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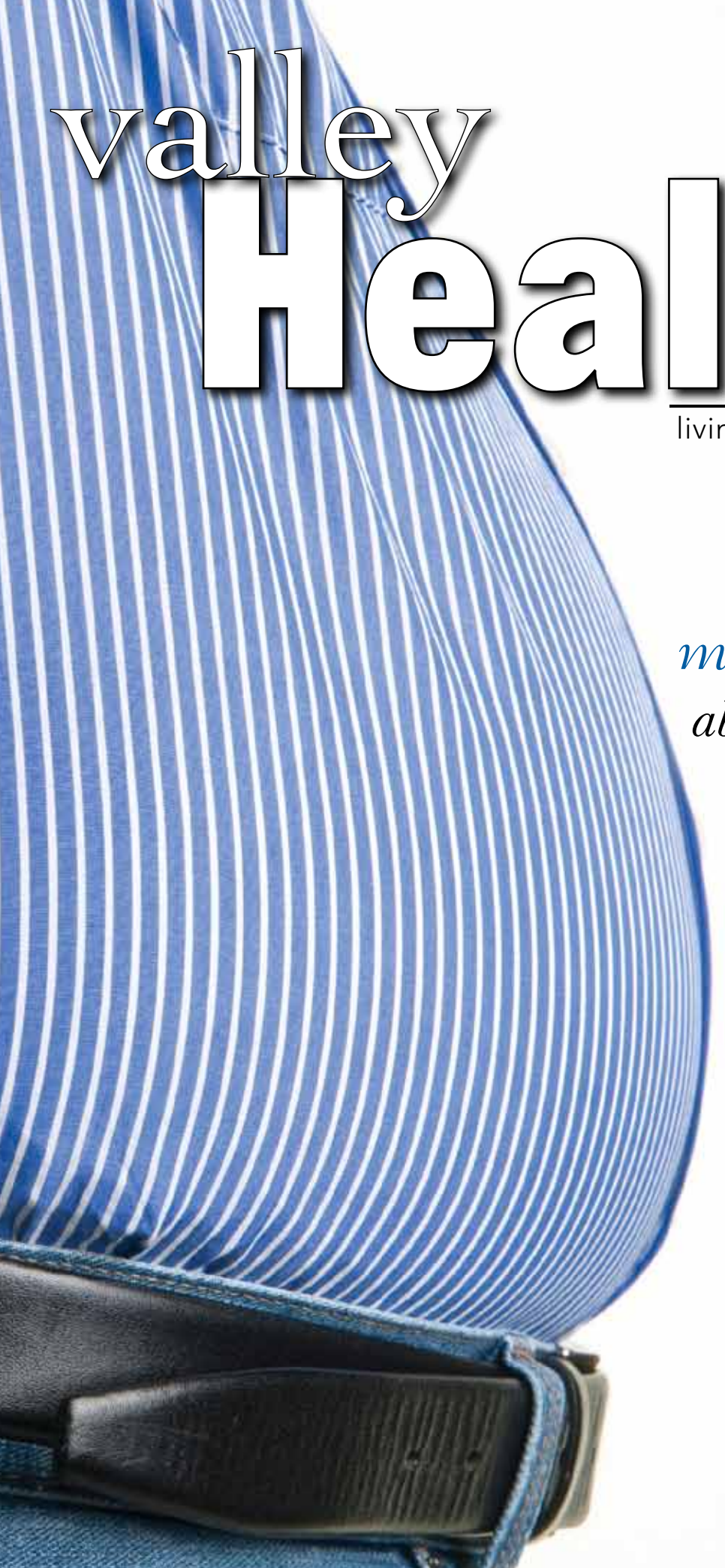

myths & truths about BARIATRIC SURGERY

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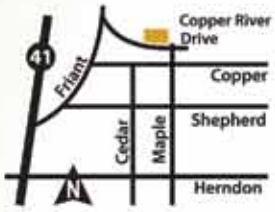

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ISSUE NO. 27
JANUARY/FEBRUARY 2012

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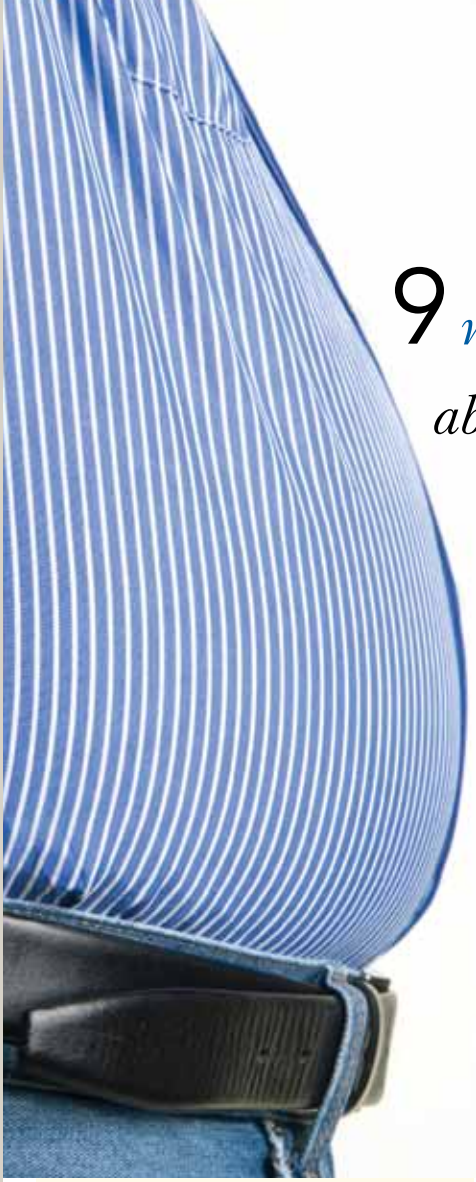
Valley Health Magazine
1055 N. Van Ness Ave., Suite B
Fresno, CA 93728
559-499-1055



9 myths & truths about BARIATRIC SURGERY

ALSO INSIDE

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We encourage all medical professionals to join *Valley Health Magazine* by offering editorial ideas and suggestions. If you would like to submit an article or simply have an idea, please contact us at: editorial@valleyhealthmag.com

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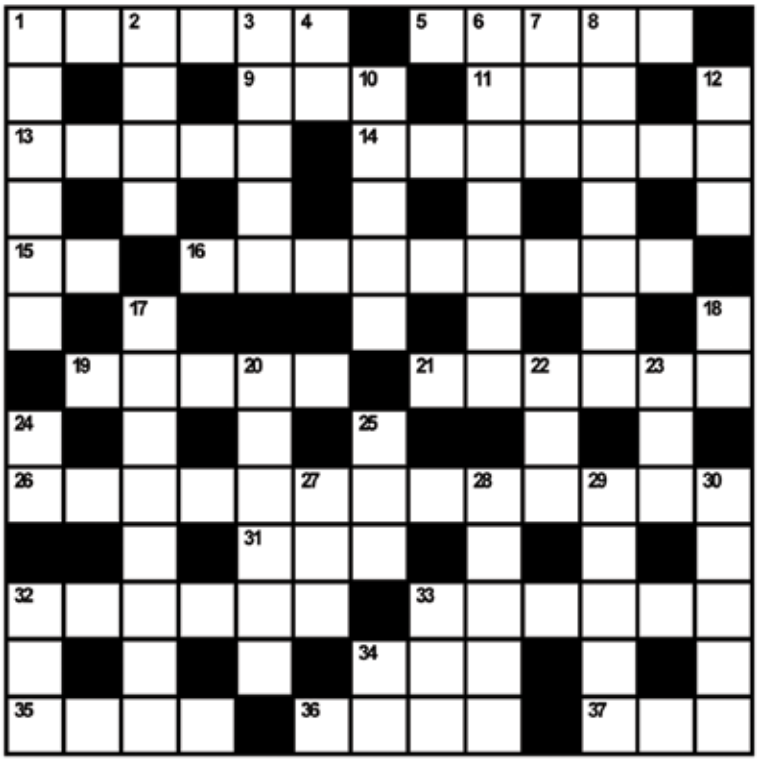
Crossword Puzzle

> by Myles Mellor



Across

1. Vitamin C filled fruit
5. One a day keeps the doctor away
9. Self-esteem
11. Purpose
13. Stomach problem
14. Digestive disease
15. Dawn time
16. Healthy vegetable that comes in spears
19. Just picked
21. Oatmeal or granola for example
26. Parts of the feet (2 words)
31. Directional assistance
32. Vitamin A filled vegetable
33. Potassium filled fruit
34. Belonging to a lady
35. Fish and a low tone
36. Losing proposition?
37. Foot part

Down

1. Eye related
2. Foot feature
3. Bacteria or viruses
4. For example
6. Beat like a heart
7. Pressure unit, abbr.
8. Vegetable that has a heart
10. Atlantic for one
12. Pharmacist's dosage
17. They are filled with fruit trees
18. Kiloliter
20. Omega 3 filled fish
22. Stew starter
23. Bulb used as seasoning
24. Masters degree
25. Type of mushroom
27. Broad flat muscle on either side of the back
28. Valentine symbol
29. Precise
30. Biggest loser's tool
32. Transport
33. Honey maker
34. Maui state (abbr.)

Answers:

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Valley Caregiver Resource Center

MISSION

Valley Caregiver Resource Center (VCRC) offers a unique, comprehensive umbrella of services designed to help elders and their families master the challenges that accompany the aging process. As long-standing advocates and collaborators in preserving the health and quality of life of others, our aim is to promote personal and community wellbeing.

VALLEY PRESENCE

Since 1988, the Valley Caregiver Resource Center has been and continues to be, an advocate and a teacher, and a counselor and a friend to seniors and caregivers. Covering nine counties throughout Central California, including Fresno, Kern, Kings, Madera, Mariposa, Merced, Tulare, Tuolumne and Stanislaus, Valley Caregiver Resource Center provides greatly needed support for Valley families.

The Caregiver Program

With VCRC services, caregivers are better able to take care of themselves while improving the quality of care they provide for their loved ones. Though everyone's needs are different, VCRC offers courses and programs to caregivers such as: Caregiver Education and Training; Family Consultation; Care Planning; Support Groups; Respite Care; Legal/Financial Consultation; and, Short-Term Counseling. Increasing knowledge and confidence can reduce stress and provide relief for caregivers who are taking care of someone age 18 or older with a brain impairment or over the age of 60, regardless of diagnosis.

VCRC offers a unique, comprehensive umbrella of services designed to help elders and their families master the challenges that accompany the aging process.

HICAP Program

The Health Insurance Counseling and Advocacy Program, HICAP, in Fresno and Madera counties, serves all ages of current Medicare beneficiaries, family members, or those who are soon-to-be eligible, as they navigate through the process and make informed decisions about healthcare insurance. Throughout Fresno and Madera, HICAP offers free individual counseling and community education to Medicare beneficiaries and their families in several areas including Medicare Benefits and Rights, Appeal and Billing Problems, Long-Term Care Policy Analysis, Medicare Savings Programs, Prescription Drug Coverage, Medicare Advantage Plans, Supplemental Health Insurances and Medicare Fraud and Abuse.

