

VIM & VIGOUR

WINTER 2014



Food for Thought

45 delicious ways to make mealtime happy and healthy

PLUS Seth Rogen on how he found a healthy approach to weight loss

ST. JOSEPH'S TAKES AIM AT CHRONIC PAIN

New Mental Health Care Building: A Landmark Step in Patient Care

EASING OPERATIONAL STRESS INJURIES THROUGH ART



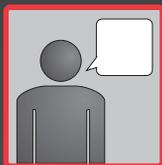
TIME WON'T STOP FOR STROKE

Reaching the hospital for treatment within 3.5 hours of experiencing stroke symptoms could mean the difference between life and death or disability.



WEAKNESS

Sudden loss of strength or sudden numbness in the face, arm or leg, even if temporary



TROUBLE SPEAKING

Sudden difficulty speaking or understanding or sudden confusion, even if temporary



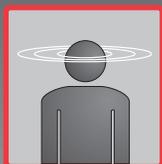
VISION PROBLEMS

Sudden trouble with vision, even if temporary



HEADACHE

Sudden severe and unusual headache



DIZZINESS

Sudden loss of balance, especially with any of the above signs

If you experience any of these symptoms, call 9-1-1 or your local emergency number immediately.

www.heartandstroke.ca



HIGHLIGHTING IMPORTANT WORK

► *Awards recognize care for veterans and innovative design*



Mike Newcombe, the peer support coordinator with the Operational Stress Injury Social Support (OSISS) program, works alongside the team of Parkwood Hospital's Operational Stress Injury Clinic.

A Partner of Distinction

The Operational Stress Injury Social Support (OSISS) program is the 2014 recipient of St. Joseph's Health Care London's Partner of Distinction Award. This award recognizes partnership and collaboration—essential requirements of health care delivery and community service. St. Joseph's Operational Stress Injury Clinic (OSIC) at Parkwood Hospital has enjoyed a long history of partnership with OSISS and together they provide a unique, collaborative

care model to individuals struggling with mental health injuries related to their military experience.

OSISS is a network of peer support personnel across Canada providing support to Canadian Forces, veterans and their families. They provide a listening ear, understanding, respect and compassion to those experiencing operational stress injuries as they begin their journey toward health.

Parkwood's OSIC has been fortunate to work alongside OSISS peer support coordinator Michael Newcombe, who is actually on-site at OSIC, working in separate yet often connected paths with clients and the OSIC team. The trust and bond the two groups share has enhanced care and services both provide.

The Academy Awards of Design

The Southwest Centre for Forensic Mental Health Care, part of St. Joseph's Health Care London, has been recognized internationally for outstanding design by the Design & Health International Academy Awards 2014. Designed by Parkin Architects in joint venture with Architects Tillmann Ruth Robinson, the Southwest Centre was named the overall winner in the International Mental Health Design category.

"We were pleased to work with St. Joseph's to develop this great new



Southwest Centre for Forensic Mental Health Care in Central Elgin.

facility that acknowledges the importance of creating appropriate environments for people living with a mental illness," says Cameron Shantz, principal, Parkin Architects Limited. "Through the introduction of natural light and views, therapeutic courtyards and single patient rooms, we believe that the building supports rehabilitation and can help to transform the lives of all those who receive care and work there."

Going Smoke Free

All sites of St. Joseph's Health Care London are now smoke free as part of the organization's role in promoting a healthy community.



Mount Hope Centre for Long Term Care went smoke free on Aug. 1, Regional Mental Health Care London on Aug. 18 and Parkwood Hospital on Oct. 6. St. Joseph's Hospital and the Southwest Centre for Forensic Mental Health Care became smoke free in 2013. This means there are no longer designated smoking areas at any St. Joseph's site and smoking will not be permitted on hospital property, including parking garages and parking lots. For more information, visit sjhc.london.on.ca/smoke-free-eng. ■

REDEFINING HOSPITAL CARE



As 2014 begins to wind down and the holiday season rounds the corner, there is no slowing down for St. Joseph's,

which is in full swing preparing for yet another major milestone in health care for London. Anticipation is high as we gear up to officially open our new mental health care facility on the site of what will soon be known as Parkwood Institute. Inpatients and staff will move to the new state-of-the-art building on Nov. 16, marking a landmark step in mental health care transformation. The 460,578-square-foot building with 156 beds and large outpatient and outreach services is specially designed to create a healing environment focused on care, recovery and rehabilitation. See pages 46–49 for details on what this new building will mean for those experiencing serious and persistent mental illness.

As we planned for the programs at Parkwood Hospital and Regional Mental Health Care London to come together in one geographic location, we recognized an opportunity to create a new vision for care, erasing the lines between physical and mental health care. It is time for Parkwood Institute—a vibrant academic health care community dedicated to collaboration in physical and mental health care, recovery and rehabilitation, and teaching and research. Learn more on page 34.

With this exciting step, hospital renewal in London is nearing an end. The next and final juncture will be the opening in spring 2015 of the long-awaited final wing of St. Joseph's Hospital at Grosvenor and Richmond streets.

At the heart of this transformative journey for St. Joseph's have been shifts in our roles and approaches to care delivery, all upholding a legacy of innovation and compassion. Also paving the way has been the tremendous philanthropic support of our community so crucial to making milestones possible. Just one example of this enduring generosity is the success of our annual Season of Celebration campaign, which marks 25 years of giving this year. Read more on page 33.

Blazing new trails is not new to St. Joseph's. With the strength of our past, the expertise of our staff and physicians, and the support of our community, we continually set our sights on new horizons to achieve excellence in care, teaching and research. We thank you for taking the next steps with St. Joseph's.



Dr. Gillian Kernaghan, left, and Michelle Campbell

Dr. Gillian Kernaghan
President and CEO
St. Joseph's Health Care London

Michelle Campbell
President and CEO
St. Joseph's Health Care Foundation

VIM & VIGOUR

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CONTRIBUTING WRITERS

Kelsi Break, Sonya Gilpin, Bärbel Hatje, Amanda Jackman, Laura Janecka, Anne Kay, Rebecca Milec, Matthew Overall, Dahlia Reich, Renee Sweeney

EDITORS IN CHIEF

Kathy Burrill and Michelle Campbell

EDITOR

Dahlia Reich

PRODUCTION

McMurry/TMG, LLC



801 Commissioners Road East

London, ON N6C 5J1

519 646-6085

sjhcfoundation.org

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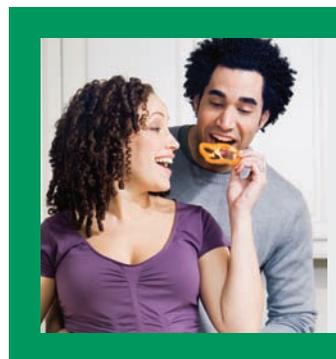
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CREATIVITY BRINGS CALM

An art program for veterans with operational stress injuries at St. Joseph's Parkwood Hospital becomes 'a panacea for your mind' BY ANNE KAY



Nina Walchyshyn, left, creates a sculpture with Veterans Arts instructors Kevin Curtis-Norcross and Bev McNaughton.

What started as a research project has come to mean so much more to Nina Walchyshyn.

Through a President's Grant for Innovation at St. Joseph's Health Care London, Veterans Arts at Parkwood Hospital offered art classes, called Creative Diversions, to clients from Parkwood's Operational Stress Injury Clinic (OSIC). The OSIC provides specialized mental health services to individuals with psychological injuries related to traumatic events in their military service.

"With international studies showing that making art can help to alleviate psychological trauma for veterans, through this grant we hoped to help clients express positive feelings and

difficult emotions, and gain insight into their OSI symptoms," explains Ann Pigott, Veterans Arts coordinator.

For Walchyshyn, participating in the Creative Diversions classes had a profound impact on her life. A veteran of the Canadian Forces, Walchyshyn, 55, says, "Making art is like a panacea for your mind—it's the emotional canvas we paint our lives on."

'A Life-Saver'

The students found the classes a way to get together and feel safe. "When we first started the classes, many of us had to leave the room every 15 minutes or so to relieve our anxiety," Walchyshyn explains. "But as we grew more comfortable with others in our class and with the instructors, we began to let our guard

down and just be ourselves. These art classes were a life-saver for many of us because they broke the bonds that were keeping us isolated physically and in our mind."

The Creative Diversions sessions—two-hour classes once a week for eight weeks—were open to all OSIC clients. The participants came with a broad range of military experience, from those recently returning from Afghanistan, to veterans in their 80s. They could choose to work alone or in a group, and the art medium they wanted to work in—from ceramics to painting to sculpting.

"Making art helped me go into a calm, quiet place in my head, and to come out feeling refreshed and relaxed with a different perspective on life," says Walchyshyn.

Positive Results

An evaluation showed the Creative Diversions classes exceeded most participants' expectations, supported social interaction in a comfortable environment, and encouraged creative self-expression.

"Through this program I discovered I have this innate ability with art," says Walchyshyn.

Since completing the Veterans Arts program she has painted two canvases and has an idea for another sculpture.

"Art is what I do now—it is a very important and necessary part of my healing and my life." ■

HEALING THROUGH ART

The Veterans Arts program at St. Joseph's Parkwood Hospital is an opportunity for veterans to express their creativity in the program's woodworking, clay and textile studios, and on care units. Through this program veterans learn new artistic skills or practice old ones, and create gifts for loved ones. For more information, visit sjhc.london.on.ca/veterans-care/veterans-arts.



The 2014 Memorial Cup arrived at Parkwood Hospital on May 23 with an entourage that included current London Knights players, Memorial Cup alumni players and honourable members of Canada's hockey associations. Nearly 200 veterans from World War II and the Korean War were present to receive the Cup and enjoy the festivities, along with residents, patients and staff.

SCORING BIG FOR VETERANS' CARE

The 2014 Memorial Cup paid tribute to Canada's veterans while supporting care programs at St. Joseph's Parkwood Hospital BY **LAURA JANECKA**

As Sid Daley reflects on his life, there isn't much this Canadian veteran hasn't done, from riding the rails as a hobo during the Great Depression to becoming Canada's oldest living member of the Ontario Provincial Police. But ask the 102-year-old about his fondest memories and he'll tell you that, just this past year, he dropped the puck in front of 10,000 people at one of the 2014 Memorial Cup games in London.

Along with fellow veterans—both young and old—Daley was honoured by the Memorial Cup, which included a veteran dropping the puck at each game and seats so impressive at Budweiser Gardens that “you could reach out and touch the players.”

Rich Tradition

While the London Knights—the city's junior hockey team—lost this year's

Memorial Cup, the real winners were men and women like Daley who served on behalf of Canada and are now being cared for by St. Joseph's Health Care London.

From a silent auction to 50/50 draws at each game, nearly \$100,000 was raised by the Memorial Cup to benefit veterans' care at St. Joseph's. The proceeds support programs that promote the health and social well-being of veterans living at Parkwood Hospital, as well as outpatient services, such as the Operational Stress Injury Clinic for veterans and actively serving soldiers with post-traumatic stress disorder.

Honouring veterans through the Memorial Cup is a long-standing tradition that began

in 1919. Donated by the Ontario Hockey Association, the Cup was awarded to the national junior hockey champion and given in tribute to Canadian hockey players who had fought and lost their lives during World War I.

On May 23, the Cup made a special journey to Parkwood, where it was received by nearly 200 veterans as well as patients and staff. The Cup came with an impressive entourage—current London Knights players, 2005 Memorial Cup alumni players (the last time it was in London), and honourable members of Canada's hockey associations.

Hero's Salute

Therapeutic recreational staff in the Veterans Care Program also got involved, turning an auditorium into a hockey haven. A floor cleaner was transformed into a Zamboni, a concession stand served popcorn and cold drinks, and the floor became a “rink” for a game of pick-up hockey.

At Budweiser Gardens meanwhile, Leah Taplay, a therapeutic recreational specialist, recalls when Daley dropped the puck with assistance from figure-skating champions Tessa Virtue and Scott Moyer. He received a standing ovation.

“His face said it all when he realized that they were standing for him. As he walked off the ice he stopped, looked up at the sold-out crowd, and saluted them all.” ■



Not Just a Fracture

A new clinic at St. Joseph's Hospital aims at early detection and improving care for osteoporosis

BY DAHLIA REICH

It was a simple fall—or so it seemed. A slip or trip, and a broken wrist. But is it really just a fracture? If you are over age 50 and have broken a wrist from what appears to be a mundane mishap, the injury may actually be a sign of something more significant.

Every year many Canadians needlessly suffer fractures because their osteoporosis goes undiagnosed and untreated. At least one in three women and one in five men will suffer from an osteoporotic fracture during their lifetime. In fact, fractures from osteoporosis are more common than heart attack, stroke and breast cancer cases combined, according to Osteoporosis Canada.

Despite these startling statistics, patients who arrive at hospitals with the kind of fractures that raise a red flag for osteoporosis are often not assessed for the condition or do not receive proper



MAKING IT HAPPEN

Creation of the new post-fracture osteoporosis assessment clinic was funded by St. Joseph's President's Grants for Innovation. The grants are available to all front-line staff, volunteers and professional staff for an innovative idea that will improve quality. Twice a year, all are invited to present their ideas to a panel—a kinder and gentler version of *Dragon's Den*. Up to \$10,000 in one-time funding is awarded to successful submissions.

treatment, says Dr. Lisa-Ann Fraser, medical director of the Osteoporosis and Bone Disease Program at St. Joseph's Hospital in London. “Less than 50 per cent of Canadian women and 10 per cent of Canadian men who experience a fragility fracture get put on treatment for underlying osteoporosis.”

For individuals over age 50, the warning sign that osteoporosis may

Dr. Lisa-Ann Fraser, medical director of the Osteoporosis and Bone Disease Program at St. Joseph's Hospital in London, talks with a patient about her condition.

be present is when a fracture occurs after a fall from standing height or less, explains Dr. Fraser. “The first fracture is often a broken wrist but other, more serious fractures include breaks of the hip, pelvis, humerus (shoulder), ribs and vertebrae (spine). More than 80 per cent of all fractures in women over age 50 are caused by osteoporosis.”

To tackle this issue, St. Joseph's is creating a monthly post-fracture osteoporosis assessment clinic. All individuals over age 50 who have presented at hospitals in London within the previous month with a non-traumatic fracture (caused by a fall from standing height or less) will be referred for a bone mineral density scan and then be seen by an osteoporosis expert at the clinic. Patients will also receive education about bone health and appropriate osteoporosis treatment if needed.

The purpose is to change the standard of care for those at high risk of osteoporosis, explains Dr. Fraser. This citywide clinic will “close the loop of care” and ensures that all patients are properly identified and treated. “Osteoporosis has huge ramifications—pain, suffering, even a shortened life span—but, with the right treatment, osteoporotic fractures can be prevented.” ■

WEBSITE



Leaders in Care and Research

The Osteoporosis and Bone Disease Program at St. Joseph's Hospital in London has long been a national and international leader in research, diagnosis and treatment of osteoporosis, playing a major role in shaping the current Canadian clinical practice guidelines for diagnosis and management of the condition. To learn more go to sjhc.london.on.ca/osteoporosis.

LETTING PARENTS AND CHILDREN SLEEP EASY

A London **diabetes trial** tests a system to prevent low blood sugar during the night *BY DAHLIA REICH*

Parents of children in a groundbreaking diabetes trial in London enjoyed peace of mind and a good night's sleep for the first time in years as participants in a North American trial looking at ways to prevent dangerous low blood sugar overnight in children with type 1 diabetes. The study helped both children and parents go to bed worry free.

The study, just wrapping up, is being conducted by the Centre for Diabetes, Endocrinology and Metabolism of St. Joseph's Health Care London in partnership with the pediatric diabetes group at Children's Hospital, London Health Sciences Centre. Dr. Irene Hramiak, chair/chief of the Centre for Diabetes, Endocrinology and Metabolism, is collaborating with Dr. Cheril Clarson, section head of pediatric endocrinology at Children's Hospital. Both Dr. Hramiak and Dr. Clarson are also Lawson Health Research Institute scientists.

Parental Concern

Low blood sugar, or hypoglycemia, is a condition that can lead to coma, seizures or death for individuals with diabetes. More than half of these episodes occur during sleep hours. In children, the rate is higher—75 per cent of hypoglycemic seizures occur during sleep. Dr. Clarson

describes the fear of hypoglycemia, particularly at night, as one of the most serious concerns reported by parents of children with type 1 diabetes.

The clinical trial, known as the pump shut-off study, tested a system that mimics the pancreas to reduce the rate of nocturnal hypoglycemia. The system is a combination of an insulin pump to deliver insulin, a continuous glucose monitoring system to measure blood sugar in the patient every five minutes, and a computer algorithm (software)

that predicts for each individual when he or she is at risk for hypoglycemia.

