

Health, Mind & BODY



Healthwise

Cortland Standard

Wednesday, January 16, 2019

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Exercise key to dealing with arthritis

By **NICK GRAZIANO**
Staff Reporter

ngraziano@cortlandstandard.net

Russ Oechsle of Homer was always an athlete growing up, playing sports like football and lacrosse.

But over time, his active lifestyle led to injuries that further led to arthritic pain in his hips and knees later on in his life.

"They can come back to haunt you," said Oechsle, 68.

Arthritis is the leading cause of disability in America, according to arthritis.org. More than 100 different types of arthritis plague more than 50 million adults, and 300,000 children have some type of it.

Common symptoms include:

- Pain.
- Stiffness.
- Decreased range of motion.

Oechsle has had surgery on both hips and both of his knees to ease the pain. It helped to keep the pain away, and help him regain his strength is physical therapy and exercising.

"It's very important (to exercise)," Oechsle said. "You have to or you lose the edge."

In most arthritis cases, the joints get stiff, and with stiffness comes pain, said James Cullen of Cortland Physical Therapy & Sports Rehabilitation.

"You have to try and break into that cycle and get the

See **ARTHRITIS**, page 4



Nick Graziano/contributing photographer

Jim Cullen of Cortland Physical Therapy & Sports Rehabilitation demonstrates the use of the Cybex Orthotron, a machine patients use to regain strength in their knees.

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Healthwise

Low carb? Low fat? What the latest studies tell us

By **CANDICE CHOI**

AP Food & Health Writer

NEW YORK — Bacon and black coffee for breakfast, or oatmeal and bananas?

If you're planning to try to lose weight in 2019, you're sure to find a fierce debate online and among friends and family about how best to do it. It seems like everyone has an opinion, and new fads emerge every year.

Two major studies last year provided more fuel for a particularly polarizing topic — the role carbs play in making us fat. The studies gave scientists some clues, but, like other nutrition studies, they can't say which diet — if any — is best for everyone.

That's not going to satisfy people who want black-and-white answers, but nutrition research is extremely difficult and even the most respected studies come with big caveats. People are so different that it's all but impossible to conduct studies that show what really works over long periods of time.

Before embarking on a weight loss plan for the new year, here's a look at some of what was learned last year.

FEWER CARBS, FEWER POUNDS?

It's no longer called the Atkins Diet, but



Matthew Mead/Associated Press

Two major studies in 2018 provided more fuel for the debate around carbs and fats.

the low-carb school of dieting has been enjoying a comeback. The idea is that the refined carbohydrates in foods like white bread are quickly converted into sugar in

our bodies, leading to energy swings and hunger.

By cutting carbs, the claim is that weight loss will be easier because your

body will instead burn fat for fuel while feeling less hungry. A recent study seems to offer more support for low-carb proponents. But, like many studies, it tried to understand just one sliver of how the body works.

The study, co-led by an author of books promoting low-carb diets, looked at whether varying carb levels might affect how the body uses energy. Among 164 participants, it found those on low-carb diets burned more total calories than those on high-carb diets.

The study did not say people lost more weight on a low-carb diet — and didn't try to measure that. Meals and snacks were tightly controlled and continually adjusted so everyone's weights stayed stable.

David Ludwig, a lead author of the paper and researcher at Boston Children's Hospital, said it suggests limiting carbs could make it easier for people to keep weight off once they've lost it. He said the approach might work best for those with diabetes or pre-diabetes.

