MAKE TIME for MINDFULNESS

Debunking Popular DIET MYTHS

read inside

PATIENT STORY: BACK ON TRACK

Mere months after a knee replacement, Melissa Davis was lacing up her racing shoes. See pages 4 & 5.

FALL 2015

HOW BREAST DENSITY AFFECTS CANCER DETECTION
| COULD YOU HAVE CELIAC DISEASE? | HEALTHY BACK-TO-SCHOOL STRATEGIES | CATCHING PREGNANCY PROBLEMS EARLY
There are many ways to reduce your breast cancer risk. From following a healthy diet to using safe beauty products to researching genetic testing, women have a number of opportunities to take charge of their breast health. But one risk factor that women can’t control? Breast density.

Breast density refers to the percentage of different tissues that make up a woman’s breasts—fat tissue, glandular tissue, and connective tissue. While some women’s breasts are composed primarily of fat tissue, nearly 40 percent of women have breasts with mostly glandular and connective tissue, a characteristic commonly referred to as dense breasts. This can make breast cancer more difficult to detect.

“Dense breast tissue appears white on a mammogram, and so do tumors and other abnormalities, which makes it easier for tumors to hide,” explains John Stassi, MD, radiologist with The Barbara Brodsky Comprehensive Breast Center at Bryn Mawr Hospital, part of Main Line Health. “Although mammograms can still be effective for women with dense breasts, this camouflage does make it more difficult to detect some cancers.”

Not only do dense breasts make cancer harder to find, they also make it a more likely occurrence. Studies have linked breast density with a higher risk for breast cancer.

Previously, women were not made aware of their breast density. But thanks to new regulations in many states, including Pennsylvania, doctors are now required to alert women when a mammogram shows dense breasts.

“For women, this news can be concerning. However, by educating women about breast density and how to manage that risk, we hope to reduce the number of undetected or hidden cancers,” says Dr. Stassi.

Even if they have dense breasts, Dr. Stassi encourages women to keep scheduling an annual mammogram. Some of the earliest signs of cancer, such as calcifications, are still easily seen in dense tissue. If you learn that you have dense breasts, talk with your doctor about your breast cancer risk. Your doctor may recommend a 3D mammogram, breast MRI, or breast ultrasound, all of which have been shown to increase cancer detection in dense breasts.

Top Cancer Care Close to Home
Main Line Health offers mammography services at many convenient locations throughout the region, including at Lankenau Medical Center, Bryn Mawr Hospital, Paoli Hospital, Riddle Hospital, Main Line Health Center in Newtown Square, and Main Line Health Center at Exton Square (opening October 2015). To schedule your mammogram, visit mainlinehealth.org/3Dmammography or call 484.580.1800.

How Breast Density Affects Cancer Detection

How Breast Density Affects Cancer Detection

COPING WITH A CANCER DIAGNOSIS

A cancer diagnosis is a major life change. You might feel anxious, depressed, or overwhelmed. Eucharia Borden, outpatient oncology social worker at Lankenau Medical Center, part of Main Line Health, offers these tips.

1. DETERMINE WHAT NEEDS YOUR IMMEDIATE ATTENTION. Daily activities like school carpool may be challenging when you’re undergoing cancer treatments. Borden recommends looking at your day-to-day life to determine where you need support.

2. THINK ABOUT YOUR COPING MECHANISMS. Did you experience a stressful time in the past? What helped you get through it? If it worked before, it may also help now, Borden says.

   Consider speaking with an oncology social worker. “If someone has never asked for help, he or she may be hesitant to talk to a social worker,” Borden says. “We can help you determine what you need and connect you to other resources. That’s an easy way for people to get started with us.”

3. FIND YOUR SUPPORT. Now is the time to tap into your support network. Even if you don’t have a large family or community of friends, help is available. You might benefit from online or telephone support, or a local support group. “As much as cancer is unique to each person, it’s a shared diagnosis,” Borden says. “People need to hear it’s OK to cry, or it’s OK to feel overwhelmed.”
COULD YOU HAVE CELIAC DISEASE?

Celiac disease is an autoimmune disorder that damages the intestines. It’s triggered by gluten, a protein found in certain grains such as wheat, barley, and rye and commonly used to make bread, pasta, and many other processed foods.

“About 85 percent of people with celiac disease are undiagnosed,” says gastroenterologist Keith Laskin, MD, medical director of The Celiac Center at Paoli Hospital, part of Main Line Health. The consequences can be serious: iron deficiency, infertility, increased risk of developing other autoimmune disorders, and on rare occasions, even cancer.

Classic signs of celiac disease include diarrhea, gas, bloating, and weight loss, says gastroenterologist Patricia Wong, MD, director of the Women’s Digestive Health program at Main Line Health. “But most patients have no gastrointestinal symptoms at all. Often, the only sign of a malabsorption issue is iron deficiency anemia,” she adds.