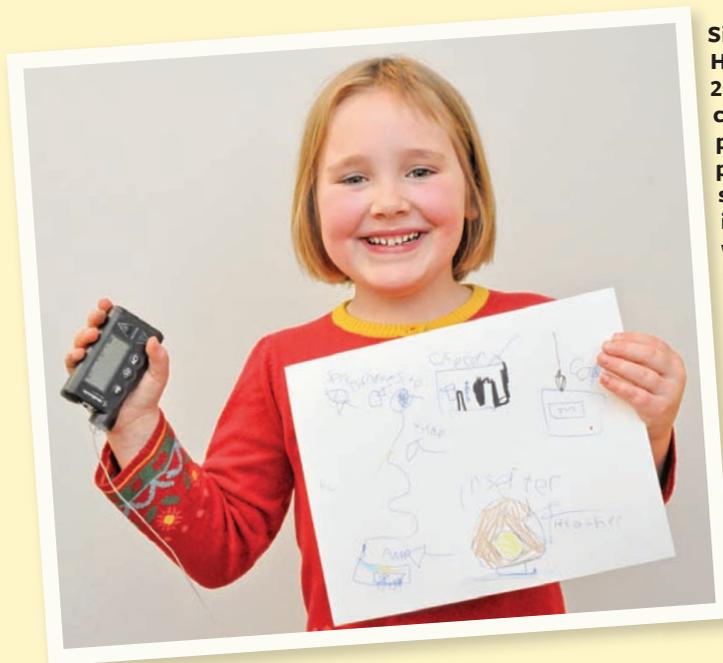
The system is designed to avoid low blood sugar while the patient is sleeping by turning off the insulin pump when it predicts low blood sugar could occur and then turning the pump back on when there is no longer a risk of low blood sugar. The system was first tested and found to be effective in adults before testing began with children.

Peace of Mind

While in the multi-site study, Nicole Tracey, mom of 10-year-old Charlise, said she could sleep better at night knowing her daughter was at less risk for low blood sugar. "Before using the system, my first thought every time I woke up was 'Is she OK?'"

Anne Crosby, mom of six-year-old Heather, also went to bed with peace of mind during the study. "My daughter has had a lot of lows during the night and when we are sleeping we don't realize she is dropping low. It can be very scary."

Results from the study, which also took place at Stanford University and the University of Colorado in the U.S., are currently being analyzed. ■



Six-year-old Heather is one of 20 London-area children who took part in an insulin pump shut-off study, which is looking at ways to prevent dangerous low blood sugars overnight in children with type 1 diabetes. Here, Heather shows a picture she drew of her experience in the trial.

HEALING INVISIBLE INJURIES

A mother's influence leads to a career serving those who served

With skill and compassion, psychologist Dr. Charles Nelson is healing invisible injuries. With his colleagues at St. Joseph's Operational Stress Injury Clinic (OSIC), Dr. Nelson feels privileged to provide specialized mental health services for veterans and members of the Canadian Armed Forces who have post-traumatic stress disorder and other operational stress injuries including anxiety, depression and addiction resulting from military service. The OSIC at Parkwood Hospital (as of Nov. 16, the site will be known as Parkwood Institute) is one of 10 such clinics in Canada funded by Veterans Affairs Canada. For Dr. Nelson, with every client come lessons in courage, resilience and fortitude. Here, he shares his journey of healing.

Vim & Vigour: Why did you choose clinical psychology as a career and to specialize in operational stress injuries?

Dr. Charles Nelson: I have a very clever mother who always knew what I was up to as a youngster. She still does. She has this intuitive sense of what is going on in the world and her emotional connection with practical decision making always interested me. My interest in studying clinical psychology and increasing my understanding of human behaviour was a natural extension of this.

I initially worked in acute crisis services in mental health at St. Joseph's and learned about destabilizing factors that made otherwise capable people feel overwhelmed. When the opportunity arose at the OSIC, I saw many parallels in how people become stabilized and how other influences can perpetuate distress or significantly improve it. My research interests in suicide and post-traumatic stress disorder were natural destination points in my career in psychology.

Vim & Vigour: What have been some of your most extraordinary moments working with veterans and members of the Canadian Armed Forces?

Dr. Nelson: I have many powerful memories of learning about courage, resilience and fortitude. I am privileged that veterans who committed to national service and valour allow me into their lives. We work together to gain perspective on how the difficult moments along the way challenged and enriched their lives. I have also experienced many extraordinary moments working with national leaders who strive to make a difference in the lives of soldiers and veterans.

Vim & Vigour: What are you most passionate about when it comes to your work?

Dr. Nelson: I wake up every morning excited about going to work. From direct



Dr. Charles Nelson

clinical services to research to teaching and mentoring students and residents—there are many things that keep me switched on and engaged.

Vim & Vigour: You could work anywhere. What keeps you at St. Joseph's?

Dr. Nelson: I work with exceptional colleagues who are innovative and progressive. They too share a passion for better understanding psychological problems related to military service and helping our members with their recovery. There is genuine warmth and compassion among staff, but also important collaborations with Western University and Lawson Health Research Institute that put us at the forefront of international clinical developments.

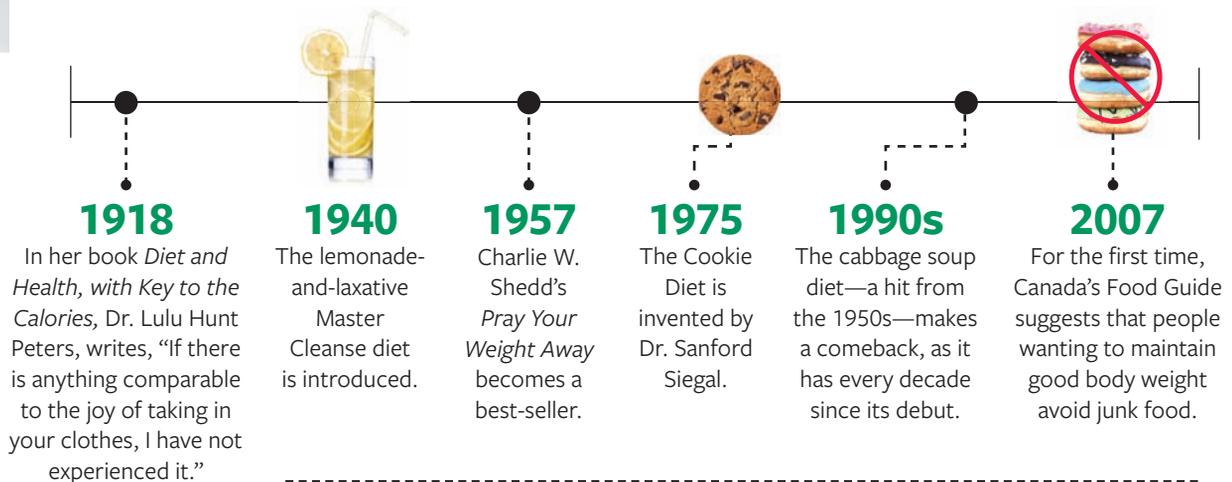
Vim & Vigour: When not at work, what do you do for fun?

Dr. Nelson: Work can be intense, so spending time with my family, duffing a golf ball, riding a motorcycle, or laughing with friends are good releases. ■

The Food Issue



CANADA'S WAR ON WEIGHT: A BRIEF TIMELINE



We've been fighting fat for generations, but with more than half of Canadian adults either overweight or obese, we're clearly losing the war. So how about a different approach: Instead of thinking about food as the enemy, why not consider it a friend?

Read on to learn how the food you put on your fork won't just affect your pant size. It might just save your life. ➔



PHOTO BY GETTY/MATT CARR

KEEPING IT REAL

SETH ROGEN is at the top of his game and blazing the trail for “regular guys” with huge talent ... and without abs of steel BY AIMEE WELCH

Seth Rogen is arguably one of the most down-to-earth actors walking the red carpet these days. This 32-year-old Vancouver native, who started his career doing stand-up comedy as a teenager, now acts, writes, produces and directs with the likes of Steve Carell, James Franco, Owen Wilson and Cameron Diaz. Yet he somehow still exudes a “regular guy” vibe, unconcerned with public perceptions and comfortable in his own skin.

People relate to regular guys, so when the generally fuller-figured Rogen lost

14 kilograms in 2009 to play the lead role in *The Green Hornet*, everyone wanted to know how ... and why. “It’s all anyone wants to talk to me about,” Rogen told *OK!* magazine. “I now find out who really has something to say to me, because most people just say, ‘hey—you lost all this weight.’”

Maybe the commotion was because everyone loved the more robust version of Rogen—the one who won over the pretty girl in *Knocked Up*. The one who said “I’m sorry, I’m sweating on you” to that pretty girl. The funny, successful guy who didn’t seem to care about a little extra weight.

All signs indicate he still doesn’t. Despite the publicity about his weight loss, Rogen seemed relatively unfazed by it—or when he gained some of the weight back. In a 2011 interview with *Metro*, Rogen admitted, “I know how to get slim—I just don’t want to. It’s not a mystery that if you eat healthy food

THE BEST FOOD FOR BRAIN HEALTH

Centuries ago Hippocrates said, “Let food be thy medicine, and medicine be thy food.” Geriatrician Dr. Jennie Wells, a dementia specialist in Specialized Geriatric Services at St. Joseph’s Parkwood Hospital, couldn’t agree more.

“I promote eating healthfully, especially following a Mediterranean-style diet to help to avoid dementia.” Research indicates, says Dr. Wells, that alpha linolenic acid in walnuts, higher intake of vitamin E rich foods such as tofu, spinach and almonds, and drinking one to two cups of green tea a day improves cognitive function.

Dr. Wells recommends phytochemical-rich foods, particularly those with flavonoids found in virtually all plants, including grapes and berries, which research shows helps to reverse age-related deficits in learning and memory. Vitamin D, exercise, meditation and reducing alcohol consumption are also key to the best possible brain health.

and exercise you will lose weight. It will work for anyone. People know how to lose weight, they just don’t—and I embrace that mentality for the most part because I’m lazy. But it’s good to know I could do it and I hope to be healthier than I was just to live longer, which is a goal of mine.”

Getting into CHARACTER

Rogen grew up in Vancouver and realized his passion for comedy early. “I think I had my midlife crisis when I was 10,” he told *The Guardian*. “I was an angsty kid ... I remember being very disillusioned with life and I didn’t like school.” He did like being funny, so his parents drove him to bar mitzvahs and comedy clubs to perform, and he spent free time writing scripts with childhood friend Evan Goldberg, who co-authored *Superbad* and is Rogen’s writing partner to this day.

Rogen credits much of his success to writer/producer Judd Apatow, whom he met in the late 1990s at a Vancouver casting call. Apatow has championed

the actor’s career ever since. “Even though he was 16 years old, it was like he was born as a fully formed comedic personality,” Apatow told About.com. Sixteen years later, they share successes like *Pineapple Express*, *Knocked Up* and *The 40-Year-Old Virgin* under their collective belt.

In the Apatow comedies, Rogen’s “natural” look (trademark glasses and a chubby physique) fit perfectly. But when he started preparing for *The Green Hornet*, Rogen felt he needed a makeover. He told *Playboy* magazine, “Aside from how the character is supposed to look, I couldn’t physically make the movie in the shape I was in.” He skipped the gimmicks and took the traditional route. “I’ve been eating right and exercising. It’s such a lame answer—no one wants to hear that,” he said.

Finding Your HAPPY WEIGHT

The reality is that losing weight and getting fit take time, discipline and hard work, no matter who you are. Ultimately, it comes down to the numbers—burn more calories than you consume, and you’ll lose weight.

According to Health Canada, the average sedentary adult woman between 31 and 50 years old needs about 1,800 calories a day to maintain his or her current weight, and a man needs 2,350.

Dr. Yoni Freedhoff, medical director of the Bariatric Medical Institute in Ottawa, says setting unrealistic expectations is one reason many Canadians fall short of their weight-loss goals. Rather than following general recommendations, Dr. Freedhoff believes people should find their “best weight,” which he defines as “whatever weight you reach living the healthiest life you can honestly and realistically enjoy.”

WEBSITE



Access Geriatric Services

Specialized Geriatric Services of St. Joseph’s Health Care London offers a broad scope of multi-disciplinary inpatient and outpatient care for the assessment, intervention and management of older persons with functional and cognitive decline. For more information, visit sjhc.london.on.ca/specializedgeriatrics.



Seth Rogen and wife Lauren Miller at the premiere of *Neighbors* last April.

In other words, when you get to the point where you cannot happily exercise any more or happily eat any less, then you're where you should be. "Expecting yourself to sustain efforts better than your enjoyable and realistic best is an unfair, unsafe and unwise expectation," he says.

Rogen himself has said he's reached a "happy medium" with his weight, largely through trial and error. "I'm experimenting with something where I eat whatever I want, but I exercise also, which is probably what most people on Earth kind of do, and that's how they stay healthy. But it's new for me. I've only ever gone to extremes either way and I'm trying to even it out,

which is a good experience so far and I think it's working," he told *The New York Times*.

Dr. Freedhoff says Rogen is describing something he calls the "eat smarter" diet, and while he believes any diet can potentially work, this one is particularly challenging. "There's virtually no one who has struggled with weight who hasn't tried this diet," he explains. "Unfortunately, given our modern-day food environment, with extremely high non-intuitive numbers of calories in many processed and restaurant meals, combined with the sad truth that exercise doesn't burn as many calories as would be fair, it doesn't usually work out very well."

Focusing on PRIORITIES

Slim or not, Rogen has his priorities in order. He and his wife, Lauren Miller, whose mother suffers from early-onset Alzheimer's disease, co-founded the non-profit Hilarity for Charity to raise money and awareness about the disease. In February he testified before a U.S. Senate panel to bring more visibility to the devastating impact of the disease. "The situation is so dire that it caused me, a lazy, self-involved, generally self-medicated man-child, to start an entire charity organization," he said.

Perhaps even more impressive than the colleagues on his résumé, his voracious work ethic and his distinctive comedic talent is that he doesn't seem to notice.

Truth is, what makes him so likeable may simply be his ability to keep it real. From his eccentric style to his less-than-enthusiastic attitude toward exercise, Rogen is as honest as they come. Describing his *Green Hornet* weight loss to the *Long Island Press*, he famously advised the public, "Uh, stay fat, people. That's my motto. It's no picnic!" And yet, we all keep trying. ■

10 THINGS YOU (PROBABLY) DON'T KNOW ABOUT SETH ROGEN

- 1 The first film he wrote was *Superbad* at age 13.
- 2 He dropped out of high school and moved to Los Angeles at age 16.
- 3 He describes his parents as "radical socialist Jews."
- 4 He wrote the *Simpsons* episode "Homer the Whopper," about Homer's struggles with weight in the role of Everyman, star of a Hollywood superhero film.
- 5 At age 22, he won an Emmy for his writing on *Da Ali G Show*.
- 6 Judd Apatow, Evan Goldberg, James Franco, Jonah Hill and Michael Cera are among his closest friends.
- 7 He considers himself a writer more than an actor.
- 8 *House of Cards* is one of his favourite shows.
- 9 *Kung Fu Panda*, *Monsters vs. Aliens* and *Horton Hears a Who* are animated films in which Rogen played key characters.
- 10 He co-founded the Alzheimer's non-profit Hilarity for Charity.

THE BIG STORY



PHOTO BY SUPERSTOCK/TETRA IMAGES

FOOD FOR Thought



Diet doesn't have to be a four-letter word. Instead of looking at the food on your plate as the enemy, think of it as your partner in good health, helping you get better, stronger and happier every day. We've got some delicious strategies to share. *BY ALYSSA SHAFFER*

FOOD FIXES

Keeping nutritious snacks at home helps your partner stay healthy during pregnancy, too.



DIET SABOTAGE!

➔ *How to outsmart five barriers to weight loss*

Despite your best efforts to eat right and exercise, life seems to get in the way. Here are five situations that typically lead to weight gain—and ways to triumph over them.

SABOTEUR: You quit smoking

The good news is that you've taken a quantum leap when it comes to bettering your health. The not-so-good news is that quitting smoking may lead to weight gain.

➔ **PLAN OF ATTACK: TWEAK YOUR HABITS** "It could just mean having one less snack, or having water instead of juice or mustard instead of mayo," says Nicole Nichols, a fitness trainer and health coach for the healthy living website sparkpeople.com. Keep your mouth busy with sugar-free gum or mints. Slip in some extra exercise—instead of a smoking break, take a walking break. It quickly adds up: An extra 500 steps four times a day equals about 1.6 kilometres, burning about 100 calories.

LEARNING FOR HEALTHY LIVING

Education about food for mental and physical health is part of patient care at St. Joseph's Southwest Centre for Forensic Mental Health Care. The Healthy Living Initiative helps patients reduce their risk of metabolic syndrome, or diabetes, by developing skills needed to make healthy living choices.

The program offers weekly in-class sessions on a wide variety of health and wellness topics, as well as physical activity sessions, says Janice Vandevoreen, director of the Forensic Psychiatry Program. "Research shows that better physical health and well-being contributes to an overall improvement in mental health."

SABOTEUR:

Your partner is pregnant

She may be eating for two, but why are you packing on the pounds? "Men may gain weight for a variety of reasons during their wife's pregnancy," says Andrea Miller, a registered dietitian and national spokesperson for Dietitians of Canada. "Changes in shopping, cooking and restaurant eating may be among those reasons. A decrease in physical activity may also impact weight for men," she explains, adding that pregnancy-related issues like nausea, vomiting, heartburn and food cravings, which change eating habits for the mom-to-be, often trickle down to the partner.

→ PLAN OF ATTACK: TAKE THE

LEAD Keep healthy choices at home, including fresh fruits and vegetables as well as lighter versions of treats like ice cream. "Pregnant women often seek the advice of a registered dietitian during their pregnancy, but remember that men are encouraged to do the same. This can help set up new parents, with healthy eating habits that will be transferred to their children," Miller says. And stay active. Go for a run, ride your bike, ice-skate with friends—these activities won't be as easy to fit in once baby arrives!

SABOTEUR:

You move to the suburbs

Trading a city apartment for a place in the burbs usually means your transportation shifts from two feet to four wheels. According to Statistics Canada, the national rate of obesity is 23 per cent, compared with 20 per cent in metropolitan areas. That's not confined to Canada. One study published in the *American Journal of Health Promotion* found that people who lived in population-dense cities walked about 80 more minutes a month and weighed an average of 2.7 kilograms less than those who lived in more sprawling areas.