OASIS Program

The Fresno OASIS Adult Day Program provides recreational and therapeutic activities for participants who are in the earliest to the most advanced stages of dementia. Engaging activities are tailored to each participant's personal interests, needs, remaining strengths and cognitive and physical abilities to nurture self-esteem and dignity. OASIS also provides caregivers with a needed day of peace of mind and rest to relieve stress and prevent burnout while participants attend the center.

Ombudsman Program

The Fresno-Madera Ombudsman Program works with licensing and other regulatory agencies to support Resident Rights and achieve the best possible quality of life for all long-term care residents. Ombudsmen are authorized by federal and state law to receive, investigate and resolve complaints made by or on behalf of residents living in skilled nursing or assisted living facilities for the elderly in Fresno and Madera counties. All services of the Ombudsman Program are free and confidential.

COMMUNITY OUTREACH

VCRC provides speakers on caregiver and senior-related topics to any interested groups and welcomes opportunities to share this information with community groups and elected officials. Volunteer opportunities are available in many of our programs.

DONATIONS

Most services are provided at no charge. VCRC is a nonprofit 501(c)(3) corporation and gratefully accepts donations, which are used directly toward all services and programs.

For more information on programs or to volunteer, please visit www.valleycrc.org or call us at (559) 224-9154. ■

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myths & truths about Bariatric Surgery

By Kelvin Higa, M.D., FACS, FASMBS

Although you might think of it as the latest fad for weight loss, bariatric surgery, also known as metabolic surgery, is not new. In fact, the first operations, initially conceived for cholesterol and lipid disorders, were performed over 50 years ago. The obvious question then becomes, why has surgery become so popular and commonplace today? The answer is actually very simple: the operations are consistently more effective than traditional diet and exercise programs. Also, as with many operations performed today, most bariatric surgeries are done laparoscopically, via incisions ½ inch or less. This has added to the safety of the operations as well as patient acceptance.

Metabolic syndrome refers to obesity-related disorders such as diabetes, high blood pressure, elevated cholesterol and sleep apnea. Interestingly, bariatric surgery has been discovered to have a direct impact on metabolic syndrome through hormonal mechanisms. In other words, bariatric surgery is not just about weight loss, it is about treating obesity-related disorders and optimizing health. In addition, surgery requires lifestyle changes to be most effective; this is the foundation for lifelong obesity and metabolic syndrome treatment.

Obesity On the Rise:

Obesity is a global epidemic; it is also no longer just an American problem. The World Health Organization predicts that by 2015, there will be 2.3 billion overweight and over 700 million obese adults. If this trend continues, by 2050, 60 percent of all males and half of all females will be obese.

Obesity in the United States is responsible for $147 billion per year in direct medical costs, or just over nine percent of all medical expenditures. Beyond those costs are the disability and early deaths caused by obesity, according to Dr. Thomas R. Frieden, director of the U.S. Centers for Disease Control and Prevention. These statistics underestimate the total cost of obesity when one factors in the loss of work and the effect of co-morbid conditions such as diabetes, heart disease, arthritis and increased risk of cancer. Caring for our increasingly overweight patients has also required offices and hospitals to invest in equipment and technologies that can handle the increasing weight of patients.

Contraty to our assumption that obesity is primarily a self-inflicted problem, science would indicate otherwise. Clearly, no one wants to be obese or suffer from diabetes or high blood pressure, and yet National Institutes of Health studies show that exercise, diet and behavior modifications fail 95-97 percent of the time.

Even from a social standpoint, it is not realistic, given the health issues attributable to obesity, that this disease is entirely self-inflicted or due to a lack of motivation, especially when we live in a society that worships anorexic supermodels; the amount of disposable income we spend on diets and exercise equipment is evidence otherwise. Although we do not fully understand the disease of obesity, this is not reason enough to deny treatment to the millions of individuals afflicted with this problem. Just as with the treatment of cancer, AIDS, diabetes, or heart disease, as our understanding grows, so does the effectiveness of our treatment options. However, unlike the treatment of those aforementioned diseases, options are often limited to patients by our present health care system. Insurance companies often put unrealistic barriers in front of patients, requiring huge out-of-pocket expenses or limited lifetime benefits.

The Benefits of Bariatric Surgery

Surgical interventions for almost every condition you can think of have become widely accepted, but bariatric surgery is often not available for most individuals afflicted by obesity due to our perception of the condition. Statistically, we operate on less than one percent of patients who are candidates for surgery. Reasons for this include exclusionary criteria imposed by insurance carriers, availability of qualified surgeons and surgical programs, and misconceptions regarding the outcomes and risks of surgery by patients and health care providers. Aside from what we may think or believe about obesity, the benefits of surgery are undeniable when one compares the outcomes and statistics between surgery and traditional diet and exercise programs. Individual testimonials, commercial diets, or even doctor-supervised programs often have limited and temporary results. In contrast, surgery is much more effective with respect to long term weight maintenance and improvement of health.

Also, in contrast to almost all other therapies for chronic disorders such as heart disease, arthritis, high blood pressure and diabetes, surgery for obesity offers a return on investment. In other words, the decrease in health care expenses will often pay for the operation in two to three years. When you consider the above statistics on the spread of global obesity, the savings can be significant, not only for the individual but for society as a whole. Furthermore, in long-terms studies conducted in the U.S., Canada and Sweden, bariatric surgery patients have been shown to live longer that their non-surgical counterparts. The reason for this is multifactorial and partially due to the reduction in the risk of death due to diabetes, heart disease, and cancer (see Resources).

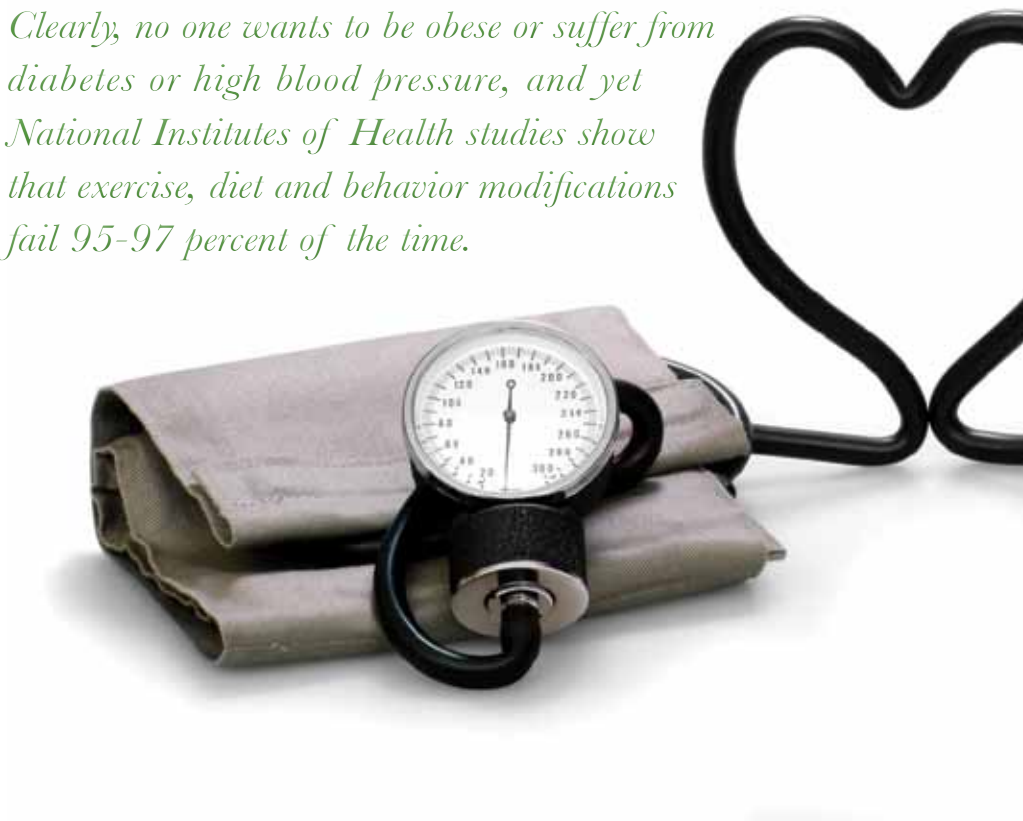
Lifelong Impact

Surgery must be accompanied by a lifelong commitment to lifestyle changes in order to be most effective. Bariatric or metabolic surgery is unlike most other surgical procedures in that the educational and support processes are as important as the operation itself. In other words, the procedure alone is not enough. Long-term success depends on participation with a multidisciplinary team consisting of dieticians, psychologists, and therapists, as well as the surgeon. The decision to undergo surgery is a journey that begins well before the procedure and continues long after the patient leaves the operating room. Commitment to lifelong follow-up is standard for both the program and the patient.

The effect of bariatric surgery has been shown to extend beyond just the individual patient. According to research conducted by Stanford University, there is a "halo" effect, whereby the lifestyle changes adopted by the patient carry over into the family, resulting in entire households losing weight. And, because surgery pays for itself within a few years, communities and society benefits by the potential for lowered overall healthcare costs and expenses. Patients often live longer, are more productive, and are healthier, therefore accessing the health care system less.

Many patients underestimate the psychosocial impact that food plays in day-to-day life. Every celebration, social gathering and a large majority of other interactions are all centered around food.

Clearly, no one wants to be obese or suffer from diabetes or high blood pressure, and yet National Institutes of Health studies show that exercise, diet and behavior modifications fail 95-97 percent of the time.



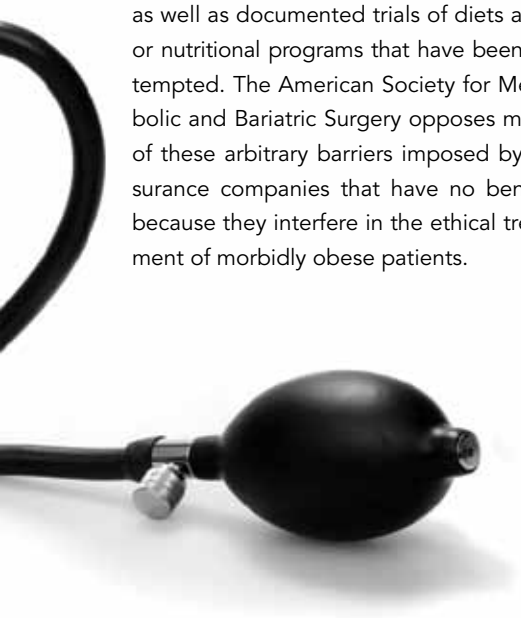
There are even entire television channels devoted to eating! The difficulty of changing one's relationship with food cannot be underestimated.

As described above, surgery does not guarantee success. Patients must be willing to enact lifelong changes and place emphasis on nutritional and emotional health. Bariatric surgery may make weight loss possible, but ultimately it still requires the commitment of the patient to the process and program in order to optimize results.

