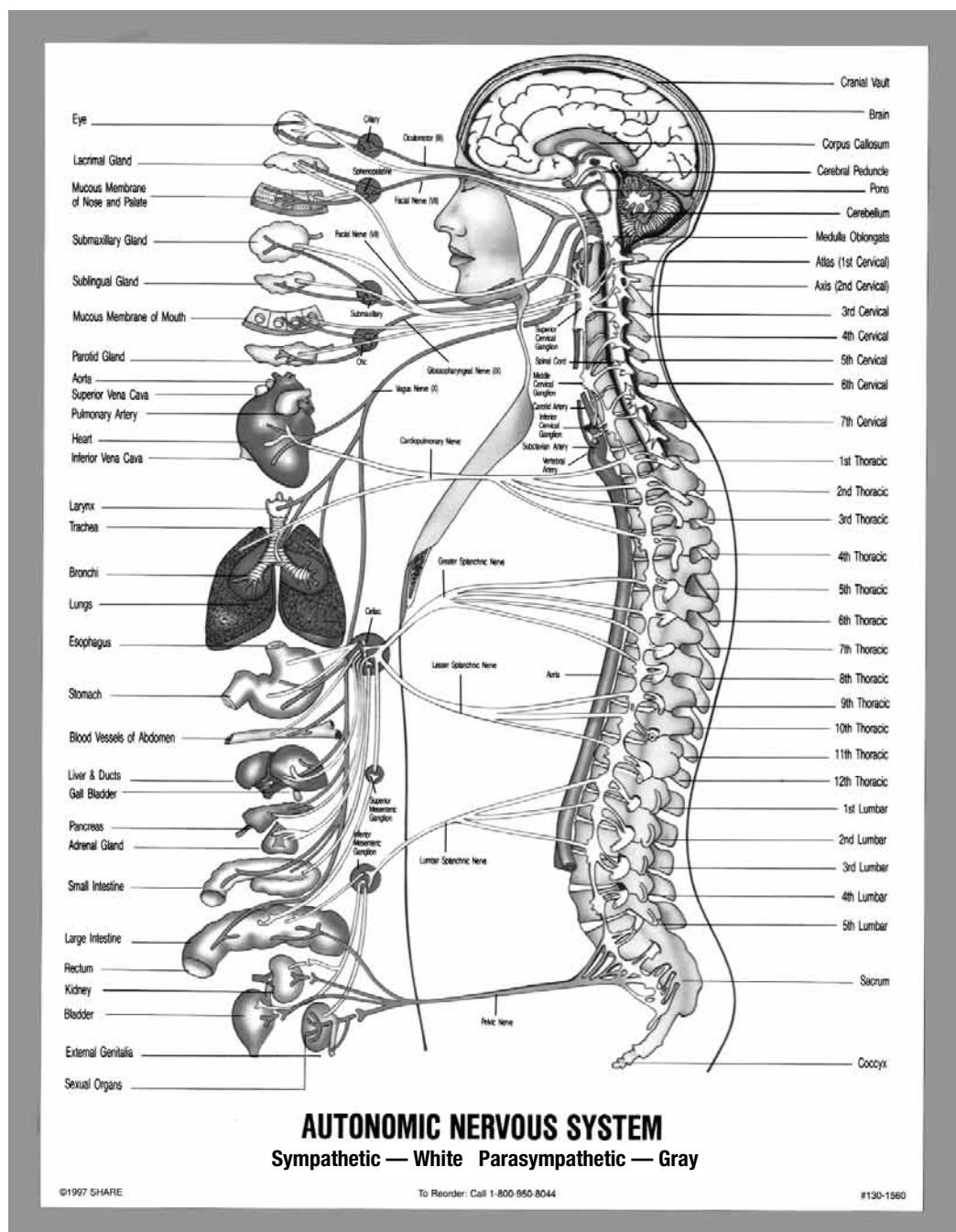
Dr. Gregory L. Dokka

What is the autonomic nervous system and why is it so important? An easy way to think about the autonomic nervous system is the *automatic* nervous system: the functions in your body that run *automatically*, without your conscious effort. What kind of functions are we talking about? All the metabolic processes that take place such as your heart beating, lungs breathing, digestive system processing, temperature changes or stress and how your body responds. The autonomic system controls virtually every aspect of your body.

How does it work? Your brain runs every system in your body without you doing anything about it. For instance, your heart: You're not making any conscious effort for it to beat slower or faster. When you start exercising, your heart automatically starts beating faster to pump more oxygen throughout the tissues. To make this happen, the brain *automatically* sends signals to your heart. The nerves that carry out signals and allow your body to function are housed in and protected by your spine.

What happens if the signal is interrupted? Sometimes we get small pinches of nerves. When a spinal segment is not aligned properly, it changes the nerve flow between our brain and body, causing an interruption in signals. Misalignments can cause us to experience negative reactions. Things like an arrhythmia or high blood pressure could be due to the signals from the brain to the heart being interrupted. Interruptions of the nerves can affect all functions in our body causing ailments such as low energy, decreased immunity, poor digestion, allergies or even headaches.

How can we prevent interruptions and keep healthy? Chiropractors are experts of the spine and able to safely adjust any misalignments that may be affecting our health. Many times, people only visit a chiropractor when experiencing back pain, but often there aren't any obvious symptoms that we have misalignments in the spine. Our spines grow and change over time. We often abuse our spines with our lifestyles (prolonged sitting, heavy lifting, lack of exercise, high impact sports), yet it's often the last place we look when experiencing health



issues. If we want to keep our body functioning at its best, we need to make sure our spine stays healthy and visit the chiropractor regularly!

For more information please visit www.clearwaterspine.com or call 727-447-4255.



Sunscreen: The Truth

By Whitnie Saron, ARNP, Board-Certified Nurse Practitioner, Dermatology Specialists of West Florida



Ultraviolet radiation comes in three basic forms: Ultraviolet A, B and C (UVA, UVB and UVC). UVC is blocked by the ozone layer, so we really are talking about UVA and UVB protection with sunscreens. Sunscreens are not sunblocks! No sunscreen blocks 100% of UVA and UVB. UVB is known as the "burning rays." UVA is thought to penetrate right through glass, and significant exposure may occur while driving.

SPF and What It Means

SPF translates to "Sun Protection Factor" and refers to UVB. A SPF of 15 blocks approximately 93 percent of the UVB. An SPF of 30 is not twice as good! It blocks 97 percent! When it comes to UVA protection, look for a broad-spectrum sunscreen.

Do Sunscreens Cause Cancer?

There has been controversy from Environmental Working Group regarding the cancer causing potential of vitamin A (Retinyl Palmitate) found in many sunscreens. They based their report on an unpublished, 10-year-old study in mice. I have yet to find this information published in any peer-reviewed journal of dermatology. Many experts feel that vitamin A is actually an antioxidant that may provide additional protection from harmful UV rays.

How Do I Get Vitamin D if I Use Sunscreens?

It's true that vitamin D is converted to an active form with UVB exposure. There is little argument that we all need vitamin D. But the recommendations are that we obtain vitamin D from our diet, not

UVB exposure. It is important to check with your doctor about your vitamin D level and what they recommend for your daily intake.

What Can I Use to Ensure Adequate UVA and UVB Coverage?

LaRoche-Posay has an excellent line of products with Mexoryl and Cell-Ox shield. I have been very impressed with the amount of protection they provide. I am also a big fan of sun protective clothing and hats. Using both has a synergistic effect for sun protection.

"Skin cancer is the most common form of cancer in the United States. One in five Americans will develop skin cancer in their lifetime."

Summary

Skin cancer is the most common form of cancer in the United States. One in five Americans will develop skin cancer in their lifetime. Malignant melanoma is a deadly form of skin cancer on the rise and sun exposure has been linked to it as well as basal cell carcinoma and squamous cell carcinoma. It is prudent to become educated on sun protection and sun avoidance. It is also prudent to get routine skin

exams from a qualified health care professional. "An ounce of prevention is worth a pound of cure."

