Wellness Matters

WINTER 2015

Be Well This Winter
Digesting GI Conditions

HOWARD COUNTY GENERAL HOSPITAL
JOHNS HOPKINS MEDICINE
President’s Message

Dear Friends,

In this issue of Wellness Matters, you will read about the postponement of our Symphony of Lights holiday tradition until 2016. The community-beloved Symphony of Lights festivities will take a pause to allow for the redevelopment of Merriweather Park at Symphony Woods in Columbia. During this time, our light displays, many of which are more than 20 years old, will be refurbished and updated with new environmentally friendly LED bulbs.

I encourage you to support the update of the Symphony of Lights displays and the hospital this holiday season by sponsoring a new LED light bulb for $10 at hcgh.org/brightenthelights. Additionally, I urge you to keep our holiday tradition close to your hearts this year by enjoying our video drive through of Symphony of Lights available at hcgh.org/symphonyoflights and to share your photos and experiences of past Symphony of Lights at Facebook.com/symphonyoflightsfestivities.

Since moving to Howard County, Symphony of Lights has become a tradition I have enjoyed with my family, and I hope to see you all next year when Symphony of Lights returns brighter and better than ever.

As always, please be well this winter and best wishes to you and your family this holiday season!

Wishing you a happy and healthy new year.

Sincerely,

Steve Snelgrove
President

Wellness Matters is published by Howard County General Hospital, a private, not-for-profit, health care provider, and a member of Johns Hopkins Medicine. Your physician should be consulted in regard to matters concerning the medical condition, treatment and needs of your family.

Please direct comments regarding Wellness Matters to 410-740-7810.
Hospital Information: 410-740-7890
Does heartburn have you hostage?

Rudy Rai, M.D., a gastroenterologist on staff at HCGH answers your questions:

Q: What is GERD?
Gastroesophageal reflux disease (GERD)/acid reflux disease is a chronic digestive disease that occurs when stomach acid or other stomach contents flow back into the esophagus irritating the lining.

Q: What are common causes?
Causes include an abnormal weakness or relaxation of the lower esophageal sphincter—a circular band of muscle around the bottom part of your esophagus that allows food and liquid to flow into your stomach—or structural problems, e.g., hiatal hernia, which weaken the mechanism that prevents acid reflux into the esophagus.

Q: What are signs and symptoms?
Symptoms vary and include burning in the chest, throat or upper abdomen (heartburn); acid reflux into the throat causing voice hoarseness, cough, throat irritation; and/or angina or chest pain.

Q: How is it diagnosed?
Your doctor may be able to diagnose GERD based on frequent heartburn and other symptoms. Other tests include pH testing, endoscopy and X-rays of the upper digestive tract.

Q: What lifestyle changes help?
Maintain a healthy weight. Excess pounds put pressure on your abdomen, pushing up your stomach and causing acid to back up into your esophagus.

Avoid tight-fitting clothing around your waist. This puts pressure on your abdomen and the lower esophageal sphincter.

Avoid food and drink triggers. Common triggers such as fatty or fried foods, tomato sauce, alcohol, chocolate, mint, garlic, onion and caffeine may make heartburn worse.

Eat smaller meals. Too much food in your stomach may put pressure on your esophageal sphincter and not allow it to close.

Don’t lie down after a meal. Wait at least three hours after eating before lying down or going to bed.

Elevate the head of your bed. If you regularly experience heartburn at night, put gravity to work for you. Place blocks under your bed so that your head is raised 6 to 9 inches. If it’s not possible to elevate your bed, insert a wedge—available at medical supply stores—between your mattress and box spring to elevate your body from the waist up. Raising your head with additional pillows is not effective.

Don’t smoke. Smoking decreases the lower esophageal sphincter’s ability to function properly.

Q: How is it treated?
Most people can manage GERD discomfort with lifestyle changes and over-the-counter medications that neutralize stomach acid. If you don’t experience relief within a few weeks, you may need stronger medications, or even surgery, to reduce symptoms. New surgical options are offering promising results.

To read more about GERD testing, treatments and complications, visit hocowellandwise.org.
IBS and IBD…do the acronyms representing a host of gastrointestinal disorders have you confused?

Irritable bowel syndrome (IBS) and inflammatory bowel disease (IBD) do share some similar symptoms, but treatment varies significantly between the two conditions, making it important to get an accurate diagnosis.