Ludwig noted the study wasn't intended to test long-term health effects or real-world scenarios where people make their

See LOW, page 5

Breathe easy when it comes to allergies

With offices in Cortland, Ithaca, and Corning, Smith Allergy and Asthma Specialists is a leading, regional provider of comprehensive, quality care for patients suffering from a wide array of allergies and other immunological conditions. Led by nationally recognized and Board Certified Allergist Dr. Chris Smith, the firm's dedicated asthma and allergy care team specializes in testing for, diagnosing, and treatment of allergic diseases and conditions for patients of all ages, from infancy through seniors. Conditions diagnosed and treated by the practice include:

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- Chest congestion and wheezing
- Sinusitis
- Headaches and migraines
- Stinging insect allergy and reactions
- Other allergic and immunologic

conditions

New in 2018: The practice's newly constructed Cortland office opened at 3767 Luker Road. The facility features more spacious and newly equipped treatment rooms; a beautiful, welcoming and comfortable waiting area; additional office space; improved parking; and other experience-enhancing improvements. A nationally certified clinical research center has also been added, that focuses on hosting/conducting clinical studies aimed at evaluating new medications, treatments, and protocols for allergies, asthma, COPD and vaccinations.

Residents in the Cortland service area who suffer from allergies or asthma are encouraged to contact the practice to schedule an initial consultation by calling 607-662-4059. More information may be found on the Smith Allergy and Asthma Specialists website or Facebook page.

Article provided by Smith Allergy and Asthma Specialists.



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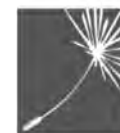
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SPECIALISTS

Healthwise

Is alcohol sabotaging your diet attempt?

Drinking can be big roadblock to weight loss

By **STACEY BURLING**

The Philadelphia Inquirer (TNS)

A new study from Penn Nursing suggests that, if you want to lose weight and keep it off in the new year, you might want to think about cutting back on drinking.

The study, which was led by Ariana Chao, an assistant professor of nursing who studies obesity treatment and binge eating, examined how drinking affected weight loss among 4,901 people with type 2 diabetes who participated in the Action for Health in Diabetes study. That study compared weight loss for people who underwent an intensive lifestyle intervention that focused on improving diet and exercise with those in a control group. The people in the intervention group were told about the calories in alcohol and advised to decrease drinking to reduce caloric intake. On average,

people in the intervention group lost considerably more weight during the first year (around 9 percent of total weight) than those in the control group, who lost less than 1 percent of body weight.

During the first year, drinking level didn't affect weight loss. Nor did people in either group actually reduce their drinking. However, nondrinkers in the intervention group had kept more weight off at four years — 5.1 percent of initial weight — than those who drank at any level. Heavy drinkers, defined as men who drank more than 14 drinks a week or women who drank more than seven, had lost 2.4 percent of initial weight at four years.

Alcohol abstainers were also considerably more likely to lose 10 percent or more of their weight. Twenty-seven percent of nondrinkers attained that goal compared with

just 4.8 percent of heavy drinkers. Twenty-four percent of light drinkers lost 10 percent or more of their body weight.

From a health standpoint, losing 5 percent or more of your weight can improve your health even if you're still overweight, Chao said.

People in the study were 45 to 76 years old and less likely to drink than the general population. At the beginning of the study, 38 percent said they had not had a drink in the past year. (Nationally, about 70 percent of Americans say they drink at least once a year.) Only 1.7 percent of study participants said they were heavy drinkers. One limitation of the study, Chao said, is that people tend to underestimate their drinking.

Drinking may undercut diets in several ways, Chao said. One is

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Dreamstime/TNS

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ARTHRITIS

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joints loosened up again and increase flexibility," Cullen said. "Increasing flexibility in an arthritic joint is the first step to getting things back (to normal)."

Many times when patients come to Cullen, who has worked in physical therapy for 35 years, he said they'll say their symptom is just pain. He'll then look through the person's records, if they have any X-rays and do a clinical exam to figure out the source of the pain, then determine the best method of treatment.

With osteoarthritis, if there is no joint swelling, which Cullen said there often isn't, he would start with putting heat on the joint to loosen and soothe the muscle. Then he'll have them do stretching routines.

Everyone he sees is given a home exercise program to do.

Someone with a shoulder problem, having a hard time raising it, would start

of with an exercise called active assistive — using a dowel or broom stick to help move the shoulder — Cullen said.