Your risk for celiac disease increases if you are Caucasian or have another autoimmune condition such as hypothyroidism or Type 1 diabetes, Dr. Wong says. Diagnosis is critical, because ingesting even tiny amounts of gluten can damage the intestines.

The only known treatment is a gluten-free diet. Fortunately, these days, many supermarkets and restaurants offer gluten-free options. “Paoli Hospital is also the only certified gluten-friendly hospital in Chester County, so patients can be reassured that they’ll have gluten-friendly food,” says Dr. Laskin.

Concerned you might have gluten intolerance? Ask your doctor about a simple screening blood test.

Diet Myths—
And the Healthy Facts

Heard any good stories lately? If you follow dieting trends, you have. But don’t be fooled. Here are a few popular weight-loss myths—along with smarter tactics to shed pounds—from Main Line Health nutrition experts.

**MYTH:** “I can eat anything I want and still lose weight.”

**THE REAL DEAL:** Not exactly, says Lynn Nichols, RD, Riddle Hospital, part of Main Line Health. While she agrees there are no forbidden—or miracle—foods, it still boils down to calories. “You have to eat fewer calories than you burn.”

“Studies show that most people underestimate how much they eat and overestimate their activity levels,” adds Marilyn Ryan, MD, endocrinologist, Paoli Hospital, part of Main Line Health. “Keeping a journal can help you see what you’re actually doing.”

**MYTH:** “Avoid nuts and dairy products because they’re fattening.”

**THE REAL DEAL:** Again, false. Nuts and dairy offer satisfying fats and protein. “But they’re calorie-dense,” says Nichols. “If you eat them, leave something else out. You can’t add them to your normal diet and expect to lose weight.”

**MYTH:** “‘Natural’ means healthy.”

**THE REAL DEAL:** “The word natural on the package doesn’t always mean ‘good for you.’ For instance, herbal weight-loss supplements may be natural, but they aren’t necessarily safe,” says Nichols. “Read the nutrition label on the foods you buy, and learn what the numbers mean.”

**MYTH:** “There’s one ‘right’ way to eat.”

**THE REAL DEAL:** “I never tell patients, ‘This is what your diet should look like,’” says internist Madelaine Saldivar, MD, Lankenau Medical Center, part of Main Line Health. “There’s no perfect way to eat for everybody. While a focused diet can help jump-start weight loss, maintaining a healthy weight requires long-term changes that are tailored to you.”

**Need Help Getting Started?**

Main Line Health offers nutrition counseling, diet plans, and weight management services—often covered by insurance. If you have more weight to lose, ask about our medically supervised New Directions® program at Paoli Hospital. Call 1.866.CALL.MLH or visit mainlinehealth.org/nutrition.
For Melissa Davis, “downtime” has never meant sitting on the couch. Throughout high school, college, and beyond, she spent her free time participating in all kinds of sports—from field hockey and snowboarding to javelin throwing and long-distance running.

But Davis’ extreme hobbies took a toll on her joints. And by her 30s, the high school biology teacher was faced with giving up the activities she loved. Thankfully, Davis found help through Main Line Health’s orthopaedic services.

“I knew my knees had problems,” recalls Davis. “My kneecaps would slide to one side after activity, and I would push them back in. I wasn’t in pain, but they felt unstable. I thought it was just how my body was.”

Seeking a Solution
Davis tried massage, physical therapy, and bracing to improve her joint stability and keep up her aggressive activity level.

But eventually, her weakened joints began to interfere.

“I compensated for my knee problems. I walked down the stairs backward so I felt more stable. And I varied my activities to give my joints a break. I became a yoga instructor on the side and focused on yoga when running became too much,” she says. “When my knees felt better, I’d start running again.”

Finally, Davis sought the help of orthopaedic specialists in her area. They referred her to Jess Lonner, MD, an orthopaedic surgeon at the Rothman Institute at Bryn Mawr Hospital, part of Main Line Health. Dr. Lonner found that Davis had a hereditary malformation of the knee. She was born without trochlear grooves, which predisposed her kneecaps to slide, leading to the early development of arthritis. What’s more, her extreme activity level was accelerating the damage.

“I knew it was time for surgery. Otherwise my knees would continue to deteriorate,” says Davis. “Dr. Lonner put me at ease. He sat down with me and asked what my goals were for after surgery. Although he couldn’t promise I would run long distance again, he told me that I would enjoy an active life.”

Complex Procedure Brings Relief
At age 36, Davis underwent a bilateral partial knee replacement at Bryn Mawr Hospital. The surgery involved removing the damaged part of Davis’ knee joint and replacing it with an implant made partly of metal and partly of plastic, preserving the knee ligaments and the remaining healthy cartilage surfaces. She was a candidate for partial surgery instead of total joint replacement because arthritis did not affect all areas of her joint.

“Partial knee replacement surgery is often a much more challenging and less forgiving surgery than the total knee replacement,” says Lonner.

