

Johns Hopkins Bayview

health & wellness



JOHNS HOPKINS
MEDICINE

Withstanding the Test of Time

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losing weight and staying healthy
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*Marie Marucci
enjoying life
after her gastric
bypass surgery.*

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Dedicated to Diabetes

Johns Hopkins Diabetes Center offers the latest treatments to help patients

“Diabetes is a chronic disease, and it can require a lot of time, effort and perseverance on the part of our patients,” explains diabetes treatment specialist Sudipa Sarkar, M.D. This is precisely what the Johns Hopkins Diabetes Center offers people who have been diagnosed with diabetes—help with what can be an overwhelming change in daily life.

Below, Dr. Sarkar talks more about diabetes and what makes treatment at the Diabetes Center uniquely comprehensive.



What is diabetes?

Diabetes is a disease that results from either a complete lack of insulin or a decreased ability to make insulin.

What is the difference between type 1 and type 2 diabetes?

People with type 1 diabetes do not make insulin. People with type 2 diabetes usually do not make enough insulin.

Sudipa Sarkar, M.D.
Endocrinologist



What are the most common struggles people have with managing diabetes?

From a broad perspective, socioeconomic factors can affect a person's ability to gain access to care and treatment of diabetes. Another struggle patients have shared with me during treatment is feeling embarrassed to check their blood sugar or inject insulin in front of friends or at a social event. These are real struggles and can have a huge effect on the management of the disease, so it's important to acknowledge them.

Should You Be Screened for Diabetes?

Talk to your doctor if you are:

- 45 years of age or older
- Have a body mass index greater than 25
- Have a family history of diabetes
- Have/had gestational diabetes

More than
29 MILLION
people in the United States
have diabetes.

In adults,
TYPE 2
diabetes accounts for about
90-95%
of all diagnosed cases.

NEARLY A THIRD



of American adults are at high risk
for developing diabetes.

\$13,700



is the average amount a person
diagnosed with diabetes spends
per year on medical expenses.

Those diagnosed with
diabetes also are at risk for:



HIGH BLOOD PRESSURE



BLINDNESS/EYE PROBLEMS



HEART DISEASE



STROKE



KIDNEY DISEASE

Why was the Johns Hopkins Diabetes Center created? What makes it a unique place for the treatment of diabetes?

The Diabetes Center was created to address a need in the community for dedicated diabetes care, in particular for those who may not completely understand their condition and why continued treatment is so important. We're focused on the care of diabetes and the prevention of diabetes-related complications, such as heart and kidney disease, as well as providing quality diabetes education to our patients and their loved ones.

When we see a patient in our clinic, we're able to download blood glucose readings from their personal glucometer, extract information from their insulin pump, obtain a hemoglobin sample,

and relay all of the results back to the patient in minutes. This helps us continuously follow the patient's condition and informs our discussion of diabetes treatment.

We also maintain partnerships with our colleagues in ophthalmology, neurology, nephrology and podiatry, as many of our patients see specialists in these fields.

The Diabetes Center offers locations at Johns Hopkins Bayview, The Johns Hopkins Hospital and Johns Hopkins at Green Spring Station.

—Jessica McQuay

How Can You Prevent a Type 2 Diabetes Diagnosis?

- **Maintain a healthy diet**
Ask a nutritionist for guidance.
- **Lose weight**
Patients who lose as little as five percent of their body weight can dramatically reduce their risk of developing diabetes.
- **Exercise regularly**
Patients who exercise on a regular basis can cut their risk of diabetes by half.



To schedule an appointment, please call 410-955-9270.

Withstanding the Test of Time

Patient finds lasting success in losing weight and staying healthy

Marie Marucci had been overweight since she was a teenager. Time after time, the Dundalk resident tried and failed to lose weight. “You name it—I tried it.” Marucci bounced from one thing to another for decades, including popular commercial diet programs, liquid and low-carb diets, and even hypnosis. “Nothing worked,” she says.

Marucci’s attempts to get healthier almost seemed cursed. In 1984, she was hit by a car while crossing the street and needed surgery to repair her left knee. Soon after, she fell and damaged her knee again, requiring another surgery. When she developed arthritis, her surgeon told her the only way to relieve her pain was to lose weight. While exercising, she injured her other knee and developed arthritis there, too.

After Marucci lost her husband to cancer in 2007, she handled grief by eating. “Food was my crutch,” she says. She gained 150 pounds in three years and developed type 2 diabetes, high chole-

sterol, high blood sugar and sleep apnea. Marucci could only work part-time, was barely able to walk and could not get in and out of bed comfortably.

