Life with Lung Cancer
Two patients share stories of their day-to-day with the disease

Back to Basics
Complex hernia surgery helps patient return to life’s simple pleasures (page 8)

League of Their Own
Beacham Center specializes in helping to keep older adults healthier (page 10)
Attend A Woman’s Journey, Johns Hopkins Medicine’s highly acclaimed annual women’s health conference, on Saturday, November 1, at the Hilton Baltimore Hotel. From nutrition and memory improvement to heart disease and cancer, this one-day program offers 32 seminars, all taught by Johns Hopkins physicians. The all-day event provides new and compelling information about important issues affecting women’s health.

For more information or to register, visit hopkinsmedicine.org/awomansjourney/baltimore or call 410-955-8664.

Do You Have The Facts About Pelvic Floor Disorders?

Is it normal to pee a little when you laugh? Is it true that you need special equipment to perform kegel exercises? If you suffer from urine leakage, overactive bladder or constipation, you are not alone, and you need to know the facts.

Bowel and bladder problems stem from pelvic floor disorders (PFDs), which occur when women have weakened pelvic muscles or tears in the connective tissue.

Join us on Monday, November 10, at 6 p.m. for “Take the Floor: Break Free From PFDs.”

Meet three physicians and specialists from the Johns Hopkins Center for Pelvic Health and start the conversation about pelvic floor disorders.

For more information, see page 14 or contact Catherine Klein at 410-550-6690 or cklein3@jhmi.edu.

Welcome New Physicians

Nephrologist Daphne Harrington, M.D., joins the Division of Nephrology. She specializes in general nephrology with interests in renal replacement therapy in the acute and chronic setting.

Clinical immunologist Emily McGowan, M.D., has joined the Division of Allergy and Clinical Immunology. She specializes in adult food allergies.

Rheumatologist Brendan Antiochos, M.D., has joined the Division of Rheumatology. He specializes in Sjögren’s Syndrome.

Rheumatologist Homa Timlin, M.D., has joined the Division of Rheumatology. She specializes in general rheumatology with an interest in Lupus.

To schedule an appointment, call 410-955-0670.

To schedule an appointment, call 410-550-2300.

To schedule an appointment, call 410-550-1887.

To schedule an appointment, call 443-997-1552.
Are varicose veins keeping you from your active lifestyle?

Varicose veins are uncomfortable, and can lead to more serious problems if they are not treated.

New minimally invasive treatments provide symptom relief and the results every patient desires—minimal scarring and quick recovery. Who performs these procedures is just as important as the technologies themselves.

“Vascular surgeons at the Johns Hopkins Vein Centers are specially trained to recognize the complexities of vascular disease,” says Jennifer Heller, M.D., director of the Johns Hopkins Vein Centers. “That means we are able to treat you appropriately and safely based on your individual needs.”

Johns Hopkins Vein Centers recently expanded its services to its newest location at Green Spring Station. Patients will now have access to Johns Hopkins vascular surgeons right in their neighborhood, in addition to the locations in Baltimore and Columbia.

For more information or to schedule an appointment with the Johns Hopkins Vein Centers, call 410-550-VEIN (8346) or visit hopkinsmedicine.org/veincenters.
More than five million Americans are living with Alzheimer’s disease, and as many as 16 million will have the disease by 2050. While there currently is no cure, there is a lot that can be done to help patients and their caregivers live better, fuller lives. And no one understands that more than the team at the Johns Hopkins Memory & Alzheimer’s Treatment Center.

In addition to the innovative care provided to patients, the Memory Center team also offers resources and support to caregivers through its Patient Family Advisory Council, caregiver support group, and educational workshops and conferences. Nurses, occupational therapists and social workers who specialize in the care of Alzheimer’s patients also teach caregivers how to care for their loved ones and tend to their own mental health needs.

“It has been proven that caregivers of those with dementia suffer more stress and psychological and medical conditions than other caregivers,” says Constantine Lyketsos, M.D., MPH, director of the Memory Center. “Caregivers serve as a lifeline for dementia patients, so they must be prepared to help and support their loved one. It is critical that they take care of themselves. A healthy caregiver means a healthy patient.”

