Stay healthy

Key screening tests for men and women

Strength in numbers
YOUR HEALTH CARE TEAM AND YOU
p. 4

SeHealth joins AHA task force
ENSURING AVAILABLE HEALTH CARE FOR EVERYONE
p. 10

SPRING 2017
**Gala 2017**

**Friday, Feb. 24**

**7 to 11 p.m.**

Southeastern Ag Center
Silver anniversary
Band Liquid Pleasure with Kenny Mann

**Chairpersons**

Dr. and Mrs. John C. Rozier Jr. (honorary)
Dr. and Mrs. Samuel E. Britt II
Dr. and Mrs. William R. Burleson

Proceeds will support the renovation of Southeastern Regional Medical Center’s operating room suites.

For more information or to purchase tickets, call 910-671-5583 or email foundation@southeasternhealth.org

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Southeastern Health
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GOING TO HAVE AN MRI?
Here’s what you can expect.

BE AWARE OF YOUR SYMPTOMS
Know the signs of abdominal aortic aneurysms and stroke.

THE TASK FORCE FOR ENSURING ACCESS TO CARE FOR VULNERABLE COMMUNITIES
SeHealth joins an American Hospital Association task force to improve health care access.

ASTHMA AND ALLERGIES
What’s the connection?

Hospital safety:
Here’s what we do to keep our patients safe and on the path to healing.

Like us on Facebook!
Follow us on Facebook to find out what’s happening at SeHealth and how we stay connected in our community. Visit facebook.com/sehealth.

Try these easy-to-make, elegant cheesy spinach cakes with your dinner tonight.
WHAT IS COPD?
Chronic obstructive pulmonary disease (COPD) is a condition that makes it hard to breathe. Although there is no cure, treatment can improve quality of life.

What’s in a name?
To understand COPD, it may help to break down its name.
Chronic means long-lasting. COPD is progressive—it gets worse over time.
Obstructive refers to the fact that airflow is obstructed—air can’t move freely in and out of the lungs. Obstruction may be from chronic bronchitis (swelling and excess phlegm in the airways), emphysema (damage to lung tissue) or both.
Pulmonary disease means disease of the lungs.
Signs and symptoms of COPD include:
• Shortness of breath, especially during physical activity.
• A cough that doesn’t go away or that produces a lot of mucus.
• Wheezing (a whistling or squeaking sound when breathing).
• Frequent colds.

Breathe better
As many as 8 out of 10 cases of COPD are caused by smoking. Other risk factors include genetics and exposure to indoor and outdoor pollutants.
For smokers, the most important treatment is to quit smoking.
Other treatments include:
• Exercise to help the body use oxygen more efficiently.
• Medicines, such as bronchodilators and steroids.
• Pulmonary rehabilitation, a program that may include exercise training and nutritional and psychological counseling.
• Supplemental oxygen.

Sources: American Medical Association; American Thoracic Society; Centers for Disease Control and Prevention

It’s better together
WHY HEALTH CARE TAKES A TEAM

WITH a little teamwork, there’s no telling what all of us can do—in everyday life and in health care too.
That’s why our health system and primary care partners are working hard to provide coordinated care to the communities we serve. It’s a smart way of doing medicine that has the power to help make health care better and more efficient.
In short, it can help people have healthier lives.

Together with you
Part of coordinated care is having a medical team to look out for you and help you stay well.
Your personal physician leads that team, which may also include a nurse practitioner, a physician assistant or other health care providers. These medical professionals have special training and education and will take good care of you. Often, they can diagnose and treat health problems, as well as provide healthy lifestyle advice.
This team approach is particularly helpful if you have a chronic illness.
For example, a nurse or other provider may help you manage diabetes, heart disease or the lung disease COPD. That may keep your condition from getting worse. And it could help you avoid a hospital stay or unexpected trip to the emergency room.

Communication is key
The members of your health care team communicate with one another about the procedures, tests or other services you receive.
Communication and collaboration among all your caregivers means more efficient care. For instance, when one member of your team orders a test for you, he or she will inform everyone else on the team about the test and share the results. This helps avoid unnecessary duplicate testing.
Today’s digital technology makes it easier to coordinate your care. Our electronic medical record system allows your providers to quickly send information about your health. And this technology also helps you connect with your providers and access your medical records online.
Just remember, at the center of the team is you. That’s always true when it comes to decisions about your health.
Feel free to talk to us if you have any concerns or questions about these changes. We’d be happy to tell you more about our efforts to help transform health care.
FAMILY MEDICINE RESIDENCY CLINIC OFFERS ADDITIONAL ACCESS TO HEALTH CARE

**PATIENTS** In need of medical care have another access point in the community through the Southeastern Family Medicine Residency Clinic. This nontraditional clinic features medical residents from throughout the country with specialized education in family medicine, enabling them to treat infants and children as well as adults. These physicians are knowledgeable about the latest medical practices and technology and use a team approach for their care. Family Medicine Physician and Program Director Donald Morando, DO, consults with these physicians-in-training to ensure that they have an experienced physician to guide them as they provide care for general health issues.