→ PLAN OF ATTACK: GET STRATEGIC

With a little planning, you can increase your activity levels. Invest in a pedometer and set a goal of 10,000 steps a day. Park in one part of town and walk to your errands. Head to a walking trail at lunch, take the stairs and walk the dog an extra 10 minutes—whatever you can do to add a few more steps.

SABOTEUR:

You're going through menopause

Hormones rage. Stress rises. Energy plummets. It's a time of change. Dr. Pamela Peeke, the author of *The Hunger Fix*, notes, "Your body is weaning itself off estrogen and progesterone, and you may be facing challenges in your career or relationships." Many women start storing fat around the middle. "If you had an hourglass shape your entire life, you may start to notice your body looks more like a shot glass," she says.

→ PLAN OF ATTACK: MOVE AND LIFT

"Step things up and add movement throughout your day," Dr. Peeke says, recommending strength training two or three days a week to "help keep your engine stoked." Your body starts to lose muscle mass as you move into your 40s and 50s, which can slow your metabolism. It doesn't mean upending your entire life. "Eat healthy, be physically active, and get at least seven hours of sleep each night," says Laura MacLean, a registered dietitian and a spokesperson for Dietitians of Canada.

SABOTEUR:

You can't sleep

One recent study found that subjects who had five hours of sleep a night ate far more than those who slept nine hours. After two weeks they'd gained an average of almost 1 kilogram. "When you're not getting enough sleep, you're not only more likely to raid the fridge; you're also going to make poor nutrition choices," says Bonnie Taub-Dix, a registered dietitian and the author of *Read It Before You Eat It*.

→ **PLAN OF ATTACK: UNPLUG** Aim to hit the sack a few minutes earlier each night, and limit the electronics in the hour before bedtime. Computers and iPads emit a blue light that may suppress the sleep-inducing hormone melatonin. Keep your bedroom cool, dark and quiet. And stop staring at the clock. Turn it around and roll over. ■

QUIZ



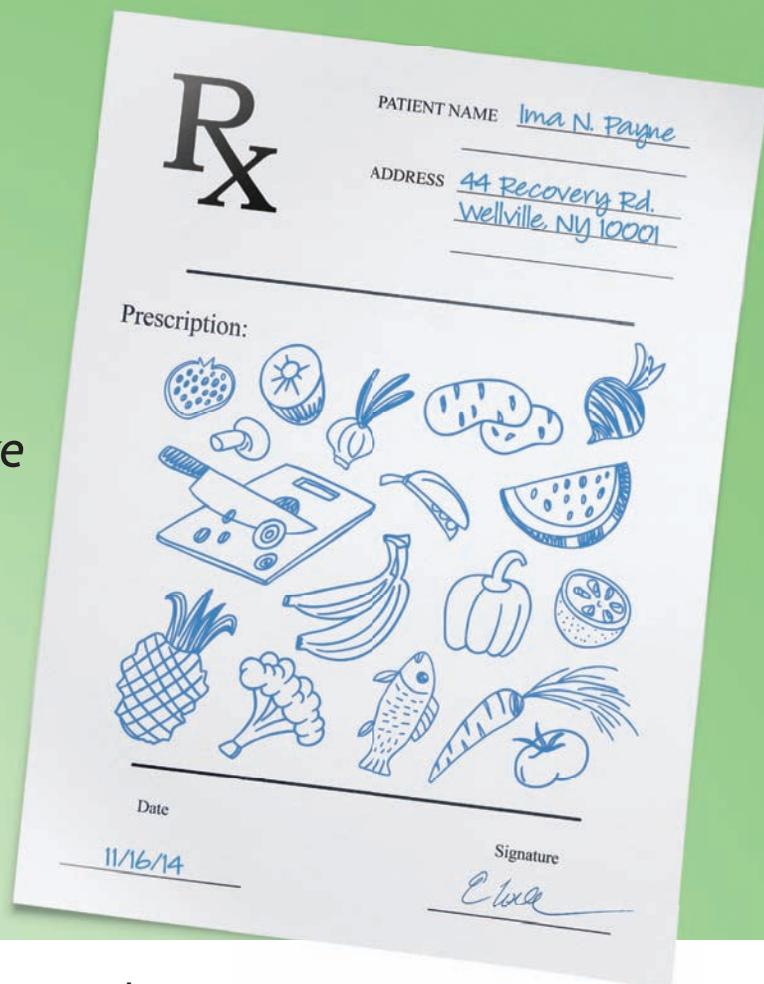
Find a Walk-Friendly Zone

Find a walker's paradise near your home or office and get outdoors this winter. Test your neighbourhood's walkability at walkscore.com/live-more/canada.

RX: FOOD

➔ **Can what you eat make you healthy again?**

Good nutrition is important for everyone, but when you have a chronic disease like diabetes or heart disease, your diet dramatically affects your well-being. “Every day, you have a choice,” notes registered dietitian Janet Brill, a nutrition and fitness expert and the author of *Blood Pressure Down* and *Prevent a Second Heart Attack*. “The foods you eat can either make you more unhealthy, or they can work for you—it’s up to you.”



DIABETES

NUTRITION RX: CONTROL CALORIES AND CARBS

No two people with diabetes are exactly alike, but the general goal is to keep calories in check by modifying portion sizes (smaller servings of starches and meats; larger ones of vegetables) and limiting total carbs to no more than 45 to 60 grams per lunch and dinner.

“The key is to make sure you’re following a nutrient-rich plan that can help you manage a healthy weight,” notes registered dietitian Jackie Newgent, author of *The All-Natural Diabetes Cookbook*.

BREAKFAST:

- ▶ Scrambled egg whites tossed with black beans, salsa, avocado and cilantro
- ▶ Low-fat cottage cheese with fresh peaches

LUNCH:

- ▶ Whole-grain pita half stuffed with hummus and sliced cucumbers, tomatoes and scallions
- ▶ Cup of fresh berries with handful of pistachios



SNACK:

- ▶ Bell pepper strips with bean dip

DINNER:

- ▶ Green salad with red onion, balsamic vinegar and olive oil
- ▶ Rotisserie chicken breast without skin
- ▶ Roasted asparagus
- ▶ Steamed brown rice sprinkled with lemon juice and pine nuts

SNACK:

- ▶ Fat-free Greek yogurt with sprinkle of granola and pinch of cinnamon

HEART DISEASE

NUTRITION RX: GO MEDITERRANEAN

Want to combat heart disease? Try eating like the Greeks. Research overwhelmingly supports the heart-healthy benefits of a Mediterranean diet, rich in fresh produce, beans, whole grains, nuts, olive oil, fish, yogurt and poultry. (And maybe a glass of wine with dinner.)

BREAKFAST:

- ▶ Steel-cut oatmeal made with soy milk, sprinkled with ground flaxseeds and dried cranberries
- ▶ Fresh mango with lime

SNACK:

- ▶ Fat-free Greek yogurt with walnuts and dried figs

LUNCH:

- ▶ Fresh veggies and hummus in a whole-wheat pita pocket sandwich

SNACK:

- ▶ Apple



DINNER:

- ▶ Steamed halibut with vegetables cooked in olive oil
- ▶ Roasted beets with lemon olive oil vinaigrette
- ▶ Curried whole-wheat couscous
- ▶ Green tea
- ▶ Glass of red wine (optional)

HIGH BLOOD PRESSURE

NUTRITION RX: KEEP SODIUM LOW AND POTASSIUM HIGH

People with high blood pressure know to limit their sodium intake to 2,000 milligrams or less per day. But according to Marla Heller, a registered dietitian and the author of *The DASH Diet*, “The key is also a diet that is rich in fruits and vegetables, along with low-fat and non-fat dairy products, beans, nuts and seeds.” Those foods, along with minimizing fats, sweets and added sugars, help lower blood pressure.

BREAKFAST:

- ▶ Orange juice
- ▶ High-fiber cereal with fat-free milk, fresh raspberries or strawberries
- ▶ Cinnamon-raisin English muffin with low-fat cream cheese

LUNCH:

- ▶ Turkey and reduced-fat Swiss cheese on whole-wheat bread with cranberry sauce and romaine lettuce
- ▶ Tomato and cucumber slices
- ▶ Coleslaw
- ▶ Apple

SNACK:

- ▶ Nectarine
- ▶ Handful of almonds

DINNER:

- ▶ Italian bread dipped in olive oil
- ▶ Grilled salmon
- ▶ Roasted new petite red potatoes, green beans dusted with crushed hazelnuts, hearts of romaine with grape tomatoes and olive oil vinaigrette
- ▶ Berry sundae (strawberries, blueberries and blackberries on low-fat vanilla frozen yogurt)



HIGH CHOLESTEROL

NUTRITION RX: LOAD UP ON SOLUBLE FIBRE; LIMIT FAT AND DIETARY CHOLESTEROL

Most patients with high cholesterol are put on medication like statins, but dietary choices—especially high-fibre foods—also play a role in lowering “bad” (LDL) cholesterol and minimizing risk of heart disease, says Angel Ong, a registered dietitian and a spokesperson for Dietitians of Canada. Losing weight or maintaining a healthy weight can also help. Must-have foods include oatmeal, almonds, flaxseeds, beans, apples, soy, garlic and plant-based butter spreads containing phytosterols.

BREAKFAST:

- ▶ Oatmeal made with soy milk, sprinkled with ground flaxseeds and dried cranberries
- ▶ Kiwi slices

SNACK:

- ▶ Banana
- ▶ Handful of almonds

LUNCH:

- ▶ Veggie burger with grilled onions, lettuce, tomato, pickle and mustard



SNACK:

- ▶ Apple
- ▶ Soy-milk smoothie

DINNER:

- ▶ Vegetable soup
- ▶ Grilled fish topped with tropical salsa
- ▶ Roasted asparagus
- ▶ Lentil pilaf
- ▶ Green tea ■

FOOD TO HEAL BY

An important step to recovering from any type of surgery is to eat the right foods and drink often. At St. Joseph's Hospital in London, surgery patients receive a booklet with before and after surgery instructions for eating and drinking. Specific instructions are also provided for most surgeries.

After surgery, patients should start with light foods, such as crackers, Jell-O and soup, advises St. Joseph's pre-surgical screening unit team. If not nauseated, you can begin a normal diet within 24 hours after surgery. Avoid spicy, greasy and fried foods and large portions for at least 24 hours as they can cause gas, indigestion and heartburn. Drink six to eight (eight-ounce) glasses of fluid—water is best—each day and take small sips often. Also, be sure to follow any specific directions from your surgeon.

RECIPE



What's for Dinner?

Not sure what to make? Check out Heart and Stroke Foundation recipes that are high in fibre and low in cholesterol, sodium and saturated fat. Search for “recipe selector” on heartandstroke.com.

HONEY, I SHRUNK THE KIDS

➔ *At-home strategies can help develop a lifetime of healthy eating*

It's hardly news that millions of Canadian children are fat. Childhood obesity has more than tripled in the past 30 years, and almost one-third of children are overweight or obese. But that doesn't mean it's time to throw in the towel.

"When you establish a base of healthy habits at home, you're setting a critical tone for your family," says Sally Kuzemchak, a registered dietitian and the author of *Cooking Light Dinnertime Survival Guide*. "No matter what your children may be exposed to outside of your family, they'll still circle back to what's familiar to them." Start with this five-step plan.

STEP 1 BE GOOD ROLE MODELS. "Your kids watch everything you do, so even from a very young age, it's crucial to model good habits," Kuzemchak says. "If you want everyone eating veggies every night, then the whole family needs to be dining on them." Keep plenty of fruit around and reach for it before sweet or salty snacks. Shelve sugary drinks like juice or soda pop. And eat dinner together. Sherene Sieben, a registered

dietitian with Health Stand Nutrition Consulting Inc., based in Calgary, says children who eat with their family at least five times a week "have a lower risk of obesity, alcohol problems and bad eating habits."

STEP 2 READ BEFORE YOU BUY. Being aware of artificial ingredients and added sugar is crucial to making healthy choices, so read labels carefully. "It's important to know what's inside the foods you buy," says registered dietitian Ruth Frechman, author of *The Food Is My Friend Diet*. "Comparing your choices at the supermarket or grocery will help you make the most informed decisions."

STEP 3 TURN SNACKS INTO HEALTHY EATS. Too often, snack time becomes an excuse to bring out the chips or cookies. But, with a little preparation, snacking between meals can actually help children meet their dietary needs, according to Dietitians of Canada. "Make healthy snacks easily accessible for kids, and try to provide snacks from food groups for which recommendations aren't being



met at mealtime," Sieben advises. It doesn't have to be complicated. Try serving an apple with string cheese, cereal with milk, or peanut butter on toast.

STEP 4 MAKE FAMILY TIME ACTIVE. Kids don't have to participate in organized sports to stay active. Instead, create playtime at home. Have your little one stand on a towel and pull her around the house as she "wake-boards." Call out the name of an animal (bear, lizard, gorilla) and have your kids crawl like that creature toward a finish line. "It's important for kids to play," says Sieben, whose own family enjoys walking the dog, playing outside with neighbours and, when the weather gets cold, playing



hockey in the basement. “What’s important is that you get creative to fit in that physical activity,” she says.

STEP 5 LET THEM EAT JUNK (OCCASIONALLY).

There’s nothing more tempting than the treat you can never have. So don’t ban goodies altogether. “Kids won’t learn to regulate junk food unless they’re allowed to experiment, and to balance it,” Sieben says. She believes that if kids are encouraged to have a good relationship with food, every food can fit into a healthy lifestyle, in moderation. Acknowledge that there is a time and a place for the sweet or salty stuff, but set limits so they know it’s the exception, not the norm. ■

ENHANCING THE DINING EXPERIENCE

For some people, it’s not easy to enjoy food most of us take for granted. Individuals with difficulty swallowing or chewing face challenges finding puréed food that tastes authentic and is enjoyable to eat. To help improve their quality of life, Food and Nutrition Services (FNS) at St. Joseph’s Parkwood Hospital sells Campbell’s TrePuree frozen entrée dinners.

“This community service provides peace of mind for individuals whose loved one has experienced an adverse health event and is having trouble eating,” says Simone LeBlanc, FNS coordinator. “The flavours and varieties available greatly enhance the dining experience for these individuals. With consistent textures, which is difficult to do at home, these entrées provide meals that are nutritious and safe to eat.”

TrePuree entrées can be purchased for \$2.50 each. Call **519 646-6000, ext. 42175** for more information and to order.

WEBSITE



Cook Up Some Happiness

Food Network chef Melissa d’Arabian’s Picky Eaters Project serves up fun ideas for healthy, kid-friendly eats (black bean brownies, anyone?). Go to bit.ly/1gme002.



GUT CHECK

A crash course on digestive distresses

BY **ELLEN RANTA OLSON** • ILLUSTRATION BY **JUDE BUFFUM**

Underappreciated and overworked, the digestive system gets no love. • While it's not pretty, it sure takes care of business. From the minute you take a bite, the system works hard to process the food, get you the nutrients you need and eliminate the waste. • For many people, though, digestive distress is a common problem. If you're suffering from tummy troubles, you're not alone. More than 20 million Canadians suffer from digestive disorders every year, according to the Canadian Digestive Health Foundation. Ready to put down that bottle of Pepto for good? Read on to learn about the most common alimentary ailments and how you can ease the pain.



The Culprit: Reflux

SPOT THE SIGNS: Acid reflux is better known as heartburn, and that name could not be more accurate—your chest feels as if it’s on fire. Reflux is characterized by a burning, stinging sensation rising from your stomach and chest to your throat, a sour taste in your mouth and episodes of coughing. About five million Canadians experience heartburn or acid reflux at least once a week. If these symptoms are chronic, you may have gastroesophageal reflux disease, or GERD. A faulty valve causes reflux. When the controller between the esophagus and the stomach doesn’t work properly, stomach acid leaks upward, causing that burning sensation.

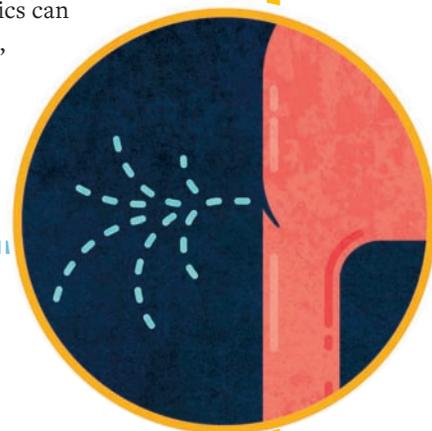
FIND A FIX: “Managing your heartburn can be as simple as watching what and when you eat,” says Dr. Richard Fedorak, a gastroenterologist and the president of the Canadian Digestive Health Foundation. You may want to avoid certain foods, like spicy or greasy dishes. You can also try antacids like Zantac or Pepcid AC. For more severe or persistent cases, Dr. Fedorak recommends a thorough medical evaluation as step one. X-rays may be needed to get a better grasp of what’s going on.

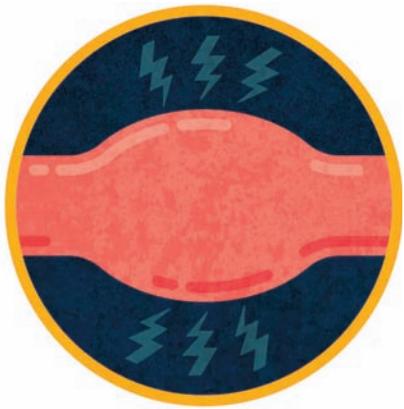
The Culprit: Ulcers

SPOT THE SIGNS: “There are two main locations for ulcers,” Dr. Fedorak says. Duodenal ulcers are holes or breaks in the lining of the duodenum (the first part of the small intestine), and gastric ulcers are holes in the stomach lining. They don’t always cause symptoms, but the most common sign of an ulcer is a gnawing or burning pain in the abdomen between the breast bone and the navel that tends to pop up between meals and in the early morning. You also might experience nausea and vomiting.