Memory Center Provides Hope and Support for Caregivers

For more information or to schedule an appointment with the Johns Hopkins Memory & Alzheimer’s Treatment Center, call 410-550-6337.

Journey to Hope
A free conference for caregivers to learn about the diagnosis and treatment of memory loss, and tips to manage Alzheimer’s disease and its associated behaviors.
November 8
9 a.m. to 2 p.m.
Johns Hopkins Asthma & Allergy Center
Johns Hopkins Bayview campus
To register, call 800-867-3009.

Welcome New Physicians

Obstetrician Elizabeth Fountaine, M.D., joins the Department of Obstetrics and Gynecology. She specializes in general obstetrics and gynecology and sees patients in Odenton.

Pediatrician Edith Dietz, M.D., has joined the Department of Pediatrics. She specializes in primary care, with a special interest in newborns and adolescents. Dr. Dietz speaks English and Spanish.

Geriatrician Ariel Green, M.D., MPH, has joined the Division of Geriatric Medicine and Gerontology. She provides geriatric consultation and specializes in the primary care of older adults.

Obstetrician Elizabeth Fountaine, M.D.
Pediatrician Edith Dietz, M.D.
Geriatrician Ariel Green, M.D., MPH

To schedule an appointment, call 443-997-0400.
To schedule an appointment, call 410-550-0967.
To schedule an appointment, call 410-550-0923.
To schedule an appointment, call 410-550-0925.
lung cancer is the second-most commonly diagnosed cancer in both men and women. It is often found in people with long smoking histories, and occasionally in those who have never smoked. Here are two inspirational stories of people living with lung cancer.

Finding Optimism and Making the Most of Each Day

Anne Biggins was enjoying retirement in Solomons Island, Maryland, alongside Jim, her husband of 45 years. Together they loved to travel and spend time with their three grown sons and five grandchildren. In August 2012, a persistent cough led Biggins to her primary care physician. The lung nodules that showed up on a chest X-ray and CT scan completely stunned Biggins. Her physician suggested that she go to the pulmonary nodule clinic at the Sidney Kimmel Comprehensive Cancer Center on the Johns Hopkins Bayview campus. The team there diagnosed her with stage IV (four) lung cancer. “It was a huge shock to everyone,” remembers Biggins. She had never smoked, but was exposed to secondhand smoke 20 years ago.

Her first step in treatment was to have a pleurodesis procedure to prevent more fluid from building up around her lungs. While this procedure does not treat lung cancer, it helps to ease some of the symptoms, such as coughing. Her next step was meeting medical oncologist Phillip Dennis, M.D., Ph.D.

Again Biggins was surprised, this time by Dr. Dennis’s optimism. “He talked with me about the long journey ahead and research that could extend my life span,” says Biggins. “Dr. Dennis was optimistic, making lung cancer a chronic disease and not a death sentence.”

“My optimism is because of research,” Dr. Dennis explains. “There are new drugs becoming available that have a lot of potential to help people.” Biggins learned that she has lung cancer with an epidermal growth factor receptor (EGFR) cell mutation, which is more commonly found in women of Asian descent. She enrolled in a clinical trial to try a new drug designed to target this mutation, which was effective for her for about a year.

By December 2013, Biggins’ speech became slurred, and she learned the cancer had spread to her brain. Precise radiation treatments pinpointed and destroyed the brain lesions. After recovering, Biggins was ready for chemotherapy. “If the cancer responds well to the chemotherapy drugs, then the symptoms improve. It can help lessen the pain and coughing,” says Dr. Dennis.

continued on page 7
Thriving and Surviving Beyond Lung Cancer

November 6
6 p.m. dinner, 6:30 p.m. program
Asthma & Allergy Center Auditorium
Johns Hopkins Bayview Campus
5501 Hopkins Bayview Circle
Advance registration is required.
Call 410-955-LUNG (5864).

John Forrer enjoys time with his son, Brian.
In the summer of 2014, Biggins began “maintenance” chemotherapy, coming to Johns Hopkins Bayview every three weeks. “I’m feeling pretty good and have quality of life,” she reports. “The whole group at the Cancer Center is very encouraging,” notes Biggins. “The people at Hopkins Bayview are unfailingly nice. From the parking and cafeteria staff to the doctors and nurses, everyone is amazing and kind. It makes an incredible difference.”

