Good Carbs!

Unbelievable Snakebite Survival Story

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Have a Great Summer

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Summer is here!
The hazy days of summer are a time of fun, relaxation and memories. So be sure to head into these warm-weather months with information that will help you have a happy, healthy season.

Start off enjoying delicious summer dishes, like a refreshing fusilli pasta salad or a sweet potato burger fresh off the grill. You’ll find these recipes, and more, on pages 8 and 9. And just one article over, on page 10, we offer you healthy weight-loss tips — not just to help you achieve a beach body, but to also help you build a healthy lifestyle that will last you long past summer. We provide further advice on page 12, by helping you cut through the confusion on carbs.

As you spend more time outdoors, arm yourself with our summer safety tips. On page 3, avid adventurist and Mission doctor, Gabriel Cade, offers summer outdoor smarts. While on page 6, a local man shares his story of surviving a rattlesnake attack. Don’t forget to turn to page 24 for a checklist on preventing sun poisoning.

In this issue, you’ll also find a lot of child- and family-focused articles, whether it’s information on pregnancy, page 20, tips on a newborn’s first bath, page 21, information on the HPV vaccine, page 22, the lowdown on tech time and ADHD, page 23, or a feature on overcoming learning disabilities, page 18.

Additionally, we have information on a number of common conditions, ranging from smoking, page 16, and obesity, page 14, to varicose veins, page 25, and incontinence, page 27. Don’t forget to flip through to the end of this issue to check out our summer calendar and read up on our new physicians.

Be well, get well and stay well this summer — and all year long!
Summer Outdoor Smarts

Avid adventurist Gabriel Cade, MD, suggests tips for success

By Gabriel Cade, MD

Summer. Crocuses popping up optimistically in the yard. Kids yelling at each other outside instead of inside. Looking through half-full bottles of sunscreen and bug repellant, and wondering how on earth we already have poison ivy. Start getting ready for those glorious outdoor days ahead.

Sun Protection
It’s great to be back in the sun, but remember she’s out to get you. UVA (ultraviolet A) radiation causes wrinkles and aging. UVB (ultraviolet B) radiation causes sunburns and cancer. Only use broad-spectrum sunscreen that mentions both of these. Put it on 30 minutes before you go outside, and reapply it every couple of hours. SPF (sun protection factor) is just a multiplier of how long it takes you to get sunburned — it has nothing to do with stopping cancer. You and your kids look great in those UV-protection swim shirts.

Back to Nature
What’s that curious bug? That interesting plant? This bright red berry? Leave spiders and snakes and “curious bugs” alone. Use deet or lemon eucalyptus oil or permethrin so they leave you alone. Don’t eat unknown plants or berries, even if you’ve been lost for a whole 45 minutes. Google “poison ivy.” Don’t touch it. Wash it off immediately if you think you’ve touched it. If you have a painful rash or swelling or difficulty breathing, you should seek medical evaluation.

Supplies
It’s great to be resting through winter, building up your strength. But now it’s been a while. Be careful when you go outside this summer. Stretch. Tread lightly. Make sure you take some snacks and enough water. Put some duct tape around your water bottle or hiking pole, it may come in handy. Bring a knife or multi-tool. Do you need any of your medicines?

Before You Leave
Tell someone where you’re going. Have a plan. Check the weather. Remember most lightning strikes occur before or after an electrical storm. Remember you may have to help someone else while you’re out there.

Western North Carolina is an outdoor paradise, and hopefully your health allows you to get outside and enjoy it. We have little to fear from our natural world here, and a little thoughtful planning and education can help ensure a safe and rewarding experience enjoying nature. We’re always here to help if anything goes wrong.

Rashes, bug bites, sprained ankle, tummy ache. With five locations throughout western North Carolina, Mission My Care Now offers the convenience of walk-in, non-emergency care, even after hours and on the weekend. To find a location near you, visit missionmycarenow.org.

Gabriel Cade, MD, is the director of the Blue Ridge Regional Hospital emergency department.
Ask the Doctor

Nikki Barrett, DNP, APRN, NNP-BC, Director of Advanced Practice, answers questions about advanced practitioners and what their roles are.
Q: What is an advanced practitioner (AP)?

A: APs include physician assistants and advanced practice registered nurses (APRNs): nurse practitioners, certified nurse midwives, certified registered nurse anesthetists, clinical nurse specialists.

Q: How are APs and physicians alike?

A: Physicians and APs are similar in many ways. They both diagnose, manage and treat acute and chronic diseases. They both order and interpret labs and tests. Both are able to prescribe medications. Both physicians and APs are board certified and credentialed and privileged through the hospital Medical Staff Office.*

Q: How are APs and physicians different?

A: APs complete four years of college and then two to four years of graduate education in their specialty area. They then take a certification exam that demonstrates mastery of knowledge in a specific medical specialty. The physician assistant specialty is general medicine. APRN specialties vary, as their training is population focused and depends on their chosen course of study (e.g., neonatal, women’s health, acute care, primary care, geriatrics, midwifery, anesthesiology, etc.). Physicians attend four years of college, four years of medical school and complete a residency program of three to seven years upon completion of medical school.

APs are required to have a supervising physician in the state of North Carolina. This means that they have a collaborative partner that meets with them routinely and is available for questions and support.*

Q: In what clinical settings can APs be found?

A: APs can be found in nearly any type of medical setting. Mission Health APs serve in over 38 specialty areas in both inpatient and ambulatory settings. APs serve in a variety of roles and are extremely flexible, serving both patient and organizational needs.

Q: What does the relationship between an AP and physician look like?

A: In North Carolina, APs have a collaborative relationship with a physician. The structure of the partnership varies depending on the role of the AP and the needs of the patient population.

Q: In what ways can the AP be an important partner to patients on their individual health journeys?

A: There are many ways in which APs can serve patients on their health journey, from managing prenatal or surgical care to acute and chronic health needs. For example, our primary care APs manage conditions such as diabetes and hypertension. In these instances, they are highly skilled not only in making a diagnosis and developing a treatment plan, but in also helping patients set personal goals and make desirable lifestyle changes. Patients frequently describe APs as great listeners, communicators and educators.

Q: What motivates you to be involved with medicine in this way?

A: In my role as Director of Advanced Practice, I have the honor of working with provider teams across our health system. Together, we find ways to provide the best possible care to our patients. These teams involve a variety of clinical experts, including registered nurses, physicians, dieticians, social workers and pharmacists, among others. Each of these clinicians add unique value to the team. Partnering with well-rounded, highly engaged teams that put their patients first is extremely rewarding — and why I love what I do!

*While the clinical nurse specialist is an AP, they commonly serve in consultative, research, education and administrative roles focused on improving patient outcomes instead of diagnosing and prescribing like other APs.

An early relationship with a primary care physician allows you to focus on prevention and health. Learn more about primary care at missionhealth.org/bestlife.
Thanks to his wife’s intuition, Herculean efforts by first responders and paramedics, and swift actions taken by MAMA (Mountain Area Medical Airlift) and Mission Hospital, Scott overcame seemingly insurmountable odds and survived a highly venomous rattlesnake attack.

Once Bitten
The strike occurred just as Scott neared the turnaround point on the path in sight of the Chattooga River, about four miles from the trailhead. As he stepped into a clearing, Scott saw the snake out of the corner of his eye, and without a sound, it struck him in the left calf. More concerned than panicked, he bent down and tied a bandana around his leg above the bite to help control the bleeding.

“By the time I did that and stood back up, I could actually taste the poison in the back of my throat,” said Scott, describing the metallic taste along with a numbing feeling. At this point, only about five minutes after the attack, sweat was pouring from his face and his vision was starting to blur. Scott took out his phone, which said “1 pm” and “No Service.”