He may also instruct them to create a pulley system — throwing a belt over the door — to help raise their arm.

In his office, he has various machines for people to use. Whether it is for a knee problem, arm or hip, there is a special machine for rehabilitation. One of the machines is a "shoulder ladder" helping patients walk their arm up the ladder.

Since people don't have that equipment at home, Cullen said they can use a wall to the same effect.

"Once a person has recovered their range of motion, then you start to build on the strengthening exercises," Cullen said. "Some of that will consist of elastic bands and free weights and exercise machines."

It usually takes about four to six weeks to help someone overcome the arthritis

and the pain, Cullen said, but the arthritis never fully goes away.

"The key is maintenance," he said. "They have to keep that flexibility and strength they've regained so they don't have a relapse."

The tendency with patients is once they feel better, they go back to normal activities and stop exercising, Cullen said. An intern at his office a few years ago send out a questionnaire to patients who had back pain to see if they keep up with exercising and about 80 percent said no.

"If they incorporate exercise in their daily routine then that often keeps things quieted down for them," Cullen said.

Arthritis can be something that occurs over time, either due to an injury or not.

"All you can really do is stay in the best condition you can," Cullen said.

For Oechsle, that's swimming, lifting weights, biking and golfing.

Healthwise

LOW

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own food. The findings also need to be replicated to be validated, he said.

Caroline Apovian of Boston University's School of Medicine said the findings are interesting fodder for the scientific community, but that they shouldn't be taken as advice for the average person looking to lose weight.

DO I AVOID FAT TO BE SKINNY?

For years people were advised to curb fats, which are found in foods including meat, nuts, eggs, butter and oil. Cutting fat was seen as a way to control weight, since a gram of fat has twice as many calories than the same amount of carbs or protein.

Many say the advice had the opposite effect by inadvertently giving us license to gobble up fat-free cookies, cakes and other foods that were instead full of the refined carbs and sugars now blamed for our wider waistlines.

Nutrition experts gradually moved away from blanket recommendations to limit fats for weight loss. Fats are necessary for absorbing important nutrients and can help us feel full. That doesn't mean you have to subsist on steak drizzled in butter to be healthy.

Bruce Y. Lee, a professor of international health at Johns Hopkins, said the lessons learned from the anti-fat fad should be applied to the anti-carb fad: don't oversimplify advice.

"There's a constant look for an easy way out," Lee said.

SO WHICH IS BETTER?

Another big study this past year found low-carb diets and low-fat diets were about equally as effective for weight loss. Results varied by individual, but after a year, people in both groups shed an average of 12 to 13 pounds.

The author noted the findings don't contradict Ludwig's low-carb study. In-

stead, they suggest there may be some flexibility in the ways we can lose weight. Participants in both groups were encouraged to focus on minimally processed foods like produce and meat prepared at home. Everyone was advised to limit added sugar and refined flour.

"If you got that foundation right, for many, that would be an enormous change," said Christopher Gardner of Stanford University and one of the study's authors.

Limiting processed foods could improve most diets by cutting down overall calories, while still leaving wiggle room for people's preferences. That's important, because for a diet to be effective, a person has to be able to stick to it. A breakfast of fruit and oatmeal may be filling for one person, but leave another hungry soon after.

Gardner notes the study had its limitations, too. Participants' diets weren't controlled. People were instead instructed on how to achieve eating a low-carb or low-fat in regular meetings with dietitians, which may have provided a support network most dieters don't have.

SO, WHAT WORKS?

In the short term you can probably lose weight by eating only raw foods, or going vegan, or cutting out gluten, or following another diet plan that catches your eye. But what will work for you over the long term is a different question.

Zhaoping Li, director of clinical nutrition division at the University of California, Los Angeles, says there is no single set of guidelines that help everyone lose weight and keep it off. It's why diets often fail — they don't factor into account the many factors that drive us to eat what we do.