Tips:

- Avoid sun between 10 a.m. and 4 p.m.
- Wear a broad-spectrum sunscreen with an SPF of 30 or greater every day. The Skin Cancer Foundation website has a list of approved sunscreens (skincancer.org).
- Apply sunblock 30 minutes before going out in the sun. Reapply every 90 minutes or more frequently, if sweating or swimming.
- Avoid tanning beds! They have been shown to increase the risk of malignant melanoma — the deadliest form of skin cancer.
- Get skin exams annually by a qualified expert in skin cancer. The ABCDEs of moles and melanoma is a good guideline to use to monitor your moles. This can be found on the following websites: AAD.org, AOCD.org and skincancer.org.

Whitnie Saron, ARNP is a board-certified Nurse Practitioner and Tampa Bay native. She attended Florida State University with a Bachelor's degree in nursing followed by University of South Florida with her Master's degree in Nursing with Magnum Cum Laude distinction while working at Bayfront Medical Center in the trauma unit. Currently she works for Dr. Frank Armstrong, D.O. at Dermatology Specialists of West Florida in Seminole and has over seven years dermatology experience. For more information or to make an appointment, please contact Dermatology Specialists of West Florida at 727-392-3376 or visit us at 5200 Seminole Blvd., Seminole, FL 33708 or www.westfloridaderm.com.



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Discovering a Healthier, Happier You After Age 62

By Lucy Forsting



Did you know that the life expectancy of most Americans is 78.2 years and yet over 70,000 will reach the age of 100 or more? It appears that those people who live the longest have two things in common. They have an environment that fosters longevity and a lifestyle that helps them stay happy and connected.

Let's consider what commonalities people share that allow them to live longer and happier lives as they age. The areas examined in this article are certainly not exhaustive, but if incorporated into our day-to-day routines, they may provide us with the results we desire.

We've all heard the expression "use it or lose it" and this adage appears to be true when it comes to our health as we age. In many areas of the world, people use their bodies naturally as they age with gardening, moderate exercises such as swimming or Tai Chi, and going for leisurely walks. While walking, remember to "smile" and notice the beauty that surrounds you. You don't have to belong to a gym to do these things.

Having a sense of purpose in life also helps people to live a longer and more vibrant life. The purpose may not be a job anymore but it could be tutoring at a local library, delivering meals to shut-ins, visiting a school weekly to read to children, or volunteering at a local charity or church. Finding someone or somewhere you feel needed is a large part of finding your purpose as it gives life both meaning and connection.

Managing stress is another area that will help people live longer and happier lives. It may involve artistic expressions such as painting, music, writing in journals, photography, nature walking, or even "happy hour" with friends, but find a way to let your stress "go" each day. These activities might be considered "simple pleasures" but they add so much to the enjoyment factor of life. There are many areas in life where control of a situation is beyond our grasp but areas we can control can make all the difference in the world as to our "happiness index." Take away any current "limiting beliefs" with thoughts of "I can't" and watch your "happiness index" soar.

"Managing stress is another area that will help people live longer and happier lives.

It may involve artistic expressions such as painting, music, writing in journals, photography, nature walking, or even "happy hour" with friends, but find a way to let your stress "go" each day."

Watching the scale is another area that will provide a healthier and happier you. Many people try to live by the 80 percent rule which is to stop eating before you are totally full. When your stomach begins to signal you that you're approaching the "full" mark, stop! Conversation during meals can help you pace your eating and become more aware

of the fullness in our stomachs. Remember you aren't restricting yourself from food, you're just eating until you are comfortably full. Also, be sure to include in your diet an assortment of fresh fruit, vegetables, and legumes.

Belonging to a community-based organization such as a church or club also seems to make a difference in overall health and happiness. While unhealthy relationships can certainly drain a person of energy, enjoying time with supportive and nurturing friends can improve all areas in life. Additionally, being near to family members makes a difference because of the connectedness and memories that come through these associations. A growing trend among "baby boomers" is to create a separate space in their homes for aging parents. The benefits for the entire family seems to outweigh any drawbacks according to longevity research.

Finally, gratefulness is a major factor in overall happiness and health. There is an expression that states "It's not happy people who are thankful, it's thankful people who are happy." These individuals look for ways throughout each day to give back through appreciation of others with kindness and joy. When you have found true gratitude in your life, you become a giver, and people who give and share are happier with themselves and their lives. Try making at least three people smile each day and see your "happiness index" rise.

Lucy Forsting was a family therapist for more than 30 years. She is the author of The Adventures of Miss Twiggs and Company, available at www.amazon.com/Adventures-Miss-Twiggs-Company-e-book. This book is the first in a series based on "the law of attraction."

Could I have lupus? Know the symptoms

- Muscle and joint pain 95%**
- Fever greater than 100 degrees 90%**
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- Anemia 71%**
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- Pain in the chest 45%**
- Rashes 80%**
- Light sensitivity 30%**
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- Abnormal blood clotting 20%**
- Eye disease 20%**
- Seizures 15%**
- Mouth or nose ulcers 12 %**



Contact
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A Harvest of Healthy, Whole Food Squash Recipes

Recipes by Chef Emily Golden Drews, Mindful Meals Personal Chef

There is very valid importance placed on green vegetables but this time of year tends to remind us of our deliciously valuable and versatile orange vegetables. Winter squashes along with sweet potatoes are a diverse group and can be used in recipes countless ways. Think outside the box and get some orange in your diet with a few unique recipes featured here. Winter squashes grow nicely in Florida during the Summer months, and then we can enjoy them

again in Autumn from our Northern neighbors. For the most part these vegetables are interchangeable so use the one that suits your taste for each recipe.

For more recipes or to learn more about Mindful Meals Personal Chef, please visit www.mindfulmealspc.com or email Chef Emily at mindfulmeals@yahoo.com.

Butternut Squash Enchiladas with Red Molé Sauce, Serves 4

1 large butternut squash
Ground cinnamon to taste
7 mild to medium dried chiles, like pasilla, guajillo, or ancho chiles, soaked in boiling water for 10 minutes, deseeded, and chopped
1 cup almonds
2 tbsp tahini or sesame seeds
2 tbsp unsweetened cocoa powder or chopped unsweetened chocolate
1 small onion, chopped
 $\frac{1}{2}$ head garlic, peeled
2 plum tomatoes, cored and chopped
 $\frac{1}{2}$ quart vegetable stock, plus more water as needed
2 tbsp light olive oil
2 bay leaves
1 cinnamon stick
1 tbsp ground cumin
 $\frac{1}{2}$ tbsp ground allspice
1 tsp anise seeds
salt and freshly ground black pepper
 $\frac{1}{4}$ cup raw honey
*12 small corn tortillas (plus a few extra, just in case)
 $\frac{1}{4}$ cup crumbled queso fresco or goat cheese
chopped fresh cilantro

1. Preheat oven to 400. Cut butternut squash in half and de-seed. Place it cut side up on a baking sheet covered in aluminum foil. Put it in the oven and bake for 45 minutes to an hour, or until fork tender. When done, remove and allow to cool. When cool to the touch, scoop the flesh into a large bowl. Mash using a potato masher or your hands, adding cinnamon, salt, and pepper to taste.

2. Put the chiles, nuts, tahini, chocolate, onion, garlic, tomatoes, and bread in a blender or food processor. Add just enough veggie stock so that the machine won't burn out on you without actually blending or processing anything. Process/blend until puréed.
3. Heat 2 tbsp oil in a large pot over medium heat. Add in the puréed mixture along with all of the spices and honey. Sprinkle with salt and pepper, not TOO much. Just enough to bring out the flavors in the pot. Cook, stirring frequently and scraping the bottom of the pan, until it begins to turn color, about three to five minutes. Turn the heat to low, and cook, stirring occasionally, until the mixture is deeply colored and almost dry, about 15-20 minutes.
4. Turn the heat back up to medium-high and slowly stir in the veggie stock. Bring to a boil, then lower the heat and bring to a barely bubbling simmer. Cook, stirring occasionally, for an hour or so until the sauce is thick and smooth. Taste for seasoning, adding salt and pepper as needed. Remove the cinnamon stick and bay leaves and keep the sauce warm.
5. Preheat the oven to 350. Spoon a thin layer of the mole into an 8x8 or 11x4 inch pan. Place the corn tortillas, about 4 at a time, between two damp paper towels in the microwave. Microwave for 30 seconds. Alternatively, you can fry them until softened and pliable, about 10 seconds each.
6. Spread approximately 2 tbsp of the butternut squash mash into the center of each tortilla, roll tightly, and put them in the baking dish, seam side down. Repeat with all of the tortillas. Cover with another layer of red mole sauce. Bake for 25 minutes. Sprinkle with queso fresco and cilantro. Serve with extra mole sauce.