Throughout these hardships, Marucci knew she could always lean on her older sister Karen. “She’s my best friend. She’s always there for me and has always been concerned about my weight,” Marucci says. On Thanksgiving Day of 2010, Karen handed Marucci a brochure from the Johns Hopkins Center for Bariatric Surgery.

Marucci hesitantly attended an information session in January 2011. Even then, she was uncertain if bariatric surgery was the answer for her or if she could commit to the lifestyle changes it would require. Ultimately, she decided that surgery gave her the best chance to live a healthy life, and that Johns Hopkins offered the best support network for patients. In August 2011, Marucci met with surgeon Thomas Magnuson, M.D., to begin preparing for bariatric surgery.

Gastric bypass is a type of bariatric surgery that creates a small pouch in the stomach to make patients feel full while eating much less food. “The gastric bypass has always been the gold standard operation that we started doing in the late 1990s,” Dr. Magnuson explains.

Marucci underwent gastric bypass surgery in July of 2012, and the weight began to fall away. She lost 90 pounds within the first five months after surgery, ultimately losing over 250 pounds. She walks and exercises regularly, and swears by her pedometer. “The more I walked, the better it felt,” she says.

Marucci also began a more protein-rich diet, which she says “gave me energy to be more active, and I never had a hunger pang.” A self-proclaimed “chocoholic,” Marucci now

satisfies her chocolate cravings through her calcium and protein supplements.

Thomas Magnuson, M.D.
Bariatric surgeon



For more information on bariatric surgery, or to register to attend an information session, visit hopkinsmedicine.org/jhbmc/bariatrics.

With the weight loss, Marucci's health complications nearly disappeared. She no longer takes diabetes or cholesterol medication and feels much less arthritis pain. Dr. Magnuson explains, "The main reason we do the operation isn't the weight loss. It's to get rid of medical problems related to being heavy."

"Sometimes, people's diabetes go away before they leave the hospital. And after a year, most of these medical problems are gone," he says.

This past July marked five years since Marucci's gastric bypass. She is grateful for Dr. Magnuson and the entire team at the Johns Hopkins Center for Bariatric Surgery.

"There is always someone I can call if there is an issue, and they always have a response," Marucci says. She also regularly speaks at sessions and attends support groups on the Johns Hopkins Bayview campus. After finding the groups so valuable, she "pays it forward" to others by sharing her experience and providing support.



Marucci believes this encouragement and camaraderie helps to keep people focused on improving their own health and their own lives. "You have to do it for yourself. It's the only way you are going to be successful."

—*Esther Hong*

The Johns Hopkins Center for Bariatric Surgery reached two major milestones in 2017. This year marks the 20th anniversary of the program, as well as 5,000 surgeries performed. Johns Hopkins Bayview Medical Center was the first academic medical center to perform bariatric surgery. The first procedure, an open gastric bypass, was performed by Thomas Magnuson, M.D., on June 27, 1997.

The Center's dedication to patient safety has produced one of the lowest complication rates in the United States. Developing less invasive procedures, conducting clinical research and joining quality improvement initiatives have made bariatric surgery safer and improved patient outcomes. As the surgery's health benefits become known and risks are reduced, procedures have become more popular.

"There are eight accredited centers in the greater Baltimore area. Considering that there was once no other academic center in the U.S. performing bariatric surgery, it's a testament of how well people have done with the surgery," says Dr. Magnuson.

The Center's success over the past 20 years is largely owed to its multi-team approach, explains medical director Michael Schweitzer, M.D. "It's been a multi-disciplinary approach since the beginning, and we were the first in the region to do that. There's obviously the surgeon, but also the dietitian, mental health professional, nurse practitioner and other staff who are involved."



MAP

Helping adolescents and young adults find a way to overcome mood disorders

On the outside, Rachel* seemed happy to friends and family members.

The Virginia teenager was creative, vivacious, intelligent, musically-talented and always appeared to be comfortable in her own skin. But on the inside, she was suffering.

To cope with her emotions, she began cutting herself around 10th grade. When her boyfriend died during her senior year of high school, her mental health challenges escalated. She was depressed and began having hypomanic episodes.

“I was all over the place with my moods,” Rachel said. “Once the highs stop, then you get that severe, horrifying depression. It was so bad, I honestly wouldn’t get out of bed or shower. The depression consumed me.”

Looking for Treatment

Rachel’s mother sought help for her daughter as soon as she learned of the cutting. But most of the psychiatrists and therapists they saw lacked the patience and experience Rachel needed, her mother says.

That’s why the family turned to Johns Hopkins Bayview Medical Center’s Mood Disorders in Adolescents and Young Adults Program (MAP). Led by Leslie Miller, M.D., MAP is a specialized treatment program for adolescents and young adults between 12 and 22 years old who are experiencing mood or anxiety symptoms like major depressive disorder, bipolar disorder and generalized anxiety disorder. A multidisciplinary team provides evaluation and ongoing outpatient treatment, including cognitive behavioral

therapy (CBT); dialectical behavior therapy (DBT); individual, family and group psychotherapy; and medication management.