CROSSING THE FINISH LINE
JOINT SURGERY GETS PATIENT BACK ON COURSE

Melissa Davis (far left) crossing the finish line to complete her first marathon since having knee replacement surgery. Next page, left: Melissa can now enjoy one of her favorite hobbies, skiing, without any knee pain. Next page, right: Melissa visited with her surgeon, Jess Lonner, MD, to show off the medal she received after completing a marathon following surgery.
replacements we perform,” explains Dr. Lonner. “However, for patients who are candidates for the less invasive surgery, it offers quicker recovery, less pain, fewer complications, greater range of motion, and a more predictable return to high levels of activity than total knee replacement.”

A Second Chance at an Active Life

Following surgery, Davis stayed in the hospital for two days, where she began physical therapy. She then continued outpatient therapy closer to home. Like all activities in life, Davis threw herself into recovery.

“At each follow-up appointment, I’d ask Dr. Lonner if I could do a little bit more,” Davis says. “Six months after surgery, I was snowboarding. At eight months, I finished a 5K race. And one and a half years post-op, I ran a half-marathon. I finished it in less than two hours—close to a personal best.”

Although Davis’ situation is unique—not everyone is a candidate for a partial joint replacement, and not all recipients of “partial knees” are capable of running or doing extreme sports—she is an example of how joint surgery can greatly improve quality of life.

“People of all ages and activity levels can benefit from joint replacement surgery,” says Deb Bosley, PT, an outpatient therapist at Bryn Mawr Rehabilitation Hospital, part of Main Line Health. “And rehabilitation following surgery can help patients get back to normal activities and live a full life.”

Today, Davis is thrilled she had surgery when she did. To celebrate, she recently completed her first full marathon postsurgery.

“It was amazing crossing the finish line,” says Davis, “I believe my focus on cardio and stretching before and after surgery really helped in my recovery. But I credit Dr. Lonner with giving me a second shot in life.”

Baby Boomers: Preserve Your Joints

Jogging, tennis, racquetball—a lot of active baby boomers have been tough on their knees, hips, and other joints all their lives. In a quest to stay active and reduce pain, you may be considering joint replacement surgery. Joint replacements have a high success rate, but it’s important to take care of the joints you already have. Some recommended tactics:

● Maintain a healthy weight. Losing extra pounds reduces stress, wear, and tear on knees, hips, back, and feet.
● Exercise regularly. Physical activity protects joints by strengthening the muscles that support them.
● Swap high-impact sports with low-impact activities. Instead of tennis or running, try swimming, walking, or golf. Alternate strenuous activities with rest to put less stress on sensitive joints.
● Use over-the-counter or prescription medications to control pain and inflammation. You can also receive injections of corticosteroids directly in painful knee joints.
● Take part in physical or occupational therapy. This can increase joint flexibility, muscle strength, and range of motion.
● Use mechanical aids. Braces, crutches, walkers, or canes may offer some help.

These lifestyle changes may be enough to improve function and control pain. But if you have any of the following signs, speak with your doctor about joint replacement:

● Your joint pain is disturbing your sleep.
● You’ve tried different noninvasive treatments, including pain medications, and they’re not controlling your pain.
● Your joint pain makes it hard for you to get out of a chair, go up stairs, or get up from the floor.
**WELLNESS AND PREVENTION**

**Where Delicious Meets Fast and Healthy**
A cooking/nutrition class featuring recipes that are simple, delicious, and better for you! With Judy Matsky, RDN, LDN.
- September 30, 6:30 to 8 p.m.
- Main Line Health, 933 Haverford Road, Bryn Mawr Conference Room A (Lower Level)

**Fighting Cancer with a Fork and Spoon**
Colorectal cancer is the second leading cancer in the U.S., but it doesn’t have to be. Lifestyle choices and early screening can help prevent it. Join us to learn more about preventing this cancer. Light dinner included. With Phillip Pearson, MD, and Gretchen Skwer, RDN, LDN.
- October 14, 6 p.m.
- Main Line Health, 933 Haverford Road, Bryn Mawr Conference Room A (Lower Level)

**Female Sexual Health: At Midlife and Beyond**
With Lynn Wang, MD.
- November 12, 6 p.m.
- Main Line Health Center in Newtown Square, 3855 West Chester Pike, Newtown Square

**SmokeFREE**
Main Line Health’s FREE behavior management program designed to help smokers quit. Participants may be eligible to receive free nicotine replacement therapy.
- October 8, 15, 22, 29, 6 p.m.
- November 5, 12, 6 p.m.
- Riddle Hospital, Administrative Annex, Conference Room 1
- Riddle Hospital, Administrative Annex, Conference Room 2

**Blood Pressure Screenings**
Main Line Health regularly provides free screenings at locations across the region. Visit mainlinehealth.org/events for the current list.

**Paoli Hospital Skin Cancer Screening**
- September 16, 6 to 8:30 p.m.
- Paoli Hospital Cancer Center, 255 West Lancaster Ave., Paoli

**Health Screenings for Women**
Complimentary screenings for women who are uninsured and whose income qualifies. Free mammograms, breast exams, pelvic exams, and Pap tests. For more information about eligibility and appointments, call the Community Health Services Department at 484.476.8554.