The Southeastern Family Medicine Residency Clinic is located at 730 Oakridge Blvd., in Lumberton. Clinic hours are Monday, Tuesday and Friday from 8 a.m. to 5 p.m. and Wednesday and Thursday from 7 a.m. to 7 p.m. Care is provided by Nurse Practitioner Jocelyn Mattina during the extended hours on Wednesday and Thursday evenings.

Currently providing care at the clinic are Family Medicine Residents:

- Jonathan Baza, DO
- Meredith Beeler, DO
- Christopher Carroll, DO
- Jeremy Hutson, DO
- Beau Kalmes, DO
- Courtney Maiden, DO
- John Nguyen, DO
- Noeru Okamura, DO
- Robert Omogrosso, DO
- Ivan Petrich, DO
- Carlo Puzzo, DO
- Lina Qazi, DO
- Sean Rea, DO
- William Sykes, DO
- Timothy Taylor, DO
- Donald Morando, DO
- Jocelyn Mattina, NP

Walk-ins are welcome; however, appointments are encouraged. For more information or to schedule an appointment, call 910-738-2662.
What is a general surgeon?

A DISEASED GALLBLADDER.
A breast tumor. An obstructed bowel. All of these diverse conditions often require surgery to treat them, and chances are the doctor who is going to perform those operations is a general surgeon.

What they do
General surgeons are trained to diagnose and manage a wide range of diseases and disorders that may require surgical treatment. Their area of expertise is, essentially, the entire body. It includes:
• The head and neck.
• The endocrine system, including the pancreas and thyroid gland.
• Breasts.
• All parts of the digestive tract, including the intestines and rectum.
• The abdominal organs, such as the stomach and liver.
• Skin and soft tissues.

General surgeons are also trained in the care of pediatric and cancer patients and the treatment of patients who are injured or critically ill.

Education and training
To become a general surgeon, a person must complete four years of medical school and then a five-year residency in general surgery. If he or she wants to further specialize, two or more years of training are needed.

Some of the areas in which a general surgeon can specialize include:
• Surgical critical care.
• Pediatric surgery.
• End-of-life care.
• Bariatric surgery.
• Minimally invasive surgery.

A general surgeon may seek board certification from an organization such as the American Board of Surgery.

Certification is voluntary. To obtain it, a surgeon must pass extensive written and oral tests to show mastery in the field. When a surgeon is board-certified, it means he or she has met the highest standards for education, training and knowledge.

Additional source: American College of Surgeons

Welcome, Dr. Arias
GENERAL SURGEON JOINS SEHEALTH

Roberto Arias, MD, has joined the medical staff of Southeastern Health and its Southeastern Surgical Center (SSC) affiliate.

Dr. Arias completed a general surgery residency at Saint Vincent’s Catholic Medical Center and Westchester Medical Center, both in New York, in 2014. He earned his medical degree from Instituto Tecnológico de Santo Domingo, Dominican Republic, in 2006 and is certified by the American Board of Surgery.

His areas of special interest include both open and laparoscopic general surgery as well as upper and lower endoscopy.

“At Southeastern Health, I have found the ideal environment to deliver excellent surgical care to our community, which is in great need,” Dr. Arias says. “I am proud of being part of the Southeastern Health family and the Lumberton community.”

He and his wife, Natasha Acosta Diaz, MD, a pediatric neurologist with SeHealth’s Southeastern Neurological Center, have two daughters.

To schedule an appointment with Dr. Arias at SSC, call 910-739-0022. The center is located at Southeastern Health Mall, Biggs Park Mall, 2934 N. Elm St., Suite E, Lumberton.
If you haven’t had an MRI before, you may be a little uneasy the first time your doctor suggests one. Will it hurt? Is it dangerous? Will it help?

Rest assured. This advanced imaging test is painless, noninvasive and safe. It’s a powerful tool that can help your doctor evaluate many medical conditions.