Scott knew to tell his wife where he was going and how long he planned to be gone. And though he’d never hiked this specific trail, he had hiked other trails in the area. But somehow his wife, Nan, knew long before their scheduled 4 pm meet-up time that something was off. Around 2 pm, she started texting him, with no response.

In the meantime, Scott had managed to make it what he thought was a quarter-mile back toward the trailhead before his body gave out. He pulled himself up against the mountain with his feet below his heart and his dog by his side. “My leg was hurting, but my gut was just on fire. It felt like someone

Surreal. Unimaginable,” said Scott Vuncannon, attempting to describe the ordeal he went through last summer. A former Boy Scout, 58-year-old Scott was more than prepared when he and his dog, Boone, set out on the Ellicott Rock Trail in the Nantahala National Forest on a sunny day last August. But even the most experienced hiker cannot prepare for everything.

Once Bitten
The strike occurred just as Scott neared the turnaround point on the path in sight of the Chattooga River, about four miles from the trailhead. As he stepped into a clearing, Scott saw the snake out of the corner of his eye,
Meet Gibby!

Gibby is a pet therapy dog with Mission’s Paws On A Mission pet therapy program. Scott received pet therapy from dogs like Gibby and their handlers visiting him as part of his recovery at Mission. “It was so nice to spend time with them since I had not seen my dog for quite a while,” said Scott. “I believe the therapy that the dogs provided was invaluable in helping me recover and get out of the hospital sooner rather than later.” To learn more about Mission’s Pet Therapy program, visit missionhealth.org/pettherapy.

was stabbing me with a butcher knife,” he said. He went unconscious at least four times that he can recall.

A Wife’s Intuition
After arriving at their Highlands home and not seeing Scott’s truck, Nan immediately drove to the trailhead and walked in a bit, calling for him. Nothing. Instead of going home to wait, she pulled into the Highland Hiker, a local outdoors store. “Honestly I didn’t think so much as I felt directed to do things,” she said. Her stop at the Highland Hiker led two women working there to put the rescue in action, alerting Highlands Fire & Rescue (HF&R) Chief Ryan Gearhart of the situation.

During this time, Scott started to give in, and around 5:30 pm, he made a goodbye video to his wife and kids. His throat was so swollen, it was difficult to even speak. Boone curled up with Scott, and they lay there shivering. “He never got water or anything,” Scott said of his four-legged companion. “He just stayed there with me the whole time.”

At 7:30 pm, Scott’s prayers were finally answered when HF&R captain Eric Pierson found him on the trail. HF&R worked tirelessly with the Glenville-Cashiers rescue team and paramedics to get him out. It took 23 rescue workers to extract him. They used five doses of epinephrine, cut trees off the trail, grappled with stairs, and deployed an ATV and a stretcher to get him to the ambulance where MAMA team Nick Cook and Lois Hancock were waiting to take him to the helicopter.

“These guys did so much to get him out of there,” Hancock said of the rescue workers. “It took hours.” On a bumpy forest road, they had to pull off to intubate him, but were able to do so and get him to the hospital by 12:59 am. “Our part in that basically was a fast ride,” said Hancock. “It would’ve been an hour-and-a-half minimum from where they were, probably, driving.”

Out of the Woods
“I cannot recall a person with worse toxicity from his envenomation,” said Jonas Karlsson, MD, the trauma surgeon who was present upon Scott’s arrival. “It was severe to say the least.”

Dr. Karlsson saw that if Scott didn’t improve, he could potentially lose his life. Fortunately, Scott responded to the course of antivenom rather quickly. Dr. Karlsson breathed his first sigh of relief about 24 hours into treatment. “It’s easy to take care of patients because the system is in place. Just by doing kind of what you’re doing every day, people can have profound improvement in otherwise life-threatening conditions,” said Dr. Karlsson.

Scott said, “It’s funny because when I did come to finally, my wife and daughter said the first thing I asked was, ‘Am I out of the woods yet?’ and they said, ‘Yeah, you’re out of the woods.’ And the doctor said ‘Well, he’s not really out of the woods yet, but he’s physically out of the woods.’”

“The people at Mission were just unbelievable,” said Scott. “They just made it so much easier to recover.”

Dr. Karlsson actually passed the Vuncannons in the hallway a few months later. “I think he [Scott] was going back to visit the ICU nurses,” the doctor recalled. Dr. Karlsson couldn’t emphasize enough how important it is for nurses to see these success stories. “One of the aspects of being a nurse in the ICU is that you see folks when they’re at their worst, and many of them don’t do well…so to know that he was going back to see them was very heartwarming for me.”

“All the great folks that we met offered such unexpected kindness,” said Nan. “It has made me try to be a better person and notice more of what’s going on around me, and remember to look up even if all I can offer is a knowing glance or soft smile.”
Black Bean Sweet Potato Burgers

**ingredients**

- 1 can black beans, rinsed and drained
- 1 cup baked sweet potato (can bake ahead of time)
- 1 cup cooked brown rice
- ½ cup panko breadcrumbs or whole wheat breadcrumbs
- 3 Tbsp pumpkin seeds, chopped
- 1 tsp cumin
- 1 tsp smoked paprika
- ¼ cup cilantro, chopped
- 2 Tbsp chopped green onions
- 1 egg*
- 1 tsp ground black pepper
- chili flakes, to taste

**preparation**

Preheat oven to 350 degrees F. Add sweet potato, black beans and brown rice to a large mixing bowl. Use a pastry cutter or potato masher to mash the ingredients and mix together, leaving some texture. Add breadcrumbs, green onions, cilantro, cumin, paprika, salt and pepper, and mix together well with spatula.

Whisk egg in a small bowl and mix in with other ingredients. If time allows, cover and refrigerate the mixture (the patties will hold together better during cooking if they are chilled first). Line a baking sheet with parchment paper. Measure out ⅓-½ cup of mixture, and gently shape into a patty on parchment paper. You should end up with seven patties. Spray the top of patties with cooking spray or olive oil.

Bake for 15 minutes, and flip patties over. Spray with cooking spray. Bake another 20-25 minutes. Serve on whole wheat bun with lettuce, tomato and avocado, or over a salad.

*Replace egg with 1 Tbsp ground flaxseed mixed in 3 Tbsp water for a plant-based substitute.

**7 servings**

Nutrition information (per burger): 146 calories, 3.7 g fat, 23.2 g carbohydrates, 4.4 g dietary fiber, 6.6 g protein
Cold Fusilli Pasta with Summer Vegetables

**ingredients**
- 8 oz whole-wheat fusilli (spiral) pasta
- 2 cups cherry tomatoes, rinsed and halved
- 1 large green bell pepper, rinsed and sliced in pieces ¼-inch wide by 2 inches long
- ½ cup red onion, thinly sliced
- 1 medium zucchini, rinsed and shredded finely or sliced into small chunks
- 1 can (15½ oz) low-sodium chickpeas (or garbanzo beans), drained and rinsed
- 1-2 Tbsp fresh basil, rinsed, dried and cut into thin strips (or 1 tsp dried)
- ¼ tsp salt
- 1/8 tsp ground black pepper
- 1 Tbsp olive oil
- 2 Tbsp balsamic vinegar
- ½ cup shredded parmesan cheese

**preparation**
In a 4-quart saucepan, bring 3 quarts of water to a boil over high heat. Add pasta, and cook according to package directions for the shortest recommended time, about 8-9 minutes. Drain. Rinse pasta under cold running water to cool, about 3 minutes.

Place all the vegetables and beans in a large salad serving bowl. Season with basil, salt and pepper. Add the cooled pasta. Combine olive oil and vinegar in a small bowl. Mix until completely blended. Pour over vegetables and pasta. Mix gently until well coated.

Divide into four equal portions. Top each with 2 tablespoons shredded parmesan cheese.