According to Johns Hopkins Medicine, “IBD is the overarching name of two chronic diseases which cause swelling of the intestines or the colon: Crohn’s disease and ulcerative colitis. IBS is a digestive disorder that causes abdominal pain, diarrhea, constipation, bloating, gas or a combination of these.”

Crohn’s disease is a chronic, inflammatory IBD affecting all or only a small part of the gastrointestinal (GI) tract. This autoimmune condition can progress deep into affected tissue. Ulcerative colitis is an IBD where the inner lining of the large intestine and rectum become inflamed and ulcers can form.

The symptoms of IBD vary and are similar to other bowel conditions and include diarrhea, abdominal pain and cramping, fatigue, fistulas, incontinence, rectal bleeding and weight loss. “IBD symptoms are not only found in the GI tract. Symptoms can be extra-intestinal (outside the intestine) to include arthritis and joint pain, rashes and eye redness,” says Grishma Joy, M.D., a gastroenterologist on staff at HCGH. “You should see a doctor if you have symptoms lasting more than a few weeks and/or have recurrent symptoms, persistent pain, unintentional weight loss and/or rectal bleeding.”
Diagnosing IBD
Initially, testing for IBD begins with blood work and a lab test to check for inflammatory markers in your stool. A colonoscopy, often combined with an upper endoscopy, to collect tissue samples and visualize the GI tract are important tools in diagnosing IBD.

What Causes IBD?
According to Dr. Joy, “The exact cause of IBD remains unclear, but we know that genetics and environmental factors can trigger IBD. Potential risk factors include if you:

- have had your appendix removed,
- used Accutane (a form of vitamin A used to treat severe acne),
- have a relative with IBD or
- are of Jewish ancestry (although IBD can occur in all ethnic and racial groups).

Also, if you have IBS or celiac disease, you can also have IBD.”

Diet
There is no specific IBD diet, but Dr. Joy suggests the following tips that may decrease your symptoms:

- include fewer foreign substances in your diet such as processed foods;
- reduce fresh fruits/raw vegetables – the antigens found in these uncooked foods can trigger a chemical reaction that causes IBD symptoms. Instead, cook fruits and vegetables before eating them to eliminate the antigens;
- avoid red meat – it is hard to digest and animal fat, along with fat in general, causes inflammation. If you are already overweight, you have a higher level of inflammation in your body already, and you should concentrate on avoiding too much fat that will only further increase your inflammation levels.

Treating IBD
Although there is no cure for IBD, there are several medications available to help those with IBD. “Many of the side effects of IBD prescription medications can be concerning. However, it is important for those diagnosed with IBD to understand their importance. If IBD is untreated, your risk of cancer can be increased. Additionally, untreated IBD can result in complications as the disease progresses, including: perforation or tearing of the intestines as a result of deep ulcers; abscess or infection; a fistula attaching to other organs; or malnutrition,” says Dr. Joy. “IBD can really affect quality of life and, as such, those with IBD may suffer from depression. Recognizing and addressing this is a very important aspect of effective management of the disease.”

There are many studies that show over-the-counter probiotics can provide relief from IBD symptoms. However, probiotics do not heal the intestinal lining, so you will need to continue taking your prescription medications too.

“There are many new FDA-approved medications showing promise for those with IBD, and much research is in the pipeline,” notes Dr. Joy. “Nevertheless, if you are not responding to medication currently available, surgery can be an effective treatment option that often brings significant relief.”

Grishma Joy, M.D., is a gastroenterologist with Digestive Disease Associates in Columbia. Appointments: 410-992-9797
In the last few years, the phrase “gluten-free” has become a regular, household term. Whether you are walking down an aisle in the grocery store or reading a menu at a restaurant, it is no longer uncommon to see these words. For those suffering from celiac disease, these new additions are a welcome sight.

**The Celiac Disease and Gluten Connection**

Celiac disease is an autoimmune disorder that affects the small intestine when gluten is consumed. According to Johns Hopkins Medicine, “When people with celiac disease eat foods containing gluten, their immune system responds by damaging the small intestine. Tiny fingerlike protrusions, called villi, which line the small intestine and enable the absorption of nutrients from food into the bloodstream, are lost. Without these villi, malnutrition occurs, regardless of how much food a person consumes.”