**CHILDBIRTH AND PARENTING**
We’re here to help you prepare for your newest addition, with class topics including:
- Pregnancy 101
- Preparing for Childbirth Series
- One-Day Prepared Childbirth
- Preparing for Multiples
- Advanced Comfort Measures
- Prenatal Breastfeeding
- Welcoming Baby: A Family Affair
- Sibling Preparation
- Baby & You
- Keeping Baby Safe
- Happiest Baby

Classes are available at Lankenau Medical Center, Bryn Mawr Hospital, Paoli Hospital, and Riddle Hospital. Visit mainlinehealth.org/events to register for classes today.

**Preparing for Childbirth Series and One-Day Classes**
Preparation for labor and delivery is offered in this Lamaze-type class. A tour of the hospital maternity unit is included. Schedule this class at approximately eight months of pregnancy. Class size is limited; please enroll early.

**Baby & You Series**
The goal of this class is to increase confidence in new parents in caring for their baby. Class includes a visit from a practicing pediatrician affiliated with Main Line Health. Please enroll early.

**Prenatal Breastfeeding**
Learn the steps to successful breastfeeding. Partners encouraged to attend.

**CPR**
- October 9, 11 a.m.
- Riddle Hospital, Administrative Annex, Conference Room 1

**CPR Heartsaver AED**
This American Heart Association course teaches CPR and AED use in adults and children, relief of choking in adults and children, and CPR and choking in infants. Participants receive a two-year American Heart Association certification upon completion. Fee: $65.
- September 26, 9 a.m.
- November 16 and 17, 6:30 p.m.
- Riddle Hospital, Administrative Annex, Conference Room 1

**Diabetes & You: Daytime and Evening Programs**
Designed to help you gain better management of diabetes. Cost is covered by most insurance companies. Call 484.227.3769 for details.
- At 12:30 p.m.: September 2, 9, 16
- October 7, 14, 21
- November 4, 11, 18
- At 6:30 p.m.: September 15
- October 6, 13, 20
- November 3, 10, 17
- Riddle Hospital, Health Center 4, Conference Room 2

**Look Good, Feel Better**
Women being treated for cancer are invited to this FREE program developed by the American Cancer Society; the Cosmetic, Toiletry, and Fragrance Foundation; and the National Cosmetology Association. Learn about makeup, wigs, and head wraps and receive a personal beauty kit. To learn more and register, call 1.800.227.2345.
- October 10, 10 a.m. to 2 p.m.
- Riddle Hospital, Health Center 4

**Family Fall Fest**
Join Riddle Hospital for our Fourth Annual Family Fall Fest—a day filled with free fun and wellness activities for the whole family! Moon bounce, face painting, food, entertainment, and more! This is a rain-or-shine event.
- October 10, 10 a.m. to 2 p.m.
- Riddle Hospital, Health Center 4

**What’s Up, Doc? Film Series at Bryn Mawr Film Institute**
This series, sponsored by Bryn Mawr Hospital and the Bryn Mawr Film Institute, is introduced by physicians who provide insight into the health conditions depicted in the films, explaining where science ends and fiction begins.
Tickets: $12 adults, $9 seniors, $6.50 BMFI members.
- November 19, 7 p.m.; An Affair to Remember, introduced by Eric Levicoff, MD
- December 3, 7 p.m.; philadelphia Story, introduced by Richard D. Ing, MD, bariatric surgeon, Bryn Mawr Hospital.
- December 10, 7 p.m.; What’s Up Doc?, introduced by Richard D. Ing, MD, bariatric surgeon, Bryn Mawr Hospital.
**WELLNESS WEDNESDAYS**

- **Wellness Wednesdays at Whole Foods, Wynnewood**
  - Health seminar and FREE blood pressure screening, 12 to 2 p.m.
  - September 16
  - October 21
  - November 18

- **Wellness Wednesdays at Bryn Mawr’s Ludington Library**
  - October 7, 6 p.m.: Diagnosis of Cardiovascular Disease in Women, with Leslie Poor, MD
  - November 4, 6 p.m.: Congestive Heart Failure, with Howard Kramer, MD
  - December 2, 6 p.m.: Lower Extremity Arterial and Venous Disease, with Fran Day, MD

- **Wellness Wednesdays at Whole Foods, Plymouth Meeting**
  - October 14, 6 p.m.: Osteoporosis, with Beverly Vaughn, MD
  - November 11, 7 p.m.: Managing Your Heart Failure, with Steven Domsky, MD
  - Whole Foods Market, 500 West Germantown Pike