Are you a Candidate?

Who is a candidate for surgery? Most insurance plans qualify patients based on BMI or "body-mass-index." This is the ratio of weight (kg) to height (m), and corresponds to risk calculations of obesity. In general, if your BMI is greater than 35 kg/m^2 and you have been diagnosed with serious medical conditions such as diabetes, high blood pressure or sleep apnea, surgery may be offered as an option. However, some countries have lowered these criteria, established over 20 years ago, to reflect newer technologies, operation methods, lowered risks and the proven health benefits that have developed over the past two decades.

Many insurance companies also require a psychological and nutritional evaluation, as well as documented trials of diets and/or nutritional programs that have been attempted. The American Society for Metabolic and Bariatric Surgery opposes many of these arbitrary barriers imposed by insurance companies that have no benefit because they interfere in the ethical treatment of morbidly obese patients.



Long-term success depends on participation in a multidisciplinary team consisting of dieticians, psychologists, and therapists, as well as the surgeon.

Surgical Choices

Surgery can be very effective, but there are drawbacks and other concerns that must be considered. The decision to undergo surgery is personal, and the choice of operation must be individualized to each patient; this adds to the confusion as different companies and surgical programs market different operations depending on their expertise, reimbursement, or personal opinion.

Luckily, now, more than ever, there are choices. Surgical options include: Adjustable Gastric Band (AGB), Vertical Sleeve Gastrectomy (VSG), Roux-en-Y gastric bypass (GBP), and Duodenal Switch. But, there is no single operation that is considered the "Gold-Standard." Each operation has its pros and cons, carries some risk, and must be weighed against the risk of untreated obesity for each individual patient.

Most procedures can be performed in less than an hour and the hospital stay is usually less than two days.

Bariatric Surgical Procedures

Adjustable Gastric Band (AGB): The AGB is made of an inert plastic material and is placed around the top of the stomach (see figure 1, next page). A thin tube connects the band to the reservoir, which is implanted under the skin. The reservoir can be accessed in the office with a needle to inflate or deflate the band; therefore, it is one of the only surgical options that is adjustable. Contrary to what many people think, adjustability does not mean that one can "dial-in" the amount of weight loss an individual would like to achieve. The band is adjusted only until less hunger or satiety is achieved. This operation has the advantages of being technically less challenging for most surgeons to perform. Although it has been used for over 15 years, the long-term results and re-operation rates have already been concerning. It is less effective than other operations in terms of weight loss and metabolic effect (treatment of diabetes, etc.). Although the AGB can be difficult to remove, this choice is considered reversible, meaning that removal restores normal anatomical function. The AGB can deliver good results, but only with very close follow-up and proper adjustments. The complications of this operation include migration or erosion of the band, which requires additional surgery to correct.

Figure 1: Adjustable Gastric Band (AGB)

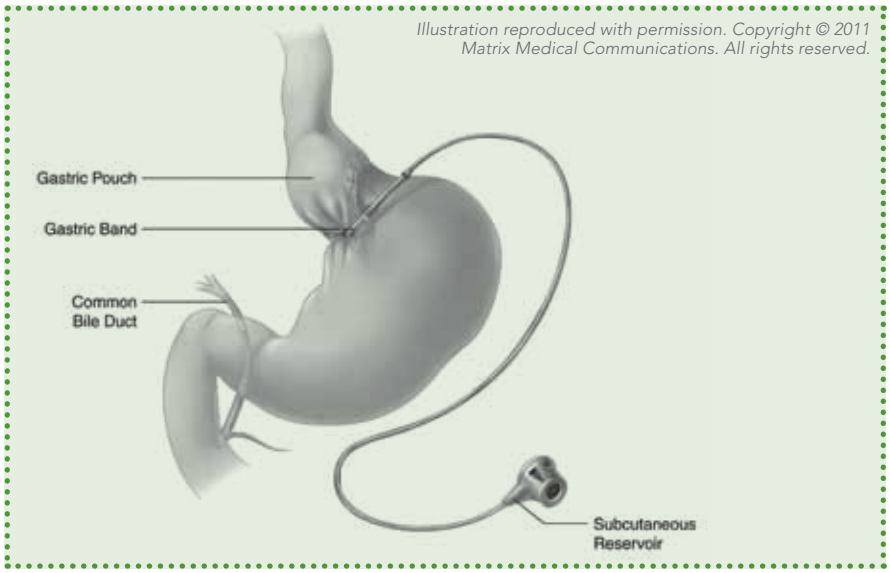


Figure 2: Vertical sleeve gastrectomy (VSG)

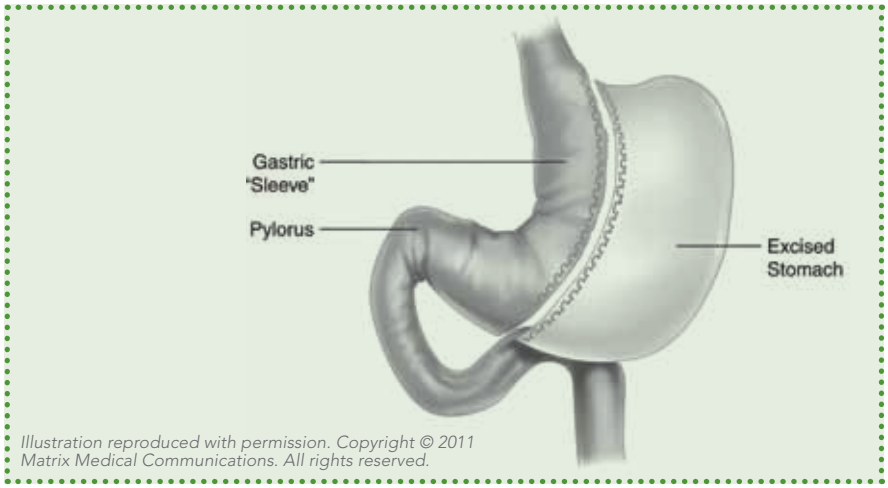
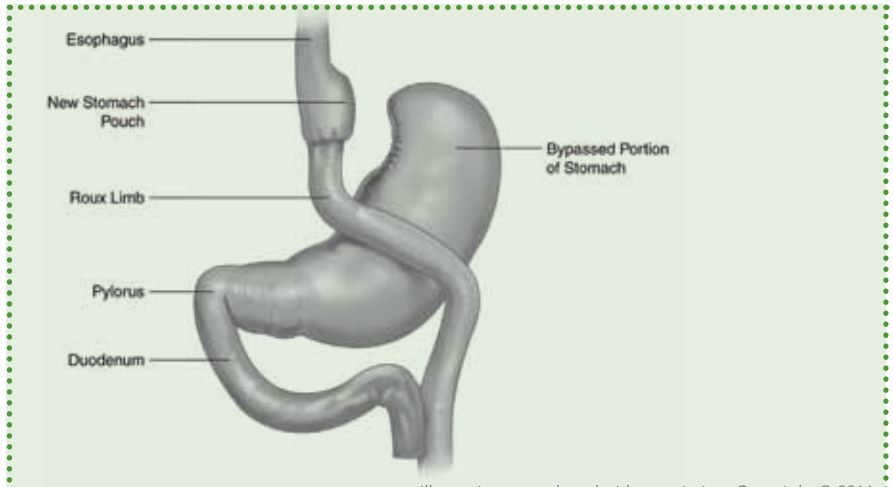


Figure 3: Roux-en-Y gastric bypass (GBP)



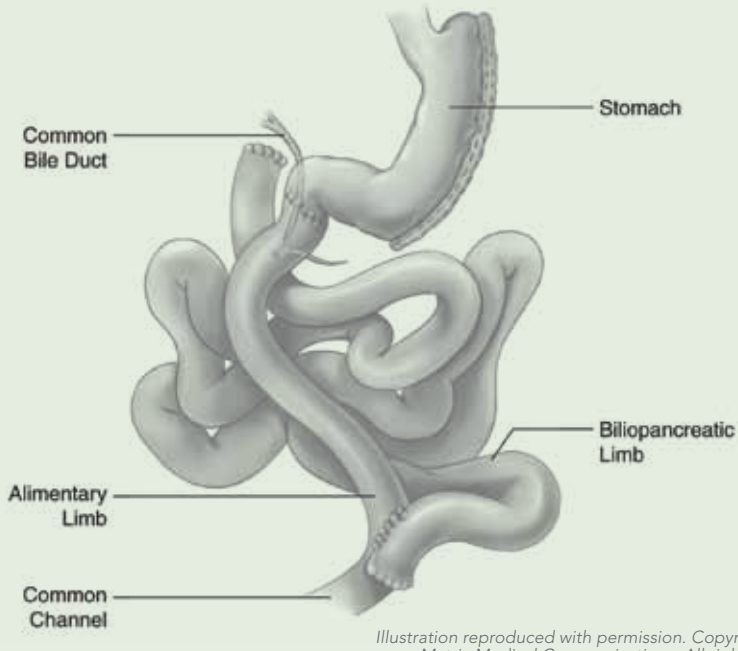
Vertical sleeve gastrectomy (VSG): The VSG has some advantages over the AGB, as there is no foreign body placed around the stomach and over the gastric bypass, as there is no bypass (see figure 2). It is not reversible, as 85 percent of the stomach is permanently removed from the body, but this surgery can be converted to other weight loss operations as discussed below. With less than six years of data, long-term results on weight and nutrition are not known. However, we estimate the VSG to be slightly less effective than the GBP (see below) but more effective than the AGB. It still may be the procedure of choice in certain circumstances. For example, when a patient has had multiple previous intestinal operations, has the need for optimal absorption of medication, or has intrinsic bowel problems, this procedure may be the best option.

Roux-en-Y gastric bypass (GBP): The GBP has over a 40-year history, so short and long-term results and complications are well established. The GBP consists of making a very small "pouch" out of the stomach by stapling across it, then connecting a piece of intestine to divert food from the stomach (see figure 3). This is known as the "Roux" limb. The intestine is later connected downstream so that only a very short amount of bowel is actually bypassed. However, this has a very pronounced effect on hunger and metabolic syndrome.

The GBP is reversible and is more effective than the AGB and VSG in terms of weight loss and metabolic effect. However, patients must take multivitamins, refrain from smoking, and avoid certain medications known to cause ulcers, because anemia and other nutrient deficiencies are common after GBP surgery (see Resources). Furthermore, the ulcer-promoting effect of tobacco and anti-inflammatory medications (such as aspirin or ibuprofen) are increased after bypass.

Unlike the AGB, there is quite a variation on the anatomy among different surgeons who perform GBP. For example, the size of the pouch can vary from the size of your thumb to the size of your fist. Additionally, the amount of intestine bypassed

Figure 4: Duodenal Switch



One of the most common misconceptions about bariatric surgery for the treatment of obesity and metabolic syndrome is that some people think it is the "easy way out."

can affect nutrition; the more intestine bypassed, the more nutritional deficits occur. In other words, there is no universal standard for what is labeled a gastric bypass, so it is important to understand the type of "bypass" your surgeon performs.