Celiac disease can be confused with irritable bowel syndrome (IBS) or other bowel issues. Patients are diagnosed most often with a blood test, which is a noninvasive approach. However, the gold standard to diagnose celiac disease is through an endoscopy with biopsies of the small intestine. Before any testing for celiac disease, you should continue to include gluten in your diet to ensure accurate results. Many people follow a gluten-free diet when they do not have celiac disease. According to Mahmood Solaiman, M.D., a gastroenterologist on staff at HCGH, “For those with celiac disease, it is absolutely essential to eat a gluten-free diet. For everyone else who is avoiding gluten, you may be limiting your choices unnecessarily.”

Signs of celiac disease can include bloating, gas, indigestion and diarrhea. “Some patients could have constipation or no GI symptoms at all,” explains Dr. Solaiman. “If you are having digestion issues, you should see your primary care physician first. If there is no diagnosis and symptoms don’t resolve, then you should visit a gastroenterologist who specializes in conditions of the digestive tract.”

Mahmood Solaiman, M.D., is a gastroenterologist with Gastro Associates in Elkridge. Appointments: 410-590-8920
“Anyone can get celiac disease,” says Dr. Solaiman. “In fact, about one percent of the population, or nearly three million people, likely have celiac disease and are unaware of it.” Celiac disease is a genetically predisposed disorder. “Once a family member is diagnosed, you should be aware that you are at a higher risk of having or developing the disease and may want to be tested. However, you can be a carrier of celiac disease and never show symptoms until later in life, if at all.” Being a carrier of the gene means you may not have the disease, but may be prone to it. It does not mean you will definitely develop it. Additionally, people with autoimmune disorders such as rheumatoid arthritis, Type 1 diabetes, osteoporosis, abnormal liver function and/or disease, or anemia, are at higher risk for celiac disease. If you have one of these autoimmune conditions should consider being tested for celiac disease if you have symptoms and are not improving.

According to Dr. Solaiman, although there is no cure for the disease, there is a lot of research underway for treatment, including prescription drug studies. Currently, the only treatment that is known to ease the symptoms of celiac disease is to eliminate foods containing gluten from your diet.

**So what should I eat?**

“I recommend my patients look at The Celiac Foundation’s website (celiac.org) or the National Foundation of Celiac Awareness website (celiaccentral.org). These websites have a lot of good information on diet options,” says Dr. Solaiman. “The most important consideration when choosing your food is to be mindful of reading labels as many unsuspecting foods, and even some medications, contain gluten.”

**When am I going to feel better?**

“If you have celiac disease and start reducing your gluten intake, you should feel better within a couple of weeks. Although, in some cases it takes up to a month before you notice a difference and start feeling better,” says Dr. Solaiman. “Often this occurs because you have unknowingly consumed gluten.”

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**What is gluten?**

Gluten is the name used for the proteins found in wheat, rye and barley. It acts as glue in foods, helping them maintain their shape and is found in many foods.
The U.S. Food and Drug Administration (FDA) recently announced that they are “strengthening an existing label warning that non-aspirin nonsteroidal anti-inflammatory drugs (NSAIDs)—including ibuprofen, naproxen, diclofenac and celecoxib as well as others—can increase the chance of heart attack or stroke. The risk of heart attack and stroke with NSAIDs, both of which can lead to death, was first described in 2005 in the Boxed Warning and Warnings and Precautions sections of prescription drug labels.”

“We knew that long-term use of NSAIDs could increase the risk of heart disease and stroke, but this new study discovered that short-term use could also pose a significant threat,” says Keith Freidman, M.D., a cardiologist on staff at HCGH. “This warning is especially important for high-risk groups to include males over age 50, females over age 60 and those who have high-risk factors of developing coronary artery disease such as diabetes, high blood pressure, high cholesterol, smoking or obesity.

“For my patients with diagnosed coronary artery disease, a stent, history of a heart attack or bypass surgery who are suffering from a headache, arthritis or backache, I recommend that they take NSAIDs for no more than a few days. If you are a high-risk cardiac patient, but have not had a cardiac event, you can take NSAIDs for a few weeks but no longer.”

If you want to avoid the risks associated with NSAIDs, acetaminophen or aspirin are safer alternatives to manage pain. If you have concerns, you should call your doctor to discuss your risk of taking NSAIDs versus the benefit they may have in treating your pain.