To help people lose weight, Li examines her patients' eating and physical activity routines to identify improvements people will be able to live with.

"What sticks is what matters," Li said.

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Article provided by Family Health Network.

The Cortland YMCA



Photo provided by the Cortland YMCA

Rebecca Upson participates in a swim lesson at the Cortland YMCA. The next session of youth programs starts Jan. 28.



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FAMILY

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A healthy use of humidifiers



Dreamstime

From Mayo Clinic News Network

Humidifiers can ease problems caused by dry air. Dry sinuses, bloody noses and cracked lips — humidifiers can help soothe these familiar problems caused by dry indoor air. Humidifiers can also help ease symptoms of a cold or another respiratory condition.

But be cautious, they need regular maintenance. Although useful, humidifiers can become a household health hazard and actually make you sick if they aren't maintained properly or if humidity levels stay too high. If you use humidifiers, be sure to monitor humidity levels and keep your humidifier clean. Dirty humidifiers can breed mold or bacteria. If you have allergies or asthma, talk to your doctor before using a humidifier.

WHAT ARE HUMIDIFIERS?

Humidifiers are devices that emit water vapor or steam to increase

moisture levels in the air (humidity). There are several types:

- Central humidifiers are built into home heating and air conditioning systems and are designed to humidify the whole house.

- Ultrasonic humidifiers produce a cool mist with ultrasonic vibration.

- Impeller humidifiers produce a cool mist with a rotating disk.

- Evaporators use a fan to blow air through a wet wick, filter or belt.

- Steam vaporizers use electricity to create steam that cools before leaving the machine. Avoid this type of humidifier if you have children; hot water inside this type of humidifier may cause burns if spilled.

IDEAL HUMIDITY LEVELS

Humidity is the amount of water vapor in the air. The amount of humidity varies depending on the

See HUMIDIFIERS, page 11



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The Hospice Foundation of Cortland County exists to provide comfort to people with life limiting illnesses, encouraging and supporting them and their families to live and experience each day fully.

In 2014, The Hospice Foundation of Cortland County and Hospicare & Palliative Care Services joined forces, and the partnership supports and promotes hospice services throughout Cortland County.

Dr. Pat Hayes has come to the end of his 6-year term as a board member for The Hospice Foundation of Cortland County. During his tenure, Pat was a member of the Buildings and Grounds committee, and also served as president for a year-long term.

“Pat has been a wonderful addition to

our board with his medical background and compassion for endorsing Hospice in Cortland County,” said board president Barb Closson. “He is always willing to help out, and quick to say ‘I can take care of that!’”

The Hospice Foundation of Cortland County board is also welcoming back Gail Van Patten — a “super” volunteer who has already served two previous 6-year terms.

“Gail’s commitment to hospice is very clear,” said Barb Closson. “She is very grateful that she was able to utilize hospice services when she needed it for her family and recognizes the need for services in Cortland County.”

Article provided by Hospice Foundation of Cortland County.



Find up to date listings in the

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Section

Healthwise



Vlad Salikhov/Dreamstime/TNS

Why patients routinely deceive their health care providers

By KATE SCANNELL
The Mercury News (TNS)

A new medical study upholds an old truth about patients deceiving their health care providers: It happens a lot.

The deception is, of course, mutual. In medical journals, it's generally referred to as "nondisclosure" or "withholding." On the TV drama "House", it was called "lying" and the lead character, Dr. House, famously claimed that everyone did it.

Whatever you call it, we know that patients and providers frequently conceal medical information from one another. Doctors, for example, might withhold information about bleak prognoses, their financial conflicts of interest or medical errors. Patients might misrepresent their alcohol intake and exercise. (In medical school, I was advised to double a patient's estimate of their alcohol intake, and to halve their reported exercise hours.)