And while the device itself can seem complex and even a little imposing, your part is pretty simple. Basically, all you do is relax and lie still.

MRI stands for magnetic resonance imaging. It provides detailed views of internal organs, soft tissues, bones and other structures.

Instead of x-rays, MRI uses a magnetic field, radio waves and a computer to create images that can be viewed in cross-sections from a number of angles. MRI images are often clearer than those from standard x-rays, computed tomography (CT) scans or ultrasound.

An MRI can help a doctor accurately evaluate organs like the brain, heart and liver; joints like the knee, shoulder and ankle; and even blood vessels and bile ducts.

Among other things, your doctor may use an MRI to spot tumors, assess damage after a heart attack or gauge the extent of a sports-related injury.

How to prepare

Getting ready for an MRI is simple. Unless you’re told otherwise, eat and drink normally and take medications as prescribed.

The only real precaution is to avoid bringing metallic objects into the examination area. You don’t want anything interfering with—or being drawn to—the strong magnetic field. Leave your watch and jewelry at home. Before the exam, take off your eyeglasses, hearing aids, and any medication patches or removable dental work.

Also, tell your doctor and technologist if you have any medical devices, implants or metallic shrapnel in your body. These items may distort images or even pose a risk to you if the magnet causes objects to shift position.

What to expect

The traditional MRI scanner looks like a long tube. You will lie on an exam table that slides into the tube, which contains the magnets. Some MRI units have an open bore—or large—opening, which offers increased comfort while maintaining high-quality images.

For some exams, the patient needs to be injected with a contrast material to make images sharper. Very rarely, this material may cause an allergic reaction.

During the exam, you’ll need to remain still, especially when images are being taken. You’ll know that’s happening by the sound of tapping or loud thumping from the MRI machine.

Throughout the exam, the technologist is in a separate room with the computer, where it is protected from the magnetic field. The operator can see, hear and talk to you during the test.

MRI scans can take anywhere from 15 minutes to an hour. A radiologist examines the images and reports to your doctor, who will go over the results with you.

Source: Radiological Society of North America

Effective Jan. 1, 2017

We know that health care is expensive. Southeastern Regional Medical Center has reduced the price of outpatient MRI testing to ease the financial burden of medical tests on our patients. When your medical provider recommends an MRI test, ask for a referral to SRMC for competitive pricing through your local, convenient source for medical services.

Cost estimates will be given at the time of scheduling your appointment.
EVERY YEAR approximately 15,000 people in the U.S. die from an abdominal aortic aneurysm (AAA). Most deaths occur after the aneurysm bursts or splits open. But if an AAA is found in time, doctors can often successfully treat them with medicines or surgery.

Here’s what you should know about AAAs.

What is an AAA?
An aneurysm is a bulge that forms in a weakened area of an artery.

The aorta is the largest blood vessel (artery) in your body, running from the heart down through your chest and abdomen.

So an AAA is a bulge in the part of the aorta that runs through your abdomen. If the bulge expands to the point of breaking through one or more layers of the artery’s wall, it can become a fatal bleed.

How is an AAA treated?
It usually depends on its size.

For example, an aneurysm of less than 5.5 centimeters (about 2 inches) may not need treatment at all. Instead, your doctor might keep an eye on its growth with follow-up ultrasounds.

You also might be given medicines—for high blood pressure, for example—to reduce the risk of a rupture.

Surgery may be needed for an aneurysm that is larger than 5.5 centimeters or is growing fast.

Sources: National Institutes of Health; Society of Interventional Radiology
How can you tell if you have an AAA?
AAAs often don’t cause signs or symptoms, even when they’re growing. Sometimes they are found during routine physical exams or tests that are looking for something else. But if you’re at risk for an AAA, you can be screened, which is usually done using ultrasound.

Medicare pays for a one-time AAA ultrasound if you:
• Have a family history of abdominal aortic aneurysms.
• Are 65 or older.
• Have a history of smoking.
• Have a family history of aortic aneurysms.
• Have a history of aneurysms in the arteries of your legs.
• Have high blood pressure or other conditions that can weaken arterial walls.

Who’s at risk for an AAA?
You’re more likely to have an AAA if you:
• Are male.
• Are 65 or older.
• Have a history of smoking.
• Have a family history of aortic aneurysms.
• Have a history of aneurysms in the arteries of your legs.
• Have high blood pressure or other conditions that can weaken arterial walls.

To learn more about Southeastern Health Heart and Vascular, visit southeasternheart.org.