*I love these with steamed cabbage leaves in place of tortillas!

Vietnamese Pumpkin Soup

About 2 1/2 quarts
2-3 tbsp light olive oil
2 cups peeled and cubed pumpkin
2 cups peeled and cubed sweet potato
2 cups coconut milk
2 cups vegetable stock, chicken stock, or water
1/2 cup Crimini mushrooms, sliced
3 shallots, minced
1/2 cup RAW peanuts, soaked in warm water
1 Tbsp raw honey
Salt to taste
Fresh cilantro leaves

In a deep saucepan, heat olive oil to medium heat. Sauté pumpkin and sweet potato until almost tender. Add shallots and cook for an additional 2 minutes. Add coconut milk and vegetable broth. Bring to a boil. Cook for about 10 minutes until pumpkin and sweet potato are cooked through. Add mushrooms. Reduce heat and simmer until mushrooms are cooked. Approximately another 10 minutes. Add raw soaked peanuts. Bring to a boil again, then remove from the heat. Season with salt and sugar to taste. Serve garnished with fresh cilantro leaves.

Baked Sweet Potato Falafel with Spiced Yogurt Sauce, Serves 4

For the falafel:

1-1/2 lbs sweet potato
1-1/2 tsp cumin
4 cloves garlic, minced
1-1/2 tsp ground coriander
1 bunch cilantro
2 tbsp lemon juice

1/2 cup coconut flour
salt and pepper to taste
toasted chopped pumpkin seeds, flax, or sunflower seeds or a combination.

Yogurt sauce:

1 cup plain yogurt
1 tsp ground cumin

Juice of one lime
Salt to taste

1. Preheat your oven to 400 degrees. Poke the sweet potatoes with a fork and bake until soft, 30-45 minutes. Remove them and let cool, then peel (eat the skins) and mash the sweet potato flesh in a bowl with the remaining ingredients (except for the seeds). Season with salt and pepper, to taste.
2. Let the mixture sit in the freezer for 20 minutes.
3. Line a baking sheet with parchment paper or spray it with cooking spray. Form the sweet potato mixture into about 12 falafel balls (or more, depending on how large you want them). Roll them in seed mixture and place on a baking sheet. Bake for 15-20 minutes or until the outside is crisp.
4. Combine sauce ingredients and serve with warm falafel

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Life in Assisted Living

Submitted by Horizon Bay of Clearwater

In the 1900s, there was a need for an eldercare alternative for people who needed some assistance with their daily care, but were not appropriate for nursing home care, so Assisted Living, as it exists today, was born. There needed to be a place people could go and still promote their independence and dignity. Somewhere where they were not alone and could socialize. Assisted Living facilities range from residential homes for one resident to large facilities, which could house hundreds of residents. The care falls between independent and a skilled nursing facility. Some people just need a little help in their day-to-day living. Things like dressing, showering, and medications. You will have bathing assistance if needed, and you don't have to worry about cooking as the dining room is available for three meals a day plus snacks. Nurses are available in most facilities. Trained staff is on hand 24 hours a day, so there is always someone here to help you if you need it or just to say hello and make sure you are safe and secure.

Some residents just like the socialization that is available, as they are no longer driving and can't get out of the house. Assisted living provides the activities and transportation to doctor's appointments, shopping, and going on different outings. There are on-site beauty sa-

lons in most places, so you would not have to transport yourself to a beauty salon to get your hair done.

Most facilities provide a secured unit for people who have Alzheimer's or some form of dementia. There is a higher resident to care associate ratio for their care and safety. They are able to live in their own apartment and keep the dignity that is important to everyone. The residents in these secured units generally need more assistance with day-to-day living that other people take for granted. They will receive the help they need to dress, bathe, and eat as needed. They are provided the same type of activities as the Assisted Living residents. They go on outings depending on their cognition level of care. That just regulates the type of outing, not whether they go on one or not.

Assisted Living is a wonderful bridge between living on your own and having to go to a skilled nursing facility. It is a time for families to come together and give your parents or grandparents the help they need. For more information, please visit www.brookdaleliving.com/horizon-bay-clearwater.aspx or contact Horizon Bay of Clearwater directly at 727-723-7110.

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Experience the Life-Changing Benefits of Rejuvenation Medicine

By Dr. Bartley Harvard Kerr, DC, CEO, National Rejuvenation Centers



Are you over the age of 40 and don't feel like you used to? Are you tired, have little or no energy, and have put on extra weight that will just not go away no matter what you do? Are you going through the motions in life, trying just to make it through the day? Have you lost muscle over the years, lost your sex drive, and that zest for life that you used to have? If so, chances are that you are probably not the life of the party, but may be a candidate for rejuvenation medicine!

What is rejuvenation medicine, you ask? It is the combination of bio-identical hormone optimization, individualized nutrition and specific exercise protocols with the goal of looking better, feeling better, and being healthier. On a deeper level, it is a catalyst to help people enjoy their lives!

The first step is to optimize hormone levels with hormones that are identical to the ones you already have. Traditional medicine uses a "range" model to measure these levels, and if you are in the "range" you are OK. Rejuvenation medicine uses an "optimization" model to get your hormone levels to the healthiest they can be (we compare them to healthy and athletic 20-year-olds, as they have energy, sleep well, and can have a cookie without gaining 4 pounds!). In the "range" model, you can pass with an A, B, C, or D. With rejuvenation medicine, only A's are accepted!

The second step of rejuvenation medicine is to give nutrition advice based on the patient's individual needs. The idea is to have the patient keep body fat levels low while still enjoying great food. When hormones are optimized, having a piece of cheesecake or a couple of beers now and then won't do any damage to the waistline. However, just like the healthy 20-year-old, rejuvenation medicine patients eat good healthy food most of the time.

The last part of the equation is exercise. One of the reasons athletic 20-year-olds are so healthy is that they actually do athletics! With their new energy, most of our patients actually enjoy exercising, and results now come fast! The secret is that not much exercise is required, as most patients exercise no more than three to three and a half hours a week!

There is much more to rejuvenation medicine that can be covered here. It is truly rewarding working with so many interesting and varied patients from all over the country and seeing them truly "live" and enjoy their lives. If you are interested in rejuvenation medicine, give us a call at 727-785-5652 or visit our website at www.nrcenters.com. You may also schedule a free 10-minute "mini-evaluation" over the phone to see if rejuvenation medicine is right for you!



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Surviving Cancer with Spirit

By Kate Archer

It was early December 2012 when Louise felt a lump. Allowing the holidays to pass, she waited to see her primary care physician. With one look, her doctor sent her for a mammogram and ultrasound. "I knew it was something," said Louise Eckhouse, resident of Tarpon Springs. After a lumpectomy revealed a diagnosis of Stage 2 HER2 breast cancer, Louise chose to move forward with a double mastectomy procedure performed by surgical oncologist, Dr. Douglas Reintgen. Plastic and reconstructive surgeon, Dr. Effie Pappas Politis was also on hand to advise Louise and her care team on the best plan for cosmetic reconstruction. Though it was one of the most challenging times of her life, Louise was reassured by the expertise and care she received from the surgeons and supporting staff at Florida Hospital North Pinellas.

"I think this journey has given me the opportunity to encourage someone who may be going through something similar. It's not pleasant. It's a rough journey. But once it's over you don't remember all the pain, you're just happy it's all over."