But deliberately withholding information can be harmful and unwise. If a doctor withholds information about a cancer's spread, a patient can't make rational decisions about treatment. If a patient withholds the truth about their alcohol consumption, a doctor can't correctly diagnose their liver disease or tremors. Health care dollars are wasted chasing incoherent diagnostic considerations and illogical therapies that are rooted in misleading premises and inadequate understanding. And if the deception is ultimately exposed, the relationship between a patient and provider can suffer irreparable harm.

So, if deception can cause such serious side effects, why do patients and providers keep tolerating it?

The new medical study, published in November's JAMA Network Open, sheds new light on this question, illuminated by the perspectives of 4,510 adult patients in the United States. From online surveys,

researchers found that 70 percent of participants admitted to having deliberately withheld information from a provider at least once, given seven common scenarios — including, for example, being questioned about diet and drug intake. And the most frequently cited reason for withholding was not wanting to be judged by the provider or endure a "lecture."

But hold the gavel and PowerPoints! That finding says as much about health care providers and their communication as it does about patients' reasoning.

This becomes increasingly apparent when you consider the next most-frequently cited reasons for withholding information from providers. The majority of them reflect patients' anxieties or concerns about a provider's attitude and opinion. They include embarrassment over admitting a behavior to a provider; not wanting to be viewed as a "difficult patient"; concern about taking up a provider's time; not wanting to hear how "bad" a behavior was or to make corrective changes the provider would likely recommend; and, finally, not wanting a provider "to think that I'm stupid." Also high on the list of reasons but addressing a more systemic issue, participants withheld information they didn't want documented in the medical record.

It's important to note that the information that had been withheld was clinically relevant. Topping the list of the seven given scenarios, 38 percent of participants had avoided telling providers that they disagreed with their recommendations. Twenty-eight percent decided not to say they hadn't understood the provider's instructions. More than 20 percent deliberately avoided disclosing unhealthy diets, not exercising, and not taking

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ALCOHOL

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that alcoholic drinks tend to be extra calories. People add them to meals rather than, say, substituting them for a side dish. The calories can be substantial. According to the National Institutes of Health, 12 ounces of regular beer has 153 calories. Craft beer, which often has higher alcohol content, can have more. Five ounces of white wine has 121 calories. Red has 125 calories. Sweet mixed drinks are where the calories can soar. A 4.4-ounce margarita has 168 calories and a 9.9-ounce pina colada has 490 calories. But keep in mind that many restaurant drinks are bigger than this.

Beyond the calories, studies have shown that people who are drinking tend to eat more and make poorer choices about food when they're drinking.

If you're thinking about losing some

weight after the holidays, Chao has some advice: "I would suggest as much as possible to decrease or eliminate sources of empty calories; things like alcohol that might add extra calories and that might make it difficult to make healthy food choices."

How many calories are in your drink?

12 ounces regular beer: 153 (craft beers often have more)

5 ounces red wine: 125

5 ounces white wine: 121

4 ounces champagne: 84

1.5 ounces gin, rum, vodka, whiskey, tequila: 97

2.25 ounce martini: 124

2.75 ounce cosmopolitan: 146

6.6 ounce mojito: 143

4.4 ounce margarita: 168

9.9 ounce pina colada: 490

3.5 ounce Manhattan: 164

(Source: National Institutes of Health)

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Healthwise

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Lady Gaga and life with fibromyalgia

By MARI A. SCHAEFER
The Philadelphia Inquirer
(TNS)

The one thing that can really irritate Lady Gaga is people not believing that the pain from her fibromyalgia is real.

"People need to be more compassionate," she told Vogue in an interview.

With a hit movie and soundtrack for "A Star Is Born" and the recent premiere of a two-year Las Vegas show, Enigma, it is hard to imagine that less than 18 months ago, Lady Gaga stepped away from a world tour to concentrate on her recovery from the chronic pain disorder.

The music star opened up about her condition in September 2017 just before the release of her documentary "Gaga: Five Foot Two."

"In our documentary the #chronicillness #chronicpain I deal w/ is #Fibromyalgia I wish to help raise awareness & connect people who have it," she tweeted to fans.