**4 servings (about 1⅓ cups pasta each)**
Nutrition information: 418 calories, 11 g total fat, 3 g saturated fat, 455 mg sodium, 13 g total fiber, 21 g protein, 63 g carbohydrates

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Broiled Tilapia with Mustard and Yogurt Sauce

**ingredients**
- 1 Tbsp extra virgin olive oil
- 4 (6-oz) tilapia fillets
- salt and freshly ground pepper, to taste
- ¼ cup 2 percent Greek-style yogurt
- 1 tsp Dijon mustard
- ¼ cup freshly squeezed lemon juice
- 2 Tbsp fresh chives, chopped (green onions can be substituted)

**preparation**

In small bowl combine yogurt, mustard, lemon juice and chives. Whisk to combine well. Transfer fillets to serving dish. Drizzle with sauce and serve.

**4 servings**
Nutrition information: 200 calories, 6 g total fat, 2 g saturated fat, 2 g carbohydrate, 34 g protein, 0 g dietary fiber, 169 mg sodium
If you’re like many people, weight loss is always top of mind. Yet, attaining and maintaining a healthy weight is a goal that seems just out of reach for many. Whether you have a few pounds to lose or a more significant goal, try incorporating these expert tips from Garth Davis, MD, Medical Director of Mission Weight Management.

1. Make it a lifestyle change. Making changes to your diet and prioritizing daily activity, quality sleep and stress-reduction are keys to long-term success.

2. Eat plant based. “I believe strongly in a whole-food, plant-based diet,” said Dr. Davis. “That does not mean vegan; it means eating a diet rich in natural, unprocessed plant foods that dominate the plate. Americans are so worried about protein that we eat more protein than just about any country in the world, and yet we have the highest rates of obesity and heart disease and one of the shortest life expectancies.”

3. Get moving. Exercise is crucial to a healthy lifestyle. “It keeps bones strong and prevents muscle loss — which maintains metabolism. Exercise helps prevent and alleviate many diseases of western civilization and has proven to be effective in weight maintenance,” said Dr. Davis. “Movement is key. I like to see people getting in 10,000 steps a day and 30 minutes of true exercise five days a week, with 2-3 of those days including resistance training.”

4. Reduce stress. “You just cannot ignore the effects of stress and poor sleep,” said Dr. Davis. “Stress management and good sleep hygiene are essential to a healthy lifestyle.”

5. Consult an expert. If your weight is becoming harder to control and is seriously increasing, consider visiting the Mission Weight Management clinic. “We are not a cosmetic center and not the place to come to lose 10 pounds before your sister’s wedding,” said Dr. Davis. “We are here for people who feel that their weight is rising to dangerous levels and threatening their health and well-being.”

For more information about Mission Weight Management and to watch an online weight-loss seminar, call 828-213-4100 or visit missionweight.org.

Garth Davis, MD, is the Medical Director of Mission Weight Management.

5 Fresh Ideas for Weight Loss
Top tips for successful change and maintenance
By Trisha McBride Ferguson
Brian Ware, DO, an osteopathic family physician with Mission Family Medicine - Old Fort, refers to the thyroid, a small gland at the base of the neck, as the body’s thermostat. “It determines metabolism — how much energy you burn, how energetic you feel and your weight,” he said.

**Hormones Levels Are Everything**
The brain produces thyroid stimulating hormone (TSH) and gauges the thyroid’s needs, but when thyroid function goes awry, two things can happen. “An underperforming thyroid leads to hypothyroidism, while overactivity leads to hyperthyroidism,” said Dr. Ware. Both maladies affect women more often than men.

**Know the Signs of Problems**
“Hypothyroidism’s primary cause is Hashimoto’s disease,” said Dr. Ware, “an autoimmune disorder where the immune system mistakenly attacks the thyroid. Symptoms are weight gain, coldness, fatigue, dry skin, muscle aches and, for women, irregular menstrual cycles.”

Thyroid hormone overproduction causes hyperthyroidism. Weight loss, feeling hot and sweaty, diarrhea and heart palpitations accompany the condition.

“Anxiety and insomnia are also symptoms, and some notice eye swelling. Unlike hypothyroidism, an overactive thyroid has multiple causes, including Graves’ disease — another autoimmune disorder, or a tumor,” said Dr. Ware.

**Treatments Are Available**
Hypothyroidism will require lifelong thyroid hormone replacement called levothyroxine, and this condition is commonly diagnosed, treated and monitored by primary care physicians.

Hyperthyroidism patients may be advised to see an endocrinologist to receive lab tests and possibly an ultrasound to determine the cause. Dr. Ware added that treatment options include medications or radioactive iodine ablation therapy. “These treatments destroy thyroid gland tissue, and these patients will have their thyroid function monitored closely to ensure proper treatment,” said Dr. Ware. “If a tumor is found to be the cause, it can be surgically excised.”

**Can Thyroid Problems Be Avoided?**
Dr. Ware is often asked about preventive thyroid health practices. Unfortunately, these conditions are not typically preventable. Outside of the US, iodine deficiency is the leading cause of hypothyroidism. In the US, thyroid problems are often caused through genetic inheritance.

“Primary care physicians diagnose thyroid problems most often, so patients should consult with their doctor if they notice energy or weight changes,” said Dr. Ware.
MONITORING CARBS IN YOUR DIET

The daily value (DV) for total carbohydrate is 300 g per day. This is based on a 2,000-calorie diet — your daily value may be higher or lower depending on your calorie needs. When comparing foods, look at the percent DV of total carbohydrate. The goal is to get 100% of the DV for total carbohydrate on most days.

- **5% DV** or less of total carbohydrate per serving is low
- **20% DV** or more of total carbohydrate per serving is high

Courtesy FDA

Do you love carbs — or do you avoid them? You’ve probably heard something along the lines of “carbs are bad for you.” The truth is you don’t have to be afraid of them. Rather than asking yourself if you should eat carbs, the better question is — what kinds of carbs should you be eating? You should know that certain types of carbs are actually good for you.

WHERE YOU’LL FIND CARBS

Fruits, vegetables, grains, beans and legumes are all considered part of the carbohydrate family. When it comes to grains, the question is whole grains versus refined grains — which is essentially the good versus the bad carbs. If we focus on our whole grain family, then we have a complete grain — all of the components are there. Whole grains provide great nutrients, vitamins and fiber for our bodies.

On the opposite side of the spectrum, we can also get carbohydrates from sources that are refined and stripped of a lot of nutritional value. White pasta, rice and bread fall into the “refined carbohydrate” family; they are considered “simple” or “bad” carbs along with sugar. Gluten-free products can be a tricky area to navigate. If you don’t have a medical diagnosis, reach for whole grain to receive the full benefits of nutrients and fiber. Consult with a dietitian to clarify if gluten-free is appropriate for you.

WHAT GOOD CARBS DO FOR OUR BODIES

The range will differ based on someone’s activity level and their genetic makeup, but typically we want anywhere from 40 to 60 percent of our energy to come from carbohydrates. These good carbs are our brain’s No. 1 fuel source.
Our bodies get and sustain energy before or after a workout or even just from day-to-day activities from good carbs. How that breaks down in our body—whether it’s a quick spike of energy or long-term steady energy—is dependent on the carbohydrate source. On top of that, a lot of our carb foods, whether fruits, vegetables or grains, also contain a lot of fiber. That helps satisfy our long-term energy.

**QUICK ENERGY VERSUS LONG-TERM ENERGY**

For our blood sugar, we want to have that long-term, stable energy. When we’re having food that is highly processed and sugary, we’re fueling ourselves up for a quick spike of energy that will then drop. This causes us to feel really tired.

Those afternoon slumps can be a sign that we’re not having the best quality source of carbohydrates. When we have that long-term, sustained energy, it means that there’s more fiber and nutrients in our food, and we won’t have those peaks and valleys of energy. Instead, you’ll have stable blood sugar, and that will generally make you feel better.