In the past, it was believed that lifestyle and diet were the main contributors to ulcers, but research now shows that infections cause the majority of ulcers, Dr. Fedorak says. “Different people may notice different triggers for ulcer pain; however, in general, spicy and fatty foods tend to be triggers for most people,” he adds.

FIND A FIX: Medications are the first line of defence in treating an ulcer. While changing your diet and lifestyle may temporarily alleviate symptoms, it isn’t a cure. If the cause is bacterial, antibiotics can do the trick. For recurrent, severe cases that don’t respond to protein-pump inhibitor drugs (such as Prilosec), surgery may be in order.





The Culprit: Irritable Bowel Syndrome (IBS)

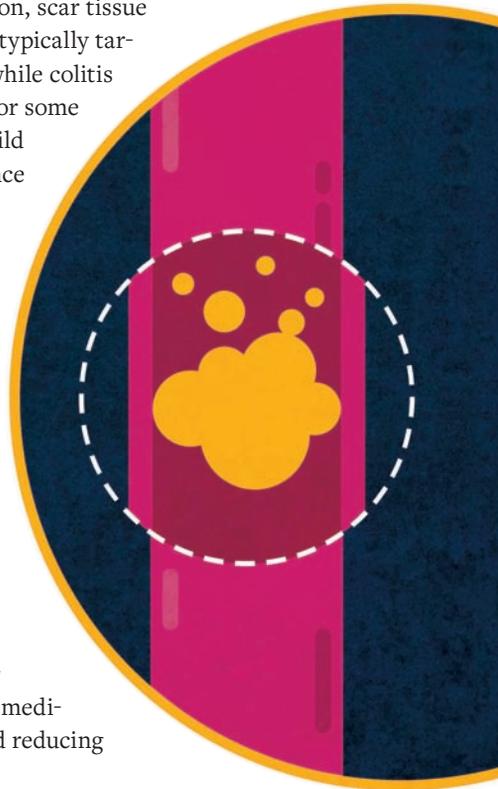
SPOT THE SIGNS: If you can accurately describe your symptoms as “everything but the kitchen sink,” it might be IBS. The symptoms can include alternating constipation and diarrhea, gas, bloating, cramping and feeling as if you can’t quite clear things out. Essentially, something makes the intestinal muscles go haywire—either contracting too quickly or not quickly enough—and causes a bevy of unpleasanties. “Investigations and tests done by doctors in patients with IBS are all normal ... yet the symptoms are real,” Dr. Fedorak says.

FIND A FIX: “Although IBS can impede your quality of life, it is not life threatening and some basic lifestyle and dietary changes may be helpful,” Dr. Fedorak says. “Ingesting appropriate amounts of fibre, exercising regularly and getting enough sleep are highly recommended.” He suggests keeping a log to track foods that seem to bring on an attack. Since the real culprit may be stress, treating the source of the problem with therapy, meditation and acupuncture may help.

The Culprit: Crohn’s Disease and Colitis

SPOT THE SIGNS: Both Crohn’s and colitis are autoimmune inflammatory bowel diseases, meaning the immune system turns on itself, resulting in chronic inflammation, scar tissue buildup, and blockage. Crohn’s typically targets the intestines and bowel, while colitis affects the colon and rectum. For some people, Crohn’s flare-ups are mild and infrequent; others experience excruciating cramps, vomiting, bloating, bloody diarrhea, loss of appetite, weight loss and fatigue. Colitis symptoms can run the same gamut but are less severe.

FIND A FIX: “Unfortunately, there is no cure for either Crohn’s or colitis, but, through medication and lifestyle changes, patients can heal the lining of the intestine and manage symptoms,” Dr. Fedorak says. He suggests giving up smoking (it reduces the effectiveness of medication), getting enough rest and reducing stress levels.



WEBSITE



Learn More

For more information on the Canadian Centre for Human Microbiome and Probiotic Research, part of Lawson Health Research Institute, visit crdc-probiotics.ca. The centre’s director is Dr. Gregor Reid, one of the world’s foremost experts on the health benefits of probiotics.

RESEARCH EXPLORES GUT FEELINGS

Lawson Health Research Institute is home to Canada’s leading authority on probiotics: the Canadian Centre for Human Microbiome and Probiotic Research. Housed at St. Joseph’s Hospital in London, scientists at the centre explore how bacteria in the body can influence health. For example, can eating good bacteria—like probiotics found in yogurt—counter disease or reduce the side effects of medication?

The centre is currently working in community kitchens in Tanzania and Kenya to test whether house-made yogurt can improve gut health, boost immunity and flush dangerous toxins from the human body. They’re also exploring the role of bacteria in breast cancer and probiotics in heart failure.



The Culprit: Celiac Disease and Gluten Sensitivity

SPOT THE SIGNS: Many people with gluten sensitivity report feeling better when they eliminate the protein, found in wheat, barley and rye, from their diet. But that doesn't mean that they have celiac disease. "The diagnosis of celiac disease cannot be made on symptoms or even on the response to removing gluten from your diet," Dr. Fedorak says. People with celiac disease have an allergic reaction to gluten, which triggers inflammation in the small intestine. When someone with celiac disease consumes even a small amount of gluten, the immune system attacks the lining of the intestine, which can lead to malnutrition.

FIND A FIX: There is a simple blood test that can determine whether a person has celiac disease and, for positive results, a follow-up biopsy to confirm the results and assess the damage to the intestine. "Treatment for celiac disease is both simple and challenging as it involves the total elimination of gluten from the diet—for life," Dr. Fedorak says. "Removal of gluten will, in most cases, allow the intestines to heal and all symptoms to subside." ■

DESTINATION: DIGESTION

A road map to the great unknown within your body

1 The digestive process starts in your **MOUTH** as soon as you take a bite. While you chew, your stomach gears up for what's to come, and saliva is produced to help the food begin to break down.

► **DID YOU KNOW?** Your body produces about 1.4 litres of saliva per day. Without it, you wouldn't be able to taste, swallow or form words.

2 Think of the **THROAT** as the great interstate for your food. Not much to see along the way, but an effective means of transportation, as it carries the food to your esophagus.

3 The esophagus is a muscular tube that extends from your pharynx to your stomach; it uses contractions to deliver food to the stomach.

► **DID YOU KNOW?** Your **ESOPHAGUS** has a built-in security system. Just before the stomach, there is a high-pressure zone that works to keep food from coming back up into the esophagus.

4 The **STOMACH** is the most well-known in the digestive crew for good reason. Working like the best appliance in your kitchen, the stomach mixes and grinds food, turning it into a liquid or paste.

► **DID YOU KNOW?** No blade needed for this powerful blender—the stomach uses acid and enzymes to break down food.

5 After the food is morphed into a liquid or paste, it travels into the **SMALL INTESTINE**, where the breaking-down continues with help from enzymes from the pancreas, bile from the liver and contractions that keep the food moving and mixing.

► **DID YOU KNOW?** Laid out, the small intestine would be about 6.1 metres long.

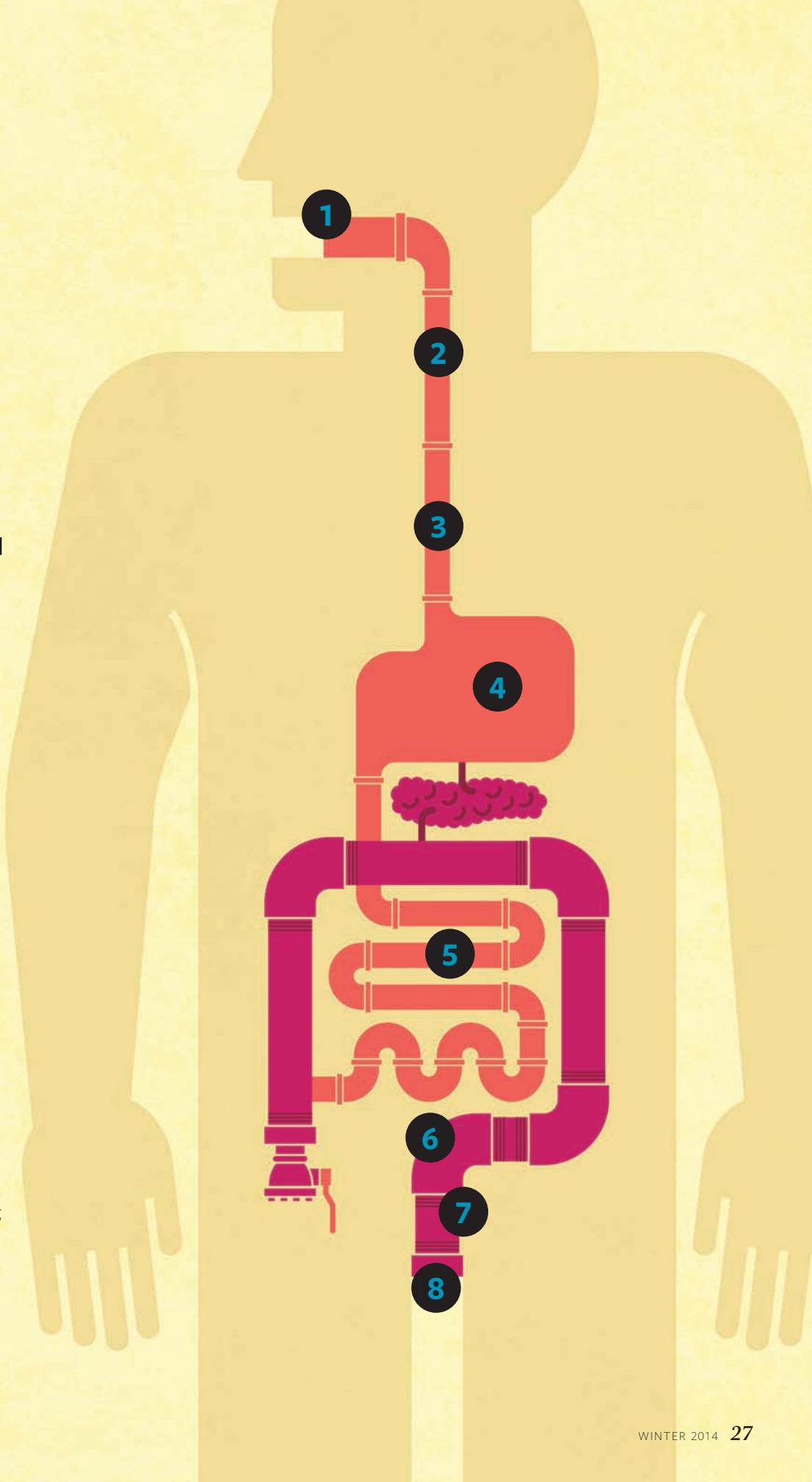
6 The next pit stop is the **COLON**, a 1.8-metre portion of the large intestine. Waste from the digestive process passes through the colon as a liquid until the water is removed and it ultimately becomes a solid.

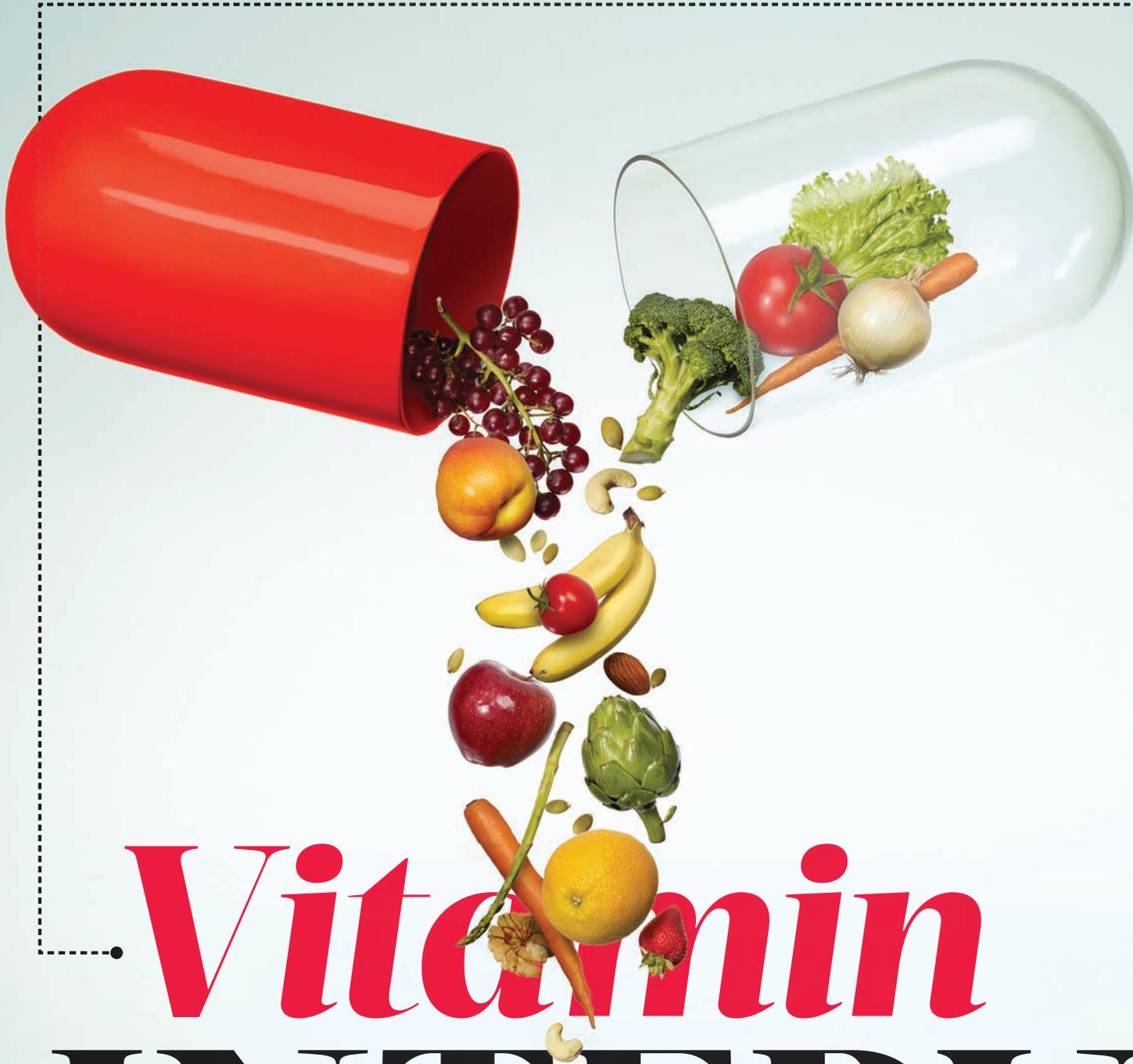
► **DID YOU KNOW?** It typically takes about 36 hours for waste to travel through the colon to the rectum.

7 The **RECTUM** just might be the smartest part of the digestive system. A 15-centimetre-long chamber that connects the colon to the anus, it communicates with the brain to decide whether the waste can be expelled yet.

► **DID YOU KNOW?** The rectum has sensors that alert the brain when anything is in the region (gas or stool) and the brain decides whether it is time to “go” or not.

8 The final stop for your digested food—before it hits the plumbing—is the **ANUS**. The lining of the upper anus detects the contents and lets you know whether it is gas, liquid or solid. You can thank two sphincters for providing control: The internal sphincter keeps you from going to the bathroom when you’re asleep, and the external sphincter allows you to hold it until you find a washroom.





Vitamin

INTERV

The five supplements you (probably) shouldn't be taking BY COLLEEN RINGER

Taking vitamins is a no-brainer, right? Our body needs nutrients, so why not swallow a few pills to make sure it gets them all? It's a strategy more than 40 per cent of Canadian adults buy into. But is it the best approach?

That depends on whom you ask. A recent editorial in the *Annals of Internal Medicine* by Dr. Lawrence Appel, director of the Welch Center for Prevention, Epidemiology and Clinical Research at Johns Hopkins University, states, "Most supplements do not prevent chronic disease or death, their use is not justified, and they should be avoided." Andrea D'Ambrosio, a registered dietitian and a spokesperson for Dietitians of Canada, agrees. "Foods contain other important nutrients that supplements do not provide. Therefore, it is best to eat a variety of nutrient-rich foods every day such as vegetables, fruit, whole grains, milk, cheese, yogurt, eggs, legumes, nuts and seeds."

The Canadian Health Food Association, on the other hand, said in a statement that supplements and other natural health products can

bridge nutritional shortfalls. Andrea Miller, a registered dietitian and national spokesperson for Dietitians of Canada, concurs. "The challenge today is that many people, for a variety of reasons, have removed an entire category of foods [such as grains or milk products] from their diet. When this happens, it can be difficult to meet nutrient requirements."

Of course, there are folks such as vegetarians, vegans, people older than 50 and those with underlying illnesses who have to pay extra attention to ensure they get enough nutrients, D'Ambrosio says. "For some people, specific supplements are recommended to meet their needs." But if you're a healthy adult with a varied diet, you might not need to take supplements. Here are five to reconsider keeping in your medicine cabinet.

PHOTO BY GETTY/STONE/ JANA LEON

ENTION



1 Multivitamin

Most of us think of this pill as our insurance. Whatever we didn't get enough of today—vitamin K, potassium, iron—we'll get from our multivitamin. While multivitamins don't appear to be harmful, D'Ambrosio says they may provide false dietary insurance.