The star attributes her illness to both physical and emotional issues including post-traumatic stress from a sexual assault at age 19 and breaking her hip in 2013.

Fibromyalgia has existed for centuries, according to the National Fibromyalgia and Chronic Pain Association. But, it has often been misunderstood by both patients and medical-care workers.

What is fibromyalgia?

Fibromyalgia is one of the most common chronic pain conditions, according to the National Fibro-



Jay L. Clendenin/Los Angeles Times/TNS

Lady Gaga arrives Jan. 6 at the 76th Annual Golden Globes at the Beverly Hilton Hotel in Beverly Hills, California.

myalgia Association.

About 10 million people in the U.S. and an estimated 3 to 6 percent of the world's population suffer from the condition. While it can affect any age or race, about 75 to 90 percent of those with fibromyalgia are women, MedPageToday reported.

The disease is considered a rheumatic condition, like arthritis, can impair the joints and/or soft tissues, and causes chronic pain and fatigue. But unlike arthritis, it does not cause damage or lead to inflammation.

What are the symptoms?

Most fibromyalgia patients report pain and fatigue as the primary symptoms.

Others include:

Concentration or memory problems, often called the "fibro fog."

Sleep disturbances.

Morning stiffness, impaired coordination.

Headaches or migraines.

Irritable bowel or bladder symptoms, painful menstrual periods.

Sensitivity to temperatures,

loud noises, or bright lights.

Numbness or tingling of extremities, restless leg syndrome, Raynaud's syndrome.

Anxiety, depression.

Skin sensitivities and rashes, dry eyes and mouth.

What causes the disease?

There is no single known cause of the disease, although there may be a genetic component. Researchers believe fibromyalgia may be the result of an injury, emotional distress, or viruses that change the way the brain perceives pain. Those with rheumatoid arthritis, lupus, and spinal arthritis may be more likely to have the condition, according to the Food and Drug Administration.

What treatments are there?

A multispecialty approach may be needed to treat the condition, including exercise, massage, movement therapies such as Pilates, chiropractic treatments, dietary changes, and acupuncture.

There are three medications, duloxetine (Cymbalta), milnacipran (Savella), and pregabalin (Lyrica) that are approved by the FDA for the treatment of fibromyalgia.

Lady Gaga has used warm heat, an electric heated blanket, infrared sauna, and Epsom baths to help her fibromyalgia.

"It's getting better every day," she told Vogue. "Because now I have fantastic doctors who take care of me and are getting me show-ready."

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PROVIDERS

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prescription medications as instructed. And more than 10 percent chose not to mention a medication they were taking, or they kept silent about taking someone else's medication.

It's easy to see how these kinds of withholdings could undermine patient care and safety. I can't count the number of times I've seen

patients being prescribed one drug after another to manage uncontrolled hypertension or diabetes — all the while, unknown to their providers, they hadn't been taking the previous ones as prescribed. I've seen too many patients get sick from drugs they were secretly taking that were causing side effects or interacting with the drugs they'd been prescribed.

But aside from any spe-

cific reason for withholding any particular information, as the prison warden in "Cool Hand Luke" famously declared: "What we've got here is failure to communicate." That failure speaks volumes about troubled patient-provider relationships, frayed trust in the health care system, and the unhealthy lies, secrets, and silences that can saturate patient care. And, truth is, that can hurt.



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Healthwise

HUMIDIFIERS

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season, weather and where you live. Generally, humidity levels are higher in the summer and lower during winter months. Ideally, humidity in your home should be between 30 and 50 percent. Humidity that's too low or too high can cause problems.

- Low humidity can cause dry skin, irritate your nasal passages and throat, and make your eyes itchy.

- High humidity can make your home feel stuffy and can cause condensation on walls, floors and other surfaces that triggers the growth of harmful bacteria, dust mites and molds. These allergens can cause respiratory problems and trigger allergy and asthma flare-ups.