Biggins’ husband Jim is her main caregiver. She appreciates his love and assistance, as well as the support they both receive from family and friends. Now, they go on small trips and overnight outings. Gardening and tending to their flowers together brings them joy. Biggins gives back by volunteering with her church and local Habitat for Humanity projects.

“Cancer does change your life. My view of this very serious disease has transformed thanks to the optimism Dr. Dennis inspired in me. I’m grateful to be associated with Johns Hopkins and its resources,” says Biggins.

Covering All of the Bases

In 2010, John Forrer, a 52-year-old from Dundalk, Maryland, went for a chest X-ray after an injury at work. He did not have any broken bones, but the X-ray showed hundreds of nodules on both his lungs. Forrer, a longtime smoker, says the news made sense to him—he had been more tired after work lately and often could not catch his breath. “I knew something was up,” he remembers.

Forrer’s primary care physician referred him to Michael Purtell, M.D., a medical oncologist at the Sidney Kimmel Comprehensive Cancer Center on the Johns Hopkins Bayview campus. Forrer was diagnosed with stage IV (four) lung cancer. A head X-ray showed five small tumors on his brain. Radiation wiped out the tumors. Then, Forrer began chemotherapy to treat the cancerous lung nodules.

“Some of the lung nodules cleared up and others stabilized or stopped growing,” says Forrer. He continues to come to Johns Hopkins Bayview every three weeks for chemotherapy.

The treatment has helped him breathe easier. “I don’t gasp for air as much anymore, or have that feeling of hyperventilating,” he says. Forrer tries his best to keep up with his 8-year-old son, Brian. “I can lead a pretty active life, so I try to exercise and walk or play ball with my son,” he says.

Forrer gets all of his health care at Johns Hopkins Bayview, seeing a cardiologist, urologist and primary care physician. “It’s great having my team of doctors in one place,” he explains. “The computers at each office have all my information and history, and the doctors leave notes and communicate with each other so they each know what’s going on with every part of my care.”

Forrer expresses gratitude for the excellent care he has received. “The nurses at the infusion center do a great job taking care of me so I’m in the best health I can be,” he says. “I see the teamwork among the doctors and nurses. They’re professional.” It all makes a positive impact on Forrer. “To me, Dr. Purtell is the greatest doctor in the world. He always comes up with the right solution.”

—Karen Tong

The Excitement Is Building

Construction on the new Sidney Kimmel Comprehensive Cancer Center on the Johns Hopkins Bayview campus is well underway, set to open in early 2015. It will include medical oncology with 21 infusion chairs overlooking tranquil garden space, 20 exam rooms, hematology, surgical oncology, interventional pulmonology, palliative care and radiation oncology. It also will establish a Center of Excellence for Thoracic Oncology.

For more information about the lung cancer program, visit hopkinsmedicine.org/lungcancerprogram.
To make an appointment, call 410-955-LUNG (5864).
Back to Basics

Complex hernia surgery helps patient return to life’s simple pleasures

Eva Sherman Hejazi at her waterfront cottage where she raises chickens as a hobby.
Two years ago, Eva Sherman Hejazi’s Halloween got off to a scary start. While lifting an armload of pumpkins, the 49-year-old felt something give in her abdomen. A hernia, which had been repaired seven months prior, had reoccurred, and worse, she now had a second hernia. After years of complicated health problems and multiple operations, Hejazi was worried about the impact this injury would have on her life in a waterfront cottage in Annapolis, Maryland, where she raises chickens.

More Than Just Discomfort

Many people consider their hernias to be no more than an uncomfortable nuisance, but they can actually be life threatening if left untreated. Although there are several types of hernias, they all share the same general characteristic: a gap in the muscle layer that can allow abdominal tissue to push through. “If this tissue gets stuck through the defect and gets twisted, it can cut off its own blood supply, which is called incarceration,” says Hien Nguyen, M.D., director of the Johns Hopkins Comprehensive Hernia Center. “That incarcerated tissue can start to die, causing a condition called strangulation. If a portion of intestine dies, that could lead to sepsis and, potentially, death.” This risk, says Dr. Nguyen, is the most important reason to fix hernias, in addition to the unpleasant appearance and discomfort.