If you experience symptoms, such as chest pain, shortness of breath or trouble breathing, weakness in one part or side of your body or slurred speech, always call 911 instead of driving yourself to the hospital.
According to the FDA, new prescription NSAID labels will be revised to reflect the following information:

- The risk of heart attack or stroke can occur as early as the first weeks of using an NSAID. The risk may increase with longer use of the NSAID.

- The risk appears greater at higher doses.

- It was previously thought that all NSAIDs may have a similar risk. Newer information makes it less clear that the risk for heart attack or stroke is similar for all NSAIDs; however, this newer information is not sufficient for us to determine that the risk of any particular NSAID is definitely higher or lower than that of any other particular NSAID.

- NSAIDs can increase the risk of heart attack or stroke in patients with or without heart disease or risk factors for heart disease. A large number of studies support this finding, with varying estimates of how much the risk is increased, depending on the drugs and the doses studied.

- In general, patients with heart disease, or risk factors for it, have a greater likelihood of heart attack or stroke following NSAID use than patients without these risk factors because they have a higher risk at baseline.

- Patients treated with NSAIDs following a first heart attack were more likely to die in the first year after the heart attack compared to patients who were not treated with NSAIDs after their first heart attack.

- There is an increased risk of heart failure with NSAID use.

HCGH President Shares the Stage with the First Lady

As part of her Reach Higher initiative, first lady Michelle Obama visited the allied health program at Howard Community College (HCC) on September 17 and spoke with high school students about the value of higher education. HCGH President Steve Snelgrove represented the hospital in a panel discussion about students’ options for higher education and the training and employment opportunities at HCGH, including career and tuition assistance for employees.

The panel included, from left, HCC President Dr. Kathleen Hetherington, first lady Michelle Obama, student Trecya Jordan, HCGH President Steve Snelgrove and moderator Lauren Williams from Essence Magazine.

Safely Disposing of Your Unwanted Medications

According to the U.S. Environmental Protection Agency, the safe disposal of unwanted prescription medication “prevents poisoning of children and pets as well as health problems from accidentally taking the wrong medicine, too much of the same medicine, or a medicine that is too old to work well; deters misuse; and keeps medicines from entering streams and rivers when poured down the drain or flushed down the toilet.”

The Howard County Police Department (HCPD) and HC DrugFree have installed three permanent medication disposal boxes in an effort to assist Howard County residents in disposing of unwanted or expired prescription and over-the-counter medications safely and anonymously.

The new permanent fixtures will be maintained by the HCPD and allow residents to drop off unwanted medications 365 days a year at: HCPD Northern District Station (3410 Courthouse Drive in Ellicott City), HCPD Southern District Station (11226 Scaggsville Road in Laurel) and the Gary Arthur Community Center (2400 Route 97 in Cooksville).
End-of-Year Planning Checklist

Don’t Let December 31 Sneak Up on You

With this year’s challenges and accomplishments still fresh in your mind, now is a good time to review and update your estate plans. To help you in this process, we have constructed the following checklist of estate planning actions for you to go over as the end of the year rolls closer.

- Review your current will and trusts. These may need to be updated because of major changes in your life, such as births, deaths, marriages or a move to a different state.
- Take inventory and make a written record of the contents of any safe-deposit box. Give a copy to a trusted family member and note any items that you are holding for someone else that don’t belong to you.
- Review the beneficiary designations for your life insurance and retirement plans to make sure your beneficiary isn’t someone who is now deceased or a former spouse.
- Make sure your durable power of attorney for health care and living will are current.
- Be sure you are comfortable with the guardian named in your will for those under your care, such as minor children or a loved one who is disabled.
- Finish charitable contributions by December 31. As you think about special holiday gifts for family and friends, remember that making charitable gifts to organizations such as the Howard Hospital Foundation in their honor can be a heartwarming experience that also offers you tax benefits.

How You Benefit From Your Generosity

When giving at year-end, depending on the gift arrangements you choose, you can:

- Reduce your income taxes.
- Increase your spendable income.
- Eliminate capital gains tax.
- Attain no-cost, worry-free asset management.

Questions About Giving?