“We formed MAP in 2015 to specifically address the needs of adolescents and young adults with mood and anxiety disorders,” Dr. Miller says. “As part of the program, we believe it is essential to involve family members in treatment.”

Leslie Miller, M.D.
Psychiatrist



“Another strength of our program is that we offer a team-based approach while working collaboratively with patients and parents,” adds Arielle Goldman, a licensed social worker and senior MAP therapist.

Before coming to MAP, Rachel experienced several unsuccessful therapies. At one point, she was taking 10 medications that had a zombie-like effect on her. Her mother recalls picking Rachel up from college in the spring of 2016.

“She was gray from all the meds,” her mother says. “I’d never seen her like that. She was almost comatose. I asked her if she was OK, and she said, ‘I don’t know, mom.’ And she started crying.”

Finding Help

They made their first trek to Baltimore in September 2016 for help.

After evaluating Rachel, Dr. Miller suggested she be admitted to the psychiatric unit at Johns Hopkins Bayview. Rachel and her mother agreed.

“That was the best thing that could have ever happened to me,” Rachel says. “Almost every other doctor either didn’t understand or they just couldn’t help me. When I came to Hopkins, I felt like they listened. And they knew what they were talking about.”

“They were there for her,” Rachel’s mother adds. “They were invested in her.”

Rachel’s hospitalization “jump started” her treatment, Dr. Miller says. While there, doctors stopped a few of her medications and narrowed her diagnosis down to Bipolar II Disorder, a condition where patients have episodes of depression and hypomania. After she was discharged, Rachel and her mother began the weekly, sometimes 13-hour trek from their Virginia home to Baltimore and back to ensure Rachel received consistent outpatient treatment. They had difficulty accessing mental health treatment in their local community.

Goldman worked with Rachel on discussing and understanding past trauma and developing emotion regulation and distress tolerance skills, while Dr. Miller worked with Rachel and her mom on medication management and progress toward improved mood, sleep and appetite.

“Rachel was motivated and determined to make progress; however, she was open to support from her mom when needed,” Dr. Miller says.

“Our patients are not quite ready for adult psychiatry, so we formed in 2015 to help this population,” Dr. Miller says. “We strongly believe it’s important to involve families, so our model always includes family members.”

As Rachel improved, the therapy sessions moved from weekly to every other week and then monthly. By spring, Rachel was a different person, Dr. Miller and Goldman say.

Discovering Hope

Rachel, who is now 20, is sleeping well, eating well, exercising, working a part-time job and taking classes at a Virginia college. She is down to two medications. In the future, she wants to be a psychologist so she can help others the same way the staff at Hopkins helped her.

“They changed my life,” Rachel says. “They saved my life, and I will never be able to thank them enough.”

** Name has been changed to protect the patient’s identity.*

—Allison Eatough

Mood disorders present differently, depending on the person. Recognizing symptoms early can lead to better outcomes. If you think your child may have a mood disorder, here are some signs to watch for:

- Persistent feelings of sadness or irritability
- Feeling hopeless or helpless
- Feelings of wanting to die
- Loss of interest in usual activities or activities once enjoyed
- Difficulty in relationships with peers, teachers and/or family members
- Sleep disturbances (for example, insomnia or hypersomnia)
- Changes in appetite or weight
- Decreased energy
- Difficulty concentrating
- Isolating from friends and/or family members



To contact MAP or make an appointment, please call 410-550-0104.



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Honoring Family Caregivers

Remembering the importance of caring for the caregiver



A family caregiver can be someone caring for a spouse, a parent, an extended family member, or even a friend or neighbor.

Caregiving can be a 24-hour-a-day, seven-day-a-week job, and sometimes can even overshadow other important parts of the caregiver's life.

At Johns Hopkins Bayview, we recognize the importance of family caregivers, as well as the physical and emotional stresses that can accompany caregiving.

Called to Care® is a program that helps prepare and support individuals caring for loved ones with health-related needs or limitations.



Learn more and download a free Family Caregiving Guide by visiting hopkinsmedicine.org/jhbmc/c2c and click on "Education."

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Do you provide someone help with:

- Transportation to medical appointments?
- Purchasing or organizing medications?
- Monitoring their medical condition?
- Communicating with health care professionals?
- Advocating on their behalf with providers or agencies?
- Getting in and out of beds or chairs?
- Getting dressed?
- Bathing or showering?
- Grocery or other shopping?
- Housework?
- Preparing meals?
- Managing finances?

If you answered "yes" to one or more, you are a caregiver.

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