At a time when there are so many unknowns about treatments and side effects, the one thing Louise knew was she was going to survive this. "Cancer is not a death sentence anymore," said Louise. "I could have a really crummy attitude about it or I could have a good attitude about it." With her faith and the support of family and friends, Louise kept going. "People would ask my daughter, 'what can we do' and she would tell them 'just encourage her.'" With every chemotherapy treatment Louise's daughter, Erin, would send out emails with an update or a call for support. Louise received upward of 40 cards with each of her six treatments. The cards live inside a box that reads, "Life's most beautiful things are not seen with the eyes but felt with the heart." Whenever Louise was feeling down she would go pull out her cards and be reminded of the love, support, and encouragement that all these people, even strangers, were giving her. "I made the effort every day to get up and get dressed and put on my makeup even when I didn't feel like it." Louise was strong and her spirit was relentless, but she did allow herself one pity-party. "It was Labor Day and I couldn't go in the sun, I couldn't do the things everyone else did. I got in the shower and cried. But still I never asked 'why me?'"

"I am continually amazed at the heroism and grace under stress that patients display. Patients like Louise make it easy for physicians to be inspired by the human spirit and proud to be part of the medical system that helps patients mend their bodies and minds," said Dr. Reintgen. Despite the stress on her body, Louise attended the three day walk in St. Petersburg, Florida where her good friend, Gayle, walked for her. The fan club continued to rally around Louise when she participated in the Relay For Life of Tarpon Springs in May 2013. "God really gave me the strength and courage to get through this," said Louise.

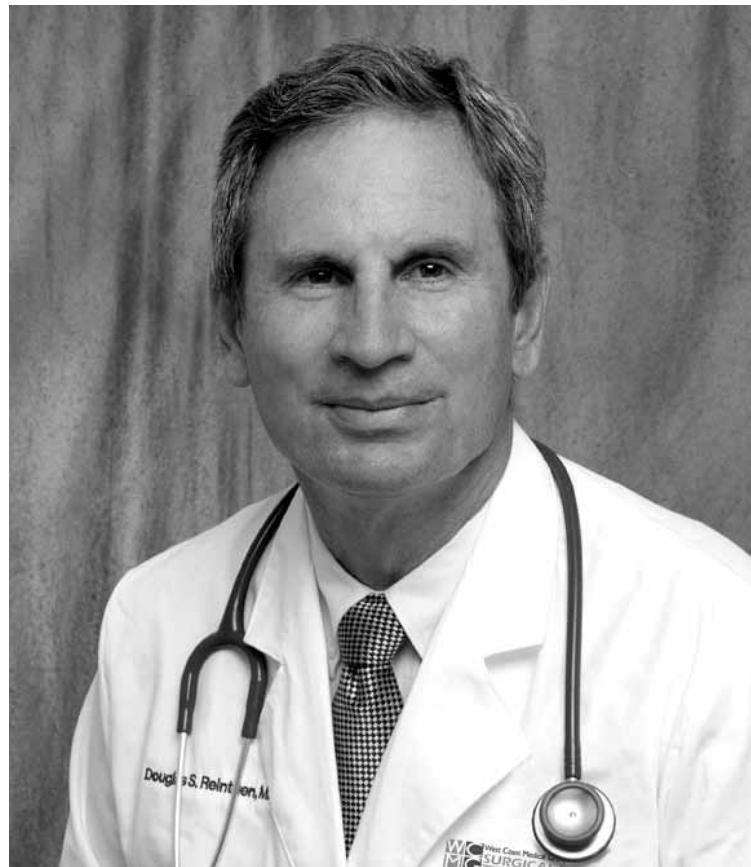
"I think this journey has given me the opportunity to encourage someone who may be going through something similar. It's not pleasant. It's a rough journey. But once it's over you don't remember all the pain, you're just happy it's all over." On Wednesday, June 19, 2013, with all the cancer removed and all her treatments complete, Louise had reconstructive surgery. Dr. Pappas Politis said, "Louise's unwavering spirit has given me something I will forever keep with me, and I'm honored to be a part of her journey as a cancer survivor."

Her Doctors

Douglas S. Reintgen, MD, FACS, is a surgical oncologist with special interests for patients with melanoma, complicated skin cancers and breast cancer. He is part of the Surgical Institute team at Florida Hospital North Pinellas in Tarpon Springs, Florida.

Dr. Reintgen completed his medical education and residency at Duke University Medical School. He currently also serves as the Director of Cancer Initiatives and as a professor in the Department of Surgery at the University of South Florida. Dr. Reintgen also served as the Program Leader of the Cutaneous Oncology Program at the H. Lee Moffitt Cancer Center & Research Institute for 17 years. While at Moffitt, he was part of the clinical research team that developed the lymphatic mapping technique for patients with melanoma and breast cancer, teaching the procedure to more than 4,000 physicians worldwide. He has also been the Visiting professor at 21 Universities throughout the world, and was named one of the Best Cancer Specialists for Women in the United States.

Dr. Reintgen has received numerous awards including "Best Cancer Doctor for Women" from *Good Housekeeping* magazine and "Best Doctor in America" from *Woodward White, Inc.*



Douglas S. Reintgen, MD, FACS



Effie Pappas Politis, MD, ABPS



Effie Pappas Politis, MD, ABPS, is a board-certified reconstructive, plastic and cosmetic surgeon, with extensive training in multiple surgeries including: microvascular, breast, craniofacial, maxillofacial and extremity trauma and oncologic head and neck surgeries.

Dr. Pappas completed her medical degree at the University of Florida College of Medicine. While there, she trained and did clinical research with some of the most well respected plastic surgeons in the country. After receiving her medical degree, Dr. Pappas spent two years of specialty training in radiology prior to transferring and completing a residency in plastic and reconstructive surgery.

After graduation from medical school, Dr. Pappas was awarded admission into a comprehensive plastic surgery training program under Dr. David J. Smith, previous Chair and former Director of the prestigious American Board of Plastic Surgery.

Her Hospital

Florida Hospital North Pinellas is a full-service, 168-bed regional medical facility located in beautiful Tarpon Springs, Florida. Our multidisciplinary team provides the highest quality of care in an environment dedicated to Christian compassion and whole-person healing for the residents of northern Pinellas and western Pasco counties. Our comprehensive list of services includes a No-Wait Emergency Department and Accredited Chest Pain Center, Comprehensive Breast Care Center, Women's Center and renowned surgical care. As a community health partner, we also offer extensive educational and health screening opportunities to the communities we serve.



**For more information please visit
Florida Hospital North Pinellas
at www.fhnorthpinellas.com.**

Cancer Bullet Points

By Peggy Sherry, Faces of Courage Foundation

Personally, I only read the bullet points in articles. Papers are long-winded and full of fluff I don't have time to read. In my perfect world, all emails, letters, proposals, and grants would just contain bullet points and nothing else. I'm betting other people are like me and just want to get to the core of the subject. If so, this article is for you. Welcome to Cancer Bullet Points — where we have taken out the fluff and are giving you just the stuff. Today's subject is:

How Can I Help Someone Who Has Been Diagnosed with Cancer?

- Send live plants (flower arrangements die — enough said), fruit baskets, cards, and little gifts.
- Gift cards for restaurants, grocery stores, and the pharmacy are cherished.
- Offer to pick up mail, groceries, prescriptions, and play taxi for the children. Tell them (even if it is a white lie) that you are stopping by the store on your way and need their grocery list.
- Offer to walk, feed, or bathe the dog.
- Offer to take/accompany them to doctor's visits, chemo, radiation, or the hospital. Nothing is lonelier than sitting in a waiting room all by yourself.
- Take notes for them when the doctor/nurse is talking. My brain stops when a white coat walks in the examination room.
- Help them write down the questions they want to ask their doctor. Without notes, I just forget everything.
- Keep them informed about what (good news) is happening in the "real" world outside their home/hospital room. It is easy to feel disconnected from family, office, neighbors, and church members when your life revolves around doctor appointments.
- Offer to take their children out of the house for a play day and let them rest.
- Everyone should open a CaringBridge.org account. With Caringbridge.org they can directly/accurately communicate with everyone interested without having to regurgitate their story every time the phone rings.
- Leave heartfelt uplifting messages on Facebook or other social media sites.
- Bring food that is already prepared and serve little bits on the plate so they don't get overwhelmed and sick. Plastic utensils help the food taste better when individuals are on chemo.
- Please don't cry in front of them. It is hard for them to keep their composure in front of family. They can't comfort you when they are the ones facing cancer.
- Find ways to bring sunshine and joy back into their lives. Celebrate the treatment milestones.