**CHOOSING BETTER CARBS**

Definitely shop the fruit and vegetable family, and try to get food in its whole form. If you’re looking at products such as orange juice versus an orange—eating the orange is the better option, so that you can get the fiber and other nutrients with it. With orange juice, you will be getting more concentrated carbohydrates with fructose in it, which is likely to cause an energy spike and afternoon crash later.

I think the trickiest food to shop for is the grain family. When choosing grains, look for items like old fashioned and whole rolled oats—not instant oatmeal. When you’re looking at the ingredients label, the only ingredient should be “whole rolled oats.” Breads can be really tricky since packaging and labeling can be misleading. When breads claim they are “five grain” or “nine grain” and use other terms like that, the trick is to look for 100 percent whole grain breads. If you look at a bread’s ingredient list and it contains terms like “enriched,” it’s generally not a whole grain.

Another tip when buying grains is shelf life. If it can hang out on a shelf for a while, it probably has other processed ingredients in it that maybe aren’t best for our bodies. Usually, the frozen section is a great place to go when looking for breads.

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Kate Moore, RDN, LDN, is a Nutrition Program and Coaching Team Lead for Mission Wellness and Mission Health’s MyHealthy Life Wellness program.
All in the Family

After a long struggle with her weight, Robin Merrell decided she’d had enough

By Carolyn Comeau
When attorney Robin Merrell, 44, tired of the laundry list of weight-related health problems that plagued her, like sleep apnea and arthritic pain in her back and knees, she knew she needed a healthy, long-term solution.

“I struggled with weight for much of my life, as many do. Food has been a coping mechanism at times, and the older I got, the more challenging losing and keeping weight off became. I also developed hypothyroidism, which made losing weight that much harder,” said Merrell. She said that the number of weight-loss programs she tried over the years was no less than 17. 

Weighing the Options
It was only a matter of time, Merrell worried, before serious health problems emerged, like diabetes and hypertension. Ultimately, her physician referred her to Mission Weight Management. She attended one of their many free information sessions and learned about the diverse nonsurgical and surgical weight-loss programs available.

“I was impressed with the options and the professional, compassionate staff. I even noticed that the facility’s furniture was designed for larger people’s comfort. I appreciated that,” said Merrell. “I encountered no judgement about my weight from anyone there, which was important.”

After a thorough physical screening, writing her life history through the weight lens and talking to staff, she began considering gastric bypass surgery, but worried whether she’d be a good candidate because of her health problems. Merrell was in for a surprise. “I was actually an ideal candidate, because I hadn’t yet experienced serious weight-related health problems,” she said.

Choosing a Surgeon
Merrell then met Katherine Habenicht Yancey, MD, FACS, a general and bariatric surgeon at Mission Surgery. “She’s honest, and a terrific communicator. And, I wanted a woman surgeon who understood women’s weight issues,” said Merrell. “Dr. Yancey fit all these criteria.”

Dr. Yancey cited Mission Weight Management’s multidisciplinary approach as a reason it serves so many well. “Each patient is evaluated by a dietician, an internal medicine physician, a behavioral health specialist and an exercise specialist. If approved for bariatric surgery, they and their surgeon determine the surgery appropriate for them,” Dr. Yancey explained. 

Merrell underwent Roux-en-Y surgery, a laparoscopic procedure in which the surgeon creates a small pouch from the stomach’s upper portion and connects it to the small intestine. When ingested, food will go to the pouch, bypass the first part of the small intestine (the duodenum) and go directly to the next section, the jejunum. Postsurgery, the patient can ingest only small meals.

A Family Affair
There’s another unexpected twist to Merrell’s story. Since her surgery, Dr. Yancey has operated on her two closest family members. “She performed lengthy emergency hernia surgery on my brother, Rodney, and operated on my mom, Christine, who’s 70, this past January,” said Merrell.

Dr. Yancey believed that family support contributed to each of the Merrells’ recoveries. “We encourage patients to connect with a strong support person,” she said. “This is linked to better outcomes.”

No Regrets
Though Merrell’s surgery was successful, she developed a common complication several weeks later. “It was no one’s fault, but again Dr. Yancey came through,” Merrell said. The opening from Merrell’s stomach to her small intestine narrowed to four millimeters, making her unable to keep anything down. “I was hospitalized for dehydration and underwent three endoscopies to stretch it back out to an acceptable 15 millimeters,” she said.

Still, Merrell would choose the same path again. “I’ve lost 92 pounds, no longer have sleep apnea, and my back and knee pain vanished,” she said, with a touch of incredulity in her voice.

There are postsurgery adjustments, but Merrell adapted quickly. “I eat only small quantities, but miss out on nothing. I’ll enjoy cake at a birthday party, just not half of it,” she said. “My family’s trust in Mission Surgery and Dr. Yancey is complete.”

Roux-en-Y (RYGB) Gastric Bypass Surgery

- Laparoscopic procedure that permanently changes the gastrointestinal anatomy
- Often a choice when other weight-loss methods have failed over a long time period
- Candidates for surgery must go through in-depth physical and emotional screenings
- After surgery, patients will be able to ingest about one cup of food at a time
- Calorie and nutrient absorption are limited, so patients must take dietary supplements and eat nutrient-dense food to ensure they’re receiving adequate and proper nutrition

Mission Weight Management offers surgical and medical weight-loss programs in a clinical and supportive environment. To learn more, call 828-213-4100 or visit missionweight.org.
Raymond Morgan, a 30-year veteran respiratory therapist at Mission Hospital McDowell, understands his patients’ struggle to give up smoking.

“At work I see about a dozen critically ill patients per day with conditions like chronic obstructive pulmonary disease (COPD), heart disease, and lung or airway cancers. I know what smoking and other environmental factors do to patients every day,” said Morgan.

Women smokers are 13 times and men smokers are 23 times more likely to develop lung cancer than nonsmokers. Smokers are also 13 times more likely to develop life-limiting COPD.

Morgan knows the stats, but ignored them personally. Before he quit smoking nearly two years ago, he had smoked for 42 years. He relied on medicine to help control urges. “It wasn’t the first time I’ve quit, but it was my last time,” he said.

Morgan was able to quit smoking within three weeks with help from Mission Health’s Nicotine Dependence Program. With the right motivation, the program helped him kick the nicotine habit.

Now Morgan uses his experiences to help others. By knowing nicotine addiction personally, he’s more familiar with his patients’ struggles and shares how he’s managed quitting to help them.

Morgan suggests having a good strong reason for quitting. “I wanted to be an example for my teenage son and to be around for my family a while longer,” he said.

“You have to want this out of your life,” said Morgan, who repeats the catchphrase “I just don’t do that anymore” when the urge to smoke strikes.

Morgan also recommends avoiding situations where smoking is a norm and changing old routines to no longer include smoking. He stopped taking long car rides for a while, for example, because his habit was to chain smoke in the car.

Now that he’s feeling better physically, Morgan is getting back to nature. He and his family are getting back into kayaking together. “I enjoy seeing everything nature has to throw out at me,” said Morgan, “I just love being outside.”
“We think a person has the skills in them already to quit nicotine addiction, and we help them find those skills and lead them through, based on their own motivation,” said Gretchen Heacock, wellness solutions specialist with Mission Health’s Nicotine Dependence Program.

1. One-on-one Cessation Counseling. This is one of the area’s only programs offering intensive cessation counseling with a certified tobacco treatment specialist. “More intensive counseling is shown to lead to better outcomes,” said Heacock.

2. Evidence-based Best Practices. “We stay up to date on the latest research and practices in nicotine research recovery, and that helps us guide patients to greater success,” said Heacock.

3. Judgment-free Zone. Most people relapse 6 to 8 times before finally quitting for life. “We meet our patients where they are and understand the journey of what it looks like to quit,” said Heacock. “We don’t look at any patient as a smoker, but as a person who smokes. We know this addiction can be overcome.”