- **Wellness Wednesdays at the YMCA**
  - At the Havertford Area YMCA, 891 North Eagle Road, Havertown:
    - September 16, 7 p.m.: “Don’t Retire Your Fitness Plan: Exercise at 65 (and Better) Is More Important Than Ever,” with Deb Bosley, PT
    - November 18, 7 p.m.: “All in the Family: Heart-Smart Strategies for Kids and Adults,” with Matthew Olah, MD
  - At the West Philadelphia YMCA, 5120 Chestnut St., Philadelphia:
    - December 2, 12:30 p.m.: “Living Heart Healthy,” with Lankenau Medical Center Community Health educators

- **Wellness Wednesdays at Main Line Health Center in Newtown Square**
  - September 16, 6 p.m.: Coronary Artery Disease, with Larry Mendelson, MD
  - December 9, 6 p.m.: Managing Depression Throughout the Holiday Season, with Lauren Napolitano, Psy.D.
  - Main Line Health Center in Newtown Square, 3855 West Chester Pike

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**FALL COMMUNITY PROGRAMS IN PAOLI AND EXTON**

- At Exton Main Line Health Center, 154 Exton Square Parkway, Exton Square Mall, Lower Level, Exton:
  - “Oh, My Aching Back,” with Donna Levan, DPT.
  - “Sleep and Health: Letting Sleep Work for You,” with Mike Montanye, clinical coordinator of sleep medicine.
  - “Leak-Proof Laughter and More for Women,” with Sage Cladyon, MD.
  - “Fighting Heart Disease with a Knife and Fork,” with Donald Ferrari, DO, and Judy Matusky, RDN, LDN.
  - “Fall Prevention: Be Safe in Your Home,” with Donna Levan, DPT.
  - “Hip and Knee Pain Seminar,” with Donna Levan, DPT.

- At Chester County Library, 450 Exton Square Parkway, Exton:
  - “Healthy Eating for Moms-to-Be,” with Gretchen Skwer, RDN.
  - “Don’t Retire Your Fitness Plan: Exercise at 65 (and Better) Is More Important Than Ever,” with Deb Bosley, PT

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**SPECIAL EVENTS FOR BREAST CANCER AWARENESS MONTH**

**Breast Cancer Summit**
Join breast cancer experts from Main Line Health/Bryn Mawr Hospital for an informative evening including screenings, light refreshments, and a panel discussion about the latest advances in the prevention and treatment of breast cancer.
- October 13, 6 to 8 p.m.
- Bryn Mawr Hospital Pennypacker Auditorium
- October 22, 6 to 8 p.m.
- Main Line Health Center in Newtown Square, 3855 West Chester Pike

**Think Pink, Live Green**
Learn about risk factors in your environment and how changing what you and your family eat, drink, breathe, and use every day may reduce breast cancer risk. Presented by breast cancer oncologist Marisa Weiss, MD, and breast surgeon Robin Ciocca, DO. Dr. Weiss is the author of Think Pink, Live Green: A Step-by-Step Guide to Reducing Your Risk of Breast Cancer. Every attendee will receive a FREE copy.
- October 8, 6 to 7 p.m.: With Dr. Ciocca, Main Line Health Center in Broomall
- October 28, 6 to 7 p.m.: With Dr. Weiss, Lankenau Medical Center Auditorium

**Designer Genes: What You Might Have in Common with Celebrities**
It’s big news when celebrities go public with their efforts to prevent cancer. You may share some of the same star-quality risk factors. Learn about the role of genes, what to do before, during, and after pregnancy. Get information on prenatal nutrition and tips on the best foods to eat for mom and baby. Fee: $10.
- October 20, 7 to 8 p.m.

**FOR OLDER ADULTS**

- **Mature Driving AARP**
  - This driver-safety program addresses the specific challenges of drivers older than 55. It is a renewal course only; you must bring proof that you have attended an eight-hour course previously. Fee: $12 for AARP members; $14 for nonmembers.
  - September 21, noon
  - November 17, noon
  - Riddle Hospital, Administrative Annex, Conference Room 1

- **Senior Suppers at Riddle Hospital**
  - This monthly event features dinner and a presentation about healthy living for older adults. Held at 4:30 p.m. in the Administrative Annex Conference Room 1, located around the back of the Thrift Shop on the ground floor. Fee: $7 per person.
  - September 23: Shoulder Injuries, with Scott Voshell, PT, DPT, MHS, OCS
  - October 28: Arthritis, with Anne E. Colton, MD
  - December 3: Elder Law, with Linda M. Anderson, JD, LLM, CELA

- **Senior Supper Club at Paoli Hospital**
  - A fun evening for the “over 60” crowd including dinner, conversation, and a healthy living seminar. Held in the Paoli Hospital Potter Room from 5 to 7 p.m. Fee: $7 per person.
  - October 12: Senior GI Ailments
  - November 19: Genetics and Health

- **Senior Entertainment Tonight**
  - Come hear historian and educator Ross Kershey speak on The King’s Speech Epilogue. Fee: $5 per person, including a light supper.
  - October 13, 5 to 6:30 p.m.
  - Paoli Hospital Potter Room

mainlinehealth.org  MAIN LINE HEALTH
Ah, that back-to-school feeling of September. Whether your child is 5 or 15, there’s no escaping the sign-up forms, school supply lists, and jam-packed calendar that signify summer’s end. But while you’re shopping for soccer cleats and coordinating the carpool, take time to brush up on this important health information. You can make this your kids’ healthiest, most successful school year yet.