HOW TO MEASURE HUMIDITY

The best way to test humidity levels in your house is with a hygrometer. This device, which looks like a thermometer, measures the amount of moisture in the air. Hygrometers can be purchased at hardware stores and department stores. When buying a humidifier, consider purchasing one with a built-in hygrometer (humidistat) that maintains humidity within a healthy range.

HUMIDIFIERS, ASTHMA AND ALLERGIES

If you or your child has asthma or allergies, talk to your health care provider before using a humidifier. Increased humidity may ease breathing in children and adults who have asthma or allergies, especially during a respiratory infection such as a cold. But dirty mist or increased growth of allergens caused by high humidity can trigger or worsen asthma and allergy symptoms.

When the air's too damp:

DEHUMIDIFIERS AND AIR CONDITIONERS

Just as air that's dry can be a problem, so can air that's too moist. When humidity gets too high — common during summer months — it's a good idea to take steps to reduce indoor moisture. There are two ways to reduce humidity:

- Use an air conditioner.

Central or window-mounted air conditioning units dry the air, keeping indoor humidity at a comfortable and healthy level.

- Use a dehumidifier.

These devices collect excess moisture from the air, lowering humidity levels. Dehumidifiers work like air conditioners, without the "cooling" effect. They're often used to help dry out damp basements.

KEEP IT CLEAN: DIRTY HUMIDIFIERS AND HEALTH PROBLEMS

Dirty reservoirs and filters in humidifiers can quickly breed bacteria and mold. Dirty humidifiers can be especially problematic for people with asthma and allergies, but even in healthy people humidifiers have the potential to trigger flu-like symptoms or even lung infections when the contaminated mist or steam is released into the

air. Steam vaporizers or evaporators may be less likely to release airborne allergens than may cool-mist humidifiers.

TIPS FOR KEEPING YOUR HUMIDIFIER CLEAN

To keep humidifiers free of harmful mold, fungi and bacteria, follow the guidelines recommended by the manufacturer. These tips for portable humidifiers also can help:

- Use distilled or demineralized water.

Tap water contains minerals that can create deposits inside your humidifier that promote bacterial growth. And, when released into the air, these minerals often appear as white dust on your furniture. You may also breathe in some minerals that are dispersed into the air. Distilled or demineralized water has a much lower mineral content compared with tap water. In addition, use demineralization cartridges or filters if recommended by the manufacturer.

- Change humidifier water often.

Don't allow film or deposits to develop inside your humidifiers. Empty the tanks, dry the inside surfaces and refill with clean water every day if possible, especially if using cool mist or ultrasonic humidifiers. Unplug the unit first.

- Clean humidifiers every three days.

Unplug the humidifier before you clean it. Remove any mineral deposits or film from the tank or other parts of the humidifier with a 3 percent hydrogen peroxide solution, which is available at pharmacies. Some manufacturers recommend using chlorine bleach or other disinfectants.

- Always rinse the tank after cleaning to keep harmful chemicals from becoming airborne — and then inhaled.

- Change humidifier filters regularly.

If the humidifier has a filter, change it at least as often as the manufacturer recommends — and more often if it's dirty. Also regularly change the filter in your central air conditioning and heating system.

- Keep the area around humidifiers dry.

If the area around a humidifier becomes damp or wet — including windows, carpeting, drapes or tablecloths — turn the humidifier down or reduce how frequently you use it.

- Prepare humidifiers for storage.

Drain and clean humidifiers before storing them. And then clean them again when you take them out of storage for use. Throw away all used cartridges, cassettes or filters. Follow instructions for central humidifiers.

If you have a humidifier built into your central heating and cooling system, read the instruction manual or ask your heating and cooling specialist about proper maintenance.

- Consider replacing old humidifiers.

Over time, humidifiers can build up deposits that are difficult or impossible to remove and encourage growth of bacteria.