Surgery is the only cure for hernias. Although devices called trusses provide some support and minimize symptoms, they do not repair or heal hernias. Additionally, patients with a truss may overexert themselves and cause the hernia to grow larger, leading to higher risk of incarceration and strangulation. Luckily, hernias are easily repaired, and repairs are very common operations, with approximately 700,000 surgeries performed annually in the United States.

Finding The Right Fix

There are several different techniques to fix a hernia, but there are two broad categories: open and laparoscopic. An open procedure uses a single incision to open the abdomen, while laparoscopic, or minimally invasive, procedures use multiple smaller incisions no larger than 1 centimeter to access and fix the hernia. Although not every patient is a candidate for minimally invasive surgery, the procedure can lead to less scarring and faster recovery time, as well as lower the risk of wound infections.

Some hernias, especially larger ones, require the use of mesh. The mesh holds the muscle layers in place while diffusing the stress across the muscle layers much better than sutures alone, reducing the risk of recurrence. It also helps reinforce the muscles as they heal. Since each approach has unique benefits and limitations, Dr. Nguyen says patients with hernias should discuss their options with their surgeon, who can ensure the best outcomes in their individual case.

Dr. Nguyen performed Hejazi’s first hernia surgery, and she turned to him again when her problem reoccurred. “Dr. Nguyen has such a good reputation,” she explains. “He answered every question I had—he’s very professional, but also has a great bedside manner. He makes you feel relaxed and comfortable.”

Sports Hernias

Sports hernias are not actually hernias. Although the symptoms are similar, the pain and pressure from sports hernias are caused by tears in the tendons that attach to the pelvis instead of an abdominal muscle separation. They are typically caused by repetitive activities, and are most common with highly athletic patients. Mild to moderate symptoms can typically be remedied with rest, anti-inflammatory medication and physical therapy. Patients with severe tears may require surgery to address the torn tendons. Dr. Nguyen says that many hernia specialists will not fix sports hernias without consulting an orthopaedic surgeon, but that any pain should be addressed with your care provider.

Ability to Handle the Complex Cases

Hejazi’s intricate repair operation required both a component separation and an abdominal wall reconstruction, and took almost seven hours to complete. Dr. Nguyen says, “It’s important to be able to take care of the complex patients,” who benefit from “the capabilities and excellence of my team and the great clinical nurses we have” at the Comprehensive Hernia Center.

The second operation was a success, and today Hejazi is back with her family, friends and chickens, enjoying the everyday pleasures of her normal life. “I like fresh eggs,” she smiles.

—Martin Fisher
Did you know that Johns Hopkins Bayview is home to one of the top-ranked geriatric programs in the United States? A part of this exceptional care is the Beacham Center for Geriatric Medicine. At the Center, adults 65 and older receive primary care and consultation services in an environment that understands the often complex medical needs of older adults.

**Specialized Care**
This care is provided by geriatricians, doctors who are specially trained to address the unique health concerns of older adults and to know the difference between normal signs of aging and those indicating a more serious problem.

**Knowing the Older Adult**
It has been proven that illness in an elderly person is different from illness in a younger person. For example, many older adults take numerous medications for an array of medical conditions. An older body may process medications differently than a younger one. Geriatricians are skilled at identifying side effects and drug interactions in older adults. Additionally, they recognize that although the loss of a little cognitive ability is an inevitable part of aging, certain symptoms may indicate common serious conditions such as depression or Alzheimer’s disease. They also know the importance of maintaining independent living and social engagement, and work closely with specialists, physical therapists and other consulting providers to arrange the best and most appropriate care for patients and their caregivers.

**Understanding Our Patients**
“Our patients have many special medical needs, from dealing with the natural aging process to managing multiple medical problems,” says Jeremy Barron, M.D., medical director of the Beacham Center. “Geriatricians have a deeper understanding of how these issues might affect a patient’s ability to function day-to-day and how the conditions should be treated. We want the best for our patients and for their families.”