"It is important to understand how much you need to be consuming in your diet and how much you are receiving in your multivitamin to know if it is really meeting your needs," she says. "Multivitamins are not a good source of calcium, magnesium, potassium or fibre."

In one large, 25-year study of 38,772 older women, researchers found that taking multivitamins was actually associated with an increased risk of death. Additionally, D'Ambrosio notes that the U.S. Preventive Services Task Force's (USPSTF) largest and longest randomized controlled trial of multivitamins—the U.S. Physician's Healthy Study II—found no evidence that taking a multivitamin prevented heart attacks or strokes any more than compared with a placebo. Translation: Don't bother, at least without first meeting with a registered dietitian.

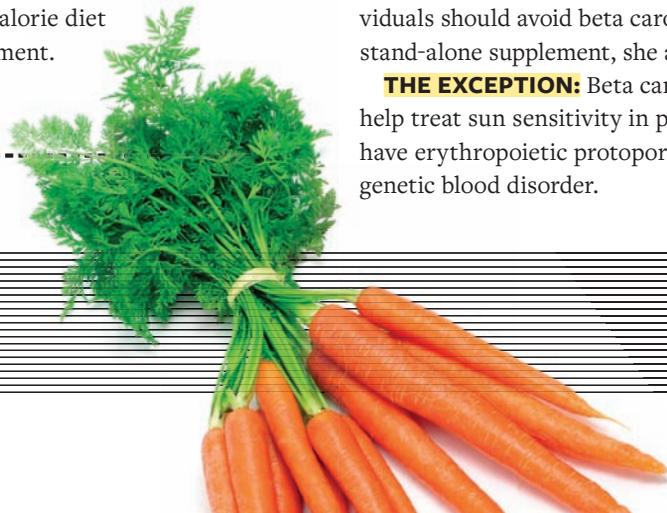
THE EXCEPTION: Women who are pregnant or who may become pregnant need folic acid to prevent neural tube birth defects, and many choose to get it through a multivitamin. Also, athletes and people on a very low-calorie diet might also need to take this daily supplement.

2 Beta Carotene

There are many observational studies that suggest that the antioxidant beta carotene, found in fruits and vegetables, is connected to cancer prevention. The key is to get the nutrient, which the body converts into vitamin A, through foods such as sweet potatoes, carrots, cantaloupe, apricots and leafy greens such as kale—and not through supplements.

Miller explains, "Because vitamin A is fat soluble, the body stores excess amounts, primarily in the liver, and these levels can accumulate." Excess vitamin A can have significant toxicity. "Supplementation with beta carotene has been associated with an increased risk of lung cancer and cardiovascular disease in current and former smokers," Miller says. Unless specifically directed by a dietitian or a physician, individuals should avoid beta carotene as a stand-alone supplement, she advises.

THE EXCEPTION: Beta carotene can help treat sun sensitivity in people who have erythropoietic protoporphyria, a genetic blood disorder.





3 Vitamin E

The USPSTF also gives this supplement a firm thumbs down in prevention of heart disease or cancer. “Vitamin E has been studied for the prevention or treatment of many health conditions; however, there is a lack of strong evidence to support its use for any disease at this time, aside from vitamin E deficiency, which is rare in Canada,” Miller explains. What’s more, one study showed that taking vitamin E increased prostate cancer risk in men.

Natural sources high in vitamin E, such as nuts, vegetable oil and fortified cereals, may help protect your eyesight by lowering risk for developing age-related macular degeneration by 20 per cent.

THE EXCEPTION: Vitamin E deficiency, which can cause nerve and muscle damage and weaken the immune system, is sometimes seen in people with Crohn’s disease or cystic fibrosis. Supplementation may be necessary in some cases.

4&5

Calcium and Vitamin D

Because vitamin D helps your body absorb calcium, these two nutrients work hand-in-hand to strengthen your skeleton. Being deficient in one or both could mean having brittle bones, so it’s no surprise that these supplements are practically flying off the shelf. But hold that thought.

Gulping down these tablets on a daily basis doesn’t, in fact, appear to reduce fractures, and can potentially do more harm than good. According to Osteoporosis Canada, getting an excess of *dietary* calcium is not harmful, but overdoing it on supplements can cause kidney stones, heart problems, prostate cancer, constipation and digestive problems.

THE EXCEPTION: Older adults at risk for falls should consider taking vitamin D, as it can lower the odds of falling in the first place. ■

TALK TO YOUR DOCTOR ABOUT VITAMINS

While people commonly take vitamins and supplements for their perceived health benefits, pharmacists at St. Joseph’s Health Care London caution patients to consult their physician or pharmacist first. Vitamins and supplements can interact with prescription medications, causing a reduced therapeutic effect. Alternatively, some supplements can magnify the therapeutic effect of a drug.

As an example, Ginkgo, an herb commonly taken, may thin the blood. This can cause an additive effect for patients who are already taking a blood thinner, says pharmacist Peter Toogood. On the other hand, calcium and iron supplements can bind to thyroid medications, reducing absorption and weakening the medication’s intended effect of treating a hypoactive thyroid.

Always notify your physician or pharmacist about the vitamins you consume, says Toogood. It’s also wise to bring in the vitamin bottles as ingredients can vary depending on the manufacturer. For medical appointments, if asked to bring in your medications or a list, be sure to include your vitamins.

APP

Eat Your Vitamins

Download the free **EatWise** app to your iPhone to get Dietitians of Canada’s in-depth information on a wide range of vitamins, common foods and the nutrients they contain, and more.

10

THE QUICK LIST TAKEAWAYS TO CHEW ON



1 Rethinking after-school snacks can go a long way toward helping your kids stay at a healthy weight.

2 The right foods (English muffins! Yogurt! Fruit!) can help you take charge of a chronic disease like heart disease and high blood pressure—no cod liver oil required.

3 Moving throughout the day is the best strategy for combatting diet saboteurs like menopause and the suburbs.

4 A handful of almonds and dried berries might be the perfect mid-afternoon pickup.



5 Adding more variety in your diet is the best way to ensure proper nutrients—supplements aren't usually necessary and the risk can outweigh the benefit.

6 Infections, not lifestyle or diet, cause the majority of ulcers.

7 The 1.4 litres of saliva produced by your body each day make it possible for you to taste, speak and swallow.

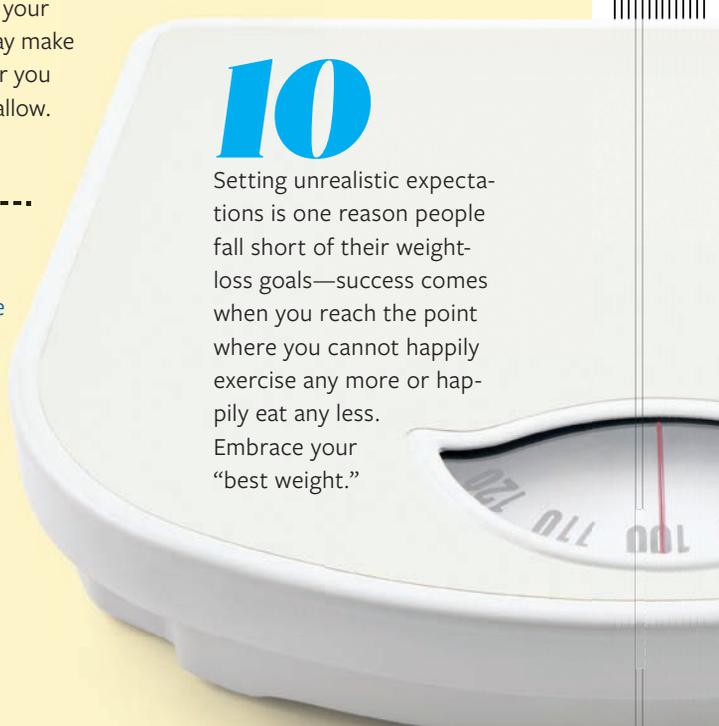
8 People who are sensitive to gluten become uncomfortable; people who are allergic to gluten can become malnourished.



9 Vitamin D may not reduce fractures, but it might reduce your risk of falling in the first place.

10

Setting unrealistic expectations is one reason people fall short of their weight-loss goals—success comes when you reach the point where you cannot happily exercise any more or happily eat any less. Embrace your “best weight.”



➔ **WANT MORE HEALTHY IDEAS?** Check out our spring issue, focusing on surprises in senior health.



The Spirit of the Season Lives On

St. Joseph's Season of Celebration marks 25 years supporting patient care and comfort during Christmas, and all year long

BY LAURA JANECKA

It was 1998 and the Season of Celebration campaign—the first of its kind in the region—was in full swing. Kathy Green, a beloved longtime nurse at St. Joseph's Health Care London, was battling an aggressive form of cancer in the palliative care unit at Parkwood Hospital.

As the Season's pink-hued *Lights of Caring* were lit in response to the generosity of donors and in memory of loved ones, Green remarked to friends on how inspirational they were. Before Christmas that year, the friends approached St. Joseph's Health Care Foundation to see if a green light could be added in her honour. Staff in the physical plant were quick to respond, sourcing four green light bulbs to be added to the display outside Green's window.

The simple act of kindness exemplified the integral meaning of the Season of Celebration—the community has not forgotten those in hospital during the holidays.

“What began as a grass-roots campaign with all hands on deck—including turning off the gas-powered generator each night that powered the lights—has now raised more than \$4 million towards urgent patient care and comfort items,” says Michelle Campbell, foundation president and CEO. “That's 25 years of thousands of people adding their pink *Lights of Caring* for patients in hospital, which have truly illuminated thousands of lives.”

WEBSITE



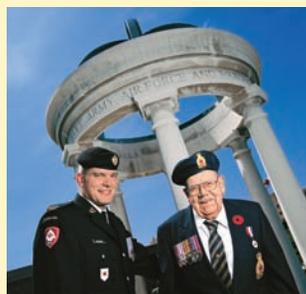
Continue the Care

Season of Celebration, which begins on National Philanthropy Day each year, starts Nov. 15. Visit sjhcfoundation.org to learn more about the campaign and to make a gift in honour of someone special in your life. Lighting a *Light of Caring* brightens lives and warms hearts across St. Joseph's Health Care London.

Here is a glance at just some special Season moments and the impact the campaign has had:



1990 Season of Celebration campaign launches at Parkwood Hospital with a single question from the caregiving team, “How can we make Christmas a little brighter for those in our care who can't go home for the holidays?”



1997 With donations to Season of Celebration, the Veteran's Memorial Park was erected on the grounds of Parkwood Hospital to commemorate Canadian veterans' bravery and sacrifice. The park also acts as a soothing sanctuary for veterans and residents.



2007 & 2009 Donor support to Season of Celebration helped purchase exercise equipment to support recreational activities for mental health care programs.



2009 Through support from Season of Celebration, more than 230 newborns at St. Joseph's Hospital received ventilator assistance in the neonatal progressive care unit, helping these tiny patients breathe and grow stronger each day.



2011 At Mount Hope Centre for Long Term Care the craft room is the main hub for recreational programs, which include baking, gardening and knitting. In 2011, the room got a makeover thanks to support from Season of Celebration, enhancing the overall resident experience and well-being.



2013 An anonymous donor stepped forward to help purchase a patient/resident transfer bus, which provides greater opportunities for socialization, recreation and physical activity for those being cared for by St. Joseph's. ■



Located at the corner of Commissioners and Wellington roads in London, Parkwood Institute, as the site will be known as of Nov. 16, will have 559 inpatient beds, more than 83,000 outpatient visits yearly, almost 2,000 staff and nearly 500 volunteers. The soothing green space of the Westminster Ponds environmentally significant area around Parkwood Institute helps to heal body, mind and spirit.

INTRODUCING PARKWOOD INSTITUTE

A new name for a new era in care, recovery and rehabilitation

When staff and patients move into St. Joseph's new mental health care facility on Nov. 16, it will join with Parkwood Hospital under one new name for both facilities: Parkwood Institute.

How was the name Parkwood Institute chosen?

The new name combines the well-known name "Parkwood" with "Institute," which reflects excellence in care and teaching, and the hope research holds for future discoveries in mental and physical health care.

Why was just one name chosen for both facilities?

As the programs at Parkwood Hospital and Regional Mental Health Care London prepared to come together in one location, the similarities in their approaches to care emerged. Combining them under one name builds on their strengths and possibilities for

the future and reinforces that hope, recovery and ongoing management of mental illness is no different than other illnesses.

Parkwood Institute is much more than a group of health care buildings. It embodies a philosophy of hope and wholeness, a legacy of health care innovation and a vision for the future.

—Dr. Gillian Kernaghan, president and CEO, St. Joseph's Health Care London

VIDEO 

Parkwood Institute Online

Watch the video to learn more about Parkwood Institute: sjhc.london.on.ca/parkwoodinstitute.

What kind of care will be provided at Parkwood Institute?

Care at the Main Building (formerly Parkwood Hospital) is for those requiring complex, specialized geriatric services, rehabilitation or veterans care. At the Mental Health Care Building (formerly Regional Mental Health Care London), care is for those with a severe and persistent mental illness.

What does the future hold for Parkwood Institute?

As part of the St. Joseph's Health Care London family of services, Parkwood Institute will be a vibrant academic health care community where care providers are committed to leading in care, teaching future generations, and investing in new discoveries and best practices.

How can I support care at Parkwood Institute?

Donations help us to further enhance the care we provide. You may wish to direct a charitable gift to a specific area of care, or to the highest priority needs identified by our caregivers. For more information, visit St. Joseph's Health Care Foundation at sjhcfoundation.org. ■

Taking Aim at **PAIN**

St. Joseph's and Western University are the first in Canada to host the newly accredited chronic pain medicine residency training program

BY **DAHLIA REICH**



Dr. Pat Morley-Forster, medical director of the Pain Management Program of St. Joseph's Health Care London and professor of anesthesiology at Western University's Schulich School of Medicine & Dentistry, was instrumental in creating pain medicine as a new subspecialty in Canada. She is seen here with the first residents to begin training, Dr. Michael Pariser, left, and Dr. Amjad Bader.

Even before 32-year-old Dr. Michael Pariser officially completes all his medical training, he has become a pioneer in Canadian medicine. The Ingersoll native is one of the first medical residents in Canada to begin training in the newly accredited pain medicine residency program.

After seven years of lobbying by Dr. Pat Morley-Forster, medical director of the Pain Management Program of St. Joseph's Health Care London and professor of anesthesiology at Western University's Schulich School of Medicine & Dentistry, pain medicine recently became recognized by the Royal College of Physicians and Surgeons of Canada as a designated subspecialty. On July 1, Western's Schulich School of Medicine & Dentistry and St. Joseph's became the first medical school and academic teaching hospital in Canada to host the training program.

Improving Care

The two-year residency program includes one full year at the outpatient pain management clinic located at St. Joseph's Hospital, where residents will learn from experts from various disciplines. Other rotations consist of neurology, psychiatry, physical medicine

and rehabilitation, and pediatric pain for comprehensive training in the treatment of and rehabilitation for acute, chronic and cancer pain conditions.

Dr. Pariser is one of two residents who have begun the training in London. He is joined by Dr. Amjad Bader of Saudi Arabia.

"I think care for chronic pain is something that hasn't been done as well as it should be in the Canadian system," says Dr. Pariser, a Schulich Medicine graduate who recently completed a residency in anesthesiology in London. "If you have specialties and fellowships like this, then care, and access to care, will improve. That's what I'm most excited about."

'Leaders and Ambassadors'

The specialty training comes at a critical time. Chronic pain affects about 25 per cent of the Canadian adult population, rising to 50 per cent in the elderly, says

Dr. Morley-Forster. At the same time, there has been a gap in the availability of specialized care for chronic pain and in the training of medical students and young doctors. The hope for new pain specialists like Dr. Pariser and Dr. Bader is not only to become experts in the field, she says, but also be "leaders and ambassadors" for this new discipline.

Dr. Bader, who completed his undergraduate medical degree in Saudi Arabia and a residency in anesthesiology at Dalhousie University in Halifax, will be bringing his expertise back to Saudi Arabia. In Canada, Dr. Pariser sees an opportunity to "de-stigmatize pain" and be an advocate for people with chronic pain, which he says is often seen as a failure of moral character rather than a medical problem.

"Everyone is one traffic light, one kitchen accident, one cancer problem, one surgery, one work-related accident away from having chronic pain happen to them." ■

Teaching the **NEXT GENERATION** of **EXPERTS** *St. Joseph's annually welcomes students and trainees from around the world*

A future of excellence in health care requires a commitment to teaching the next generation of experts. Each year across St. Joseph's Health Care London, more than 2,000 students and trainees come to learn from the best.

St. Joseph's is a leading academic health care organization in Canada and one of Ontario's 14 academic hospitals. The organization annually coordinates student placements with more than 70 schools, hospitals and community agencies around the globe. In 2013 physicians and staff provided education and training for more than 900 medical students, residents and fellows, and 1,200 students in health disciplines such as nursing, physiotherapy, psychology and social work.

Students at St. Joseph's are given the opportunity to serve patients with complex and chronic diseases, mental illness, rehabilitation, recovery and surgical needs, and veterans and residents in long-term care programs. They are supported by interdisciplinary teams who encourage learning and collaboration guided by values of respect, excellence and compassion. Students are measured on their performance in relation to these values and their competency in quality and safe patient care. On these pages is a glimpse of students and their expert teachers across St. Joseph's.

1 As part of the speech language pathology program at Western University, Jordan Dymant had a two-month placement with the Community Stroke Rehabilitation Team, which provides post-stroke outreach care to patients living in the community. Speech language pathologist Crystal Branco was his mentor.