A common variant of the GBP is the "banded" GBP. This operation places a silastic band around the stomach pouch in order to achieve better and more permanent weight loss. Studies show this to be the case, but more experience is needed in order to understand the overall effects of this modification.

Duodenal Switch (see figure 4): This is the most effective operation for weight loss and treatment of metabolic syndrome, but also has the highest complication rate and adverse side effects. This operation is often done in two stages: the VSG followed by the GBP months later. This operation constitutes less than two percent of all operations worldwide.

Post-Surgery

Weight loss operations are performed laparoscopically over 95 percent of the time. Hospital stays vary between one to three days and pain is minimal and managed with either prescription or over-the-counter drugs. Diet is advanced as healing occurs, from liquids to solids over a month's time. Most patients are able to return to sedentary work a week after surgery, but four to six weeks may be necessary for more laborious or stressful occupations.

Your New Life

One of the most common misconceptions about bariatric surgery for the treatment of obesity and metabolic syndrome is that some people think it is the "easy way out." However, it takes great courage, responsibility, and commitment to accept the need for help and embark on this journey. No surgery is easy, and bariatric surgery will continue to be misunderstood unless we globally begin accepting obesity and metabolic syndromes as the diseases that they are. With the help of science and new technologies, more discoveries regarding obesity and associated diseases will pave the way for better understanding and more effective treatments. Hopefully, this will ultimately lead to preventative measures that make the need for bariatric operations obsolete. ■

About the Author: *Kelvin Higa,M.D., past president of the American Society for Metabolic and Bariatric Surgery, is an internationally recognized authority on the subject of bariatric surgery. Even as a renowned bariatric surgeon, Dr. Higa, surprisingly discourages many of his patients from surgical intervention. He recognizes that each and every patient requires individualized treatment and surgery is not always the best option. Dr. Higa has performed thousands of procedures over the last two decades, and enjoys sharing his knowledge and perspective on the still controversial topic of bariatric surgery.*

Resources

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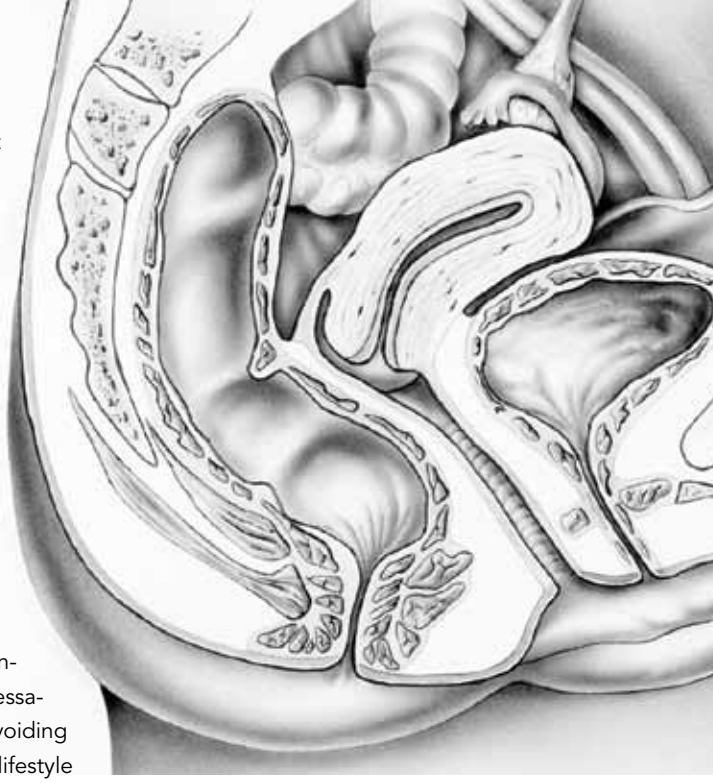
female pelvic floor disorders: Improving Awareness

> By Benjamin J. Steinberg, D.O.

Pelvic floor disorders include a wide variety of clinical conditions such as urinary incontinence, pelvic organ prolapse, overactive bladder, sexual dysfunction, recurrent urinary tract infections, voiding dysfunction and several chronic pain syndromes of the bladder and vagina. However, of the numerous manifestations of pelvic floor disorder, pelvic organ prolapse and urinary incontinence are the most common. Pelvic organ prolapse is a condition in which a pelvic organ, most commonly the bladder, drops from its normal anatomical position and pushes on the vaginal walls. This causes a vaginal "bulge" and creates the "pressure" commonly described by many women with prolapse. Urinary incontinence is the involuntary leakage of urine. The most common form of urinary incontinence is stress urinary incontinence, or leakage of urine associated with physical exertion such as coughing, sneezing or lifting. Other forms of urinary incontinence include urge urinary incontinence, or leakage of urine associated with urgency, and mixed urinary incontinence, which is a combination of both types.

The single most important thing for a woman with any pelvic floor disorder to know is that you are not alone. In fact, many women may be surprised to know that pelvic floor disorders affect up to half of all adult women, being more common than high-blood pressure, diabetes or depression. For instance, according to the *Journal of Urology*, the prevalence of urinary incontinence in women increased from 49.5 percent in 2002 to 53.4 percent in 2008. Yet, despite this high incidence, a U.S. survey of multi-ethnic women published in the *Journal of Urology* revealed that only 45 percent of women with urinary incontinence sought care. So, why are women with pelvic floor problems not getting the help they need? Many women report that they are too embarrassed, or even ashamed, to talk about this sensitive topic. Understandably, this is a very personal issue, as it can have a significant impact on a woman's body image, confidence, personal relationships and overall quality of life. Moreover, there appears to be a lack of awareness about pelvic floor disorders in both the patient and medical communities. In some instances, women who report pelvic problems have been told by their health care providers that this is "a normal part of getting old" or "you just have to live with it." While female pelvic floor disorders may become more common with age, they should never be misconstrued as normal or something for which there is no treatment. Consequently, many women living with these disorders are suffering in silence.



Defining Pelvic Organ Prolapse

Pelvic organ prolapse is defined as the herniation of pelvic organs at or beyond the vaginal opening. Pelvic organs, such as the bladder, uterus, and rectum, may press on the walls of the vagina, causing a bulge or protrusion that can be seen or felt at or beyond the vaginal opening. In the case of the bladder, a bulge may develop on the top vaginal wall that causes a "cystocele." Similarly, the rectum can push upward on the bottom wall of the vagina causing a bulge, otherwise known as a "rectocele." In women with a uterus, a loss of support may cause the cervix to protrude through the vaginal canal, which is known as "uterovaginal prolapse." In women who have had a hysterectomy, the apex of the vagina can fall through the vaginal canal creating a "vaginal vault prolapse." These different forms of pelvic organ prolapse may be difficult to distinguish because they all commonly form a vaginal bulge of some kind, and only a physician can reliably distinguish the type of prolapse by performing a detailed pelvic examination. Importantly, none of the previously mentioned forms of prolapse should be confused with rectal prolapse, where the rectum falls down the anal canal and protrudes through the opening of the anus. Nevertheless, all types of prolapse can have a significant impact on a woman's quality of life, affecting daily activities, body image and sexuality. Approximately 300,000 surgeries are performed annually in the United States for the treatment of pelvic organ prolapse. In fact, between 1979 and 2006, surgical repair of pelvic organ prolapse was the most common surgery performed in women older than 70 years of age. However, this is not limited to post-menopausal women. It is not uncommon to see women who are in their 30s, 40s and 50s experiencing symptoms of pelvic organ prolapse.

What Causes Pelvic Organ Prolapse?

Many patients are curious to know the causes of pelvic organ prolapse. Normally, the pelvic organs are supported by a "hammock" of pelvic floor muscles and interconnective tissues. When this network of pelvic floor muscles (called the levator ani) start to weaken and stretch, the connective tissues can no longer support the pelvic organs. Eventually, gravity wins the battle as the pelvic organs, most commonly the bladder, start to drop, resulting in the vaginal bulge and cystocele detailed above. The most common risk factor for pelvic organ prolapse is vaginal birth deliveries, which further increases when operative measures such as forceps are used. Other risk factors include genetics, obesity, smoking, and chronic cough or straining. Weight loss, smoking cessation, kegel exercises, and avoiding heavy lifting are some of the lifestyle modifications that women can make to help prevent prolapse. Regarding vaginal deliveries, to date there are no good studies to support elective cesarean deliveries to prevent pelvic organ prolapse or stress urinary incontinence.

So, why are women with pelvic floor problems not getting the help they need? Many women report that they are too embarrassed, or even ashamed, to talk about this sensitive topic.

Diagnosing Pelvic Organ Prolapse

The evaluation of pelvic organ prolapse starts with obtaining a detailed patient history to gather an accurate assessment of a woman's symptoms. While many women with prolapse may be asymptomatic, those who are symptomatic describe the sensations they are experiencing as "vaginal pressure"; "something is falling out"; "I feel like I am sitting on something"; or, "I have to lean forward to urinate." Following this detailed history, a pelvic examination must be performed, preferably using the Pelvic Organ Prolapse Quantification Examination. This enables the physician to objectively quantify the severity of the prolapse in the following stages:

- *Stage 0:* no prolapse
- *Stage 1:* prolapse is more than 1cm inside the vaginal opening
- *Stage 2:* prolapse descent is within 1cm of the vaginal opening
- *Stage 3:* prolapse descends more than 1 cm beyond the vaginal opening
- *Stage 4:* complete descent of prolapse outside the vagina

Treatment Options

Assuming your examination reveals pelvic organ prolapse, there are three treatment options. It is important for patients to realize that the factors that influence treatment are based on improving the quality of a woman's life, not simply out of medical necessity. Therefore, assuming a patient can urinate and empty her bladder, observation and "leaving it alone" is a reasonable option.

For those patients who desire non-invasive treatment, a "pessary" is a fast, safe, and effective option, and can help patients avoid surgery. A pessary is a medical device made of rubber, silicone or plastic, and is placed inside the vagina to help support the pelvic organs. However, there are some disadvantages of the pessary. For example, it may take several

attempts to find the correct fit, and it does require removal and cleaning every three months. Many women can be taught how to remove, clean and replace the pessary themselves on a daily basis, if necessary, particularly those women who are still menstruating or who are sexually active. It is critical that patients who opt for a pessary follow-up with their physicians regularly, as leaving the implement in place over a long period of time can lead to vaginal ulcerations, infections, and even fistulas (a passageway or connection between two organs that does not normally exist).