—Meghan Rossbach

**League of Their Own**
Beacham Center specializes in helping to keep older adults healthier

(pictured above) Steve Zabicki feels fortunate to have his health, his son Steven and many fond memories of traveling the world doing missionary work with the Serra Foundation. He, Steven, and his late wife even met Mother Teresa during a trip to India in 1995 (see framed picture in foreground).

Mr. Zabicki hopes to have many more years of traveling with Steven.

For more information or to schedule an appointment with a geriatrician, call 410-550-0925.
For the past four years, a team of Johns Hopkins faculty and staff has been raising money for cancer research—but instead of joining the 5k runs typical of many fund-raisers, they’ve been diving into the Chesapeake Bay as part of Swim Across America Baltimore. Each year the group, led by John R. Burton, M.D., raises pledges and support before swimming three miles across Redhouse Cove. Determination to help friends and family who have suffered from cancer provides the drive to keep going the distance in training and fund-raising—the team annually leads the pack in terms of donations, typically raising close to $40,000.

Proceeds from Swim Across America Baltimore’s annual race provides essential funding to the Swim Across America Laboratory at the Sidney Kimmel Comprehensive Cancer Center. The lab’s broad scope includes clinical care, research and treating the human cost of cancer, and has produced remarkable results. In less than four years, the lab has developed a blood test that may help detect recurring breast cancer, is testing a personalized test that can detect cancer cells left after surgery, and has hosted a retreat for couples living with metastatic cancer that, as the first of its kind, has served as a template for nationwide emulation. Dr. Burton, director of the Johns Hopkins Geriatric Education Center, notes that the Johns Hopkins oncology program was founded on the Johns Hopkins Bayview Medical Center campus, and that the Swim Across America team helps honor that spirit. “What better thing to do? This money is precious funding for young scholars, pilot programs and cutting-edge research that move the field forward,” he says. Team member Bill Carruth agrees, saying, “The innovations they have developed in patient care are remarkable for their insight and compassion.”

—Martin Fisher

Giving Back
Swim Across America funds life-saving cancer research

A patient’s perspective on the award-winning care offered to older adults

Steve Zabicki, 86, a resident of Pikesville, Maryland, has been a patient at the Beacham Center for more than a decade. Here, he shares his experience.

“About 10 years ago, my wife was having some health problems. Our primary care doctor diagnosed her with Alzheimer’s disease. It was something that I didn’t want to believe or accept, so I decided to get a second opinion. That’s how we began coming to the Beacham Center.

The physician we saw was Dr. Jeremy Barron. He was never in a hurry to move on to the next patient. He spent a lot of time learning about our history, listening to our concerns and making us feel like he genuinely cared. We were so impressed with him that we continued to see him for our primary care.

While I was blessed with good health, my wife unfortunately was not. Not long after our first appointment at the Beacham Center, a neurologist confirmed that she did have Alzheimer’s disease. She passed away six years ago from Lewy body dementia.

I guess you could say that I’m pretty lucky because I don’t have the same health problems as many people my age. I’ve been fortunate enough to travel the world with son, Steven, doing missionary work with the Serra Foundation, and even met Mother Teresa during a trip to India. I always tell Dr. Barron that I’m going to keep on traveling as long as I’m healthy!

A few years ago, I was diagnosed with congestive heart failure. This took me by surprise since I work out three times a week and try to eat balanced meals. Dr. Barron knew that I was afraid my traveling days were over. He reassured me that we would get my blood pressure under control and that I would be able to continue my active lifestyle.

I check in at the Beacham Center at least once a year, or whenever I have a problem or concern. Dr. Barron always gets back to me right away. I know a lot of my issues are because I’m getting older, but the services and care at the Beacham Center have helped me maintain my independence. Because of Dr. Barron and the team, I’ll be able to fill my passport with stamps for years to come.”