The most important thing is to think about all the responsibilities they usually have (that they can no longer handle during treatment/recovery) and offer to pick up the slack.

Please tell them how you can help instead of letting them ask you for help. Cancer is a serious disease that affects everything in that person's life. It is very humbling and scary to face. Please don't avoid them because you don't know what to say or do.

If you have some amazing ideas, please send me your Cancer Bullet Points (no long emails please) to peggisherry@gmail.com.

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Wag More, Bark Less

Submitted by Christine Hamacher

Those that welcome four-legged companions into their lives understand firsthand the many benefits of having a “pup” around. Dogs are a living, breathing example of how we can be healthier and happier by spending less time stressed out and more time enjoying life.

Animal Assistance Therapy (AAT) has been in existence for more than 70 years, reportedly starting when an army corporal first took his Yorkshire terrier into a hospital to visit wounded soldiers in the 1940s. Much research has been completed on the different forms and lasting benefits of pet therapy. Findings are largely anecdotal according to medical journals; however, this is a phenomenon not to be dismissed. Therefore, those anecdotal findings are critical to the care of patients who have an affinity to animals. The sum of our life experiences has a significant impact on our minds and our bodies and, most especially, on our ability to cope, adapt, and embrace change as we age. AAT or pet therapy is one non-invasive way that medical professionals can take an innovative approach to health care that helps their patients “bark less and wag more” when faced with overwhelming changes.

In the last 40 years, studies have shown that the presence of pets can lower blood pressure, cholesterol, and cortisol levels. They improve sensory stimulation, physical activity, and bone health. Pets have also been credited with reducing the risk of heart attacks and strokes. Why do they make us feel so good? Scientific studies are showing that the answer may be related to the “love” hormone, oxytocin, being released. Feelings of bonding associated with this hormone certainly come into play when we feel connected to each other and the same can be true for our pets. Overall, common sense attributes most of the positive physical effects of pet therapy to the components of *exercise and companionship*. Yet, any pet-lover will tell you there is much more to the equation.

Animals, especially dogs, can teach us a great deal about compassion. They have no judgments and are incredibly accepting and forgiving of limitations due to age, disability, or illness. The comfort and joy an animal elicits is, at times, involuntary and can be truly powerful in a patient’s rehabilitation and recovery. What is more motivating as an incentive to exercise — walking a dog or using a piece of stationary equipment? Which is more enjoyable as a rehabilitative dexterity activity — squeezing a ball or scratching the fur on a dog’s back? And what better reward for getting out of bed and attending to daily activities when you live alone than the adoring gaze of your furry friend? For those that don’t have their own pets, AAT and pet therapy visits can go a long way to lifting spirits and providing positive motivation when it’s needed most. The fundamental advantage of this type of therapy over any other medical modality is that it allows for the giving and receiving of affection as part of it. That, in and of itself, is the key ingredient to its overwhelming success.

Hospitals, rehabilitation centers, and assisted living facilities have all opened their doors to AAT. Some psychiatrists, psychotherapists, and other medical professionals have taken the leap of hanging a shingle out for their pet as well, realizing the benefits of having them on-site for their patients. Pet therapy visits range from one-on-one visits in patient’s rooms to visits in a group setting. Participants can be fully



hands-on — petting, hugging, talking to, and grooming the animal if they wish. Others can simply observe the interactions of the group and still benefit. Many share stories and some shed tears but all experience a release of emotion and a connection to the pet before them that allows them to feel accepted and loved in the present moment. That connection also inspires trust.

Animals should be screened and certified before being cleared for these types of visits. Project PUP (Pets Uplifting People) is a nonprofit organization that has served all of Tampa Bay since 1984. Animals screened through this program receive annual health certifications through their veterinarian and are cleared for temperament and behavior. Patient suitability and health risks, such as allergies and immuno-suppressed disorders, should always be considered.

For more information about this program, please contact Christine Hamacher at 727-692-0902 or Chamacher03@gmail.com.

Stereotactic Ablative Radiotherapy (SABR) Offers More Options for Cancer Treatment

By Dr. Sarah E. Hoffe, Moffitt Cancer Center

Prior to the incorporation of advanced radiation technologies into the therapeutic treatment arsenal, cancer patients typically received long courses of radiation delivered over five to eight weeks. New options have emerged, however, in the last decade with the introduction of SABR. This new modality is designed to deliver a high dose of radiation to the intended target with reproducible precision. While many patients can understand how this is possible in the brain where a head frame can be attached to the patient's skull to ensure that the brain tumor is in the same position every treatment, it is often less clear to patients how such technology can be applied to tumors that move as the patient breathes.

"In the modern era, lung SABR has thus emerged as a viable treatment option for patients with early stage disease who cannot undergo surgery."

The example of lung cancer can clarify the confusion. For many years, the standard of care treatment for early stage lung cancer has been surgical resection. However, not all patients are candidates because of poor lung function that lessens their opportunities for successful resection with adequate postoperative respiratory status. In this setting, radiation oncologists, prior to the development of SABR, would offer early stage inoperable lung cancer patients a long course of radiation delivered over seven weeks with an expectation of a 20–35 percent three-year survival. Once CT scanners capable of measuring the position of the tumor at inspiration, expiration, and every place in between (4-D CT scans) were developed, physicians now had the ability to focus the radiation beams with a high degree of sophistication. Coupled to this enhanced knowledge of the tumor position was the ability to design a mold for the patient's body that conformed to their exact position and was stable from treatment to treatment. In the



This is a patient with pancreatic cancer. The high dose of radiation (outlined) is precisely delivered to where the tumor is adjacent to the blood vessel. After treatment, the patient was able to undergo successful surgical removal of the tumor.

modern era, lung SABR has thus emerged as a viable treatment option for patients with early stage disease who cannot undergo surgery. In fact, a recent study in the *Journal of the American Medical Association* showed that the three-year survival rate was 55.8 percent with high rates of tumor control and low rates of side effects¹. Importantly, the dose of radiation can be intensified, given the precision, up to 5–10 times the usual dose and delivered over one week or less.

SABR is increasingly being used for many other cancer sites, such as primary liver and pancreatic cancer as well as for liver metastases. This is particularly encouraging in those patients with liver tumors that are often next to a major blood vessel, limiting the options of surgery or radiofrequency ablation (RFA). SABR can be offered to patients in locations that are not optimal for other therapies. With a low risk of side effects due to maximal normal tissue sparing and high rates of tumor control, this technology offers cancer patients more options than ever before.

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 or call the New Patient Appointment Center at 813-745-3980.

1. Timmerman R et al. JAMA 2010; 303(11): 1070-76.

Playing Unplugged

Just What the Doctor Ordered

By Dr. Greg Savel and Sharon Fekete, Practice Manager of Myrtle Avenue Pediatrics



Data from the Centers for Disease Control and Prevention indicate that children under 5 years of age have had significant increases in obesity. Today's American children and adolescents are less physically active as a group than were those of previous generations. These less active children are more likely to be overweight, have higher blood pressure, and increased blood lipid concentrations. It's a challenge for everyone to work toward a solution.

Obesity is associated with significant health problems in the pediatric age group. It is an important early risk factor for much of adult morbidity and mortality. Medical problems are certainly common in obese children and adolescents. It can affect cardiovascular health, the endocrine system, and mental health. Depression, low self-esteem, and the psychological stress of social stigmatization imposed on obese children may be just as damaging as the medical morbidities. The negative images of obesity are so strong that growth failure and pubertal delay have been reported in children practicing self-imposed caloric restriction because of fears of becoming overweight. All these disturbances are seen at an increased rate in obese individuals and have become more common in our own pediatric population. Potential future health care costs associated with pediatric obesity are staggering. This has prompted the Surgeon General to predict that preventable morbidity and mortality associated with obesity may exceed that which is associated with cigarette smoking.