2 Psychology student Melissa Nantais presents her research on the relationship between creativity and cognitive vitality completed as part of her placement at Parkwood Hospital.

3 Andrew Macpherson is a student in St. Joseph's Clinical Pastoral Education course, where interns learn how to provide spiritual care to patients, family and staff members in hospitals and other clinical settings. Many of the interns are in graduate theological training. "No theological college can offer this kind of experience—I'm very grateful," says Macpherson, a Master of Divinity student at the University of Toronto's Emmanuel College.

4 Micheline Hurst, a first-year student in Fanshawe College's practical nursing program, spends time with a patient at Regional Mental Health Care London, listening as he expresses himself through music.

5 In July, St. Joseph's and Western's Schulich School of Medicine & Dentistry became the first academic teaching hospital and medical school in Canada to host a new pain medicine residency training program. Dr. Pat Morley-Forster, medical director of St. Joseph's Pain Management Program and a professor of anesthesiology at Western, championed its creation. She is pictured with the first two residents, Dr. Amjad Bader of Saudi Arabia, left, and Dr. Michael Pariser of Ingersoll, Ont. (Read more on page 35)

6 Now in its fifth year, the annual Diabetes Research Day is an opportunity for Schulich Medicine clinical undergraduate and postgraduate students, as well as students from the basic sciences, to present their research related to diabetes. Here, Ken Grise explains his research to Dr. Irene Hramiak, chair/chief, Centre for Diabetes, Endocrinology and Metabolism at St. Joseph's.

7 Joshua Westbrook, right, a Western University occupational therapy student, and occupational therapist Sarah Miles work with patient Drew Cameron as part of his rehabilitation for a spinal cord injury. "I'm learning so much in this practical setting," says Westbrook, who had an eight-week placement at Parkwood Hospital.

8 As part of St. Joseph's international reach in teaching, urologist Dr. Blayne Welk at St. Joseph's Hospital has developed a fellowship program for trainees looking for experience in voiding dysfunction (urination). Here, Dr. Welk and his first fellow, Hana'a Al Hothi, the first female urologist in Qatar, review a patient's diagnostic tests before going into surgery.

9 In the stroke rehabilitation gym, student Meagan Smith, left, and physiotherapist Krisztina Huszar, right, help Millie Walters with grasp and release exercises using a neuromuscular stimulator. "The experience and knowledge I have gained here is invaluable," says Smith, a second year student in Western University's physiotherapy program. "Working with the fantastic staff and patients has given me confidence in my path to becoming a physiotherapist." ■



A new era in clinical information technology has begun at St. Joseph's with the launch of HUGO—Healthcare Undergoing Optimization BY **BÄRBEL HATJE**

MAKING PATIENT CARE SAFER



Patient Andrew Smith has his armband scanned by nurse Heather Bennett at St. Joseph's Hospital in London.

A few days after the launch of HUGO—a landmark patient safety initiative—a St. Joseph's Hospital nurse chatting to a HUGO support staff member said, "Thank you! HUGO stopped me from giving my patient the wrong medication."

Her comment went straight to the heart of HUGO, which stands for **Healthcare Undergoing Optimization**. Now in place at 10 hospitals in Southwestern Ontario, HUGO is the first regional project of its kind in Ontario and the start of an important patient safety and quality of care transformation.

No More Paper

On May 21, St. Joseph's Health Care London launched HUGO at each of its sites—St. Joseph's Hospital, Parkwood

Hospital, Regional Mental Health Care London and the Southwest Centre for Forensic Mental Health Care. With HUGO, St. Joseph's is shifting from paper processes to the computer for ordering tests and prescribing medication.

This means physicians are no longer writing down patient orders for tests or medications on a paper form. They are using the computer to post the patient order, which is then immediately sent to the appropriate person or department for processing.

For many patients, a unique bar code is added to their armband and to their medications, which nurses will then scan to ensure the bar code on the armband matches the bar code on the medication.

"For us this is all about our patients," says Dr. Robin Walker, HUGO executive sponsor and integrated vice president,

Medical Affairs and Medical Education. "We always want to provide the best and safest care for our patients. HUGO provides us with additional tools to safeguard the quality of care we provide here at St. Joseph's Health Care London."

'A Big Step Forward'

HUGO will enable continuous quality improvement through standardization and automated technology, adds Glen Kearns, vice president, Diagnostic Services, and chief information officer. The purpose is to optimize care for patients.

"HUGO is an important component of our journey towards a fully integrated electronic health record. It represents a big step forward and patients in the nine communities served by the participating hospitals will greatly benefit from this quality of care initiative."

In addition to St. Joseph's, HUGO has been implemented at Alexandra Hospital in Ingersoll, Listowel Wingham Hospitals Alliance, London Health Sciences Centre, Middlesex Hospital Alliance in Four Counties and Strathroy, St. Thomas Elgin General Hospital, Tillsonburg District Memorial Hospital and Woodstock Hospital. ■

DID YOU KNOW?

Through donor support, St. Joseph's Health Care Foundation granted \$630,000 to help purchase "Workstations on Wheels" (WOW)—a mobile workstation that has a computer bar-code scanner to reduce medication errors while increasing time spent at the patient's bedside. To learn about various ways to support high priority needs at St. Joseph's, visit sjhcfoundation.org.

GIVING FUELED BY FAMILY

London's Bancroft family is helping to advance mental health care at St. Joseph's

► For more than 40 years, Mike and Joan Bancroft have lived on the same tree-lined street near Western University. Their bungalow-style home is furnished with wood pieces made by Mike's father and floor-to-ceiling bookshelves brimming with books. Outdoors sits a well-worn playground set once avidly used by their grandchildren.

Despite their immense professional and personal contributions to their communities—in London and their hometown of Winnipeg—the Bancrofts live an unassuming life filled with small pleasures, like Orchestra London concerts and weekly tennis matches at Western's "bubble."

Mike is a retired professor who still works closely with the Chemistry Department at Western. Throughout his career, he has become a well-honoured pioneer of X-ray spectroscopy in Canada, which has become a world-renowned method of understanding chemical composition through the use of light. Joan has a background in teaching and also studied

theology. She now provides weekly pastoral care at University Hospital and remains very active with their church. They're also active in their children's lives. David is in sales, while daughter Catherine is a social worker and psychotherapist whose career is devoted to mental health.

Legacy of Charity

The couple, now in their 70s, has given generously over the years to their church, United Way, Orchestra London and St. Joseph's Health Care London, with a focus on geriatric care, cognitive vitality and mental health care.

Their motivation for giving centres on family. Mike's mother, Jean, was very conscious of charity through her work with her church. To honour her late husband, Fred, and his passion for historical literature, she set up a scholarship in his memory at the University of Winnipeg. Years later, Mike did the same for his sister Jane, a French professor, and set up a French scholarship at the University of Toronto Scarborough.



Mike and Joan Bancroft had the opportunity to tour St. Joseph's new mental health care facility during its last phase of construction. They are seen here in the new chapel with its serene glass façade and natural light that pours in from picturesque windows.

Their choice of charity is also fueled by family, having had loved ones who lived with mental illness all their lives.

"Thirty or 40 years ago, many people would not recognize mental illness, diagnose it or even admit to it—that's certainly the case in my family," says Mike. "Since then, there's been a huge change of attitude and it really is positive that people are talking about it. And some of the stigma is certainly going, but it is a slow process."

Naming Honour

The Bancrofts' most recent gift to St. Joseph's is supporting care environments that promote care, recovery and rehabilitation for people living with a mental illness. To honour them, a therapeutic recreation room will be named after the family in the new mental health care facility on the grounds of what will soon be known as Parkwood Institute.

For Mike and Joan, charitable giving is a meaningful part of their life. When speaking about their passions and hobbies Joan is quick to add, "We would rather miss trips and know that we are supporting the things that we value and honour." ■

WEBSITE



Supporting St. Joseph's

There are many ways you can support care, teaching and research at St. Joseph's Health Care London. Whether it is through a direct donation, the purchase of a ticket to an event, the establishment of a fund or a gift of life insurance—your donation will directly enhance the delivery of care in London. Visit sjhcfoundation.org to learn more.

IN YOUR OWN WORDS

► *Every day, St. Joseph's Health Care London receives words of appreciation and praise from grateful patients and their families. St. Joseph's prides itself on serving with respect, excellence and compassion, which shows on our patient satisfaction scores—among the highest in the province. But don't take our word for it ...*

The Right Choice

I am writing to express my profound thanks for the excellent care that I have received from Dr. Stephen Pautler and the many staff and volunteers that I have encountered throughout the course of my prostate cancer diagnosis and treatment.

I was diagnosed in December 2013 with prostate cancer and was offered the traditional open surgery option in my home community. After some research and consultation with St. Joseph's employees, I learned about the robotic-assisted laparoscopic prostatectomy option so asked for a referral to Dr. Pautler. From the moment my wife and I walked into the clinic, we knew we had made the right choice. Dr. Pautler was kind,



**Dr. Stephen Pautler, urologist,
St. Joseph's Hospital in London**

compassionate and took time to answer the many questions we both had. We were very impressed with all the reading materials and informational CD that answered many of the questions we had forgotten to ask at the appointment.

On April 2, 2014, I underwent the five-hour surgery. The team in pre-op was kind and patient with me and my wife, who was understandably anxious. She also has reported to me that the volunteers and nursing staff were helpful during her wait. She was so relieved that Dr. Pautler took the time after the surgery to speak with her and inform her of my condition.

The care that I received on the 6th floor inpatient unit was excellent. The nurses who tended to my care were kind and considerate. Special thanks to Marlene, Donna and Wilma for encouraging me to push myself to get moving early!

I have had an amazing recovery and feel so lucky that I was treated at St. Joseph's Health Care London. I feel well and am looking forward soon to getting out on the golf course. I am not looking as forward to fulfilling all the household tasks that have been put on hold since my surgery!

Many thanks again for your kindness.

Jim Ivanski,
Wallaceburg, Ontario

Kudos to Parkwood

For 18 months, my family visited my grandfather, William Ross Clark, at the veterans wing of Parkwood Hospital. We made sure that one of us was there every day of the week until sadly he died two days after his 93rd birthday.

What we came to understand during these regular visits was just how incredible the nurses and support staff on the third floor in the Kent/Essex wing really are. They treated my grandfather like a family member and provided him with the dignity, the caring, the comfort and the compassion that they show every other veteran in the hospital every day. This is a hospital that is full of heroes on many, many levels.

Thank you so very much for making sure my grandfather's last months, weeks and days were filled with the same kind of love he always showed us throughout his life.

Jamie Clark and the Clark family
London, Ontario ■

WEBSITE

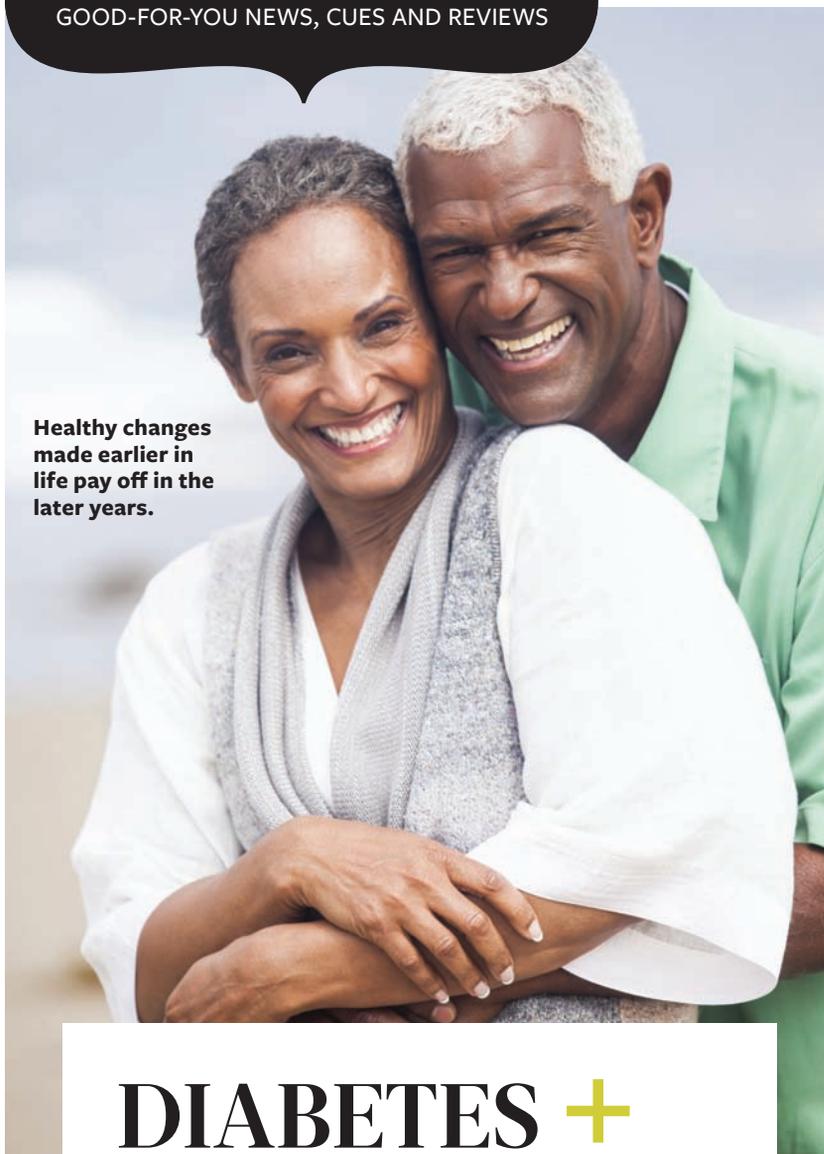


Your Story

If you would like to comment on the care you received at St. Joseph's Health Care London, please email Dahlia Reich at **dahlia.reich@sjhc.london.on.ca**.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



Healthy changes made earlier in life pay off in the later years.

DIABETES + DEMENTIA

In addition to damage to your eyes, kidneys, nerves and heart, type 2 diabetes has been linked to dementia. A study in the journal *Neurology* finds that people who developed type 2 diabetes between ages 40–64 had brains that were nearly three per cent smaller than their non-diabetic counterparts. They were also twice as likely to have problems with thinking or memory. A late-life diabetes diagnosis, meanwhile, had less effect on the brain. In other words, the earlier you make healthy changes, the better. If you're at high risk, a modest weight loss of five to seven per cent can reduce the chances you'll develop type 2 diabetes by 58 per cent.



MISTLETOE MENACE

While poinsettias get a bad rap for being poisonous (nibbling on the leaves can mildly upset your stomach), another holiday plant really can give the kiss of death.

Mistletoe poisoning, which occurs when someone eats part of the mistletoe plant or drinks tea created from the plant or berries, can trigger blurred vision, serious stomach upset or even heart weakness and warrants immediate medical attention. Call 911 or the Canadian Association of Poison Control Centres in your area. Visit capcc.ca and use the “Provincial Centres” tab to find the centre near you.

So, while a little eggnog and a kiss under the mistletoe might sound tempting, take precautions by hanging it high out of the reach of kids and pets.

WEBSITE



Stress Less This Season

Make this holiday season different—get a handle on your stress. Visit heartandstroke.com and search “Stress Test” for some stress-busting tips and a quiz that will help you test your stress index.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

MEDICATIONS AND THE NICOTINE EFFECT

There are several chemicals contained in cigarettes, including nicotine, which can increase the rate of drug metabolism in the liver and counteract the effects of certain prescription medications, warn pharmacists at St. Joseph's Health Care London. Smokers tend to break down medications processed in the liver faster than non-smokers because the liver processes medications at a faster rate. As a result, smokers may need a higher dose of the same medication than a nonsmoker to achieve the same therapeutic effect.

QUIZ



Know Your Nutrient IQ

Everyone loves to eat out. But are your dining choices sabotaging your waistline? Visit healthycanadians.gc.ca and search "Eating when eating out" to find tips that will make eating out a healthier experience for you and your family.



COTTAGE CHEESE vs. BBQ POTATO CHIPS

Which food item has more salt?

ANSWER: COTTAGE CHEESE

A serving of potato chips has less than *half* the sodium of a serving of one per cent fat cottage cheese. This unlikely comparison underscores the importance of reading food labels. Canadians eat about 3,400 milligrams of sodium every day—more than double the amount needed.



COTTAGE CHEESE PHOTO BY GETTY/JAROMILAJA CHIP PHOTO BY THINKSTOCK



SPOIL YOUR SKIN

Winter conditions can wreak havoc on your skin. Try these simple tips:

- ▶ Take five- to 10-minute showers with warm, not hot, water.
- ▶ Use an ointment or a cream (rather than lotion) and apply it immediately after showering.
- ▶ Use gentle, unscented skin-care products.

▶ TRUE OR FALSE

You don't have to worry about breast cancer if you don't have a family history.

FALSE Only about five to 10 per cent of breast cancers are hereditary. So, while Angelina Jolie produced plenty of buzz for the BRCA gene mutation when she chose pre-emptive mastectomy, the reality is that most women who develop breast cancer do not have a family history of the disease. While there has been much debate about at what age and how often mammograms are appropriate, the Canadian Cancer Society recommends mammography screening every two years starting at age 50 for women who have no additional risk factors. Women between 40 and 49 years are encouraged to discuss their individual risk factors, including family history, with their doctor, as well as the benefits and risks of screening.



MAIN PHOTO BY SUPERSTOCK/JOJO IMAGES; RIBBON BY THINKSTOCK; SHOVEL BY GETTY/JERRY DRENDL

PROBLEM PILLS



2

Canada is the second-largest per capita consumer of prescription opioids, according to the International Narcotics Control Board. (The United States ranks first.)