To take a video tour of the Swim Across America Laboratory and learn why funding is so important, visit hopkinsmedicine.org and search for “Swim Across America Lab.” You also can learn how you can swim, donate or volunteer.
In 2004, Facebook launched. The series finale of the television sitcom “Friends” aired on NBC. Incumbent president George W. Bush beat John Kerry in the presidential election. Also in 2004, Michele Henderson, a then-40-something Westminster, Maryland, resident, decided to have bariatric surgery in an effort to improve her health. She has kept off the 110 pounds she lost for the last 10 years.

“When you are obese, you get used to living in a way in which everything is an effort,” says Henderson. “Even simple things, like bending over to put on my shoes, were a challenge.”

Weight had been a lifelong struggle for Henderson. She had tried everything, every diet imaginable. “I always lost weight, but I couldn’t keep it off,” she says. And her health was beginning to pay the price—she had high blood pressure, was borderline diabetic, had chronic back pain and wasn’t able to walk any distances. “I had basically given up.”

A Lifelong Tool

It was Henderson’s psychiatrist who first suggested she may be a good candidate for bariatric surgery. After a recommendation and lots of research, Henderson met with Thomas Magnuson, M.D., chief of general surgery at Johns Hopkins Bayview Medical Center. “He explained to me that surgery was a tool,” says Henderson.

“Bariatric surgery is a lifeline tool that is always there for patients,” says Dr. Magnuson. Over the past 20 years, surgeons have perfected several bariatric procedures, both open and minimally invasive, that work by changing the size of the stomach, the length of the small intestine, or both. One common procedure, called the Roux-en-Y gastric bypass, reduces caloric intake two ways. First, the surgeon applies a line of staples across the entire diameter of the stomach close to where it joins the esophagus. This reduces the stomach’s capacity to a small pouch the size of an egg. Next, surgeons make an opening in the pouch and connect a piece of the small intestine. After the procedure is complete, all food the patient eats will bypass nearly all of the stomach and the first two feet of the small intestine. Patients ultimately require much less food to feel full and satisfied.

A New Relationship with Food

Bariatric surgery is much more than just “rearranging plumbing,” says Dr. Magnuson. It is about changing the way patients think about food and nutrition. Before surgery, Henderson met with a nutritionist at Johns Hopkins Bayview for months to help prepare her for the changes in her body, and teach her healthier eating habits. Surgery also is successful because patients become more mobile as they begin to lose weight, so they are able to exercise more and develop healthier lifestyles.

Are You a Candidate for Bariatric Surgery?

The National Institutes of Health (NIH) has standardized guidelines for determining whether or not a patient is a qualified candidate for bariatric surgery. The Johns Hopkins Center for Bariatric Surgery adheres to these guidelines. The candidate should:

- have a Body Mass Index of 40 kg/m² or higher. This is approximately 100 pounds overweight. Patients may qualify if their BMI is between 35 and 40 and they have a significant obesity-related disease.
- be healthy enough to have surgery.
- have tried and failed dietary management regimes.

After surgery, patients need to take nutritional supplements for life and undergo medical follow-up with periodic lab testing to maintain health.
Another surprising, and fascinating, result of bariatric surgery? It can change patients’ food preferences. Henderson was never a fan of healthy choices like yogurt and fresh vegetables before surgery; now she can’t get enough. “Often, people’s tastes do change,” says Dr. Magnuson. “Bariatric surgery works because it impacts the hunger and taste centers in the brain. It changes what patients want to eat.” Current research at Johns Hopkins is attempting to better understand how bariatric surgery changes taste receptors in the brain.

**A Healthier Life**

The Johns Hopkins Center for Bariatric Surgery performs 400 bariatric surgeries a year. Patients lose an average of 100 to 120 pounds (Henderson lost 110), usually about 70 percent of their excess weight. But bariatric surgery isn’t just about losing weight or looking better. It’s about improving patients’ overall health. Studies show that after bariatric surgery, diabetes was completely resolved in 77 percent of patients. High blood pressure was resolved in 62 percent of patients, and sleep apnea was completely resolved in 86 percent.

Henderson has made the most of her surgery, and kept the momentum going for 10 years, by committing herself to healthy eating and an active lifestyle. It’s easier now that her high blood pressure and diabetes are resolved, and her back pain is gone. She takes her American Eskimo dog, Minuk, for long walks without feeling fatigued. And she enjoys good food, in moderation. Her meals consist mostly of whole grains, lean proteins, fruits and vegetables.