If you’re interested in planning a charitable gift, ask us for help. We can assist you in determining the best way to remember us this year or in your estate. For more information, contact the Howard Hospital Foundation at 410-740-7840 or visit hcgh.org/hhfplannedgiving.
Symphony of Lights Postponed Until 2016

Symphony of Lights festivities will be postponed until fall 2016 to allow for the redevelopment of Merriweather Park at Symphony Woods in Columbia, Md. This includes all events: Dazzle Dash, Twinkling Tots, Bike the Lights, Tail Lights, nightly drive throughs, group walk throughs and Midnight at 7.

Howard Hospital Foundation holds Symphony of Lights as a fundraising event for the hospital with annual net proceeds totaling more than $300,000. Over the past 21 years, the events have raised $7.5 million that has been used to support the Maternal Child Unit, Neonatal Intensive Care Unit, Campus Development Plan and in areas of greatest need.

In the interim, the light displays, many of which are original and more than 20 years old, will be refurbished and updated so that when we return in 2016, Symphony of Lights will be brighter and better than ever. Throughout this next year, the 250,000 bulbs on the displays also will be replaced with environmentally friendly LED lights.

If you are interested in supporting the refurbishment of the Symphony of Lights displays and the hospital this holiday season, you can sponsor a new LED light bulb for a donation of $10 at hcgh.org/brightenthelights. Donations can be made in honor or in memory of loved ones. Those supporting this campaign at a level of $100 or more will be recognized on the hospital’s website.

In lieu of the traditional light display this year, we invite you to enjoy a video drive through of the Symphony of Lights available at hcgh.org/symphonyoflights. Those who have attended Symphony of Lights festivities in the past are encouraged to share their photos and experiences at Facebook.com/symphonyoflightsfestivities.

HCGH and HHF thank all of you who have volunteered, participated or sponsored Symphony of Lights over the past 21 years. We look forward to seeing you at next year’s Symphony of Lights festivities!

*If you’d like to be the first to hear about next year’s events, “like” us at Facebook.com/symphonyoflightsfestivities.*

Special thanks to our Brighten the Lights Sponsors:

PRESENTING SPONSOR

[Image of sponsors' logos]
Honoring Caregivers with a BIG HUG AND DONATION

In a letter addressed to the “Lifesavers at HCGH,” Mike and Kathie Smith described their experiences with the staff of numerous departments at the hospital and how those interactions inspired them to honor Mike’s son’s caregivers with a donation.

“You must get hundreds of these letters, however, I want to assure you that none of them are more from the heart than this thank you is!” writes Mike. “There are so many comforting and caring memories that I will hold on to forever. I want to truly express our family’s thanks to the entire hospital. To the doctors—every one of you not only provided great care but you also took the time needed to explain what was happening—often more than once—to very upset and scared family members. I hesitate to start naming names—that always results in deserving people being left out, and we owe the entire hospital one big hug.”

Mike recalls leaving the ICU one day after an early morning visit when a nurse approached him. “Maybe I looked confused,” recalls Mike. “But, she stopped where she was going and asked if I had questions and then she made sure I had answers. After that, I started subconsciously noticing how much the people of HCGH cared. From the start of my son’s admission with the nurses and doctors in the Emergency Department (especially Amanda Bryant, R.N.), followed by a prayer offered by an HCGH chaplain and recovery room nurse in the surgery waiting room that had us in tears and lifted our hearts at the same time—these were just snippets of time—but they made such an impression. Dr. ‘Uma’ gave us such attention and provided us with reassurance. ICU doctors and staff especially Suzy Mauris, R.N., who went out of her way every day to make sure we had our questions answered and Manju, Jenn and Brittany—we thank you! Holly Campbell, R.N., was always able to connect with us and was the most reassuring of all—providing encouragement—even in the roughest of times.

“And finally, Godwin Adatsi who was at the front desk most mornings when I arrived with my bracelet waiting, a bright smile on his face and a wishful blessing that I know he meant from his heart to me—a stranger. He exuded ‘we all care.’ I know when we were discharged and wheeling my son out—Godwin was as excited as we were—I almost miss seeing his smile every morning.

“I am not sure how well I would have gotten through this without the caring staff of HCGH. A big part of this was made a lot easier because of all of you. You never want to have to go to HCGH—but I am glad it is my hospital, and I feel compelled to honor the caregivers with a donation.”