Gretchen Heacock is a wellness solutions specialist with Mission Health’s Nicotine Dependence Program.
“I didn’t even know what I was doing,” he said. “I was in a room full with other kids and I just started working on problems, and a few minutes later, the teacher called ‘time’ and I thought, ‘What on earth just happened?’ I had only completed around four questions.”

Jacob had been diagnosed with dyslexia when he was 9 years old.

“When I saw the scores later, I didn’t know what to think because I didn’t understand what testing I had just undergone until my mom let me know what test it was and how low my scores had been, and expressed her concern,” said Jacob.

Recognizing the Signs
Knowing normal development is key in recognizing symptoms of learning disorders, said Dr. Scott Governo, DNP, board-certified family, pediatric and psychiatric nurse practitioner at the Olson Huff Center at Mission Children’s Hospital.

“Many children present with developmental delays or behavioral issues,” said Governo. “Some have normal-for-age behaviors that their peers have grown out of, but for some reason remain in the child with developmental issues. Other concerns may be poor progress in learning or weak communication and social skills.”

Jacob’s parents, Laura and Jay Ingram, began to notice that Jacob was struggling with reading, spelling and vocabulary when he was in first grade.

“We also noticed significant attention issues and anxiety with homework, mainly with reading and writing tasks,” said Laura. “He usually did well with his math and science.”

Early Diagnosis and Treatment
“Treatment at a younger age can have significantly greater impact on improving core symptoms of a problem, expanding the type of support and, in general, has better outcomes,” said Governo. “This is especially true with children who have been diagnosed with autism, and learning or speech delays.”

Jacob was diagnosed with ADHD by Adrian Sandler, MD, also at the Olson Huff Center at Mission Children’s Hospital, in 2005 and prescribed Concerta, which helped with his ADHD symptoms.

“However, even though he was more focused and we did see improvement with behavior and with attention difficulties, he continued to struggle and display increased anxiety or would ‘shut down’ at home and in the classroom with reading, comprehension and written expression tasks,” said Laura.

In 2010, at Governo’s suggestion, he was tested for dyslexia and was diagnosed with a processing/reading and written expression learning disorder.

“I accepted that I was obviously different and now understood why everything, especially reading and writing, was so difficult,” said Jacob. 
“I had to get a tutor to break things down and learn to read. I had to give myself more time to read and write because I knew I could not be as fast as the other kids. This reality was frustrating and made me sad. I knew that I knew and understood the material, even advanced learning...
material like my other classmates; it just took me longer to comprehend.”

**Family Connection**

Jacob’s mother was a patient of Olson Huff Center when she was growing up. She had attention and hyperactivity issues, and although she wasn’t formally diagnosed with ADHD, Dr. Huff gave her parents the same medical advice given for a child with the disorder. “He helped my mother know how to do things with me so that I would get affirmation instead of criticism,” she said.

“Many developmental and behavioral issues are inheritable. A good example, and common condition, is ADHD,” said Governo. “Studies show that if you have ADHD, your children have about a 35 percent chance of acquiring it. If a child has it, there is a 50 percent likelihood that one of his or her parents does as well.”

**Showing His True Abilities**

With the support and advocacy of his parents, Jacob’s school provided accommodations — which included a separate testing area, reading aloud as needed, a write-in book and extended time for testing over days — for his next ACT test.

“Everything was a lot easier,” said Jacob. “I knew what was coming, and I would have more time to comprehend what I was working on. It also helped being able to go at my own pace and not try to keep up with others who read and write faster than I do.”

Jacob’s scores were much improved when tested with accommodations. “The testing results were dramatically different and showed more along the lines of Jacob’s true abilities,” said Laura.

Jacob has been accepted into the Mississippi State Bagley School of Engineering. “I’m currently deciding on career options and the best educational path for me,” he said. ☞

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**The Olson Huff Center at Mission Children’s** offers comprehensive services for the evaluation and treatment of learning disorders and behavioral issues.

“There is now far greater awareness of learning issues such as dyslexia and developmental behavioral issues such as autism and ADHD,” said Dr. Scott Governo, DNP, board-certified family, pediatric and psychiatric nurse practitioner at the Olson Huff Center at Mission Children’s Hospital. “We offer specialty evaluations by a highly trained and seasoned team of professionals that include psychologists, nurse practitioners, physicians, licensed behavioral health providers and a speech pathologist.” The multidisciplinary team also includes occupational, speech and physical therapists. A Family Support Network provides educational support and guidance for families. For more information about pediatric developmental and behavioral services at Mission Health, visit missionchildrens.org.
We're all influenced by what we see, even expectant moms. Memes and fun videos on social media make it hard to discern fact from fiction about alcohol consumption during pregnancy. Misinformation mixed with humor about alcoholic drinks for moms called “mommy juice” create a recipe that can affect the health of mom and her unborn baby.

Let’s face it, pregnancy and parenthood are stressful.

“The truth is there’s no safe type, no safe amount and no safe time to consume alcohol during pregnancy,” said Amy Hendricks, Program Coordinator, The North Carolina Fetal Alcohol Prevention Program. “A baby’s brain and nervous system develop at about three weeks gestation, before a woman knows she’s pregnant. Alcohol exposure this early can affect your baby’s brain.”

In North Carolina, about one in 20 school-age children may have life-long effects from prenatal alcohol exposure. Abstaining from any alcoholic drinks, including wine, beer or mixed drinks, is the healthiest choice.

“We’ve been told that having one glass of wine here and there won’t hurt during pregnancy, and that’s a risk I hope expectant mothers don’t take,” said Hendricks. Planning your family by giving up alcohol is the safest option.

So how can women and pregnant women safely relieve stress?

“Studies show even moderate exercise reduces stress and releases happy, mood-boosting chemicals. From brisk walks and low-impact aerobics to yoga or swimming, talk with your doctor about options for you,” said Hendricks.

Mindfulness, a deep-breathing practice, trains your mind to focus on one moment at a time and can be done anywhere. Another stress-reducing option is guided meditation, which helps put you in a calm state of being.

Other options are daily neck and shoulder stretches, budgeting and finding solutions to your concerns with friends or your partner. Consider making more holistic choices during this exciting time! ✩

Amy Hendricks is the Program Coordinator with The North Carolina Fetal Alcohol Prevention Program.

To learn more about The North Carolina Fetal Alcohol Prevention Program, visit fasdinnc.org.

For information on the services provided by Mission Children’s Hospital, visit missionchildrens.org.

By Cheri Hinshelwood
The first 24 hours of parenthood are precious. While it’s a whirlwind of wonder, one thing many of us remember is baby’s first bath. However, research shows that waiting just one day before your newborn’s first bath can make a huge difference in his overall health.

Joni Lisenbee, MSN, RN, IBCLC, the nurse manager of Mission Hospital’s Mother/Baby Unit, shares some of the proven advantages of delaying baby’s first bath.

“Research has shown several benefits to delaying the first bath of the newborn,” said Lisenbee.

Postponing the first bath leaves the vernix — a protective layer covering the baby’s skin at birth — intact, which can lead to other benefits such as innate immunity and increased appetitive responses. Lisenbee’s research also found a positive correlation between delaying the bath and lower bilirubin levels and decreased use of phototherapy.

Reduction in hypothermia. When your baby comes into the world, he goes from mama temperature to room temperature, which is quite a drop. Focusing on warming up baby with skin-to-skin bonding time decreases chances of hypothermia and increases bonding time with mom and dad.

Decreased rates of hypoglycemia. Hypoglycemia is a condition in which the rates of blood sugar levels are lower than normal, and can affect a newborn brain’s ability to function. A 2015 study shows that delaying the initial bath for the newborn may decrease rates of hypoglycemia by 50 percent in both high-risk and low-risk infants.