**YOUNG ATHLETES AND HEART SCREENING: WHAT PARENTS SHOULD KNOW**

Should young athletes be screened for heart problems that can lead to sudden cardiac death? If you’re the parent of a child who plays sports, the answer may seem like a no-brainer. Or maybe not.

“It’s tragic any time an athlete dies suddenly from an undiagnosed heart problem, and people start calling for universal heart screening for young athletes,” says Jason Bradley, MD, a cardiologist with Lankenau Heart Institute, part of Main Line Health, who has a special interest in sports cardiology. “That may sound like a good idea, but we need to increase awareness that there’s a bigger picture.”

Dr. Bradley says that despite the media attention it receives, sudden cardiac death in young athletes is rare, affecting “one or two out of every 100,000 kids per year.” The American Heart Association (AHA) and the American College of Cardiology (ACC) say there is insufficient evidence to support the routine use of electrocardiograms to screen healthy people ages 12 to 25 for heart disease. Instead, the AHA and the ACC say that athletic prescreening should consist of a detailed personal history, family history, and physical exam designed to identify athletes who may be at risk for sudden cardiac death.

Dr. Bradley says “red flags” that call for further evaluation by either a cardiologist with training in evaluating athletes or a sports medicine physician include:

- A family history of sudden, unexplained premature death
- A family history of heart disease
- Exercise-related symptoms, such as shortness of breath and heart palpitations, that seem excessive for the amount of activity
- Passing out during exercise

Discuss any concerns with your child’s pediatrician.

**EMERGENCY CARE FOR KIDS**

If a pediatric emergency arises, you can feel comfortable knowing that Bryn Mawr Hospital, part of Main Line Health, specializes in treating children. With pediatric emergency medicine doctors available 24/7 and a 14-bed inpatient pediatric unit, Bryn Mawr Hospital, through a relationship with the Nemours/Alfred I. duPont Hospital for Children, provides exceptional care for kids throughout the region. Learn more at mainlinehealth.org/peds.
ARE YOUR CHILD’S VACCINES UP-TO-DATE?

Vaccines can protect your child from serious infectious diseases—and may save his or her life.

“With school beginning, it’s important to check that your child’s vaccines are up-to-date,” says Allison Fanelli, DO, a pediatrician with Nemours duPont and Main Line Health. “As children go out into the community and have contact with other children, diseases can spread easily. You want to make sure your child’s immune system is functioning at its best.”

The chart below shows the recommended ages for routine child immunizations. Be sure to review these guidelines with your child’s doctor. In some cases, a child should not receive a vaccination. These include having an underlying illness or taking certain medications.

Before school starts is a great time to schedule an annual well-child checkup, although these visits can occur anytime of year, Dr. Fanelli says. “Your pediatrician will check to make sure your child is growing and developing properly and answer any questions you have, while ensuring your child’s immunizations are current,” she says. “Just as important, regular checkups enable your family and physician to build a relationship so you’re working together to keep your child healthy.”

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>AGES 4 TO 6 YEARS</th>
<th>AGES 11 TO 18 YEARS</th>
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<tbody>
<tr>
<td>Hepatitis B</td>
<td>X**</td>
<td>X**</td>
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<tr>
<td>Diphtheria, Tetanus, Pertussis (DTaP/Tdap)</td>
<td>X* (DTap)</td>
<td>X** (Tdap)</td>
</tr>
<tr>
<td>\textit{Haemophilus influenzae type b (Hib)}</td>
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<tr>
<td>Polio (IPV)</td>
<td>X*</td>
<td>X**</td>
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<tr>
<td>Measles, Mumps, Rubella (MMR)</td>
<td>X*</td>
<td>X**</td>
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<tr>
<td>Varicella (chickenpox)</td>
<td>X*</td>
<td>X**</td>
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<tr>
<td>Pneumococcal Conjugate (PCV)</td>
<td>X **†</td>
<td>X†</td>
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<tr>
<td>Influenza</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Rotavirus</td>
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<td>X</td>
</tr>
<tr>
<td>Human Papillomavirus (HPV) ††</td>
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<tr>
<td>Meningococcal, meningitis (MCV4)</td>
<td>X†</td>
<td>X***</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>X**†</td>
<td>X***</td>
</tr>
</tbody>
</table>

*Final dose. **Vaccine needed if not completed earlier. ***Recommended for 11-year-olds. A booster shot should also be given at 16 years old. †Recommended for certain high-risk children. ††Recommended for both girls and boys ages 11 and 12. The vaccine is also recommended for young women and men ages 13 to 26 who have not been previously vaccinated.