Henderson gets her daily dose of inspiration every time she looks in the mirror; she still can’t believe the person looking back is her. “Bariatric surgery will change your life if you work with it, but you can’t expect it to do the work for you,” she says.

—Sara Baker

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Learn More

Are you interested in scheduling a consultation with a bariatric surgeon? The first step is to attend a free information session. These sessions discuss the procedures offered at the Johns Hopkins Center for Bariatric Surgery, the risks and benefits of bariatric surgery, and insurance considerations. After you successfully complete your information session, a member of the staff will contact you to schedule an appointment. To see upcoming session dates, go to page 14 or visit hopkinsmedicine.org/jhbmc/bariatrics.

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Video

To see a video of another patient’s perspective on bariatric surgery, visit hopkinsmedicine.org/jhbmc/bariatrics.
Seminars & Screenings

Screenings
Varicose Vein Screening
For individuals with varicose veins who are considering treatment or surgery.
For a complete list of upcoming screenings, visit hopkinsmedicine.org/veincenters or call 410-550-VEIN (8346).

Seminars
Weight-Loss Surgery Seminar
For individuals 100 pounds or more overweight who are considering weight-loss surgery.
Note: This seminar is required to receive a consult for bariatric surgery.

October 21
November 11 & 18
December 2 & 16
January 13
February 3 & 17
4:30 to 6 p.m.
Johns Hopkins Bayview Medical Center

October 14
November 4
December 9
January 20
February 10
5 to 6:30 p.m.
Medical Pavilion at Howard County General Hospital

To register, visit hopkinsmedicine.org/jhbmc/bariatrics. If you do not have computer access, call 410-550-0409.

Do You Have The Facts About Pelvic Floor Disorders?
Meet physicians and specialists from the Johns Hopkins Center for Pelvic Health and start the conversation about pelvic floor disorders.

November 10
6 p.m.
Medicine Education Center
Johns Hopkins Bayview Medical Center
To register, visit hopkinsmedicine.org/jhbmc/seminars.

Support Groups
Journeying Together Through Cancer
A support group for people who have been diagnosed with cancer. Caregivers also are encouraged to attend.
First Tuesday of every month
7 to 8:30 p.m.
Francis X. Knott Conference Center
To register, call 410-550-7569.

Inch By Inch: Helping Stroke Survivors Progress
Third Wednesday of every month
2 to 3:30 p.m.
Department of Rehabilitation Services
Johns Hopkins Bayview Medical Center
To register, call 410-550-7793.

Patient Information Sessions
Childbirth Preparation
This session provides expectant mothers and their labor coaches in-depth instruction on labor, delivery, pain control and other topics related to the birth experience. Classes are led by a certified childbirth educator.
One Saturday and Sunday per month
November 1 & 2
December 6 & 7
January 3 & 4
February 7 & 8
9 a.m. to 3 p.m. both days
Cost: $65
To register, call 410-550-BABY (2229).

Breatfeeding
Learn the benefits of breastfeeding, behaviors of a normal newborn, how to pump and store breast milk, and how medications and contraceptives affect breastfeeding.

November 2
December 7
January 4
February 8
1 to 3 p.m.
Cost: $30
To register, call 410-550-BABY (2229).

Special Events
Thriving and Surviving Beyond Lung Cancer
If you or a loved one are living with lung cancer, join us for a free educational and inspirational survivorship event.

November 6
6 p.m. dinner, 6:30 p.m. program
Asthma & Allergy Center Auditorium
Johns Hopkins Bayview campus
5501 Hopkins Bayview Circle
Advance registration is required.
To register, call 410-955-LUNG (5864).

Journey to Hope
A free conference for caregivers to learn about the diagnosis and treatment of memory loss, and tips to manage Alzheimer’s disease and its associated behaviors.

November 8
9 a.m. to 2 p.m.
Johns Hopkins Asthma & Allergy Center
Johns Hopkins Bayview campus
To register, call 800-867-3009.