Delayed bathing and breastfeeding. In addition to research Lisenbee discovered, from a new Cleveland Clinic Study, that delaying baby’s first bath increases breastfeeding rates. Lisenbee notes since delaying baths at Mission, the nursing staff has reported seeing the babies more active at feedings. “We have had several mothers comment on how they had read about the benefits of delayed bathing and were so excited to see that we are doing that here as a standard practice,” she said.
When Should Your Child Get the HPV VACCINE?

>30,000 new cases of HPV-related cancers diagnosed every year

14 million+ American adolescents infected yearly

Vaccine most effective when given at ages 11-12, but can be given ages 9-26

50% of adolescents vaccinated with HPV in 2017 - up from 43% in 2016

MOST COMMON sexually transmitted infection in the US, more than gonorrhea or chlamydia

4,000+ people die yearly from cancer caused by HPV

TWO DOSES for those younger than age 15 needed six months apart; after age 15, three doses are recommended to ensure protection

For more information about the services at Mission Children’s Hospital, visit missionchildrens.org.

By Ashley McClary, MD
Limiting Screen Time
“Too much screen time may push people on the cusp over the edge,” said Penny O’Neill, MD, a pediatrician at Mission Women’s and Children’s Center Franklin.

Dr. O’Neill believes the brain can be trained or untrained by fascinating games that reward impulsivity. Those with poor attention are later challenged to focus on less-engaging activities. The American Academy of Pediatrics suggests limiting school-age children’s screen time to two hours.

A family media plan hones quality and quantity of children’s digital entertainment. Limiting access to devices, especially at night, allows children and devices to recharge. Device-free periods during designated-family time model good practices and phone etiquette for children.

“These days children are constantly entertained. When they never get bored, I feel it stifles their creativity,” said Dr. O’Neill.

Engaging without Electronics
Look to your child’s interests and aspirations for ways of engaging them. Children interested in how things work may enjoy Legos or learning small-engine repair. Put a new twist on physical activities by introducing yoga, T’ai Chi, Tae Bo or other unique organized sports to burn excess energy and calories.

Fuel friendly competition by challenging your children to a Chopped-style cook off or crochet contest. Even piddling in the workshop will help fill the void left by tabled electronics.

Teaching kids old-style games like dodge ball, jacks, croquet, hopscotch or capture the flag can make lasting memories. Creative outlets like drawing, making cardboard inventions or crafting engage children’s imaginations for hours. By building other interests you will ground your children in the real world instead of a digital one.

Attention deficit hyperactivity disorder (ADHD) is a life-long condition characterized by inattention, hyperactivity or impulsivity:

Inattentive ADHD
- Easily distracted by trivial noises or events
- Procrastinates
- Has difficulty following instructions
- Disorganized and often loses items needed for a task
- Has difficulty finishing chores or homework
- Has difficulty following social rules

Hyperactive ADHD
- Fidgets, squirms or has difficulty staying seated
- Runs or climbs excessively
- Has trouble doing hobbies or playing quietly
- Talks excessively

Impulsive ADHD
- Impatient
- Has difficulty waiting their turn
- Often blurts out answers before question is asked

To schedule an appointment with Dr. O’Neill or another provider at Mission Women’s and Children’s Center Franklin, call 828-349-8284.
You’ve heard the term, but do you know what sun poisoning is? “Basically, sun poisoning is a bad sunburn,” said David Mulholland, MD, a Family Medicine Physician with Mission Community Primary Care - Haywood. “It’s an inflammatory reaction to sun damage of the skin that can make you feel like you have the flu.”

**What Is Sun Poisoning?**
While sunburns are uncomfortable, sun poisoning takes discomfort to a new level. Symptoms may include severe dark redness of the skin, blistering and rapid peeling of the skin, and pain and itching with swelling of the affected skin, said Dr. Mulholland. “Sun poisoning can also cause dehydration, headaches, fever and chills, dizziness and lightheadedness with nausea.”

**Cause and Effects**
Just like a regular sunburn, sun poisoning is caused by excessive exposure to the sun and its UV rays. “The best treatment is to get out of the sun,” advised Dr. Mulholland. “Take ibuprofen and stay well hydrated; you can also use soothing skin lotions and gels such as aloe.”

Also be aware if any drugs you’re currently taking may produce an adverse sun reaction. “Certain medications can cause a sensitivity to UV radiation, such as thiazide diuretics, tetracycline-type antibiotics, certain NSAIDS, fluoroquinolones and sulfonamides,” said Dr. Mulholland.

**When to Seek Help**
If sun poisoning symptoms are severe or persist, seek medical attention. And don’t underestimate the danger of sun exposure. “The sun is very likely the most carcinogenic (cancer causing) agent that most people will encounter regularly throughout their lives,” said Dr. Mulholland.
They can be painful and downright ugly. Whether it’s a serious health concern or vanity-driven desire, everyone has a right to treat their varicose veins. Andy P. Brown, MD, Medical Director of Interventional Radiology at Mission Health, talks about technology and vein care, and when it’s time to see a specialist.

**Q: What are tele-vein services?**
**A:** Tele-vein service is simply a specialty or area of clinical focus under the broader umbrella of telehealth services. Telehealth uses modern telecommunication technology to provide healthcare services remotely.

**Q: What part of the vein treatment can you perform remotely?**
**A:** For vein care, we target those diagnostic portions of the work-up and follow up to streamline the process of establishing a diagnosis and ensuring a positive outcome.

**Q: What are the benefits of beginning the process through telehealth specific to vein care?**
**A:** The No. 1 reported advantage is convenience. The ability to be diagnosed and start conservative management without traveling long distances is equally as valuable as excluding vein disease as the cause of a patient’s symptoms.

**Q: What types of veins do you treat?**
**A:** We treat the full spectrum of varicose vein disease. This includes underlying dysfunctional veins that are not visible on the skin surface to visible veins, ranging from the tiny spider veins to larger bulging varicosities. Additionally, our evaluation may uncover vascular problems that can also be addressed through modern interventional techniques.

**Q: What if you’re not sure it’s varicose veins?**
**A:** Certainly if you have changes in the skin color, difficulty healing or active ulceration, inefficient blood return from the legs may be the reason. You may have no symptoms at all, but just are not pleased with the appearance of your legs. There’s no need to delay treatment. See a vein specialist and get your legs looking and feeling better right away. This will keep you active and promote overall good health.

**Q: When is it time to see a specialist?**
**A:** If you have leg pain, irritability or restlessness and visible veins on the skin surface, evaluation of your vein function may provide a solution to end your symptoms. Similarly, leg swelling can be the result of underlying venous insufficiency, even in the absence of outward varicose veins.

By Lindsey Grossman

For more information on the treatment process or to schedule an appointment with The Vein Specialists of Carolina Vascular, call 828-670-8346 or visit theveinspecialists.com.

Andy P. Brown, MD, providing tele-vein services

Mission Health

By Lindsey Grossman

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Andy P. Brown, MD, providing tele-vein services

Technology and Vein Care Q + A

Andy P. Brown, MD, tells what you need to know about treating vein issues

By Lindsey Grossman

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Andy P. Brown, MD, providing tele-vein services
Healthy Impulses
Measuring brain activity can help diagnose brain disorders
By Cheri Hinshelwood

Even while sleeping, your brain is hard at work. About 100 billion specialized cells in the brain called neurons act like tiny messengers. Neurons send and receive messages using electrical impulses that create brain waves, which indicate what’s happening inside your brain.

A simple, noninvasive test called an electroencephalogram (EEG) measures and records the brain waves. Conditions known for disrupting normal brain activity, such as epilepsy, stroke, brain injury or dementia, are diagnosed and monitored with this test. EEGs also measure the effectiveness of certain medications.

What to Expect

“That's ideal. It's almost two tests in one,” said Dr. Hartshorn.