Tips to ditch junk food

From Mayo Clinic News Network

The steady stream of holiday cookies and treats may have slowed, but for millions of Americans, the appetite for high-fat, sodium-laden sweets continues. Making the switch from highly processed junk food to healthier whole foods can be challenging. Kate Zeratsky, a Mayo Clinic registered dietitian nutritionist, says making changes in your eating habits can help.

French fries, pizza, potato chips and sweets with their added salt, fat and sugar are tasty. Zeratsky says these highly processed foods often are stripped of their nutritional value even though they taste so good to many of us.

"As Americans, we like taste and convenience, and those foods generally fit that bill."

And we are creatures of habit. The good news is habits can be broken. "Changing a habit or a behavior is a challenge, and, so, having a plan as you go about that change probably will be helpful," says Zeratsky.

She says one option is removing the temptation.

"Instead of having those foods on your kitchen counter, maybe putting out a bowl of fruit."

Option two: Try gradually cutting back and pairing it with a new food. It might be pairing that ice cream with some cut-up fruit.

And option three: Replace that sweet candy or cookie with a piece of fresh fruit.

"Allow yourself to test and experiment. It gives you freedom and some permission to find out what works without feeling like it's such a tough task," says Zeratsky.

Ask the Doctor about: DENTAL IMPLANTS



What are dental implants? Dental implants are cylinders or threaded posts that are placed in the bone of the jaws to support crowns, bridges or dentures. **What are they made of?** Most often, today's implants are manufactured from commercially pure titanium, although some are coated with synthetic bone or have their surface etched to provide greater surface area.

Can my body reject an implant? Not likely. The body tolerates titanium very well. When implants are lost it is usually due to infection, too much stress on the implant from biting forces, or from gum disease.

How do they stay in? The implant is placed into the jaw bone and allowed to heal in a process called *osseointegration*, where the bone heals so tightly to the implant that a gap cannot be seen at the light microscopic level.

How long do they last? With proper care, they should last as long as natural teeth. They will not decay, but they can get gum disease if they are not cared for with brushing, flossing and regular dental check-ups.

Can I get teeth right away? In some cases yes, but most implants are restored in a two-phase process where the implant is placed and buried underneath the gums. It is allowed to heal for three to six months, then "uncovered" when an abutment is placed on the implant to allow the dentist to make a crown or attach a denture.

Do I have to replace each missing tooth with an implant? No. Implants can be used to replace a single tooth or can be linked together by bridges to replace multiple teeth. They can also be used underneath dentures to anchor the denture, a very useful technique to prevent lower dentures from lifting or slipping.

Aren't they expensive? Yes they are, but it depends on how many you need and what type of teeth you are putting on them. Individual implant replacement of teeth is about the same cost as a bridge, but replacing all your teeth with crowns and bridges supported by implants can get very expensive. The most common applications for implants are single tooth replacement and two implants to hold down a lower denture. An implant overdenture is one of the most cost effective and beneficial ways to use implants.

Can an implant be placed anywhere in the jaw? Unfortunately, some patients do not have enough bone at the implant site to accept an implant. In these cases bone grafting procedures may be available to provide enough bone to place the implant.

Does it hurt? Implant replacement is about as painful as having a tooth extracted. It can be done with local anesthesia (novocaine) or under intravenous sedation. Antibiotics and pain medications are routinely prescribed afterwards.

What are the benefits? An implant is free-standing so it does not require other teeth for support. Unlike a bridge, the adjacent teeth do not have to be cut down, and you can floss between the teeth. When supporting a denture, they provide stability, resist movement and allow for greater biting forces.

Who can do it for me? Although some restorative dentists are trained in implant placement, most procedures are performed by *Oral and Maxillofacial Surgeons* or *Periodontists*. The crown or denture is still fabricated by your restorative dentist.

How do I start? First talk to your dentist who will guide you in selecting the best option and location for implants. He can then refer you to a surgeon for implant placement. If you do not have a dentist, we can help you find one. You will need a dentist to restore the implant once it is healed and uncovered.

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