What is a stroke?
A stroke occurs when blood flow to part of the brain is interrupted—or when a vessel breaks and bleeds into the brain. In either case, within minutes, brain cells begin to die.

Ischemic strokes are the most common type. They result from blockages in blood vessels in the brain or in the neck arteries that carry blood to the brain.

Often they are caused by a clot that forms in an artery that already has a buildup of fatty deposits called plaque. In some cases, a blood clot can form in another part of the body and then travel to the brain.

Hemorrhagic strokes occur when a blood vessel in the brain becomes weak and then ruptures, flooding the surrounding tissue with blood.

Source: American Heart Association
IN NOVEMBER 2016, the American Hospital Association (AHA) unveiled a report outlining a menu of options for communities, hospitals and policymakers to ensure that vulnerable rural and urban communities have access to essential health care services.

Ensuring health care availability
As the hospital field engages in its most significant transformation to date, 1 out of 3 hospitals is fighting to survive—potentially putting communities at risk for losing their access to local health care services. Southeastern Health (SeHealth)’s President and CEO, Joann Anderson, was enlisted by the AHA to serve on the task force that developed the report.

“Because we operate the only medical center in Robeson County, Southeastern Regional Medical Center, it is vitally important that we represent the health care needs of the community and patients we serve,” says Anderson. “Being invited to serve on this task force was an honor that enabled the voices of our organization, this community—as well as our patients—to be heard on a national level as it relates to rural health care needs in an effort to bring more understanding and support for our continued strides to improve access to health care and the overall health of our residents.”

SeHealth joins task force to deliver health care to vulnerable communities

The American Hospital Association (AHA) task force report outlines nine emerging strategies that can help preserve access to health care services in vulnerable communities. These strategies will not apply to or work for every community, and each community has the option to choose one or more according to its needs.

The nine emerging strategies are:

1. Addressing the social determinants of health
2. Global budgets
3. Inpatient/outpatient transformation strategy
4. Emergency medical center
5. Urgent care center
6. Virtual care strategies
7. Frontier health system
8. Rural hospital/health clinic strategy
9. Indian health services strategies

The AHA will work with Congress and the Centers for Medicare & Medicaid Services (CMS) to create new payment models to support the successful implementation of the strategies. The AHA will also provide assistance and tools to communities, hospitals and health systems looking to adopt the task force-recommended strategies.

The report, with more detailed information on each strategy, case studies, and a complete advocacy agenda and assistance strategy, is available at aha.org/ensuringaccess.
YOUR HEALTH AND SAFETY are our highest priorities.

That’s why we strive to meet and maintain national goals and standards for patient well-being, such as those that emphasize improved safety and quality of care at health care facilities across the country. We use those national goals to focus our efforts on a variety of important issues.

For instance, we take steps to:

Communicate with your safety in mind.

This includes repeating and verifying orders concerning your care. Your test results are communicated as soon as possible to the appropriate doctor or care provider.

Verify your identity.

We double-check your name and birth date to make sure that you receive the appropriate care.

Make sure that medications are given correctly and safely.

Prevent the spread of infections.

We do this by emphasizing handwashing and the use of hand sanitizers.

How you can help

Of course, one of the most important ways to ensure your safety is for you to take an active role in your own health care. We encourage you to take the following steps:

Communicate.

Ask questions—and keep asking, if needed, until you fully understand the answers.

Be proactive.

Find out the results of any tests and procedures you have. If you don’t get the results in a timely manner, call your doctor. Discuss the results and what they mean for your health and your care.

Learn all you can.

If you need surgery, talk out the details with your doctor and surgeon. Ask what exactly will take place, how long the surgery is expected to last and what will happen after the surgery.

Keep your health care team informed.

Tell your doctor and your pharmacist about all the medications you take, whether prescription or over-the-counter, as well as any allergies or reactions you have to medicines. They also need to know about any dietary supplements you take, such as vitamins and herbs.
If you have questions about diabetes education available through Southeastern Health, call 910-618-0655.

IF YOU HAVE diabetes, you’re probably well aware of some of the health risks that come with the disease, like eye and nerve problems. But there is another serious problem that many people with diabetes don’t know about: the increased risk for cardiovascular disease (CVD).

CVD occurs when blood vessels to the heart or brain become clogged with fatty deposits. If these deposits break apart, they can form a blood clot. The clot can restrict blood flow to the brain or heart, causing a heart attack or stroke.

People with diabetes are more prone to having a heart attack or stroke because they tend to have risk factors that can cause CVD, including:

• High blood pressure.
• Unhealthy cholesterol levels.
• Obesity.
• An inactive lifestyle.