How to Prepare

Almost no prep is needed aside from getting less sleep than normal to help patients relax and dose during the test. Follow normal eating and medication routines, but avoid excessive caffeinated drinks prior to the test. Also avoid conditioner or slick hair products within 24 hours of testing, because they affect how electrodes stick to the scalp.

Risk

The noninvasive test is simple and an option for babies through seniors. Some patients have a mild allergic reaction to the glue used on electrodes, resulting in an itchy scalp. Seizures may also occur during the short test, and staff stands ready to minimize seizure activity.

“These simple tests provide invaluable insight into the brain’s activity and function,” said Dr. Hartshorn.
Incontinence — the inability to make it to a bathroom before urine begins to leak — affects men and women differently,” said Brian Cohen, MD, MPH, FACS, a urologist with Mission Urology. “Both men and women are equally affected by overactive bladder symptoms. These symptoms include frequent urination, urgency of urination and urge incontinence.”

For Women
Women frequently experience stress incontinence, which is the loss of urine when you cough, laugh, sneeze, strain or exercise, said Dr. Cohen. “The main risk factors are the number of pregnancies, the number of vaginal deliveries and having had a hysterectomy,” he said. “Childbirth-related incontinence affects between 4-35 percent of women.”

Stress incontinence can be improved with pelvic floor muscle strengthening exercises, and surgery when more conservative measures are not successful.

For Men
In older men, urinary incontinence is often related to an enlarged prostate. “In men, it can be challenging to determine if these symptoms are partially caused by the prostate, and it may require some additional testing,” said Dr. Cohen. “Men can also experience stress incontinence, but this typically only happens after prostate surgery if the sphincter muscle is damaged.”

Prevention
While it is often associated with aging, urinary incontinence doesn’t have to be an inevitable consequence of getting older. “A healthy and active lifestyle can help prevent incontinence,” said Dr. Cohen. “Obesity has been associated with overactive bladder symptoms and can improve with weight loss.”

Getting Help
It is not uncommon for patients to suffer with incontinence needlessly for years before seeking help. “People should seek medical care for incontinence when the condition begins to affect their quality of life and prevents them from being able to do the activities they want to do,” said Dr. Cohen.

“It is a very common condition, and you are not alone in suffering with this issue,” said Dr. Cohen. “Urologists are trained to help with incontinence and understand the negative and embarrassing impact it can have.”

Mission Urology offers board-certified urologists with areas of expertise and specialized surgical training. We bring state-of-the-art care to our patients, including robotic surgery, urologic cancer care, kidney-stone treatment, female incontinence and pelvic surgery, men’s health and a variety of other urologic conditions. To learn more, visit missionhealth.org/urology.
Whether you’re training for your first 5K or already have several under your belt, the proper shoes and training techniques can mean the difference between pain and gain. Thomas Starnes, MD, a runner himself and a primary care sports medicine physician at Asheville Orthopaedic Associates, explains how to kick-start your running habit with the right kicks.

1. **Comfort is key.** “If a running shoe is uncomfortable at mile one, it will most certainly be uncomfortable at mile seven,” said Dr. Starnes. The second thing to think about after comfort is a shoe’s weight. Starnes compares it to a car’s fuel economy — the heavier the car, the more power it needs to move forward.

2. **Brand spanking.** While big names can lure you with adrenaline-pumping ads and promises from pro athletes, you have to put on your branding blinders and focus on the features that are best for your needs: a wide vs. narrow toe box or high vs. low heel-to-toe drop. However, you may find yourself drawn to certain brands that have these qualities, and that’s okay.

3. **Adding consult to injury.** Starnes believes many running injuries have more to do with what you’re doing in your shoes rather than the type of shoes you choose. Landing with high impact forces, over-striding, moving through a training program too quickly, changing shoe types abruptly without a break-in period and not getting enough rest can all result in running injuries.

4. **Rest is best.** “I think the importance of rest cannot be overemphasized,” said Dr. Starnes, whether it’s resting between transitions in a running program, moving to a new and different shoe type or increasing a training load too rapidly. “I can personally attest to this fact, and it is a lesson that has stayed with me!”

**What about Running Barefoot?**

“There has been a renewed focus on making a running shoe as similar to the natural bare foot as possible, which can seem intuitive,” said Dr. Starnes. “However, the most recent evidence does not show that there is any appreciable difference in injury rates between these minimalist shoes and a more traditional running shoe.”

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**Feet First**

4 things to consider before choosing running shoes

By Lindsey Grossman
Joseph Buell, MD, MBA, FACS, is the Chief of General Surgery for Mission Health. As the Chief of General Surgery, Dr. Buell is dedicated to ensuring surgery patients receive appropriate, timely, high quality care, including cutting-edge technologies and clinical trials close to home. Dr. Buell’s surgery services include general surgery, complex abdominal surgery, surgical oncology, comprehensive treatment and management of liver, bile duct and pancreas tumors, including minimally invasive ablation, laparoscopic and robotic pancreatic and liver resection.

Dr. Buell is a graduate of the University of Rochester School of Medicine and Dentistry. He completed a Surgical Oncology fellowship with the National Cancer Institute, and a Hepatobiliary, Multi-Organ Transplant fellowship at the University of Chicago Pritzker School of Medicine. He completed his residency in General Surgery at the University of Maryland Medical System and Shock Trauma Center. He also competed a General Surgery internship at the University of Maryland Medical System. Prior to his medical career, Dr. Buell received his BA in Natural Science and Mathematics from Fordham University. In addition, Dr. Buell received his MBA in Strategic Management from Tulane University.

The physicians and providers with Mission Surgery see patients from their office located at 14 Medical Park. To schedule an appointment with Dr. Buell or a Mission Surgery provider, call 828-252-3366.

Tania Clarice Diaz, MD, joins Mission Family and Internal Medicine. Dr. Diaz is a graduate of the Higher University of San Andrés. She completed her geriatric medicine fellowship at New York University, School of Medicine, Langone Medical Center and Hospitals. She completed her residency and internship in internal medicine at St. John’s Episcopal Hospital South Shore.

The physicians and providers with Mission Family and Internal Medicine see patients from their office located at 310 Long Shoals Road, suite 310, in Arden. To schedule an appointment with Dr. Diaz or a Mission Family and Internal Medicine provider, call 828-213-8235.

Hoa-Dung Nguyen, DO, joins Mission Community Medicine - Haywood. Dr. Nguyen is a graduate of Kansas City University of Medicine and Biosciences. She completed her training through Via Christi Family Medicine Residency. Prior to her medical career, Dr. Nguyen graduated from Newman University with her BS in Biochemistry. Dr. Nguyen is a family physician who provides pregnancy care and primary care for all ages, including pediatrics.

The physicians and providers with Mission Community Medicine - Haywood see patients from their office located at 360 Hospital Drive. To schedule an appointment with Dr. Nguyen or a Mission Community Medicine - Haywood provider, call 828-456-9006.

To find a Mission Health physician, visit missionhealth.org/findadoctor.
Calendar of Events

June through August 2019

All events are free unless noted. Event dates and times subject to change.