To see a full list of seminars and screenings, and to register online, visit hopkinsmedicine.org/jhbmc/seminars.
You are diligent about taking your medication each day. But did you ever think that the bologna sandwich, grapefruit or glass of milk you have with it could be making your medicine less effective, or even dangerous? Read on for five facts you need to know about food and drug interactions.

1 **Beware of grapefruit.**

This popular breakfast fruit interacts with a variety of medications, including blood pressure medications, statins, HIV medications and organ transplant medications, says Charlie Twilley, Pharm.D., a pharmacist at Johns Hopkins Bayview Medical Center. The culprits are furanocoumarins, compounds found in grapefruit that block the enzymes in the intestines responsible for breaking down these drugs. This can make the drugs more potent, and raise the level of drug in your bloodstream. If you are a big grapefruit fan, talk to your doctor or pharmacist to find out whether it is safe to eat with the medications you are taking.

2 **Dairy diminishes antibiotics’ infection-fighting powers.**

Twilley warns that the calcium in milk, yogurt, cheese, ice cream and antacids can interact with tetracycline and the tetracycline group of antibiotics used to treat a number of bacterial infections. To make sure you are getting the full benefit of your antibiotic, take it one hour before, or two hours after you eat anything containing calcium.

3 **Leafy greens cancel the effects of warfarin.**

The vitamin K in spinach, collards, kale and broccoli can lessen the effectiveness of warfarin, a blood thinner used to prevent blood clots and stroke. The darker green the vegetable is, the more vitamin K it has. “You don’t want to eliminate leafy greens from your diet, because they do have many health benefits,” says Twilley. The key is to be consistent with the amount you eat. If you plan to drastically change the amount of these veggies in your diet, talk to your doctor or pharmacist first.

4 **Beer, red wine and chocolate are dangerous to mix with some antidepressants.**

These popular indulgences may be a nice way to relax in the evening, but they contain tyramine, a naturally occurring amino acid that can cause an unsafe spike in blood pressure when mixed with MAO inhibitors. Tyramine also is found in processed meat, avocados and some cheeses. “This is a significant, dangerous interaction,” says Twilley. If you take MAO inhibitors for depression, talk to your doctor or pharmacist before eating anything with tyramine. Alternative therapy may be considered.

5 **Think before you crush medication in applesauce.**

Many people who have trouble swallowing pills like to crush them up and mix them with applesauce or pudding. Always ask your doctor or pharmacist before you crush or take apart medication. “This method can dump too much of the drug into your system at once, or change the way the drug works,” says Twilley.

Also keep in mind that some medications are affected by whether or not you eat with them. Before you start any new drug, talk to your doctor or pharmacist about whether it is affected by food. “They can help you come up with a schedule that’s good for the drug and convenient for you,” says Twilley. Even over-the-counter medications and supplements can have food interactions.

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For additional reliable information about common food and drug interactions, you can search for this topic in Johns Hopkins’ online Health Library at hopkinsmedicine.org/healthlibrary, or contact the Johns Hopkins Bayview Outpatient Pharmacy at 410-550-0961.

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Charlie Twilley, Pharm.D.
Pharmacist
Low vision is chronic vision impairment that cannot be fixed by contact lenses, glasses, surgery or medicine. Tiffany Chan, O.D., F.A.A.O., an optometrist at the Wilmer Eye Institute at Johns Hopkins Bayview, explains that this loss of vision is typically caused by age-related eye conditions, such as macular degeneration, glaucoma or diabetic eye disease. These conditions can cause a person to lose their central and/or peripheral vision, and affect their ability to read, watch television or drive.

Dr. Chan offers vision rehabilitation services to help improve the lives of patients with uncorrectable vision loss. “Vision rehabilitation is tailored to the unique needs of the individual patient and takes into consideration many of the physical and emotional concerns that can accompany changes in vision,” she says. “It’s kind of like going to physical therapy, but we’re training patients how to do things to maximize the vision they have.”

Patients can regain much of their independence by incorporating new strategies and visual assistive devices such as lenses, electronic magnification, filters, computer accessibility software and telescopes.

—Carly Green

To make an appointment or for more information about vision rehabilitation, call 410-550-2360.