HEAD LICE DOESN’T MEAN LOST DAYS OF SCHOOL

Five words you never want to hear from the classroom teacher: “Your child has head lice.” Unfortunately, those icky little insects that thrive on the human head turn up so often in children they’re “almost a rite of passage,” says Christine Stallkamp, MD, a family physician and medical director of urgent care services for Main Line Health.

The good news? Once the appropriate treatment has been started, children can and should return to school, Dr. Stallkamp says.

“One treatment with a lice-killing product usually kills the adult lice,” she says. “But you may still see nits—the lice eggs—which stick to the hair, close to the scalp. This doesn’t mean a child should be excluded from school, because the nits themselves aren’t contagious, and they don’t spread disease.

“Also, it takes seven to 10 days for the nits to hatch. If you treat the head again in the recommended seven to 10 days, nits will no longer be an issue.”

Head lice treatments come in both over-the-counter and prescription medicine, including shampoos, cream rinses, and lotions. “Read the label carefully to make sure the product is safe for your child’s age, and use as directed,” Dr. Stallkamp says. “If you have questions about the treatment, call your child’s doctor.”
NEW PROGRAM HELPS HEAL WOUNDS OF ADDICTION

Mirmont Treatment Center, part of Main Line Health, now offers a partial hospitalization program (PHP). For people struggling with alcohol and drug dependency, the program provides the benefits of inpatient care without full hospitalization.

Led by Mirmont’s team of experienced therapists, the PHP welcomes patients who may be entering treatment for the first time, who have completed a treatment program and are transitioning to a less restrictive level of care, or who have not been successful in an intensive outpatient program.

Patients enrolled in the PHP are required to attend five-hour sessions five days per week. These include individual and group therapy, lectures, yoga, mindfulness-based stress reduction, and the Gorski Model of Relapse Prevention. The program also addresses common aspects of addiction recovery, including cravings, 12-step recovery, establishing and using support, family issues, time management, and spirituality.

One unique aspect of Mirmont’s PHP is its approach to healing the trauma that often accompanies drug and alcohol addiction. Therapists help patients address varying degrees of psychological, emotional, sexual, and physical trauma through coping techniques such as self-regulation, resourcing, and Eye Movement Desensitization and Reprocessing (EMDR).

Mirmont Treatment Center treats the whole person—body, mind, and soul. Call 1.800.846.4656 or visit mainlinehealth.org/mirmont to begin getting help for yourself or a loved one.

Lung Cancer Screenings Can Prove Lifesaving

Lung cancer is the leading cause of cancer deaths in both men and women in the US. Until recently, no screening methods had been deemed successful in detecting lung cancer at earlier stages. That all changed when the United States Preventive Services Task Force (USPSTF) recommended that individuals with specific risk factors (see below) be screened annually after a study showed that low-dose CT scans can reduce lung cancer mortality by 20 percent in high-risk patients.

Early Diagnosis, Longer Survival

“Lung cancer kills more people annually than prostate, breast, and colon cancers combined,” says Michael Walker, MD, Chief, Division of Thoracic Surgery, Main Line Health, and Medical Director, Main Line Health Cancer Program. “Prostate, breast, and colon cancer all have well-established and useful screening tests. Now, we have the potential to reduce deaths from lung cancer through early diagnosis, using screening CTs.”

The low-dose CT scan of the lungs allows potential tumors to be diagnosed earlier, which increases the likelihood of a long-term cure. Although the radiation used during the screenings presents a small risk, the benefits far outweigh any potential consequences.

Who Should Be Screened?

“It’s important to use low-dose screening CTs for lung cancer in the appropriate patients,” says Dr. Walker.

What determines a high-risk patient?

Li. Smokers between ages 55 and 80 who have a 30-pack year history (1 pack per day for 30 years) or more
Li. Those who have quit smoking within the past 15 years
Li. Patients with a prior history of cancer or exposure to known lung carcinogens

If you fall into any of these categories, Dr. Walker recommends talking with your primary care doctor about getting screened.

Main Line Health now offers lung screenings. To learn more and determine if you or a loved one is a candidate, call 1.484.565.LUNG (484.565.5864) to speak with a lung health navigator. You can also visit mainlinehealth.org/lungscreening.
Prenatal Visits Help Catch Pregnancy Problems Early

Most pregnancies are healthy, but certain health conditions like diabetes, hypertension, and anemia are more common in pregnant women. Fortunately, regular prenatal care almost always catches these problems early.

Not So Sweet
Gestational diabetes is caused by a change in the way a woman’s body responds to insulin during pregnancy. Women with this condition are at higher risk for delivery complications because of their higher blood sugar levels. They’re also more likely to develop diabetes later in life.

Gestational diabetes can happen to anyone. “Even women who are very fit can develop it, because during pregnancy, a woman’s cells naturally become slightly more resistant to insulin’s effects,” says Suzanne Pugh, MD, chief of obstetrics and gynecology at Paoli Hospital, part of Main Line Health. Once detected through a routine blood test, the condition can be managed through diet, exercise, and (more rarely) medication and insulin.