If you would like to make a donation to honor an HCGH caregiver, call 410-740-7840 or visit hcgh.org/honoracaregiver.
Honoring Caregivers with HEART

Bronwyn and Booker Smalley have been attending the Cardiac Rehabilitation Program at HCGH for several years. When given the opportunity to make a donation to HHF to honor their caregivers, they didn’t hesitate. “Those people are so caring there,” says Bronwyn. “I felt like giving back. It is a good cause, and we try to chip in wherever we can.”

Years ago, Booker had a stent procedure. Although his doctor had said Booker didn’t need cardiac rehab, soon after moving to Howard County, he was having complications. “We saw Dr. DeLeon who encouraged Booker to get back into exercise,” says Bronwyn. “My husband had led a very active life but was nervous about exercise. The program gave him confidence, and I soon joined the program too. Together we are losing weight, feeling better and have more energy. All of the staff are so nice—especially nurse Suzie Jefferies—who holds us accountable but in a fun and loving way and Preeti Benjamin—who is just a ray of sunshine. It uplifts your spirit to be together with others through this program.”

NEW FOUNDATION BOARD MEMBERS

When Heidi Sung reflects on her draw to be active in her community, her thoughts go to her father. “He was involved in the Howard County Korean community and always fundraising,” recalls Heidi. “He instilled the importance of becoming involved in my community.”

When asked to join the board of HHF, she welcomed the opportunity to serve. “I have a connection with the hospital, and I have only had wonderful experiences there,” says Heidi. “I have a huge family who all use the hospital. My dad passed away several years ago and the people there went above and beyond caring for him.” Heidi feels serving on the foundation is a perfect fit, adding, “I am looking forward to bringing the voice of the Korean community to the foundation and making more resources available for them.”

A graduate of Mt. Hebron High School and the University of Maryland, Heidi lives with her family in Columbia. She is also a volunteer at Trinity School and for the Korean Association.

Brian Walter, market president Chesapeake Region, M&T Bank, has a long history of being active in Howard County. As past chair of Leadership Howard County, past president of the Howard County Arts Council and former board member and treasurer of the Community Foundation of Howard County, he looks forward to bringing his knowledge and skills to HHF.

“I enjoy getting involved with organizations that have a broad impact,” notes Brian. “I would be hard-pressed to find an organization in the county with a broader impact than HCGH. M&T Bank has been a long-time sponsor and contributor. Now, I look forward to sharing the hospital’s story with my connections in the community and supporting fundraising efforts so that HCGH can continue to fulfill its mission and contribute to the health of our community.”

Brian has lived in Howard County with his family since 1999. In addition to being an HHF board member, he is currently a board member and treasurer of the 21st Century Education Foundation in Anne Arundel County; a board member of the BWI Business Partnership and serves on the Executive Leadership Team for the American Heart Association’s Howard County Heart Ball.
**SPECIAL EVENTS**

**SAD and Holiday Blues: Preparing for the Season**
What are the symptoms of seasonal affective disorder (SAD)? How can you help someone with SAD get through this time of year? Speak with our experts and design a plan for yourself or a loved one to manage holiday stress and winter blues. **12/2**, 7–8:30 p.m. Free.

**Living Healthy with Congestive Heart Failure**
Live healthy with a diagnosis of congestive heart failure (CHF). Learn about prevention, risk factors, diagnosis and healthy options. For those with CHF, their caregivers and those who are at risk. Presented by George Groman, M.D. **3/3**, 7–8:30 p.m. Free.

**Common GI Procedures: What You Should Know**
Your physician may order GI tests if you have experienced ongoing indigestion, acid reflux or blood in your stools. Learn about these procedures and understand the important information they provide in treatment. Presented by Rudy Rai, M.D. **3/23**, 7–8:30 p.m. Free.

**GET HEALTHY WITH DIET & EXERCISE**

**Dietary Counseling**
Discuss dietary concerns/goals with a registered dietitian. $40/half-hour visit.

**The Mall Milers**
Walk-for-health program at The Mall in Columbia. Blood pressure screenings on the second Tuesday of the month. Free.

**Looking to Lose Weight in 2016?**
Our certified nutritionist and registered dietitian will discuss physiology and health challenges that affect your weight. **1/12**, 7–8:30 p.m. Free.