Finally, the last option is surgery. There are many surgical options and various approaches to the treatment of pelvic organ prolapse. Surgery can be performed vaginally, abdominally, laparoscopically, robotically, with or without removing the uterus, and with or without supportive graft material. There has been recent controversy in the medical community regarding the use of trans-vaginal synthetic mesh during prolapse surgery. Recently, the Federal Drug Adminstration (FDA) released a public health notification regarding complications associated with the trans-vaginal mesh such as erosion, infection, and pain during intercourse. However, supporters of the mesh state that it offers advantages over traditional procedures, including long-term durability and reduced incidence of pelvic organ prolapse. This can be a difficult and confusing decision for a patient to make, as the method of surgery may be largely influenced by a physician's personal bias, training and experience. In choosing a surgery, it is essential that the course of action be individualized, and that the chosen procedure meets a particular patient's goals, expectations and risk tolerance. Also, patients should ensure that their physician has adequate training and experience in the surgical management of pelvic organ prolapse. Physicians who are licensed and approved to perform these procedures include urologists, gynecologists, and urogynecologists (see sidebar).

Urinary Incontinence

Another common pelvic floor disorder is urinary incontinence. Urinary incontinence is defined as the involuntary leakage of urine. Many women live with the misconception that urinary incontinence is a "normal" part of aging, but this is far from the truth. While urinary incontinence may be common, it is certainly not something a woman should have to live with. While there are many types of urinary incontinence, the two most common manifestations are stress urinary incontinence and urge urinary incontinence. Stress urinary incontinence is described as the leakage of urine associated with coughing, sneezing, laughing, running and lifting. This may be treated with physical therapy to strengthen the pelvic floor muscles, or with surgery. Patients who desire physical therapy are typically referred to a practitioner who is experienced in female pelvic floor disorders. With a physical therapist, patients learn how to recruit the correct muscle groups and build adequate strength to improve their symptoms. This may require one to two months of sessions with a physical therapist as well as a long-term commitment to continuing pelvic floor exercises. Surgically, stress urinary incontinence is treated either with a mid-urethral sling or peri-urethral bulking. Both procedures are minimally invasive and are typically done in surgery centers. However, prior to undergoing surgery, be sure your physician reviews the risks and benefits of each surgery with you carefully.

- *Mid-urethral sling:* A small, one-centimeter wide portion of mesh is placed underneath the urethra. As patients return to physical exertion, such as coughing, sneezing, running or lifting, the urethra compresses on the sling, which in turn prevents the leakage of urine.
- *Peri-urethral bulking:* Using a cytoscope (scope allowing your physician to assess the lining of the bladder) a synthetic bulking agent is injected on each side of the urethra at the level of the bladder neck to narrow the urethral opening to prevent leakage.

Different from stress urinary incontinence, urge urinary incontinence is the leakage of urine associate with urgency. Women usually describe a "sudden urge to urinate and cannot make it to the bathroom in time" sensation. This is actually a more severe form of overactive bladder syndrome in which involuntary bladder contractions result in urinary frequency and urgency. Though there are some known causes of overactive bladder, most commonly, the cause is unknown.

Overactive bladder and urge urinary incontinence are both typically treated

Surgical Specialists: Defined

- **Urologist:** physicians trained in medicine and surgery involving the entire genito-urinary system of both males and females. Some of the most common problems these physicians treat are kidney problems and stones, bladder issues, prostate dysfunction, erectile dysfunction, cancer and urinary incontinence.

- **Obstetrician and Gynecologist:** physicians practicing medicine and surgery involving both obstetrics and gynecology. Obstetrics includes the care of women during pregnancy, delivery and immediately after birth. The practice of gynecology involves the treatment of the entire female reproductive tract, such as the ovaries, uterus, cervix and vagina.

- **Urogynecologist:** phyisicans trained in obstetrics and gynecology, with additional training in female pelvic floor medicine and reconstructive surgery. Entire practice is usually dedicated to female pelvic floor disorders.

with anti-cholinergic medications, such as oxybutinin and tolteradine. These medications target receptors in the bladder that help prevent involuntary contractions. However, prior to starting medications, a "voiding diary" that documents liquid consumption, voids per day and incontinence episodes per day is a good first-line treatment alternative that can help a patient learn lifestyle modifications and bladder-training techniques to help reduce symptoms. Furthermore, some medications or other health conditions may increase the risk of developing urinary incontinence.

For women in whom medication has not been successful or for those who cannot tolerate the side effects (dry mouth, dry eyes, constipation), there is a surgical alternative to treat overactive bladder and urge incontinence called sacroneuromodulation. This is a procedure that has been approved by the Federal Drug Administration for the treatment of urinary frequency, urgency, urge incontinence, non-obstructive urinary retention and fecal incontinence. During this surgery, the sacral nerve roots (nerves at the end of the spine) are stimulated, inhibiting the impulse sent to the brain that normally provides the sensation to "go." By blocking these impulses, the urge and frequency to urinate is greatly decreased. Sacroneuromodulation is an implantable pulse generator that is commonly performed at ambulatory surgery centers, but prior to implanting the device permanently, a test phase is performed by your physician, in which the "leads" that stimulate the nerves can be easily removed in the office.

Examples of Female Sexual Disorders

- **Hypoactive Sexual Desire Disorder:** the persistent or recurrent deficiency (or absence) of sexual fantasies/thoughts/desires for or receptiveness to sexual activity, causing personal distress
- **Sexual Arousal Disorder:** The inability to reach or maintain a satisfactory sexual excitement, resulting in personal distress
- **Sexual Aversion Disorder:** phobia or anxiety disorder relative to sexual context
- **Orgasmic Disorder:** recurrent or persistent difficulty in experiencing orgasm, resulting in personal distress
- **Sexual Pain Disorder:** persistent or recurrent pain with attempted or complete vaginal entry and / or penile intercourse

It is critical that patients with pelvic floor disorders realize that they are not alone and pelvic floor conditions are not simply a normal part of aging.

And More…

While pelvic organ prolapse and urinary incontinence may be the most common pelvic floor disorders, there are many other types of pelvic floor disorders, such as urinary retention, female sexual dysfunction, interstitial cystitis, recurrent urinary tract infections, vulvar disorders, and fistulas. Women with these problems, as seen with prolapse and incontinence, may not know who to talk to or where to seek help. But, care and treatment are entirely possible, and no woman should ever accept the diagnosis that these conditions are something she has to live with. For instance, according to the Journal of the American Medical Association, 43 percent of U.S. women report dissatisfaction with sexual function. Causes of female sexual dysfunction can be social, such as problems in a relationship or emotional stress, or physiologic, disorders that affect desire, arousal, orgasm or cause pain (see sidebar). One possibility in women who suffer from painful intercourse may be a pelvic floor condition called pelvic floor muscle spasm. This occurs when muscles of the pelvic floor surrounding the vagina spasm, causing the pain and discomfort that becomes associated with intercourse. Treatments for this may include physical therapy, trigger-point injections that provide local anesthetic, or anti-inflammatory injections directly to the muscles.

Where to Turn

So who can women turn to for help with pelvic floor problems? The Central Valley has many physicians and facilities that can help. Your primary care physician, urologist, gynecologist or urogynecologist is always a good place to start. While many medical providers may be able to help, not all physicians are experienced or comfortable treating pelvic floor disorders. Finding the right health care provider is key to obtaining treatment and improving daily life. Additionally, to improve overall awareness and education, the American Urogynecologic Society (AUGS) has created a support group for women with pelvic floor disorders. At www.voicesforpfd.org, women are encouraged to "take the floor" and air their concerns and experiences. This is just one example of how women are being encouraged to connect, step forward, and to "stop suffering in silence." It is critical that patients with pelvic floor disorders realize that they are not alone and pelvic floor conditions are not simply a normal part of aging. For women who are embarrassed about these problems, talking with a health care provider with whom you have an established relationship can be a great starting place. However, if your physician tells you that what you are experiencing is not something that can be treated, it may be time to seek a second opinion. ■

About the Author: *Benjamin J. Steinberg, D.O., is a board-certified Obstetrician/Gynecologist and the only specialist in the Central Valley with three-year fellowship training in Urogynecology and Female Pelvic Reconstructive Surgery. He dedicates 100 percent of his practice to women with pelvic floor disorders and is currently seeing patients at Urology Associates of Central California.*

schizophrenia:

how to identify & treat **the split mind**

by Hani Raoul Khouzam, MD, MPH, FAPA

What is Schizophrenia?

The word "schizophrenia" comes from the Greek roots schizo (split) and phrene (mind) to describe a fragmented thinking pattern. The term does not mean split or multiple personality, a common media misunderstanding about the illness.

The Swiss psychiatrist Eugen Bleuler (1857–1939), introduced the term schizophrenia to identify this mental illness, which has been described in documents that have been traced to the old Pharaonic Egypt, as far back as the second millennium before Christ.

Schizophrenia alters perception of reality and affects the way a person acts, thinks, and sees the world, often resulting in a significant loss of contact with reality. Schizophrenia makes it difficult—even frightening—to negotiate the activities of daily life. In response, people with schizophrenia may withdraw from the outside world or act out in confusion and fear. Among medical illnesses, schizophrenia is one of the most devastating, not only for the afflicted individuals, but also for their families, friends, and society at large.

Can Schizophrenia be Indentified Early in its Course?

In a word, yes. However, that does not mean making a diagnosis is easy. The period of illness when symptoms first appear but often aren't recognized is considered a prodromal phase (early period of changes in function) and usually begins one to two years before full-blown symptoms of schizophrenia occur. During this time, sufferers report non-specific symptoms of anxiety, social isolation, difficulty making choices, and problems with concentration and attention. Late in the prodromal phase, problems with communication, perception, and unusual thoughts occur at least once weekly for at least one month, and become progressively worse over the course of a year. In addition, the person may begin to experience bizarre beliefs or hallucinations that last for a few minutes daily for at least one month, and for no more than three months. In the last stage of the prodromal phase, which usually

occurs one year prior to the onset of schizophrenia, substantial declines in work, school, relationships, or general function in daily life, become prominent and are recognized by family and friends. Because these disturbing symptoms can also exist in many other psychiatric and medical conditions, the situation can be confusing for patients and medical providers, and can, therefore, result in misdiagnosis.

Social withdrawal, unusual behavior, and frequent reprimands or absences from work and school are all red flags that may signify the beginning of schizophrenia—signs that may behoove family members and clinicians to intervene and diagnose schizophrenia earlier in its course. Early diagnosis and treatment of schizophrenia, as with many other diseases and mental conditions, can prevent many unnecessary complications and improve chances for recovery.

What Causes Schizophrenia?

The causes of schizophrenia are not fully known but there are several causal theories. The neurodevelopmental cause of schizophrenia, also known as the stress-vulnerability hypothesis, suggests a complex interaction between genetic predisposition and environmental factors. Whether or not the person develops schizophrenia is partly determined by their genetic vulnerability and the amount and types of stresses the person experiences over time. An analogy can be drawn to diabetes by virtue of both genetic factors (e.g., family history) and behavioral factors (e.g., diet, exercise, stress) that interact to determine whether or not a given person develops diabetes. The neurotransmitter hypothesis, by comparison, suggests that neurotransmitters (chemical substances that allow brain cells to communicate with each other), dopamine, glutamate, and possibly others, play a role in schizophrenia. And, the brain structure hypothesis suggests that enlarged ventricles, abnormally low activity in the frontal lobe (the area of the brain responsible for planning, reasoning, and decision-making), and abnormalities in the temporal lobes, hippocampus, and amygdala may also play a role in the development of schizophrenia. However, it is highly unlikely that schizophrenia is the result of any one theory and much more likely that various factors as well as other unknown abnormalities are the cause. How the disease of schizophrenia actually develops is still unknown and is the subject of ongoing research.