We have witnessed many hard working parents trying to get their children to behave by handing over an iPad, smartphone, or some other electronic distraction. Good behavior used to be rewarded with an extra hour of playtime outside. Those days are long gone but we must do our best to encourage "playing unplugged." This concept has been introduced in our own backyard two years ago at an event of the same name, "Playing unplugged, just what the doctor ordered." I have hosted the event since its inception after the city of Largo asked me to get involved. We have brought in fellow pediatric specialists from our community to participate and begin to break the obesity cycle. It has reintroduced creative play and encouraged families to get outdoors and stay active. When families are active together, kids are more likely to see the benefit of physical activity.

It is vital that the pediatric community takes a leadership role in the prevention and early recognition of pediatric obesity. We do not have any more time to waste as the lure of video technology and social media will only become more attractive to our youth.

As a practicing pediatrician for over 20 years in this community, I must lead the charge toward a healthier future for today's youth. I encourage you to study these staggering statistics, and join us as we continue to play unplugged. For more information, please visit www.happykidsmd.com or call 727-447-6458.

Value of Eyesight

By David Jeffery, Marketing Director, Eye Institute of West Florida

It is a fact of life that vision changes as you age. But do aging eyes have to compromise your lifestyle? The answer is simply — not anymore. By the onset of cataracts, most people would have been challenged by the necessity of having to wear glasses. What if you had the option to remove cataracts and eliminate, or reduce, the need to wear glasses again? What would life be like for you, and what is it worth?

Technology for cataract surgery has advanced rapidly in the past two years and the results are truly remarkable. To remove a cataract and correct astigmatism using computer-guided lasers now allow surgeons to customize vision to individualized specifications with a very high degree of accuracy. Cataract surgery in the hands of an experienced physician can help make life a lot simpler and more comfortable.

This new level of precision, which results in better outcome for the patient, allows for clearer, uncorrected visual acuity, and reduces a patient's need for glasses, does come at a higher price than standard cataract surgery using traditional methods. Of course, Medicare and private insurance will pay a large portion of standard care, but the result of standard cataract surgery will not eliminate the need for glasses for a full range of vision or to correct astigmatism. Life will probably continue as before, wearing glasses daily and dealing with the added expense of maintenance for the remainder of life.

It is not every day we are afforded options like laser cataract surgery to turn back the hands of time to a day when our vision was great. Most surgeons will not over emphasize the prospect of being glasses-free but many patients do report not needing glasses again. For those that do, only a light pair of readers may be necessary to read fine print, such as on a medicine bottle. Many patients who undergo the advanced procedure also report seeing so well they are able to drive the next day and wishing they had the procedure sooner. Depending on the



lens implant you choose, you should be able to read road signs, the car instrument panel, and drive safely. Judging distance and speed, bright sunlight, or headlights of oncoming traffic at night are no longer a problem, and colors are more vivid. You can enjoy doing all the things you love to do (play golf, tennis, swim) without the hassle of wearing glasses or contacts.

For that one chance, which will you choose — the advanced procedure or return to a lifestyle of glasses for a lifetime? Having to choose one over the other may have you weighing lifestyle versus cost, but know this: Cataract surgery can only be performed once. What is your eyesight worth to you?

For more information, please visit the Eye Institutes website at www.eyespecialist.com.

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Dr. Gregory Dokka

Changing Your Relationship with Medication

Submitted by the Lupus Foundation

When faced with a diagnosis of chronic illness, the first reaction for many people is to "go natural." There is an abundance of evidence that lifestyle has an impact on health. What we put into our bodies, what we rub on our skin, and the things we inhale from the environment have the potential to build up or tear down health. While some conditions may improve or even resolve as a result of lifestyle changes there are times when allopathic treatment options must be considered.

According to the Centers for Disease Control, 125 million Americans have at least one chronic illness or condition. In other words, more than 1 in 3 people have a chronic disease. A chronic disease is any medical condition that lasts for several months and often for life. Medication may be necessary to bring these diseases under control, alleviate debilitating symptoms, slow the progress of disease, or prevent permanent damage.

The majority of people resent taking medications. Every time they take a dose and every time they refill a prescription, they have a tangible reminder that they are sick. In addition, medications have varying degrees of side effects. As a result, people "forget" to take their medications.

Like it or not, you have a relationship with your medication. You get to choose whether the relationship is good or bad. It all starts with what you think.

The first step in change is always awareness. Pay attention to your thoughts in relation to your medication. Are you thinking about how much you hate to take drugs? Are you reciting a mental list of possible side effects? Observe your thoughts for a week. Write them down. Read the list. Are there any thoughts that are not grounded in fact?

The second step is to make an effort to learn how each medication helps you. What are the benefits? Think about the benefits as you take your medications. For example, if you take biologics for rheumatoid arthritis, you would think, "This medication prevents my joints from deteriorating so I can remain mobile."

The third step is to cultivate gratitude. Your mind is your most powerful tool. Yes, it stinks to have a chronic illness, but you have it. Think about it. There has never been a better time to be sick. One hundred years ago you would probably have gone undiagnosed. There were precious few treatment options even if you were diagnosed.

When you take your medication think: *I am thankful that I live in a time and place where I could be diagnosed and receive treatment.*

Studies show that when a patient has faith in their doctor and treatment, their health improves significantly.

For more information, please contact the Lupus Foundation of Florida at 727-447-7075 or visit www.lupusflorida.org.

Do You Know the Five Secrets of Aging GRACEfully?

By David Bernstein, MD

During my medical training as an internist and geriatrician, I learned from many brilliant scholars. One of these mentors gave me this advice that stuck with me, "When you complete a consultation on a patient, limit your recommendations to five, as it is just too difficult for a doctor reading the consultation report to follow more than five recommendations at one time." I have tried to adhere to this rule of five throughout my career, and I discovered that fives continue to play a role in all aspects of my life.

In my recently published book, *I've Got Some Good News and Some Bad News: YOU'RE OLD, Tales of a Geriatrician: What to Expect in your 60s, 70s, 80s and Beyond*, I describe a five letter acronym, GRACE, that I developed to illustrate the five traits/characteristics I consistently observed over my 30 years of practice while interacting with thousands of seniors who are living happy, healthy, and long lives. Those observations provided the foundation of GRACE. The letters of GRACE stand for the following: goals, roots, attitude, and companionship

Individuals who are aging GRACEfully embody these characteristics and behaviors daily in their lives. How and why, you may wonder?

Goals

Individuals that have ongoing goals or a purpose in life demonstrate greater personal satisfaction, fulfillment, and enjoyment. This is evidenced in people who love their jobs or hobbies or anything else that they look forward to doing when they get up in the morning.

Roots

Those that know their familial roots or DNA, have a critical understanding of their genetic makeup including what risks or benefit they can derive from heredity. Securing this information can direct a person to make changes in their lives that may offset bad genes.

Attitude

We have all heard, "it's all in your attitude." Well it is! Having a positive attitude and outlook as well as showing gratitude for what you have, leads to greater enjoyment and experiences in life. The companionship and connections that one has with others is a critical factor and is imperative in forming supportive and loving relationships. I frequently see the added benefits from strong relationships in my seniors who have been married for decades.

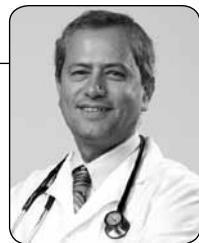
Environment

Environment encompasses what we do to live a healthier life, such as eating, exercising, sleeping, and listening to your physician's advice. I stress to my patients that they must avoid dangerous activities as they age, such as climbing on ladders, using a step stool in the home, or climbing on a roof to clean gutters.

Incorporating and living as many of the five traits as possible on a daily basis will contribute to greater health, happiness, and longevity.

What can you do to add GRACE to your life? Here's to a long and healthy life.

David Bernstein, MD, is a physician, author, and public speaker. For more information, visit my website www.davidbernsteinmd.com



Equbal Kalani, MD

Varicose Veins

Fact versus Myth

By Equbal Kalani, MD, FACC



Myth: Varicose veins are not hereditary.

Fact: Varicose veins are hereditary. Your chance of getting varicose veins is greater than 90 percent if both your parents have varicose veins and about 50 percent if one of them have it. .

Myth: Spider veins are varicose veins.