**Kitchen Wisdom**
Sample food and learn to spice up healthy meals with herbs and spices. **1/14**, 7–8:30 p.m. Free.

**HEALTHY HEART & LUNGS**

**Adult, Child and Infant CPR/AED**
Learn skills to clear an airway obstruction, perform CPR and how to use an automated external defibrillator (AED). Earn two-year American Heart Association completion card (not a health care provider course). **12/3, 12/15, 1/11, 1/21, 2/3 or 2/16**, 5:30–9 p.m. $55.

**Smoke-Free Lungs**
Education and support for those wanting to quit or who have quit. Attend one or all classes. **1/4, 2/10 and/or 3/3**, 7–9 p.m. Free.

**Cardiac Rehabilitation Program†**
Assistance for cardiac patients in the recovery phase following a heart attack, angioplasty or cardiac surgery.

**Cardiac Rehabilitation Maintenance†**
Exercise for cardiac rehab program graduates. Tuesdays and Fridays, 8 a.m. or 9:30 a.m. $60/mo.

**Pulmonary Rehabilitation†**
Exercise and education to assist patients with lung disease.

**Pulmonary Rehabilitation Maintenance†**
Exercise maintenance for pulmonary rehab program graduates. Tuesday and Friday afternoons. $60/mo.

† To schedule an appointment, or for information about all cardiac or pulmonary rehabilitation programs and Medicare and insurance coverage, please call 443-718-3000.

**CHILDREN & TEENS**

**Essentials in Babysitting**
Learn to manage children, create a safe environment and apply basic emergency techniques. **3/12**, 9 a.m.–1 p.m. $55.

**Home Sweet Home**
Children (8–12) and their parents learn ways for children to stay at home alone. **3/12**, 9–11 a.m. Free.

**Kids Self-Defense**
Children (8-12) learn basic safety awareness and age-appropriate self-defense techniques. **4/9**, 9–11 a.m. $27.

**Ongoing Support Groups:** Support group contact information: hcgh.org or call 410-740-7601.

**Cancer Support Groups:** For information, call 410-740-5858.
These HCGH physicians have recently relocated or established new offices in Howard County.

OBSTETRICS & GYNECOLOGY
Christina Chandler, M.D.
Signature OB/GYN
10710 Charter Drive, #200
Columbia, MD 21044
410-997-0580

Amy Gueye, M.D.
WomanKind ObGyn Associates
8900 Columbia 100 Parkway, #E
Columbia, MD 21045
410-997-6464

GENERAL SURGERY
Karen Natoli, M.D.
Hadley Wesson, M.D.
Johns Hopkins Community Physicians
General Surgery at Howard County
11085 Little Patuxent Parkway, #103
Columbia, MD 21044
410-730-1988

ORAL & MAXILLOFACIAL SURGERY
Joonghyuk Kim, D.D.S.
Tooth Story
5450 Knoll North Drive, #310
Columbia, MD 21045
443-545-5058

PULMONOLOGY
David Holden, M.D.
Johns Hopkins Community Physicians
Pulmonology in Howard County
11085 Little Patuxent Parkway, #201
Columbia, MD 21044
410-715-1060

URGENT CARE CENTER
First Call
Centennial Medical Group
10981 Johns Hopkins Road
Laurel, MD 20723

IMPROVING WITH AGE
AARP Driver Safety
Classroom refresher for ages 50+. 3/14, 10 a.m.–2:30 p.m. $15/AARP members, $20/others.

Medicare 101
Learn about Original Medicare (Parts A and B) and Prescription Drug Coverage (Part D). Presented by State Health Insurance Assistance Program, Howard County Office on Aging. 12/10, 10–11:30 a.m. Free.

Medicare 102
Learn about Medicare Health Plans (Part C) and Medicare Supplement Policies. Presented by State Health Insurance Assistance Program, Howard County Office on Aging. 12/16, 10–11:30 a.m. Free.

DIABETES
Prediabetes
Our certified diabetes educator and registered dietitian will teach you how to make changes to prevent or delay an actual diabetes diagnosis. 1/14, 7–8:30 p.m. $15.

Individualized Diabetes Management*
Learn from a certified diabetes dietitian and nurse how to manage diabetes. 443-718-3000.

* Most insurance plans cover all or part of this program.

HEALTHY FAMILIES
Prenatal Exercise
Taught by a certified instructor. Physician permission required. Eight-week session, Wednesdays, 3/9–4/27, 6–7 p.m. $88/eight sessions.