27.2

There were 27.2 deaths related to prescription opioid use per million people in 2004 in Ontario, double the rate in 1991.

18.2%

The percentage of Canadian females 15 and older reported using a prescription pain reliever during the past year (an estimated 3.9% reported abusing the medications).



SNOW NO-NOS

Shovelling snow is backbreaking work. Literally. Injuries range from muscular strains and wrist and hip injuries to asthma complications and heart attacks. "The problem with shovelling is that most of us just rush out and do it because it has to get done," says Dr. Mitch Shulman, an emergency medical specialist and a faculty member at McGill Medical School. "People [don't realize] there's a fair amount of strength and muscular work involved."

Play it safe with these tips:

- Use a shovel comfortable for your build.
- Lift with your legs and keep your back straight.
- Don't throw snow—walk to where you want to dump it.

We hang some big mammogram misperceptions out to dry.



THE TRUTH ABOUT: **MAMMOGRAMS**

Do mammograms cause cancer? When should I get one? Do they hurt? Here's the scoop on breast cancer screenings



No matter how many articles you read about aging gracefully, there's one aspect of reaching a middle-age milestone you can't ignore. And that's your first mammogram.

Whether you've already started these life-saving screenings or not, it's likely that you've heard a lot about them—and have picked up some conflicting information along the way. Read on to test your mammography smarts.

TRUE OR FALSE:

If I'm getting regular mammograms, I don't need to worry about self-exams.

→ **True (sort of).** “The Canadian Cancer Society does not recommend that women conduct self-exams, based on studies that show these aren't effective in reducing the number of breast cancer deaths and may do more harm than good,” says Robert Nuttall, PhD, the director of Cancer Control Policy with the Canadian Cancer Society. It is important, however, that women are “breast aware”—they should be familiar with what is “normal” for their breasts and talk to their health care provider if they notice anything unusual.

PHOTO BY GETTY/MORTEN OLSEN

TRUE OR FALSE:

I should start my mammograms at 50.

→ **True (mostly).** The risk for developing breast cancer increases with age, and the Canadian Task Force on Preventive Health Care (CTFPH) currently recommends that women of average risk (with no prior history or risk factors) between the ages of 50 and 69 have mammograms once every two to three years. While the CTFPH guidelines are widely followed, there isn't a single recommendation that is used nationwide, as provinces also develop their own guidelines. Nuttall says the Canadian Cancer Society supports the CTFPH's recommendations.

The Canadian Breast Cancer Foundation, however, cites research supporting annual mammograms for average-risk women starting at age 40, and its website states that half of Canada's organized breast cancer screening programs invite women to screen from the age of 40. Ask your health care provider what makes most sense for you.

TRUE OR FALSE:

Mammograms cause cancer.

→ **False.** "It's true that a mammogram does expose a woman to some radiation since she is getting an X-ray taken of her breasts. However, the level of that radiation is very low and is unlikely to significantly increase her risk of getting cancer," Nuttall says.

"The best thing a woman can do to make sure she is not putting herself at risk from radiation exposure, while still getting the benefits of mammograms, is to get screened within the recommended guidelines."

In the end, the benefits of mammography far outweigh the risk.

WHAT'S YOUR BREAST CANCER RISK?

In 2011, the Ontario Breast Screening Program expanded to include screening for younger women at high risk for breast cancer, and it's proving effective in detecting cancer. But more women should be taking advantage of the program, says radiologist Dr. Anat Kornecki in the Breast Care Program at St. Joseph's Hospital in London, a high-risk breast screening site.

The high-risk breast screening program is for women ages 30 to 69 considered at high risk for cancer because of genetics or a personal or family history. Through the program, they can receive an annual breast screening MRI and a mammogram. They must first visit their family physician for a referral to confirm their risk status.

"Not enough women are talking to their doctor about being referred," says Dr. Kornecki. "Women need to be asking their doctor—what is my risk?"

TRUE OR FALSE:

If I have breast implants, I can't get a mammogram.

→ **False.** "It's important for women with breast implants to still get screened for breast cancer," Nuttall says, adding that the guidelines for when and how often a woman gets screened is the same for women with and without implants.

A mammogram's X-rays can't go through implants, so some manipulation of the breast is necessary to capture the best images. "In Canada, different provinces may have different processes for women with breast implants," Nuttall says. "In some provinces, women with breast implants may have to get screened at a diagnostic centre rather than through the provincial screening program. To get screened, women with breast implants should talk to their doctor about getting referred to an appropriate mammogram centre. Women should also tell their technician that they have implants—sometimes special techniques will be used."

TOOL



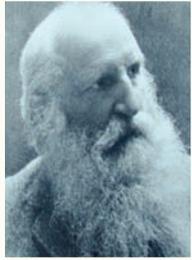
Learn About Screening

To find out when it's the right time to get screened, visit ontario.ca/screenforlife and use the "Time to Screen" tool. To learn about breast screening available at St. Joseph's Hospital in London, visit sjhc.london.on.ca/breast-care-program/breast-screening.

TRUE OR FALSE:

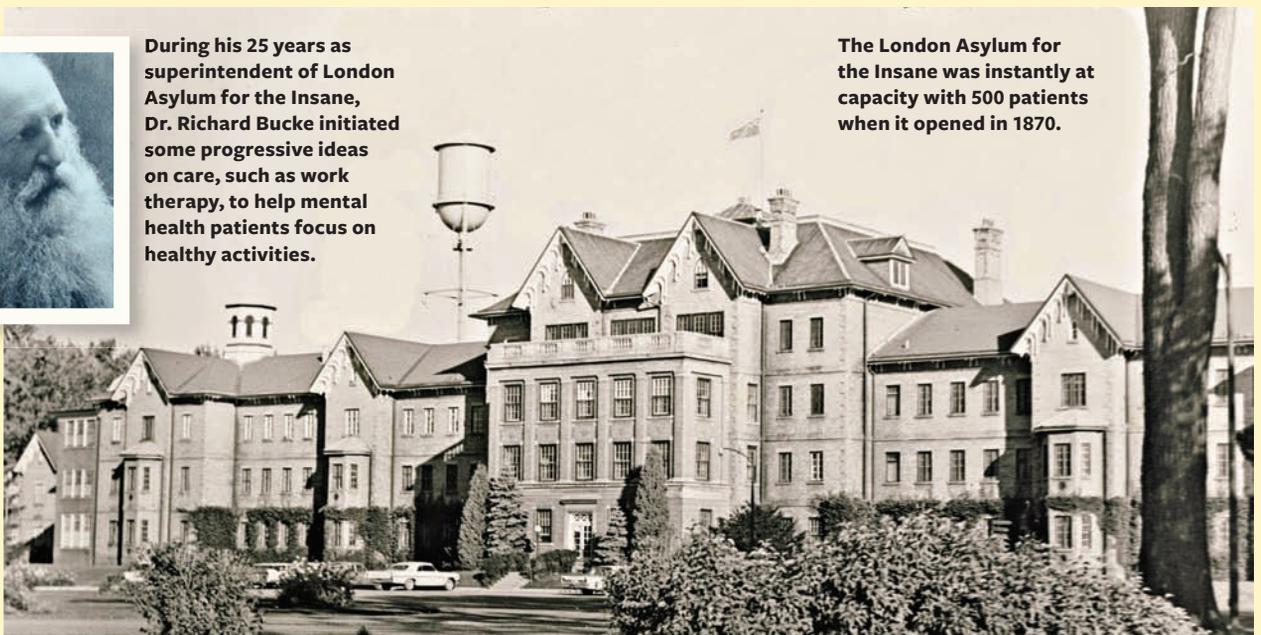
Mammograms hurt.

→ **Not really.** "How a mammogram feels will vary depending on the woman," Nuttall says. "Some may not find it too unpleasant, while some may find it very uncomfortable or a bit painful." He suggests that women tell the technician performing their mammogram if they find it too painful or uncomfortable so the technician can adjust the compression. ■



During his 25 years as superintendent of London Asylum for the Insane, Dr. Richard Bucke initiated some progressive ideas on care, such as work therapy, to help mental health patients focus on healthy activities.

The London Asylum for the Insane was instantly at capacity with 500 patients when it opened in 1870.



LONG & STRONG: Celebrating a legacy of mental health care

The Highbury Avenue location has been home to **mental health care** in London for nearly 145 years

BY **AMANDA JACKMAN**



Open air bedrooms were part of the therapy used in the early years at the Highbury site.

As St. Joseph's Health Care London prepares for the momentous move of staff and patients into the new Mental Health Care Building on the grounds of what will soon be known as Parkwood Institute, the organization also reflects on the past and recognizes

the long-standing legacy of care that has advanced and transformed over the last century.

With a building cost of \$100,000, the London Asylum for the Insane (LAI) opened in November 1870. The facility became part of a widespread movement across North America to

create specialized institutions for the mentally ill.

The LAI's first superintendents believed the quiet country setting was healing and that regular work habits, amusement and proper diet were beneficial for patients. Dr. Richard Bucke, the second and most notable superintendent, believed in the idea of work therapy, including farming, as treatment for those with mental illness. In the late 1800s almost all of the 900 patients were working in some capacity at the facility.

The understanding of mental illness continued to develop as the 20th century drew near and control of all mental health care facilities in Ontario transferred to the Department of Health from the Inspector of Prisons and Public Charities. This resulted in LAI being renamed the Ontario Hospital London in 1932.

As thinking progressed, more humane approaches of treatment were developed, including “moral therapy,” one of the most revolutionary developments during the 20th century. Moral therapy focused on improving care but also had a strong focus on social norms and regular work habits. This therapy was incorporated into treatment with the expectation that patients could use

the skills they learned in the community after their stay.

Though treatment of mental illness continued to develop, the 1930s saw the highest number of patients in the facility at 1,700.

In 1963, demolition began on the Ontario Hospital London and construction began on a new mental health facility, the London Psychiatric Hospital (LPH). During the 1960s to late 1990s, the hospital was a regional resource and people came from across Southwestern Ontario to receive care. It was also during this time that many changes to mental health care were developed, including new therapies, programs and advancements to medications.

In 2001 St. Joseph’s Health Care London took over governance of the London Psychiatric Hospital and its name changed to Regional Mental Health Care London. This era was especially tied to change as mental health transformation began to take shape, including plans to build a new facility.

More recently, a shift in care has taken shape from an institutional model to one of rehabilitation recovery, hope and healing. Individuals no longer come from across the region to one facility. Instead, patients are cared for in newly established or expanded programs in their home communities, and a stronger emphasis is placed on community programs and support. ■



As treatments changed, nurses adapted methods to ensure modern care practices.



Built in 1884 the Chapel of Hope, now a designated heritage site, has long been a spiritual haven for patients, visitors and staff.

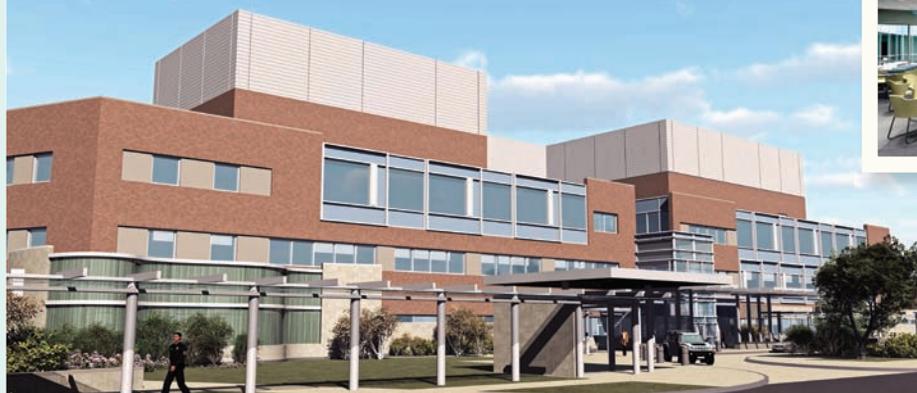


Staff and patients partake in a friendly game of volleyball in the recreation hall of the Highbury site. Patients enjoyed many activities through the years, including dances, picnics, gardening and drop-in centres.



An icon of the Highbury site—the Avenue of Trees—represents the beauty and hope within every individual and the path that people journey toward recovery.

Front view rendering of the new mental health care facility.



St. Joseph's new mental health care facility is specially designed to create a healing environment, one of recovery and hope. Seen here is the building's "downtown" area to enhance social interaction.

DIGNITY AFTER DECADES— A New Era begins

St. Joseph's long-awaited **new** mental health care facility opens in November

BY **AMANDA JACKMAN**

ST. JOSEPH'S NEW MENTAL HEALTH CARE FACILITY

AT A GLANCE

- 460,578 square feet of healing, therapeutic space
- 10,000 square feet of research space
- 156 inpatient beds
- Built to facilitate a progressive recovery journey for patients
- Fosters dignity and excellence in treatment and care
- Gold Level for Leadership in Engineering and Environmental Design (LEED)

When London's new, innovative mental health facility officially opens this month, St. Joseph's Health Care London will continue a strong tradition of providing the best possible mental health care services to the city, region and province—but now in a new, hope-inspiring environment.

With the capacity for 156 inpatient beds, the building will better support a recovery model of care by creating healing environments and providing settings that will allow for individual growth and skill development.

As patients progress in their recovery, they will journey through the specially designed facility, moving through areas

that focus on privacy, education, skill building and social interaction. With a focus on dignity, patients have their own private bedroom and bathroom.

The building was designed with an abundance of natural light and calming

colour palettes, all to help facilitate recovery-oriented environments and a welcoming atmosphere for visitors. Care providers will benefit from enhanced work flow and modern amenities. ■

HOPE AND RECOVERY

Philanthropy is playing a critical role in the transformation of mental health care in London. St. Joseph's Health Care Foundation is raising \$10 million to fund specially designed environments critical to the journey of recovery. Through donor support, the new mental health care facility will have many special and unique touches to promote hope and healing.

Your gift will help to further enhance excellence in care, education and research for thousands of individuals who experience severe mental illness each year. You may direct a charitable gift to a specific area of care, or to the highest priority needs. To read why one London family directed their gift to mental health care, see page 39. For more information, contact the foundation at **519 646-6085** or visit **sjhcfoundation.org**.

Kimberly Emmons and her mom, Barbara, spend some quality time together. The love of family has played an important role in Kimberly's recovery progress.



SHE ALWAYS COMES BACK

A story of **hope** and courage in the face of mental illness BY **AMANDA JACKMAN**

Just before Christmas in 2009, Barbara Emmons was shocked to find the police in her living room explaining that her daughter had a mental illness.

When Kimberly Emmons was only 13 she began hearing voices—and she ignored them. With aspirations of becoming a paramedic the teen kept the strange utterances to herself, afraid her dream would be dashed if she told anyone.

By the time Kimberly was 17 she was having visions and hearing voices daily. “It wasn’t until the police were in our living room that we knew something was wrong,” recalls Kimberly’s mom, Barbara Emmons.

After waking up in a bathtub with a razor blade and no recollection on how she got there, Kimberly confided in a counsellor at her college. For Kimberly’s safety, the counsellor notified the police. “I knew my illness was uncovered. Actually, I was somewhat relieved.”

Her family was shocked. “I didn’t recognize any warning signs,” says Barbara. “She was doing incredibly well in school—her grades were in the 90s. With Kimberly it wasn’t obvious.”

Road to RECOVERY

Kimberly was admitted to hospital and eventually transferred to St. Joseph’s Regional Mental Health Care London (RMHCL), where she started down the road to recovery during a six-month stay. Diagnosed with schizophrenia, there would be many more hospital admissions, including emergency treatment for episodes of dissociation—a complication of her illness.

Dissociation is a disruption of and/or a discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control and behavior, explains Kimberly’s psychologist Dr. David LeMarquand. “It’s a challenge because such experiences can be distressing. Right now we are treating it by

building an awareness of triggers and managing dissociative periods through varying techniques. We are also working through traumatic experiences that may have contributed to the episodes.”

Those episodes are the hardest, says Barbara. “I never know what is going to happen next. It is scary and heart-breaking. During these periods Kimberly harms herself.”