Smoking or having unstable blood sugar levels adds to the risk.

In the know and in control
You can avoid—or at least delay—CVD by grabbing the reins and controlling any risk factors you have.

Eat healthy foods. Fill your plate with fruits, vegetables and whole grains. Choose heart-healthy fats, such as fish and nuts. And limit saturated and trans fats, such as fatty meats and pastries.

Know your numbers. Review your A1C, blood pressure and cholesterol levels with your doctor. Set target goals, and form a plan to meet them.

Get active! Swim, cycle or walk at least 30 minutes on five days of the week. You can start with three 10-minute increments per day. Make sure your doctor is OK with your fitness plans.

Lose weight, if recommended. Eating a nutritious diet and exercising can be a big help here.

If you smoke, try to quit. Even if you’ve tried before without success, give quitting another chance. It often takes several attempts to finally ditch the habit for good.

Take any medicines your doctor prescribes. Medicines may give your numbers a healthy nudge in the right direction.

Sources: American Diabetes Association; American Heart Association; National Institutes of Health

If you have questions about diabetes education available through Southeastern Health, call 910-618-0655.

Diagnosis, prediabetes: 3 reasons why that’s good news
Your doctor just told you that you have prediabetes. Here are several reasons you might consider this a lucky day.

You just found out you don’t have type 2 diabetes. That’s good. Diabetes is a potentially dangerous disease. Still, your blood sugar (glucose) is higher than normal—the definition of prediabetes. If your blood sugar continues to rise, you’ll eventually be diagnosed with type 2 diabetes.

You know you have prediabetes. That’s good too. Most people with prediabetes don’t have any symptoms, so they don’t know they’re at increased risk for type 2 diabetes. But now you’re aware of your risk.

You can turn things around. There’s a lot you can do to bring your blood sugar down and help prevent full-blown diabetes. For example, if you’re overweight, dropping 5 to 10 percent of your weight can prevent or even reverse prediabetes. At the very least, losing weight may help delay type 2 diabetes. That’s all good too.

Also, ask your doctor for information about switching to a healthier diet and adding more physical activity to your life. Follow the advice you’re given, and your next blood sugar test may prove to be another lucky day.

Sources: American Diabetes Association; National Diabetes Information Clearinghouse
## KEY SCREENING TESTS

### By age for WOMEN

These recommendations are for most women. Talk with your doctor about what's right for you.

<table>
<thead>
<tr>
<th>Age</th>
<th>Test</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>CHLAMYDIA</td>
<td>Test yearly through age 24 if sexually active.</td>
</tr>
<tr>
<td>20</td>
<td>BLOOD PRESSURE</td>
<td>Be screened at least every 2 years.</td>
</tr>
<tr>
<td>20</td>
<td>CHOLESTEROL</td>
<td>Be screened every 4 to 6 years.</td>
</tr>
<tr>
<td>25</td>
<td>CHLAMYDIA</td>
<td>Continue screening depending on risk factors.</td>
</tr>
<tr>
<td>30</td>
<td>CERVICAL CANCER</td>
<td>Starting at 21, have a Pap test every 3 years.*</td>
</tr>
<tr>
<td>30</td>
<td>BLOOD PRESSURE</td>
<td>Be screened at least every 2 years.</td>
</tr>
<tr>
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<td>CHOLESTEROL</td>
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<td>30</td>
<td>DIABETES</td>
<td>Be screened at least every 3 years (or earlier based on risk factors).</td>
</tr>
<tr>
<td>30</td>
<td>CERVICAL CANCER</td>
<td>Have a Pap test plus an HPV test every 5 years (preferred) or a Pap test every 3 years.*</td>
</tr>
<tr>
<td>45</td>
<td>BREAST CANCER</td>
<td>Start having mammograms.</td>
</tr>
<tr>
<td>45</td>
<td>LUNG CANCER</td>
<td>Be screened annually based on your history of smoking.</td>
</tr>
<tr>
<td>50</td>
<td>PROSTATE CANCER*</td>
<td>Ask your doctor about screening.</td>
</tr>
<tr>
<td>50</td>
<td>CHOLESTEROL</td>
<td>Be screened every 4 to 6 years.</td>
</tr>
<tr>
<td>50</td>
<td>COLORECTAL CANCER</td>
<td>Talk with your doctor about screening options.</td>
</tr>
<tr>
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<td>55</td>
<td>OSTEOPOROSIS</td>
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<td>65</td>
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<td>Start screening (or earlier based on risk factors).</td>
</tr>
</tbody>
</table>

*Women who have been screened regularly and had normal results can stop screening at age 66.