How Common is Schizophrenia?

The illness affects one percent of the population worldwide. Males and females are equally affected. Men tend to present with the disease in their late teenage years or early 20s, whereas women generally present in their late 20s or early 30s, and usually have a better functional outcome.

Childhood schizophrenia, also known as childhood-onset schizophrenia or early-onset schizophrenia, is basically the same as schizophrenia in adults, but its onset occurs earlier in life. In some cases the patient may be 10 years old, or even younger. Symptoms include hallucinations, delusions, irrational behavior and thinking, and problems carrying out routine daily tasks, such as bathing. With childhood schizophrenia, the early age of onset presents special challenges for diagnosis, treatment, educational needs, and emotional and social development, again due to the presence of shared symptoms with other disorders. Identifying and starting treatment for childhood schizophrenia as early as possible may significantly improve the long-term outcome.

What are the Risk Factors for Schizophrenia?

Family history is the most significant risk factor. Twin and adoption studies suggest that inherited genes make a person vulnerable to schizophrenia and environmental factors then act on this vulnerability to trigger the disorder. Other risk factors such as winter season, urban location of birth, low socioeconomic status, prenatal maternal infections, birth delivery complications, head injury, and immigration status have all been studied with inconclusive results. The co-occurrence of medical and substance abuse disorders can also play a role in the expression and progression of schizophrenia.

What are the Symptoms of Schizophrenia?

The signs and symptoms of schizophrenia vary dramatically from person to person, both in pattern and severity. Not every person with schizophrenia will have all symptoms, and the symptoms of schizophrenia may also change over time. Sometimes they are severe and at other times hardly noticeable, depending on the progression of the illness and whether the individual is receiving treatment. Symptoms generally fall into three broad categories: positive symptoms, negative symptoms, and cognitive symptoms.

Positive symptoms: psychotic behaviors that are generally easily recognizable, although the frequency and/or intensity of symptoms may be missed by friends and family and could complicate diagnosis and early intervention.

Hallucinations are things a person sees, hears, smells, or feels that no one else can see, hear, smell, or feel. "Voices" or auditory hallucinations are the most common type of hallucination in schizophrenia.

With proper treatment and support, many people with schizophrenia are able to reduce their symptoms, live and work independently, and build satisfying relationships.

The voices may talk to the person about his or her behavior, order the person to do things, or warn the person of danger. Sometimes the voices talk to each other. The voices may be heard for a long time before family and friends notice the problem. Less common are hallucinations of seeing people or objects that are not present (visual), smelling odors (olfactory) that no one else detects, and feeling (tactile) invisible fingers touching the body.

Delusions are false beliefs that are not part of the person's culture and do not change. The person believes in the delusions even after other people prove that the beliefs are not true or logical. The delusions seem bizarre, such as believing that people on television are directing special messages to them, or that radio stations are broadcasting their thoughts aloud to others. They may have paranoid delusions of persecution, believing that others are trying to harm them, such as by cheating, harassing, poisoning, spying on, or plotting against them or the people they care about.

Thought disorders are unusual or dysfunctional ways of thinking. One form of thought disorder is called "disorganized thinking." This is when a person has trouble organizing his or her thoughts or connecting them logically. As a result, their speech can be garbled and hard to understand.

Thought-blocking is a form of thought disorder in which the person stops speaking abruptly in the middle of a thought. Neologism is another form of a thought disorder that manifests as talking in meaningless words.

Negative symptoms: These are associated with disruptions in normal emotions and behaviors, and are difficult to recognize because they me be mistaken for depression or other conditions:

- Flat affect: A severe reduction in emotional expressiveness
- Lack of pleasure: unable to enjoy daily life
- Lack of ability: unable to begin and sustain planned activities
- Poverty of speech: unable to speak, even when forced to interact

Patients with negative symptoms often neglect basic personal hygiene so they may appear lazy or unwilling to help themselves, and may need help with activities of everyday tasks.

Cognitive symptoms: These are subtle, however they are a major obstacle in leading a normal life and earning a living, and can result in great emotional distress. They may include the following:

- Poor executive functioning: inability to understand information and use it to make decisions
- Trouble focusing or paying attention
- Problems with working memory: inability to use information immediately after learning it

How Many Types of Schizophrenia Exist?

There are various types of schizophrenia that are usually classified based on the most prominent presenting clinical symptoms. These subtypes include:

Paranoid Subtype: Marked by delusions of grandiosity ("I'm the President!") or persecution ("They're trying to kill me!") and many sufferers have auditory hallucinations. Most often the delusions and hallucinations focus on one particular theme, which remains unchanged over time. Patients with this type of schizophrenia tend to be more socially functional than other subtypes

Catatonic Subtype: Patients may repeatedly perform meaningless actions, say meaningless phrases, or repeat what they have just been told. They may stay in the same position for extended periods of time, even hours, and resist or ignore any attempt to move. The individual may remain silent or ramble nonsensically, may deliberately assume bizarre body positions, or manifest unusual limb movements or facial contortions. This subtype is rare, but was more common when treatment for schizophrenia was not available.

Disorganized Subtype: (formerly known as hebephrenic schizophrenia): Marked by inappropriate social interactions, disorganized speech and behavior, flat, blunt, or inappropriate expression of emotions.

Undifferentiated Subtype: This seems to be a "catchall." When a patient has not exclusively met any one of the other subtypes but has symptoms of multiple subtypes, undiffernentiated schizophrenia may be determined.

Residual Subtype: Illness not fully manifested but some negative symptoms (e.g., flat affects, poverty of speech) and attenuated positive symptoms (e.g., eccentric behavior, mildly disorganized speech, odd beliefs) are still present

Can Schizophrenia be Prevented?

There is no known, proven prevention strategy for schizophrenia. However, some factors have been identified that may reduce the progression and deterioration of functioning, including: fostering a supportive environment with clear, interpersonal communication; avoiding substance abuse; decreasing social isolation; promoting self acceptance during the teen and adolescent years; and immediate treatment interventions during the early stages of manifestations of the illness.

What is the Emotional Side of Schizophrenia?

Being diagnosed with schizophrenia can be devastating. The person becomes afraid of what the future will bring or they may feel like there is no hope. But, having schizophrenia does not mean that life is not worth living. With proper treatment and support, many people with schizophrenia are able to reduce their symptoms, live and work independently, and build satisfying relationships. Although

recovering from schizophrenia doesn't happen overnight, early diagnosis and treatment can prevent many unnecessary complications and improve the chance of recovery. Finding the appropriate treatments takes time and setbacks happen, but with careful management, support, and a commitment to getting better, patients can learn to cope with the challenges of their illness, gain greater independence, and enjoy productive and fulfilling lives.

How to Treat Schizophrenia?

Despite the widespread misconception that people with schizophrenia have no chance of recovery or improvement, the reality is much more hopeful. It is important to think of schizophrenia as an illness that is similar to a chronic medical condition like diabetes. Although there is no definitive cure for schizophrenia, it can be treated and managed. Recovery from schizophrenia is a lifelong process. It does not mean that patients will never experience challenges from the illness or that they will always be symptom-free. Successful treatment for schizophrenia aims to relieve current symptoms, prevent future episodes, and restore the ability to function and enjoy a meaningful life. A treatment plan that combines pharmacological and psychosocial approaches has been proven the most effective approach.

While infrequent for the majority of patients undergoing treatment, psychiatric hospitalization is often necessary in the severely ill, or if there is thought to be a risk of suicide or homicide, especially during a first-episode of acute illness.

> Antipsychotic medications lead to improvement in 70 percent of patients, reducing the relapse rate for the disorder by half by altering the activity of specific neurotransmitters in the brain.

Pharmacological Treatment

Antipsychotic medications are broadly divided into two main classes (first-generation or typical, and second-generation or atypical), and are the mainstay of schizophrenia treatment. Antipsychotic medications lead to improvement in 70 percent of patients, reducing the relapse rate for the disorder by half by altering the activity of specific neurotransmitters in the brain. Neurotransmitters are chemicals that are stored in nerve cells and are involved in transmitting messages to the brain. Schizophrenia is associated with an overactivity of dopamine in the brain, and this is believed by some to be directly related to the psychotic symptoms of delusions and hallucinations that are a feature of this disease.

Generally speaking, antipsychotic medications work by blocking a specific subtype of the dopamine receptor, referred to as the D2 receptor. This prevents the excessive activity of dopamine and helps to control schizophrenia symptoms. Antipsychotic medications can also reduce anxiety, tension, impulsive behavior, and agitation. The remission and / or reductions of these frightening symptoms lead to an overall improvement in a patient's quality of life. As a result, a patient may begin to live in reality and become less afraid of establishing meaningful relationships and to pursue occupational, educational, and vocational goals.

Although antipsychotics may be associated with certain side effects, their benefits in improving patients' occupational, interpersonal, and family life outweighs the risks of their side effects. Education of patients, and their families, about the early detection and prompt reporting of various antipsychotic side effects to health care providers can lead to timely intervention in modifying treatment choices and medications. It is also important to know that approximately 20 to 30 percent of patients develop side effects with the use of antipsychotic medications, but some side effects subside with the passage of time as the patient adjusts.

Psychosocial Interventions

Individual, group, and family interventions and psycho-education about schizophrenia, combined with social skills training, can lead to improved independent living. Vocational counseling and job training helps prepare patients to seek supported employment programs. Self-help groups and the National Alliance of Mental Health organizations (NAMI) are also beneficial in providing guidance to patients and their families through social support, assertive outreach, mental illness education and offering referral to effective integrated treatment programs that view recovery as a long-term, community-based process. One of NAMI's most important missions is to make patients and their families aware of the resources that are available to those in need of treatment interventions, regardless of financial means.

How to Help a Family Member with Schizophrenia

Education about schizophrenia is the first step in gaining a clearer understanding of what your loved one may be going through and the challenges of treatment and recovery. Offering love and support are the best things to give to a family member with schizophrenia. Additionally, the

enormous difference achieved by finding the right treatment cannot be overstated. At the same time, it is important for families to nurture their own mental and physical needs, enabling them to be better care providers. Drawing on the support of others and taking advantage of community resources and services should all be part and parcel of living with schizophrenia.

What is The Prognosis of Schizophrenia ?

The future for schizophrenia is not without challenges. Male gender, family history, co-occurring brain pathology, poor pre-morbid adjustment (social and sexual dysfunction prior to onset of the disease), young age of onset, insidious (slow progression) onset, persistent negative symptoms, poor medication response, long duration of untreated psychosis, substance abuse, and living in a developed country are all prognostic factors. Patients with schizophrenia have a 10 percent lifetime risk of suicide. The risk of suicide is associated with depression, previous suicide attempts, substance abuse, poor treatment adherence, and recent losses.