Fact: Spider veins, like varicose veins, are caused by dysfunctional vein valves. However, spider veins appear as a nest of blue or red veins just under the surface of the skin as opposed to varicose veins, which are large, bulging veins.

Myth: Only women get varicose veins after childbirth.

Fact: Men are at risk for experiencing varicose veins as well as more severe signs and symptoms of CVI. In fact, 43 percent of men are expected to develop venous disease by the time they reach their 60s.

Myth: Being overweight and sedentary will not worsen varicose veins.

Fact: Being overweight often contributes to the formation of varicose veins. Regular exercise is advised to lower venous back pressure.

Myth: Varicose veins do not predispose to blood clots.

Fact: Since varicose veins are dilated and hold a lot of blood, which has to flow toward the heart against increased back pressure, slow flow and stagnation can lead to blood clots in these veins.

Myth: Varicose veins are a cosmetic issue and need no treatment.

Fact: Varicose veins and spider veins are signs of underlying chronic venous insufficiency disorder (CVI) that can lead to serious signs and symptoms if not treated, including leg pain, swelling, restlessness, skin damage, and ulcers.

Myth: Varicose veins do not lead to any serious medical problems.

Fact: CVI can lead to skin damage, pigmentation, or chronic ulcers that do not heal unless the underlying CVI is corrected.

Because varicose veins can progress to a more serious medical condition called CVI, it is not considered a cosmetic procedure and many insurance plans will cover treatment of varicose veins. Cardiologists are best suited for venous procedures since they have better understanding of vascular disease and better experience maneuvering catheters within the vascular system to which the veins belong.

Signs and Symptoms

Do you experience any of the following signs and symptoms in your legs or ankles?

- Leg pain, aching, or cramping
- Burning or itching of the skin
- Leg or ankle swelling, especially at the end of the day
- "Heavy" feeling in legs
- Varicose veins
- Skin discoloration or texture changes, such as above the inner ankle
- Open wounds or sores, such as above the inner ankle
- Restless legs

Risk Factors

- Has anyone in your blood-related family ever had varicose veins or been diagnosed with chronic venous insufficiency or venous reflux?
- Have you had any treatments or procedures for vein problems?
- Do you stand for long periods of time, such as at work?
- Do you frequently engage in heavy lifting?
- Have you ever been pregnant?

If you have answered "yes" to most of the above questions, you could be a candidate for varicose veins or CVI and should make an appointment to see a vein specialist in your area.

Dr. Kalani is board-certified in Cardiology and Internal Medicine as well as a certified Cardiac Device Specialist. He is a Fellow of the American College of Cardiology (FACC) and a Recipient of Certification from the International Board of Heart Rhythm Examiners (CCDS). His office is located at 1501 South Pinellas Ave, Suite S, Tarpon Springs, FL 34689. For further information, call 727-943-2880 or visit their website at kalanimd.com



Adult Incontinence

By Susanne Cappendijk, PhD, Md2G

Susanne Cappendijk,
PhD

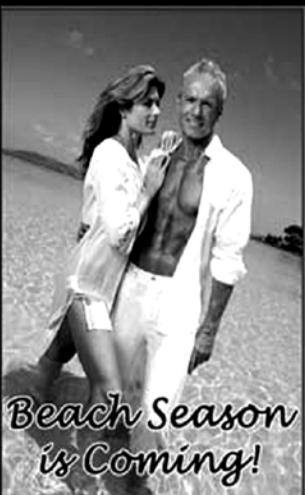
Incontinence can be one of the most embarrassing medical problems that an adult can have. Whether mild or severe, it can cause feelings of shame, reluctance to socialize, and a chronic worry about what might go wrong. What a lot of sufferers don't realize is how common it is, or that there are treatments. More than 26 million Americans are affected by urinary incontinence (UI), of which about 6 million are men. Some people have a chronic problem, and for others it comes and goes depending on other health conditions, prescriptions, or other factors. The numbers may be much higher, as many patients are reluctant to discuss UI with their physicians.

While the social cost for sufferers ranges from mild inconvenience to extreme anxiety, if you add up all the adult diapers and medical expenses, it's estimated that last year this cost Americans over \$16 billion dollars. If you, or someone in your family, has UI, there are a few things you should know, because there are many types and causes. Never feel like you can't discuss this with your doctors, they can often help.

Urinary Incontinence can be broadly classified into categories, where some people have multiple forms:

- Stress UI (SUI). Conditions that can cause SUI are surgery or radiation for prostate cancer, and surgery for benign prostatic hyperplasia.
- Urgency UI (UUI). Conditions that can cause UUI are prostate diseases and their surgical procedures, hysterectomy, radiation, infections, damage to the central nervous system (disease, stroke, or accidents), aging, anxiety, medication (sleeping pills) and other conditions common to aging adults.
- Stricture (USD) is mostly a male condition, with many possible causes such as scarring, cancers, prostate surgery side effects, and in all cases the patient can have significant difficulty urinating.

"More than 26 million Americans are affected by urinary incontinence, of which about 6 million are men."



**Beach Season
is Coming!**

- Are you over the age 35?
- Are you gaining weight despite repeated attempts at dieting?
- Is it difficult for you to gain muscle mass?
- Do you often get tired and easily "wiped out"?
- Are you unable to think clearly or function mentally?
- Do you desire improved sexual performance or an increased libido?
- Are you interested in protecting yourself against age-related heart disease, stroke, diabetes and elevated cholesterol?

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People diagnosed with UI and with USD often experience a general decrease in quality of life, with symptoms such as depression, anxiety, low-self esteem, poor body image, and social stigmatization. Although most UI sufferers can use adult diapers, don't accept UI as a natural consequence of illness or aging when an experienced urologist can help. Additionally, the National Association For Continence (NAFC) Support Community Online connects patients, families, friends, and caregivers for support and inspiration, and can provide many helpful tips for coping with UI.

One man in the local area is working on novel ways to give UI and USD sufferers control again. For more than 53 years, Al Barnett has experienced firsthand the negative impact of urethral stricture disease. Approximately 13 years ago Al's life changed dramatically when he, after extensive research, designed his own non-bladder invasive catheter, which he refined on his own until it allowed him to ride horses, hunt, fish, and pursue an active and complete life. His company, HENA LLC, has begun working with Md2G, a Tarpon Springs (Florida) medical commercialization firm, to turn his design into a readily available product.

Asked about his plans, Mr. Barnett said, "My life has been plagued by more than 60 medical procedures and operations plus countless hours of side effects and chronic pain... I am blessed with a normal lifestyle, pain-free, that I have not known since the age of seven. I want to share this solution with the millions of people that suffer in any related way."

Visit our website www.med-dev-group.com to learn more about medical innovations.

Have Cancer? Why Your Doctor Wants You to See Your Dentist

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

Your life has suddenly turned upside down. You just learned you have cancer and you're struggling to understand the diagnosis, the prognosis, and how your life is about to change.

One of the first recommendations by your doctor may surprise you. Many oncologists recommend cancer patients see a dentist to correct any problems with your teeth or gums before you start radiation or chemotherapy treatments. More than one-third of people treated for cancer have side effects that affect the mouth, the National Institutes of Health reports.

Before Cancer Treatment Begins

Have your dentist call your oncologist. It's important your health team communicates with each other, especially if your treatment plan includes chemotherapy or radiation near your head or neck.

If possible, visit your dentist at least one month before cancer treatment begins to ensure problems such as tooth decay and periodontal disease are under control. Chemotherapy suppresses the immune system, which makes it harder to fight infection.

Patients who undergo neck or head radiation may have other oral complications. Radiation decreases oxygen supply to a bone, which directly affects healing post-surgically and often results in loss of bone due to the poor ability to heal. If you need a tooth pulled, have it done before radiation therapy. If the tooth extractions happen after, a patient might have to go for hyperbaric oxygen therapy, which is time consuming and costly; otherwise, a condition of bone death called osteoradionecrosis may occur.