Sources: American Cancer Society; American Diabetes Association; U.S. Preventive Services Task Force

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### KEY SCREENING TESTS

### By age for MEN

These recommendations are for most men. Talk with your doctor about what's right for you.

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*African American men should talk with their doctor at age 45.

Sources: American Cancer Society; American Diabetes Association; American Heart Association; National Osteoporosis Foundation; U.S. Preventive Services Task Force
WHAT’S THE LINK?
If you have asthma, your airways are swollen and sensitive. Asthma triggers cause the airways to tighten further and make breathing more difficult. There is no cure for asthma, but medicines—and avoiding asthma triggers—can help you manage the disease.

Not everyone who has allergies has asthma, but many people with asthma also have allergies. Allergies can trigger your airways to narrow. It’s important to know your allergy triggers, or allergens, so you can avoid them.

**COMMON ALLERGENS THAT MAKE ASTHMA WORSE:**
- Cockroaches.
- Animal dander.
- Dust mites.
- Indoor mold.
- Pollen.
- Outdoor mold.

**OTHER ASTHMA TRIGGERS MAY INCLUDE:**
- Cold air.
- Exercise.
- Some illnesses and medicines.
- Tobacco smoke, air pollution and strong odors.

TESTING FOR ASTHMA

**Spirometry:** This test measures air flow in your lungs—how much air you can breathe in and how fast you can blow it out.

**Physical exam:** Your doctor will probably ask questions about your symptoms and check your breathing.

**Your doctor may also recommend:**
- Allergy testing to see what allergens might affect you.
- A test to check how sensitive your airways are.
- Tests to see if other medical problems, such as sleep apnea, are causing your asthma symptoms.

TESTING FOR ALLERGIES

**Most common and reliable method:**

**Skin testing:** Small amounts of specific allergens are placed in the skin to determine if there are any reactions.

BREATHE EASIER: Ask your doctor about allergy testing through Southeastern Regional Medical Center’s Laboratory.
Elegant **CHEESY SPINACH CAKES**

**INGREDIENTS**
- 12 ounces fresh baby spinach
- ½ cup part-skim ricotta cheese (low-fat cottage cheese may be substituted)
- ¼ cup shredded Romano (Parmesan cheese may be used)
- 3 large eggs (can substitute 2 large eggs, plus 2 egg whites, beaten)
- 2 cloves garlic, minced
- Freshly ground pepper to taste
- Canola oil cooking spray

**DIRECTIONS**

1. Preheat oven to 400 degrees.

2. Use food processor and pulse spinach until it is finely chopped, but don’t overdo it. Place spinach in bowl. Add cheeses, eggs, garlic and pepper. Stir to combine well.

3. Coat 8 cups of a muffin pan (½ cup size) with spray. Spoon in spinach mixture. Bake about 20 to 22 minutes.

4. Remove pan from oven, and let stand 6 or 7 minutes to allow spinach cakes to firm up. Loosen sides with knife, and gently lift out. Sprinkle a bit of additional Romano or Parmesan on top (optional), and serve warm as a great appetizer or side dish.

**NUTRITION INFORMATION**

Serving size: 1 cake. Amount per serving: 80 calories, 4g total fat (2g saturated fat), 5g carbohydrates, 7g protein, 2g dietary fiber, 180mg sodium.

Source: American Institute for Cancer Research
If you have medication questions or want to transfer your prescription, call Southeastern Pharmacy, located within Southeastern Regional Medical Center, at 910-735-8806 or Southeastern Health Mall Pharmacy at 910-735-8858.

Older adults often take their medicines incorrectly. Here are some common reasons:

- **Multiple prescriptions** make it hard to keep doses straight.
- **Vision problems** can make it hard to read the label.
- **Side effects** can lead people to skip doses.
- **Cost** can make people cut back on their medicines.
- **Memory problems** can lead to missing a dose.
- **Seeing more than one doctor** can lead to duplications.

**MEDICINE MISTAKES**

1. When you go to your doctor’s office, the pharmacy or the hospital, bring a list or a bag with all your medicines.
2. Ask questions about your medicines.
3. When you go to the pharmacy, make sure your medicine is what the doctor ordered.
4. Ask how to use the medicine correctly.
5. Ask about possible side effects.

**5 TIPS FOR MEDICINE SAFETY**

Source: Agency for Healthcare Research and Quality

Source: National Council on Patient Information and Education