BLOOD DRIVES

Angel Medical Center
Jul 5, 8 am-2 pm
120 Riverview St., Video Conference Room, 3rd Floor, Franklin

Blue Ridge Regional Hospital
Jun 29, 11 am-2 pm
125 Hospital Dr., Bloodmobile in hospital parking lot, Spruce Pine

CarePartners
Jul 10, noon-5 pm
68 Sweeten Creek Rd., Seymour Auditorium, Asheville

Highlands-Cashiers Hospital
Jul 26, 9 am-2 pm
190 Hospital Dr., Bloodmobile in the parking lot, Highlands

Mission Health Business Office
Jul 18, 10 am-3 pm
50 Schenck Pkwy., Asheville

Mission Hospital
Jun 20, Aug 22, 7 am-noon and 1-6 pm
501 Biltmore Ave., Lobby, Mission Hospital, Asheville

Mission Hospital McDowell
Jun 13, Aug 8, noon-5 pm
430 Rankin Dr., Bloodmobile in hospital parking lot, Marion

Transylvania Regional Hospital
Jul 25, 9 am-2 pm
260 Hospital Dr., Carlson Conference Room, Brevard

CHILDREN’S HEALTH

Childbirth Classes
$45. Scholarship opportunities available. One-on-one childbirth classes also available.
Mission Hospital McDowell, 430 Rankin Dr., Marion
For information, call 828-659-5300

Parenting and Baby Safe Classes
Educational opportunities for all caregivers.
Various dates and times
Asheville
For details, visit store.mission-health.org/womens/

MEN’S HEALTH

Men’s Night Out: Pain Clinic
Jul 23, 5:30 pm
Angel Medical Center, 120 Riverview St., Video Conference Room, 3rd floor, Franklin

SUPPORT

Brain Injury Support Group
1st Wednesday of each month, 3:30-4:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin

Brain Injury Support Network
1st and 3rd Wednesday of each month, 4-5 pm
CarePartners Rehabilitation Hospital, 68 Sweeten Creek Rd., Family Conference Room, Asheville
Contact Karen Keating at Karen.keating@bianc.net or 828-337-0208

Cancer Survivors Support Group
2nd Thursday of each month, 4 pm
Transylvania Regional Hospital, 260 Hospital Dr., Newland Conference Room, Brevard
Contact Joelle Cleveland, BSN, RN, OCN, at Joelle.Cleveland@msj.org or Nancy.Kurtts@msj.org

Caregivers Support Group (Alzheimer’s Association Certified)
2nd Wednesday of each month, 6-7 pm
CarePartners PACE, 286 Overlook Rd., Asheville
Contact Alzheimer’s Association at 828-254-7363

Grief Support Groups
This is a biblical-based grief program and consists of watching a DVD each week followed by a group discussion (participation not required).
Tuesdays, 1 pm; Thursdays, 6 pm
CarePartners Hospice & Palliative Care McDowell, 575 Airport Rd., Marion
Contact Chaplain Diane Brooks at 828-652-1313 or 828-442-9931

Growing through Grief Support Group
2nd and 4th Tuesday of each month, 2 pm
Transylvania Regional Hospital, 260 Hospital Dr., Chapel, Brevard
Contact Amanda Alexander, LCSW, at Amanda.Alexander@msj.org or 828-883-5284

Hearing Loss Support Group
1st Wednesday of each month, 9 am-12 pm
CarePartners Seymour Auditorium, 68 Sweeten Creek Rd., Asheville
For dates and times, contact Debbie Reynolds at deborahareynolds@gmail.com or 828-230-5406

Limb Loss Support Group
1st Thursday of each month, 4 pm
CarePartners Conference Room B, 68 Sweeten Creek Rd., Asheville
Contact David Taylor at 828-254-3392

NAMI Family Support Group
NAMI Family Support Group is a peer-led support group for family members, caregivers and loved ones of individuals living with mental illness. Gain insight from the challenges and successes of others facing similar circumstances.
**WOMEN’S HEALTH**

**Childbirth and Pregnancy Classes**
Educational opportunities for women and families including a free orientation for women who plan to give birth at Mission Hospital.
Various dates and times
Asheville
For details, visit store.missionhealth.org/womens/

**Ladies Night Out: What’s on Your Plate?**
Jun 25, 5:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin

**Ladies Night Out: Preserve at Home – Canning & Freezing Foods**
Jul 23, 5:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin

**NAMI Connection Group**
NAMI Connection Recovery Support Group is a free, peer-led support group for adults living with mental illness. You will gain insight from hearing the challenges and successes of others, and the groups are led by NAMI-trained facilitators who’ve been there.
2nd Tuesday of each month, 6:30-8 pm
Transylvania Regional Hospital, Behavioral Health Group Room, 260 Hospital Dr., Brevard
Contact Kathryn Speckman at namitransy@gmail.com

**Spinal Cord Injury Support Group (patients and caregivers)**
3rd Thursday of each month, 11 am-noon
CarePartners, Rehabilitation Hospital Family Room, 68 Sweeten Creek Rd., Asheville
Contact Debbie Johnson, PT, at 828-274-2400, ext. 41112

**Stroke Education and Support Group**
2nd Thursday of each month, 12:15-1 pm
CarePartners, 68 Sweeten Creek Rd., Family Room, Asheville
Contact Robin Smith at 828-274-9567, ext. 41101, or Robin.Smith9@HCAHealthcare.com

**Stroke & Neurological Disorders Support Group**
1st Wednesday of each month, 3:30 pm
Angel Medical Center, 120 Riverview St., Cafeteria, Franklin
For more information, call 828-369-4171

**Stroke & Neurological Disorders Support Group**
1st Monday of each month, 3-4 pm
May 6 — Communication Devices with Dawn Sowers, MA, CCC-SLP, ATP Lead AAC Specialist, Assistive Technology Works, Inc.
Jun 3 — Hospice and Community Resources with Mackenzie Holland
Jul 1 — Emergency Medical Service in the Community with Adrienne Jones
Aug 5 — Incontinence with Taylor McNair, DPT
Mission Hospital McDowell, 1633 Sugar Hill Rd., Therapy Office, Marion
Light refreshments will be served. For more information or to RSVP, call 828-655-2555

**WELLNESS**

**Discover Wellness**
Learn how Mission Health’s MyHealthyLife Wellness dietitians and health coaches can help you achieve your health goals.
Jun 17, Jul 18, Aug 14, 11:15-11:45 am
For more information, contact NCDV.WellnessCoaching@hcahealthcare.com

**MIoceneous**

**Highland Night Flight**
A 4.5-mile run through East Asheville that supports the development of greenways in Asheville and Buncombe County
Jul 27, 7:30 pm
$33
12 Old Charlotte Hwy, Asheville
missionhealth.org/mygeneration
Just Think if I Had Waited

A *My Healthy Life* article about CT scans saved my life!

By Carolyn Williams

I am a former smoker of 40-plus years. There’s a lot of cancer in my family, and when my two younger brothers succumbed to the disease (one in 2015 and one in 2016), I knew I needed to get tested. It just so happened I received a copy of *My Healthy Life* magazine, and it had an article regarding lung cancer and the best way to detect it in the early stages. It suggested getting a CT scan, not an X-ray. I had no symptoms other than some shortness of breath that I credited to smoking. I asked my PCP to refer me for a CT scan and mentioned this article to them. I was referred for the scan, and it showed a small spot on the back of my right lung, close to my spine. Being close to my spine scared me more than the cancer. I had surgery in July 2016, and the cancer had metastasized to one lymph node. Mind you, this was in the early stages and had already metastasized. Just think if I had waited, no telling what would have happened. I am doing well now, and there has been no new detection of cancer. If I had not read this article regarding lung cancer, I probably would have gotten a chest X-ray instead of the CT scan, which would not have detected it as early as the CT scan. Thank goodness for *My Healthy Life*, it saved my life! EARLY DETECTION IS THE KEY!

To learn more about Mission Health’s low-dose CT (LDCT) lung screening program, call 828-213-2506 or visit missionhealth.org/LDCT.

Have a great Mission Health story to tell? Email us at MyHealthyLifeMagazine@msj.org.
CarePartners HOSPICE

828-255-0231 | missionhealth.org/hospice

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A proud member of the Mission Health family
It’s a day you will never forget

The room, the people around you, the care for both you and your new baby – at Mission Health, we’re here to make it all unforgettable.

Each year, over 4,000 new moms choose Mission Health, home of the region’s only Level III NICU with advanced care for hi-risk moms and babies, plus the Baby Friendly designation for breastfeeding support.

Learn more and sign up for childbirth education classes at missionhealth.org/womens.