Common Side Effects During Treatment

Patients undergoing chemotherapy or head and neck radiation may experience these side effects:

- Mouth sores
- Dry mouth
- Swollen tongue
- Change in taste

What Patients Can Do

- Check your mouth every day for sores and alert your dentist if one develops
- Alleviate dry mouth symptoms by drinking a lot of water, chewing sugarless gum, or using a dentist-recommended medication to increase saliva production
- Brush your teeth, gums, and tongue with an extra-soft toothbrush after every meal
- Use a fluoride gel to help prevent cavities, if recommended by your dentist
- Use a fluoride toothpaste
- Floss daily, gently
- Avoid foods that can cause cavities, including sugary foods like candy or soda
- Avoid smoking and tobacco products
- Alert your dentist if your dentures, braces bands, or other appliances don't fit well

Your dentist may recommend you have more frequent cleanings, perhaps as often as once a month or every other month, for the first six months after cancer treatment. It's important to keep your mouth healthy during this time when your immune system is weakened. The good news is that the sores will disappear typically within three weeks of your last chemotherapy treatment and within six weeks of your last radiation treatment.

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. For more information, please visit Coast Dental's website at www.coastdental.com.

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 Mazzola



Male Breast Cancer

Submitted by the Department of Surgery, University of South Florida and Oncology Program, Florida Hospital North Pinellas

It is not surprising that the male population, considering they do have breast tissue albeit less than their female counterparts, are at risk for developing breast cancer. Male breast cancer (MBC) is rare, accounting for less than 1 percent of all breast cancers and less than 1 percent of all male cancers. Similar to female breast cancer (FBC), the risk of MBC increases steadily with age and is associated and increased with the BRCA II mutation for early onset breast cancer. In a population-based multinational study of over 459,846 women and 2,665 men with breast cancer, the world standardized incidence rates were 66.7/10 person-years in women but only 0.40/10 person-years in men. Women were diagnosed at a younger median age (61.7 years) than men (69.6 years). Over the last 38 years, MBC incidence has remained relatively stable, whereas FBC has become increasingly common due to the use of mammography screening and hormone replacement therapy beginning in the 1980s. Since there is no screening mammography use in men and the duration of symptoms before diagnosis is reported to be longer, men will present with greater stage of disease.

The treatment for MBC has traditionally followed the guidelines for the treatment of breast cancer in the female population. Because of the rarity of the cancer and the fact that usually the tumors are large in comparison to the size of the breast and the fact that many of the tumors arise beneath the nipple or involve the nipple-areolar complex, mastectomy has been the standard treatment. A complete axillary node dissection was usually included to provide the nodal staging information, since the regional nodes are the most common site of metastases. However, during the past 10 years the surgery for breast cancer in women has become more conservative, with breast preservation and lumpectomy replacing mastectomy in up to 66 percent of patients. The axillary surgery has also gotten more conservative with intra-operative lymphatic mapping and sentinel lymph node biopsy replacing radical node dissections.

Changing treatment strategies in men have lagged behind those in women, but despite the larger tumor/normal breast tissue ratios in men, conservative treatment is possible and becoming much more likely. Preservation of the nipple-areolar complex, hair-bearing ability of the chest, symmetry of size and shape and maintaining a positive self-image are the reasons given for men to choose breast preservation. In a recent series reported from the Surveillance, Epidemiology, and End Results (SEER) database by Stanford University clinicians, 4707 male patients with breast cancer were identified from the years 1983-2009. The series reported that 86.6 percent of the men underwent mastectomy and 13.2 percent underwent lumpectomy and radiation therapy. A greater proportion of the population had breast-conserving surgery in the later years, 10.6 percent from 1983-1986 compared to 15.1 percent from 2007-2009. After lumpectomy, most women undergo adjuvant radiation therapy to treat the remainder of the breast, but only 35.4 percent of the men had this adjuvant therapy. This series suggests that men with breast cancer may not be receiving standard of care treatment since only 35 percent of the men treated with lumpectomy had adjuvant radiation therapy and only 34 percent had their axilla evaluated with a nodal staging proce-

dure. Despite these findings, 10-year breast cancer-specific survival for MBC was 82.8 percent and overall survival was 46.9 percent in the lumpectomy patients compared to 77.3 percent and 46.4 percent respectively in the mastectomy patients. Decreasing survival was associated with increasing age of the patient, the African-American race, and increasing grade and stage of the tumor, but treatment received was not a factor. In another series, male patients had a significantly better relative survival from breast cancer than their female counterparts after correcting for age, year of diagnosis, stage, and treatment. Female patients with breast cancer have experienced incremental improvements in survival over the past 30 years, but the improvement in MBC is not as pronounced. Comparing the years 1976-1985 and 1996-2005, the hazard ratios for breast cancer death declined by 42 percent among women but only 28 percent in men.

Since MBC is a rare entity, when diagnosed it should be treated with similar guidelines used to treat FBC. Patients should be given the choice between mastectomy and breast preservation and nodal staging should be performed with the lymphatic mapping technique. Adjuvant radiation therapy after lumpectomy and adjuvant chemotherapy should be offered where appropriate. Lack of treatment guidelines and differences in compliance can explain some of the difficulties in treating MBC. Local-regional treatments (primary site and nodal surgery and radiation therapy) and adjuvant treatments have not been evaluated in clinical trials, and guidelines for care are lacking. Most clinicians will follow FBC guidelines but systemic treatment, especially adjuvant hormonal therapy, is not as straightforward in men since they are not well tolerated and compliance is low.

International efforts have been undertaken to better understand breast cancer in men. The EORTC, the Breast International Group, and the North American Breast Cancer Group are collaborating on a large prospective study of male breast cancer that involves clinical data and tissue collection to evaluate patterns of care, clinical outcomes, and biologic determinants. Having already registered 1000 male patients, this International cooperation will provide statistical power to allow meaningful advances in the comprehension and treatment of male breast cancer.

Douglas Reintgen, MD can be reached at 813-440-8554 or email at dreintge@health.usf.edu. For new patient appointments call USF Health: 813-974-2201

Dr. Reintgen's practice locations are: USF Clinic at the Breast Care Center – Life Hope Building, 3000 Medical Park Drive, 4th Floor, Tampa, FL 33613, 813-974-2201 and Florida Hospital North Pinellas Physicians Group, 1501 Alternate 19 South, Suite T, Tarpon Springs, FL 34689, 727-934-6797.

The research team who conducted the above study are: Eric Reintgen, Corin Agoris, Kathryn Carson, Carolyn Coffee, Zain Tarig, Leah Hochman, Nancy Pereira, Harrison Philips, Anna Stamas, John Psaltis, Rosemary Giuliano, ARNP, and Douglas Reintgen, MD

Sources upon request.



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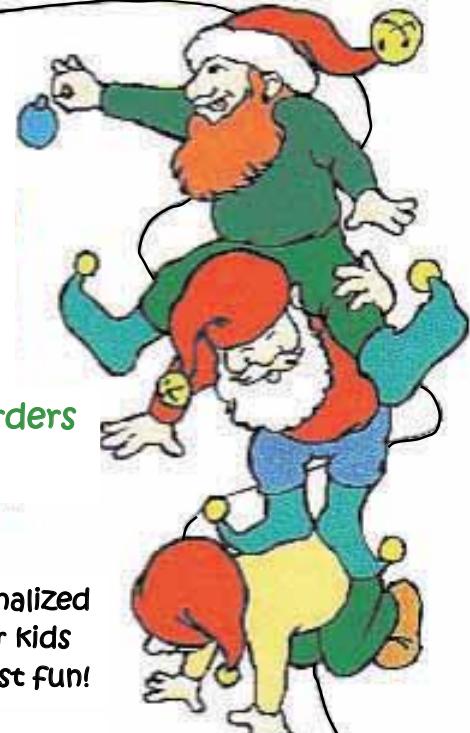
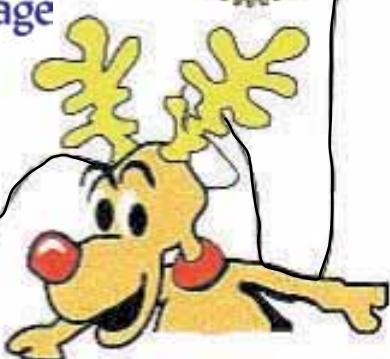
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