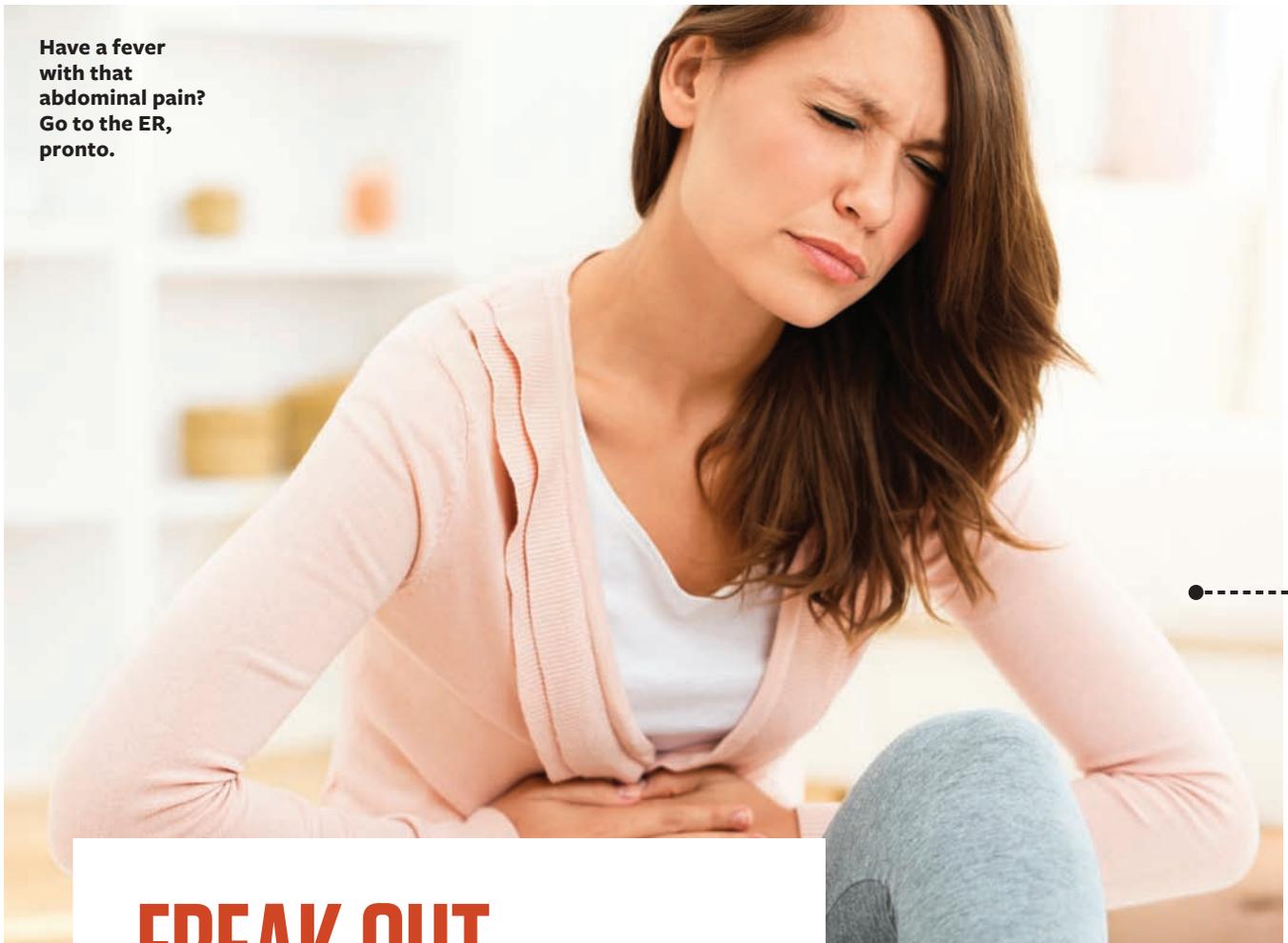
An UPLIFTING Setting

Visiting Kimberly in the “drab and old” environment of RMHCL was also among Barbara’s lowest moments. She is thrilled with the “uplifting” brightness of St. Joseph’s new mental health care facility on the grounds of what will soon be known as the Parkwood Institute. “Doctors and nurses, who have always been wonderful, can be more effective and efficient and patients and families will be more comfortable.”

Through the support of her interdisciplinary care team at St. Joseph’s, Kimberly has made some dramatic steps forward. There are also steps backward but Kimberly and her family have a plan to ensure she notices early warning signs. Remarkably, Kimberly’s illness has galvanized this caring family, bringing them closer.

“You have to laugh, and sometimes you have to cry,” says Barbara. “But I always know with time, medicine, hope, rest and treatment, Kimberly always comes back.” ■

Have a fever with that abdominal pain? Go to the ER, pronto.



FREAK OUT OR CHILL OUT?

Test your health smarts with these five scenarios



When you're not feeling well, it's natural to imagine a worst-case scenario (raise your hand if you've ever worried you had a brain tumour). But we have a better way to deal with aches, pains and chills: Let Dr. Howard A. Winston, medical director with the Centre for Health & Sports Medicine and a spokesperson for the College of Family Physicians of Canada, ease your mind. Take this quiz to learn the difference between five common conditions with similar symptoms.

Q Between opening credits and the final scene of the latest blockbuster, **you developed a sore throat, a fever and chills.** You're not sure whether you've finally caught the cold that the kids brought home from school or are beginning a fling with the flu.

IS IT: A cold or the flu?

THE FLU Although cold and flu viruses both share similar symptoms—including sore throat, fever, chills and muscle aches—cold symptoms tend to build over time. You may have nasal congestion or a runny nose for a few days before a cough or a fever develops. “Patients who have the flu are

debilitated. They have a lot of muscle aches in their back, neck and arms. That's a very distinctive feature," Dr. Winston explains. "With the flu, you feel like you've been hit by a truck, but you're perfectly functional if you have a cold." Additionally, viral illnesses are generally more systemic, affecting more areas of the body, Dr. Winston says. Colds typically affect the head only. Fevers are also a key indicator that it's the flu, as they are much less common with a cold. If you have the flu, your doctor may prescribe antiviral medications like Tamiflu to provide symptom relief.

Q **A severe stomach ache has you doubled over in pain and feverish. Just touching your abdomen makes you wince in pain.**

IS IT: Appendicitis or constipation?

APPENDICITIS While both can cause severe abdominal pain, appendicitis and constipation aren't even slightly related. In appendicitis, the appendix becomes inflamed and fills with pus. It's a medical emergency. Constipation occurs when stool hardens or gets stuck in the digestive tract.

"Appendicitis will start out as pain around the belly button, then move to the lower right side of abdomen. Constipation is just the opposite. It tends to be on the left side," Dr. Winston says. With appendicitis, the pain typically causes a fever to develop. Constipation tends to cause more generalized stomach pain without a fever. Additionally, a person's functionality is a big indicator. "Constipated people are more functional. They might have a normal expression on their face. People with appendicitis have a serious expression—they are very tender, and even a bumpy ride in the car can cause pain," he explains.

It can't hurt to try an over-the-counter stool softener to see whether a bowel movement will ease the pain. But for severe stomach pain, go straight to the ER.

Q **On the way to a job interview, your heart starts pounding and you feel light-headed and short of breath. The worry that you could be having a heart attack makes your heart race even faster.**

IS IT: A heart attack or anxiety?

ANXIETY Given that heart palpitations, shortness of breath, dizziness, sweating and nausea are common symptoms of heart attacks and anxiety, the two conditions are commonly confused. It's impossible to distinguish between the two based on symptoms alone, says Dr. Winston, adding that people who think they are having a heart attack can magnify those symptoms because of anxiety they're experiencing in relation to the pain. Although heart attacks can strike at any time and typically include hallmark symptoms like tightness or pain in the chest, anxiety is often linked to a specific stressful event such as a job interview. If you are worried, call 911 or go to an emergency room. Because

diagnosis often requires more than a general observation, people in an emergency situation with these symptoms are treated as if they are having a heart attack. But better safe than sorry. "It's a costly mistake not to," Dr. Winston says.

Q **Your son was too caught up in the excitement of a snowball fight to put on a pair of gloves. Now he's inside and says he feels pins and needles in his fingers.**

IS IT: Frostbite or frost nip?

FROST NIP Exposure to the cold decreases blood flow to extremities like the fingers and toes. Both frost nip and frostbite turn the skin red and cause numbness or a prickling sensation. If initial numbness is replaced by "pins and needles" or itching once your son's hands start to warm up, a case of frost nip, which is the first stage of frostbite, is likely to blame. "Frostbite is a deep cold injury that isn't going to be relieved very quickly," says Dr. Winston, noting that frost nip is superficial with a short recovery. Frostbite occurs when blood flow doesn't return to the affected area, potentially causing serious tissue damage. If you think he has frostbite, see a doctor right away. ■

WEBSITE



Mythbusters, ER Edition

You've probably heard a lot of opinions about Canada's emergency rooms—including the widely accepted belief that emergency room overcrowding is caused by non-urgent cases. Learn how the Canadian Health Services Research Foundation debunked this myth. Visit bit.ly/1opVqZR.

UNDER THE WEATHER

Flu, falls and frostbite are winter's obvious health hazards. But when temperatures drop, risks rise for surprising health problems, too



Why does winter exacerbate so many health concerns, from heart attack to allergies to dehydration? Blame the weather:

When you're cold, blood vessels constrict to retain body heat, raising blood pressure. And blame those coughing co-workers: A compromised immune system makes you susceptible to other health issues.

Winter health also hinges on lifestyle choices, says health and wellness coach Ellen G. Goldman. Tempting as it may sound, you can't eat poutine and hibernate until spring. "Behaviours, especially those related to eating and exercise, seem to shift as soon as the days get shorter and colder," Goldman says. "And unless healthy lifestyle habits are securely ingrained into your daily life, winter will pose more health challenges."

DOWNLOAD



Enduring Extremes

For tips and resources on keeping your family, home and car safe in a winter weather emergency, visit the Health Canada website at bit.ly/19dGiIX.



HEART ATTACK

THE PROBLEM: Heart attacks are 53 per cent more common in winter than summer—in all climates, not just snow-shovelling zones.

THE CAUSE: Cold weather narrows arteries, increasing the risk of heart attack.

THE SOLUTION: Maintain an exercise routine and limit the beef chili in favour of fruits, vegetables and whole grains.



STROKE

THE PROBLEM: The lower the temp, the higher the risk: Every five-degree temperature drop correlates with a six per cent increase in stroke hospitalizations.

THE CAUSE: Narrowed blood vessels, more common in winter, can block blood flow to the brain, triggering a stroke.

THE SOLUTION: If you're at risk for stroke, stay indoors during extreme weather, and manage risk factors like high blood pressure, diet and smoking.

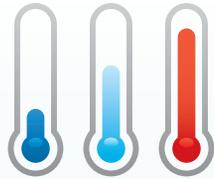


JOINT PAIN

THE PROBLEM: Up to two-thirds of arthritis sufferers say they experience more pain when the weather changes.

THE CAUSE: Research is conflicting, but one study linked joint pain with lower temperatures and changing barometric pressure. Movement stimulates the production of joint fluid, so less exercise can mean stiffer joints.

THE SOLUTION: Stay active with low-impact exercise like swimming and protect your joints by building muscle.



DEHYDRATION

THE PROBLEM: Thirst, fatigue, headache—the symptoms of dehydration can occur just as easily in winter as on a hot summer day.

THE CAUSE: You're less likely to feel thirsty in winter, not only because you don't need to cool down but also because the cold inhibits your ability to sense thirst.

THE SOLUTION: Carry a bottle of water to ensure you drink at least eight glasses daily.



SEASONAL AFFECTIVE DISORDER

THE PROBLEM: Symptoms dismissed as the “winter blues” can be signs of seasonal affective disorder, a serious mental health issue marked by lasting sadness, low energy and trouble sleeping.

THE CAUSE: The shortened daylight hours of winter alter the body's biological clock, disrupting sleep patterns and the balance of brain chemicals.

THE SOLUTION: Talk to your doctor about options such as light therapy, which can be effective for 70 per cent of patients, and medication.



SKIN CONDITIONS

THE PROBLEM: Cracked, itchy and irritated skin.

THE CAUSE: Low humidity. Add the impact of flu season, and winter is especially tough for people with psoriasis, an autoimmune disease.

THE SOLUTION: Use a humidifier and apply lotion immediately after bathing to trap in moisture. And as good as it feels on a cold day, a long, hot bath wreaks havoc on dry skin. ■

3 WAYS TO COOK BROCCOLI

Can a vegetable have superpowers? Maybe not, but nutritionist Monica Reinagel, who runs the blog Nutrition Over Easy, explains why this mainstay of the cruciferous family may save the world



Broccoli, which means “little arms” or “little shoots” in Italian, is on every nutritionist’s must-eat list. A relative of Brussels sprouts and cauliflower, it’s high in fibre, which is great if you want to lose weight or lower cholesterol.

Then there’s that laundry list of nutrients: calcium, folate and potassium, as well as vitamins A, B6, K and C, which helps the absorption of broccoli’s iron content. Although it’s commonly thought that overcooking broccoli will result in a loss of vitamins and minerals, Reinagel says not to stress. “Yes, you should minimize cooking time, but people obsess about what they call ‘protecting the nutrient profile.’ No matter what, there will be plenty of good stuff left.” Here are three of her favourite ways to prepare it:



1 MICROWAVE IT

Chop crowns into medium-size florets and place in a microwave-safe dish with two to three tablespoons of water. Microwave on high, covered, for two minutes; then cook at 30-second intervals, checking and stirring until broccoli is a vibrant green and a fork slides in with minimal resistance. Drain and garnish with a bit of butter, lemon, salt and pepper.



2 PURÉE IT INTO PESTO

Follow the microwave cooking instructions but don’t garnish. Put broccoli, Parmesan, garlic cloves, basil leaves and olive oil (adjust amounts to suit your preference) in a food processor fitted with the metal blade. Process until it reaches a smooth consistency. Serve over pasta or with crostini for dipping.



3 SAUTÉ IT

Thoroughly wash and dry crowns. Chop into medium-size florets. Add oil to a skillet, set it over medium-high heat, add the florets and a pinch of salt. Using tongs, toss to coat with oil. Cook while tossing or stirring frequently, until the broccoli is bright green and tender. Garnish with grated Parmesan or red pepper flakes. ■



PHOTO BY SUPERSTOCK/ANGELIKA ANTIL/FI ONLINE



WEBSITE



Keepin' It Real

When the temperatures take a major dip, keep your “comfort foods” in check, and seek out the *real* good stuff. Visit eatwellguide.org and use the free directory to search for family farms, markets and restaurants in your area that provide local, sustainable and organic foods.

BROCCOLI BASICS

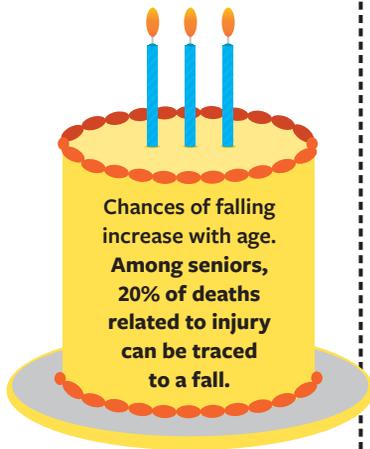
→ **HOW DO I CHOOSE IT?** A fresh head of broccoli has a firm crown and stem and tightly closed buds. It should be free of brown and yellow spots and have a uniform dark green colour, which may even appear deep blue or purple.

→ **HOW LONG DOES IT LAST?** Fresh broccoli should keep in your crisper drawer for about a week.

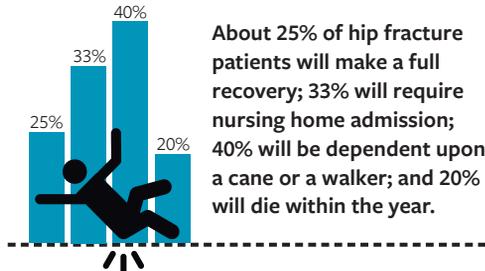
→ **IS BROCCOLINI JUST BABY BROCCOLI?** Nope. Although it has smaller florets and skinnier stems, broccolini is a cross between broccoli and *gai lan* (also called Chinese broccoli or Chinese kale). It's more tender than traditional broccoli and also has a sweeter, subtle flavour.

→ **CAN I EAT THE STEMS?** Yes, but be sure to cut the ends and remove the tough, outside layers with a vegetable peeler. Take off the dark green skin until you reach the lighter-coloured flesh inside (it has the consistency of apple or jícama). Chop it into sticks or medallions and serve raw with dip. You can also pickle it for a fun snack that's even healthier than cucumbers.

THE RISE OF FALLS



In addition to age, 4 personal risk factors for falling include lack of exercise, poor diet, excessive alcohol use and smoking.



About 25% of hip fracture patients will make a full recovery; 33% will require nursing home admission; 40% will be dependent upon a cane or a walker; and 20% will die within the year.

1 YEAR: The time it may take to recover from a fractured hip.

90%
Falling causes more than 90% of hip fractures. 3/4 of hip fractures occur in women.



63%

Falls are the leading cause of injury in Canada, with 63% of seniors injured each year.

The Public Health Agency of Canada recommends that older adults take these steps to prevent falls:

- ❶ Exercise regularly.
- ❷ Ask your doctor to review medications and identify those that cause dizziness.
- ❸ Have your hearing and vision checked annually.
- ❹ Eliminate household tripping hazards
- ❺ Eat healthy and get adequate calcium and vitamin D.
- ❻ Be screened for osteoporosis.
- ❼ Use safety aids if you need them.

Sources: Public Health Agency of Canada, Statistics Canada, Canadian Institute for Health Information, International Osteoporosis Foundation

VIDEO



Get Up Safely After a Fall

You fall. You get up. Simple, right? Not so fast. Learn the recommended method for getting up safely by watching a two-minute video tutorial at bit.ly/1ndtkxG.

SENSING FALLS, IMPROVING SAFETY

At St. Joseph's Health Care London, the prevention of falls is going high tech. To improve patient care through early detection of falls in the Geriatric Psychiatry Program at St. Joseph's Regional Mental Health Care London, a new, artificially intelligent system called HELPER (Health Evaluation Logging and Personal Emergency Response) will be evaluated by a research team led by psychiatrist Dr. Lisa VanBussel.

HELPER, developed at the Toronto Rehabilitation Institute, is a system embedded in the ceiling of the patient's room that uses a motion sensor to track a person's silhouette and can sense when an individual falls. When a

fall has been detected the system sends a text message to nursing staff.

Patient falls most commonly occur at night, typically when a person may be trying to get out of bed. With the HELPER system, patients don't have to worry about wearing a device or reaching an alarm button if they have fallen. HELPER can automatically respond and is particularly valuable if the senior is unconscious or injured.

"Through data collected by HELPER, both immediately before and after a fall has taken place, a better understanding of falls and strategies for prevention can be developed to enhance patient safety," says Dr. VanBussel.

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FOR BREAST HEALTH

L O N D O N



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St. Joseph's Health Care Foundation
268 Grosvenor Street
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