A major barrier to successful treatment is the failure to take medications as prescribed. Sudden discontinuation of medications or unsupervised dosage changes are dangerous, and can worsen the psychotic symptoms of schizophrenia and result in agitation, confusion, and a hazardous emotional down-spiraling. In addition, physical symptoms of nausea, diarrhea, headache, lightheadedness, increased sweating, drop in blood pressure, faster heart rate or tachycardia, restlessness and nervousness can all occur with the abrupt discontinuation of certain antipsychotics.

Although many patients with schizophrenia endure relapsing and remitting periods of illness, with a significant decline in function over the early period of illness, many can retain a measure of wellbeing, symptom control, and autonomy in the community with timely and uniquely tailored treatment interventions.

Treatment and Support are Key

Despite the debilitating effects of schizophrenia on patients, their families and society at large, diagnosis is not synonymous with hopelessness. With treatment and support, patients can accomplish meaningful goals, they can learn to manage their symptoms, become involved in the community and develop social support networks to create a satisfying, purpose-driven life. A great majority of patients with schizophrenia have innate talents, artistic creativity and a high degree of intelligence. With treatment and support, they can utilize these personal inner assets and contribute to the world around them in meaningful, inspiring ways. ■

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Health **Profiles**

People of the Valley have many choices when it comes to quality healthcare and finding the right doctor can seem overwhelming at times. Rest assured, these medical professionals are at the top of their game and offer the best care available for your family.

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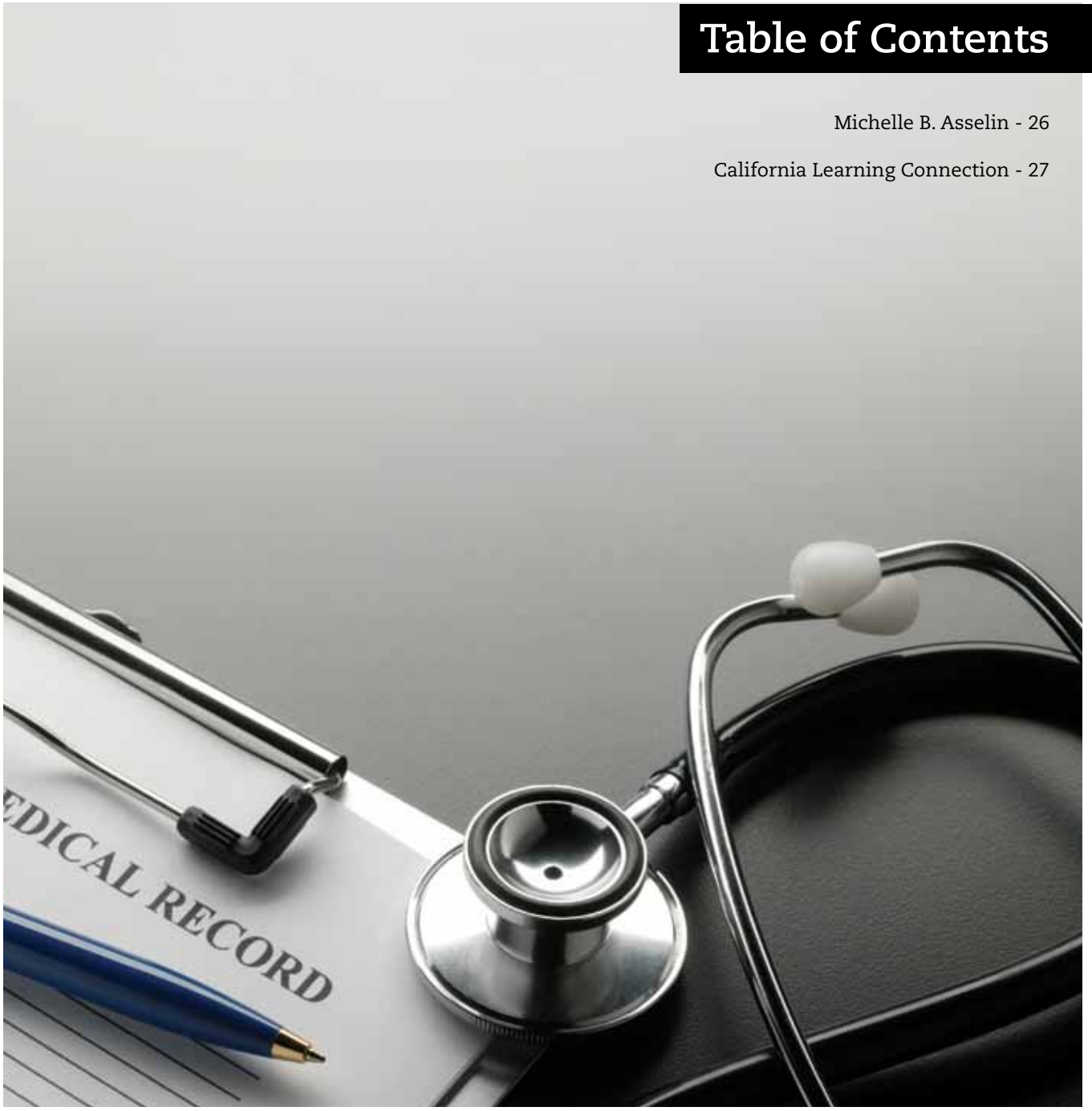

Cosmetic Dentistry Can Make You Smile

Michelle B. Asselin, D.D.S., F.A.G.D.

With comfort and quality at the helm of her procedural approach, she has established a reputation for stunning results, providing patients with permanent, healthy, and beautiful white smiles that look and feel natural.

A smile is the ultimate symbol of underlying confidence, beauty, elegance and glamour. It is the first impression we make and the last we leave. Until recently, we were left with the smile nature gave us, but today, imperfection or unhappiness with one's smile can easily be alleviated with cosmetic dentistry. From simple whitening procedures to complete 'smile lifts', cosmetic dentistry can improve and completely transform your smile. Whether you are looking to change the color, shape, size or alignments of your teeth, Dr. Michelle Asselin can design a new smile customized to achieve your individual goals.

Dr. Asselin provides a unique blend of artistry and science to each patient's experience, utilizing the most advanced dental technology available. With comfort and quality at the helm of her procedural approach, she has established a reputation for stunning results, providing patients with permanent, healthy, and beautiful white smiles that look and feel natural. An advocate of precision, she is committed to helping patients recapture their confidence and obtain the healthy, gorgeous smile they deserve.

Dr. Asselin received her Bachelor of Science degree from California State University, Fresno. After graduating with honors at New York University (NYU), she completed a two-year post-doctoral residency program at Community Regional Medical Center (CRMC) in Fresno. Dr. Asselin served as chief resident at CRMC and is currently on medical staff. She has received extensive training through the prestigious Rosenthal Aesthetic Institute, UCLA Aesthetic Continuum, Spears Institute and the Dawson Academy. She is a Fellow in the Academy of General Dentistry; an honor bestowed to only 13,000 dentists worldwide, and was named Who's Who in Healthcare for the past five consecutive years. Dr. Asselin is the current President of the Fresno-Madera Dental Society elected by her peers. She donates her time and services to help disadvantaged children, victims of domestic violence and cancer patients. Recently, she was recognized as one of the top Forty under 40 in Fresno for her leadership and work ethic in the business sector and community. Raised in Clovis, Dr. Asselin returned to Fresno to practice cosmetic and family dentistry, helping to change lives one smile at a time.

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- Play Therapy
- Facilitated Communication

Autism is a neurologically based condition that affects many areas of development including speech, language, social interaction, behavior, and motor skills. Parents of children with autism are often bewildered about the best choice for treatment and are uncertain of how to ensure their child receives appropriate services.

Though very little data exists on early treatment in autism, recently there have been encouraging studies that demonstrate early treatment has a positive effect on the development of the child with autism. Recent studies also show that appropriate comprehensive intervention for children as young as 18 months of age can improve symptoms and reduce the severity of the disorder. While speech communication skills are often the most obvious symptom that causes concern for parents; motor skills, sensory processing, and social responsiveness are also affected and provide additional challenges as children begin to interact with the environment during the first year of life.

Little is known about the types of intervention that are most effective because studies have not focused on comparing treatment outcomes of the different types of therapy. Treatment ranges from the most structured discrete trial methods to more open-ended, child-centered methods. A critical component appears to be parent responsiveness training so that skills learned can be used in natural environments such as home and play. Children with autism benefit from multiple approaches to encourage normal development.

"Our daughter, Emma (age 5) has made tremendous progress in the past three years and as a result no longer requires the same level of services. In fact, she was receiving over forty hours a week of combined services and now merely requires speech a few hours a week. We attribute her progress to the comprehensive and intensive early intervention she received while at the California Learning Connection. We believe early intervention has profound effects for children with autism and Emma is proof of the same."— Bethany R. Berube

The California Learning Connection (CLC) provides an environment where the integration of approaches creates positive outcomes for children with autism and their families. The occupational therapists, speech/language therapists, and play therapists at CLC design programs that are intensive and effective in providing a variety of appropriate interventions. Additionally, CLC therapists work cooperatively with other agencies and providers to build successful programs that increase social engagement, communication, and sensory motor skills in children with autism. Most importantly, parents are given support and training in extending the benefits of therapy throughout a child's day and across environments.

To learn more about the services provided by The California Learning Connection call for a free consultation (559) 228-9100 or visit our website: www.clconnect.com.

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Making SMART Goals for the New Year

by Jennifer Niemann, Fitness Coach, ISSA-PT

Welcome to 2012! It's the beginning of a new year and a perfect time for you to think about your goals for this year. To start, take a minute to consider the definition of the word "goal." According to *Webster*, a *goal* is the result or achievement toward which effort is directed. What achievement do you want to make this year and how much effort are you willing to put toward reaching it?

SMART Goals

At the start of a new year, many people set goals relating to fitness and regular, consistent exercise. If you fall into this category make sure you set fitness goals that are SMART. A SMART goal is Specific, Measurable, Attainable, Realistic and Timely. Why a SMART goal? Because wishing just doesn't work! It's much more difficult to achieve a specific outcome when you simply jot down "I want to get into shape," as opposed to having a plan to help bring about the results you want and need. The first order of business? Designate a SMART journal – and it doesn't have to be anything fancy. It can be a legal pad, spiral binder, journal book or laptop file – anything you have regular access to and won't lose.

Specific

Your goals should be specific and uncomplicated in order to successfully make them part of your everyday schedule. Instead of "I want to lose weight and eat better," try "I'm going to sign up for a new class at the gym on Thursdays," or "I want to lose 10 pounds and go down a pants size in three months," or even "I'm going to call a friend tomorrow afternoon to help me with some new meal plans." Write it down: "I will eat at least two servings of vegetables every day this week," and "I'm going to start wearing sunscreen on my face every day." Setting attainable goals sets you up for success, not failure.