The Pressure’s On
Hypertension, or high blood pressure, sometimes appears during the third trimester of pregnancy. When it affects organs like the kidneys, it’s called preeclampsia. In rare cases, it can lead to seizures and other complications. Women with severe preeclampsia may need to deliver their babies early.

Frequent prenatal visits are the best defense against preeclampsia. “We see patients weekly during the last month of pregnancy to check blood pressure, urine protein, and weight gain,” says Daria Yanez, MD, chief of obstetrics and gynecology at Riddle Hospital, part of Main Line Health.

In the Red
Anemia is one of the most common pregnancy-related conditions. To transport oxygen, the body relies on an iron-rich protein called hemoglobin that’s found in red blood cells. “During pregnancy, your blood volume naturally increases,” Dr. Yanez says. “If you don’t have enough iron stored up, your body won’t be able to transport oxygen as efficiently.”

Prenatal vitamins contain extra iron, and your OB/GYN can prescribe higher doses if needed. “Anemia during pregnancy can cause fatigue. We typically screen all patients for anemia at the beginning of pregnancy and during the third trimester,” Dr. Pugh says.

Parents, Make Time for Mindfulness

Our busy world often forces us to focus on several different tasks at once. At the same time you’re trying to remember the details of yesterday’s meeting, you’re focusing on getting the kids to school and reminding yourself to schedule that doctor’s appointment.

You might assume that all this multitasking is making us sharper, but spending too much time thinking about the past or future can actually cause feelings of stress, anxiety, and depression. One way to combat this is by practicing mindfulness—making time in your day to focus on the present, rather than on what’s already happened or will happen in the future.

“Mindfulness can be an especially helpful coping tool for parents, who are navigating both their own schedules and their children’s,” says Liz Bland, LCSW, program manager for the Women’s Emotional Wellness Center (WEWC). She recommends the following:

- Focus on your tasks one at a time. Laundry, work projects, and other to-do items will get done.
- Accept help offered by friends and family.
- Set aside time every day to do something you enjoy, even just 15 minutes.
- Before you say yes to another task, ask yourself: Is this good for me? Overcommitting can lead to feeling stressed or resentful.

The Women’s Emotional Wellness Center provides outpatient mental health services to women and their families. To learn more, visit mainlinehealth.org/WEWC or call 484.337.6300.
Screenings Can Improve Your Health—And Your Bottom Line

The U.S. Preventive Services Task Force (USPSTF) Recommends Adults Have the Following Screening Tests:

<table>
<thead>
<tr>
<th>Screening</th>
<th>Recommendation</th>
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<tbody>
<tr>
<td>Breast cancer</td>
<td>The USPSTF advises women ages 50 to 74 get a mammography every two years. The American Cancer Society recommends a mammography every year for women ages 40 and older. The organization also recommends an exam by a doctor annually for women ages 40 and older and every three years for women in their 20s and 30s. Talk with your doctor to determine the best screening schedule for you, especially if you have a higher risk for breast cancer.</td>
</tr>
<tr>
<td>Cervical cancer</td>
<td>A Pap test is recommended for women ages 21 to 65 every three years. Women ages 30 to 65 can be screened every five years with a Pap test and HPV testing.</td>
</tr>
<tr>
<td>Colorectal cancer</td>
<td>Men and women should be screened for this cancer starting at age 50 until age 75. Discuss with your doctor which of the following tests you should have and when: fecal occult blood test, flexible sigmoidoscopy, or colonoscopy.</td>
</tr>
<tr>
<td>Depression</td>
<td>Talk with your doctor about being screened for depression if you have felt hopeless and extremely sad for two weeks or longer.</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Have this screening if your blood pressure is higher than 135/80 mmHg.</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>Men should be screened starting at age 35, and women at age 45.</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>Have your blood pressure checked every two years.</td>
</tr>
<tr>
<td>HIV</td>
<td>Men and women should be screened for HIV.</td>
</tr>
<tr>
<td>Lung cancer</td>
<td>Have yearly screenings from ages 55 to 80 if you smoke and have a 30-pack year history of smoking or if you quit within the last 15 years.</td>
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If you could prevent getting cancer, diabetes, or heart disease, you’d jump at the chance, right? Although simple screenings for these diseases exist, Americans take advantage of them at only about 50 percent of the recommended rate. As a result, we miss out on an opportunity to live healthier, longer lives and to keep our medical bills in check.

Aside from the obvious health benefits screenings provide, the financial benefits can be substantial. For example:

- Some $3.7 billion in health care costs could be saved every year in the U.S. if preventive screenings increased by 90 percent.
- Routine screening for colon cancer enables early detection, which in turn saves lives and reduces treatment costs. When the disease is detected in the early stages, treatment averages $30,000. Late-stage treatment costs around $120,000.