Using Medicare’s Plan Finder
Learn how to use the ‘Plan Finder’ tool on the medicare.gov website to compare and review the Medicare Prescription Drug Plans available to you. Presented by the State Health Insurance Assistance Program, Howard County Office on Aging. 3/29, 7–8:30 p.m. Free.

Fitness Fun for Seniors
Individuals age 60 and older exercise at their own pace. Includes stretching and low-impact exercise. Mondays and Wednesdays, 8-week session beginning 1/11, 9:30–10:30 a.m. $64.

FREE SCREENINGS
Diabetes Screening with BMI
Meet with our registered nurses to receive a free diabetes screening which includes a blood glucose test, blood pressure screening, BMI (body mass index) measurement, and weight management information. 3/22, 9–11 a.m.

AIDS Screening
This World AIDS Day event includes a confidential AIDS screening, educational materials and local resources. Cosponsored with Chase Brexton Health Services. Walk-in, registration is not required. 12/1, 9 a.m. – 12 p.m.

IMPROVING WITH AGE
AARP Driver Safety
Classroom refresher for ages 50+. 3/14, 10 a.m.–2:30 p.m. $15/AARP members, $20/others.

Medicare 101
Learn about Original Medicare (Parts A and B) and Prescription Drug Coverage (Part D). Presented by State Health Insurance Assistance Program, Howard County Office on Aging. 12/10, 10–11:30 a.m. Free.

Medicare 102
Learn about Medicare Health Plans (Part C) and Medicare Supplement Policies. Presented by State Health Insurance Assistance Program, Howard County Office on Aging. 12/16, 10–11:30 a.m. Free.

DIABETES
Prediabetes
Our certified diabetes educator and registered dietitian will teach you how to make changes to prevent or delay an actual diabetes diagnosis. 1/14, 7–8:30 p.m. $15.

Individualized Diabetes Management*
Learn from a certified diabetes dietitian and nurse how to manage diabetes. 443-718-3000.

* Most insurance plans cover all or part of this program.

HEALTHY FAMILIES
Prenatal Exercise
Taught by a certified instructor. Physician permission required. Eight-week session, Wednesdays, 3/9–4/27, 6–7 p.m. $88/eight sessions.

Using Medicare’s Plan Finder
Learn how to use the ‘Plan Finder’ tool on the medicare.gov website to compare and review the Medicare Prescription Drug Plans available to you. Presented by the State Health Insurance Assistance Program, Howard County Office on Aging. 3/29, 7–8:30 p.m. Free.

Fitness Fun for Seniors
Individuals age 60 and older exercise at their own pace. Includes stretching and low-impact exercise. Mondays and Wednesdays, 8-week session beginning 1/11, 9:30–10:30 a.m. $64.
Mark Landrum, M.D., an infectious disease specialist on staff at HCGH, dispels the following myths:

**I shouldn’t bother with this year’s flu shot, since last year’s shot wasn’t very effective, and I could get the flu from the shot.**

An annual flu vaccine is the best protection against this serious disease. Each year, vaccines contain the three most common or likely flu viruses, and some vaccines contain protection against an additional virus. The flu shot is not a live virus, so you cannot get an infection from the vaccine; instead it will boost your immune system. The nasal vaccine protects with a very weak strain of influenza that doesn’t cause significant symptoms.

**The flu shot doesn’t work.**

Even if the virus and vaccine are not a “good match,” getting the flu shot can lessen the severity if you get the flu.

**There is no treatment if I have the flu.**

Staying hydrated and getting rest will help you to recover from the flu. There is a prescription drug given in the first two days of the flu that can shorten the duration and severity of the flu. See your doctor as soon as you think you have the flu.

**At night or on weekends, I have no options except to go to the Emergency Room.**

If you have flu-like symptoms and are otherwise in good health, most physicians suggest that you stay home and treat symptoms with over-the-counter medications and fluids, or they may prescribe Tamiflu. Some doctors have an answering service that can reach the doctor on call after hours. Urgent care facilities are also a good option when your doctor’s office is closed. If you are having difficulty breathing, a prolonged high fever, severe dehydration or relapse after getting better, seek emergency medical care.

*To get more facts about the flu and vaccine, or to find a location offering the flu vaccine, visit flu.gov.*