As you set your goals, determine what works for you. Are you a morning person who likes to jumpstart the day with a workout? Do you like working out alone at home or meeting a friend at the gym? Are you more committed if you have a specific program to follow such as a daily workout on DVD? Some people thrive on pushing themselves through a workout, whereas others need a friend, personal trainer or small group training to help keep them on track. Are you more comfortable on a treadmill or other indoor equipment, or do you prefer to be outside for a jog, walk, hike or bike ride? Identifying the right time and type of exercise will keep you motivated to stick with your program. And don't be afraid to change it up; incorporate different types of exercise into your routine so that you don't become bored.

If you aren't sure how to put together a training program, consider asking friends who exercise regularly for advice, or visit various fitness websites for ideas. Many people have found success in working with a personal trainer to design a program and find the accountability they need to get jump-started in a regular exercise routine and stick to it. An accountability partner can be invaluable as you start getting SMART.

Measurable

Measurable goals give you a benchmark and something to work toward. If starting a new exercise program this should include weighing yourself, as well as taking measurements and "before" pictures prior to starting. Repeat this every six weeks and write down your progress. Plan for some rewards as you attain your goals such as a weekend away, a new outfit, new workout shoes or a round of golf.

One suggestion for your SMART journal is to have a section for "how I feel." Do you feel better overall? Are you more alert and aware? Are you sleeping better? There is a strong relationship between physical fitness, mental alertness and emotional stability. How you perceive the weight, how you approach your training and exercise, how you view its importance and impact on the rest of your life, and how strongly you cherish your goals all have influence on how much you can lift or how committed you are to pushing yourself through that last round of cardio. Improved endurance makes the body less susceptible to fatigue and less likely to commit errors, whether mental or physical. Your performance, whatever your job, can be sustained longer between breaks. People who are physically fit, or who are taking steps to be, usually have a better outlook, more self-confidence and often do well in whatever they decide to try.

You definitely want to challenge yourself, but if you are trying to attain a goal that is too lofty, you will soon get discouraged.

Attainable

As you review your goals and write them in your SMART journal, keep in mind that they should be within reach. You definitely want to challenge yourself, but if you are trying to attain a goal that is too lofty, you will soon get discouraged. Properly setting an attainable goal will enable you to organize your time and channel your energy so you won't be distracted and influenced by meaningless activities. And remember, it's very important to set goals that reflect your own desires, ambitions and abilities rather than those of your friends or other outside sources. If you start to feel overwhelmed or discouraged by long-term goals or ideals that you haven't yet reached, revisit the Specific and Measurable sections of your journal. Was losing 20 pounds in three weeks really attainable? Be sure that the goals you set are not only ones you can reach, but also ones that are in sync with your current fitness level. Otherwise, you may be putting yourself at risk of giving up before you've really given yourself the opportunity to succeed.

Realistic

Weight loss takes time. Remember the tortoise and the hare? That relates to exercise as well. If you've been sedentary

How to Measure?

Start by wearing tight fitting clothing and make a note of what you're wearing so you know to wear the same clothes the next time you measure. It's preferable to do this in the morning, however, just make sure you do it around the same time of day every 6 weeks. Here's how to do it:

Bust: Measure around the chest right at the nipple line, but don't pull the tape too tight.

Chest: Measure just under your bust.

Waist: Measure a half-inch above your belly button or at the smallest part of your waist.

Hips: Place tape measure around the biggest part of your hips.

Thighs: Measure around the biggest part of each thigh.

Calves: Measure around the largest part of each calf.

Upper arm: Measure around the largest part of each arm above the elbow.

Forearm: Measure around the largest part of the arm below the elbow.

Take measurements and weigh yourself about every 6 weeks to track your progress. If you weigh yourself every day or even every week, you might become discouraged if the scale isn't responding like you think it should. Give your body time to respond to the new exercise routine, and remember – it's not just about the pounds. How are your clothes fitting? Are you more easily able to fasten your favorite jeans? Muscle weighs more than fat, so as you begin to build muscle you might notice more changes in your clothes sizes rather than on the scale. And don't forget that muscle burns calories so you should be building that muscle!

for years, you can't really expect yourself to workout five days a week or you'll end up so sore you can't move off the couch. It's not a quick fix. Start with the basics and let your body adjust as you slowly increase the intensity, frequency and duration of your workouts.

Also be prepared for "goal-blockers": things that get in the way of your new routine. These may include lack of time, illness, bad weather or other commitments. Let's be realistic, there will always be something that tries to get in your way, and how you handle the situation will make or break your goal. So, when the going gets tough, what will keep you on track? What kind of choices will you make to ensure that you stay true to your goals? You can choose to be a few minutes late to your son's ball game so you can fit in your workout. You really can tell the doctor's office that you already have an appointment at 8 a.m. and ask if they have anything later. When a friend invites you to lunch, ask him to make it later and meet up after your gym time. Put your workout on your calendar and make it just as important as any other commitment.

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Timely

Your goals should have beginning and ending dates. A short-term goal for an exercise program might be three months, and at the end of that time you can set a new goal for another three months. You could also set a longer-term goal, such as where you want to be in a year, and then break it up into three-month segments. If you are making changes in your food choices, consider making small changes every week rather than going cold-turkey the first week, which will likely only lead to discouragement.

Goals are key to a successful fitness program, since you will be more likely to stick to your routine if you have tangible objectives to work toward. Fitness is more than just a choice; it is a way of life that will result in a healthier body and mind. Discipline, goal-setting and the drive to take care of yourself, especially in the midst of a hectic life, results in a happier and more content you. ■

About the Author: *A native Texan, Jennifer is a happy wife and mother of three. She is currently a certified personal trainer for Fitness Together, a place where people can find their commitment to overall lifetime fitness through personal and small group training.*

Energy Makeover...

If you feel exhausted before your day even begins, here are some ways to heighten your daily get-up-and-go.

Turn off the Tube – Many people unwind by watching TV, but this can actually have the opposite effect. After you catch up on scores on SportsCenter, turn it off and try one of these: talk to your spouse or a friend, take a walk, do a puzzle, play with your kids, clean up the place, fix the thing that's broken, or even workout.

Avoid the Quick Fix – Using caffeine throughout the day as a pick-me-up is not the best plan. Your body needs a steady stream of nutrients flowing into your system, so space out your meals and plan snacks accordingly. For breakfast, pair your whole-grain toast with protein such as a couple of egg whites and one whole egg, or spread a tablespoon of natural peanut butter on the toast and head out the door. Mid-morning and afternoon, eat a natural protein bar or handful of nuts and a piece of fruit to get your energy boost. And don't forget to drink water with your meals and snacks. Drink. Water.

Stick to your Workout Routine – Expending energy on exercise actually creates more for you to use. Exercise stimulates chemicals in your body to create feelings of greater energy. Doing your cardio or a yoga session with deep breathing can help bring fresh, oxygenated blood to your organs and will keep you going after your workout, even if you felt tired when you started.

Listen Up! – Music makes you feel good mentally and physically. Upbeat, energetic music can give you that extra motivation to get out of bed, and "wind down" music before hitting the hay can help you sleep more soundly, which also does wonders for your energy level.

Calm Down – Little everyday stressors, like sitting in traffic or long lines, can cause an energy breakdown. Stress = fatigue, so the next time you feel your heart rate increasing due to a stressful situation, try that yoga breathing and calm down!

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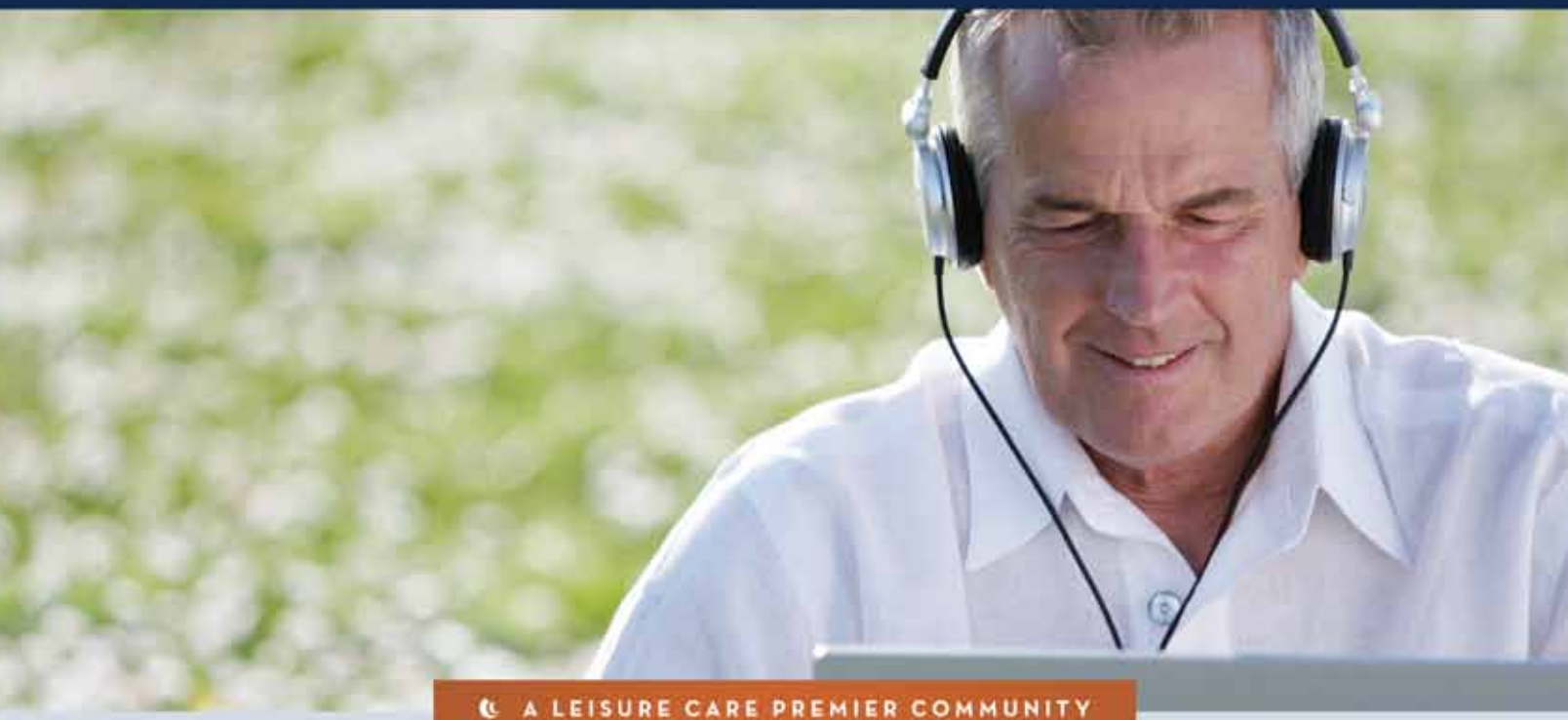

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