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Dear Age Well Be Well Member,

Summer is here and so is a new issue of Age Well Be Well. In this issue, we focus on pain management – from head to toe. Headaches, backaches, leg cramps and sore feet are problems we all experience no matter how old – or young – we are. As you page through this magazine, we hope you will find answers to some of your questions about pain and how to prevent, manage and, ideally, minimize or eliminate your pain.

Also included are articles about fun upcoming events and health screenings; resources for education and learning; prostate health in men; and, the Senior Adult Assessment programs offered through University Hospitals. And try out the refreshing summer recipes on page 13. We think you’ll love them!

This magazine is for YOU – our members. And remember, for more information or guidance on any of the topics included in this issue, you only have to call one number: 1-844-312-LIFE (5433). The friendly staff at the Center for Lifelong Health are ready to answer your questions and help you find the answers you need.

Sign up for our monthly eNewsletters “Better Living for Seniors” and “Better Living for Boomers.” They contain interesting, easy-to-read articles that are relevant to the active older adult. To sign up, visit UHhospitals.org/MyUHCare/Health-and-Wellness/Sign-Up
Everyone suffers with the occasional headache for one reason or another. Muscle tension, stress, caffeine or nicotine withdrawal, and minor illnesses such as a cold or flu can all lead to a bothersome but temporary pounding in your head. However, if your headaches occur repeatedly over time and include other symptoms such as visual disturbances, nausea, vomiting or sensitivity to light, it’s time to talk to your doctor to rule out some potentially more serious causes of headaches in older adults.

Migraines
Chronic migraine is defined as 15 or more headaches per month lasting for four hours or longer and associated with other migraine symptoms. Although the onset of migraines in older adults is unusual, if they do occur, the symptoms may be different than those experienced by younger people. For example, in addition to the typical nausea and sensitivity to light and noise, older adults may experience loss of vision on one or both sides; blurring of vision; numbness, heaviness or a pins-and-needles sensation in the extremities; sinus pressure; clumsiness; hearing loss; vertigo; ringing in the ears or hearing loss; and speech disturbances. Headache itself may actually be absent or very mild but still be classified as a migraine. In fact, headache is associated with only 50 percent of migraine sufferers 65 and older.

Migraines can be dangerous for the older adult since they can cause a constriction of blood vessels and increased chance of blood clots in the brain leading to mini strokes (TIAs) or full-blown stroke. Your primary care physician may be comfortable diagnosing and treating your migraine headache, or he or she may refer you to a neurologist for a comprehensive exam.

Temporal Arteritis
Temporal arteritis or TA is caused by inflammation in the arteries and can affect vision and ultimately lead to blindness if not treated. In addition to headache, symptoms may include pain in the neck, shoulders and jaw. TA occurs almost exclusively in patients older than 50 years with an average age of onset of 70. It is three times more likely to occur in women than men. For some patients, the pain may be worse at night when lying on a
pillow, while combing the hair or washing the face. If arteritis is suspected, your doctor may order bloodwork and/or do a biopsy of the arteries. A CT of the brain may also be ordered. If confirmed, arteritis is treatable with medications, typically prednisone. Long-term treatment is often required.

Stroke/TIA/Aneurysm
In adults of all ages, when a headache is of sudden onset, shorter duration and/or is “the worst headache ever experienced,” more serious causes such as brain aneurysm, hemorrhagic stroke (bleeding from a vessel in the brain) or mini stroke (TIA) must be considered and immediate medical attention is required – call 9-1-1.

Other symptoms of stroke include:
• Sudden weakness or numbness of one side of the face, one arm and/or one leg
• Sudden double vision or loss of vision in one or both eyes
• Sudden trouble talking
• Sudden confusion
• Sudden dizziness

Emergency room personnel may order a magnetic resonance angiogram (MRA) or a CT scan with dye to diagnose stroke or aneurysm.

Head Trauma
Approximately 30 percent of persons older than 65 years of age will fall at least once a year and headache will be present in up to 90 percent of those who hit their head in a fall. The headache can range from mild to severe, from intermittent to constant and can be felt on one or both sides of the head. A headache resulting from head trauma may be accompanied by vomiting or nausea and altered mental status. Always consult a physician following a fall that involves head trauma.

Neck Arthritis
Arthritis in the neck can be experienced as pain which radiates to the face and head, causing headache. If your doctor suspects neck arthritis is causing your headaches, he or she will take an X-ray of your neck to confirm the condition and may prescribe muscle relaxants and/or physical therapy as part of your total treatment plan.

While most headaches are not life-threatening, if they are chronic, accompanied by other symptoms or are of sudden-onset, a full neurological exam should be performed. “Weighing the frequency of your headaches, associated symptoms, concurrent medical problems, and your other medications, a neurologist will identify the root cause and tailor a regimen that is appropriate for you.”

To schedule an appointment with Dr. Madalin, call 440-585-6470.

HAVEN’T GOT TIME for the Pain?
You’re not alone. According to the National Institutes of Health, pain affects more Americans than diabetes, heart disease and cancer combined. The good news is, there is help – and hope – through exciting and innovative pain management techniques.

Approximately 80 percent of patients with chronic pain – pain that has been present for at least six months – have a spine-centered condition such as disc herniation or musculoskeletal issues. Cancer, arthritis and trauma can also lead to chronic pain.

When it comes to the management of chronic pain, physicians will typically begin with a conservative approach and move “up the ladder” as needed to find a successful treatment or combination of treatments. Here are some of the “rungs” of that care ladder:

Physical Therapy
Stretching and strengthening activities can help reduce pain and are almost always a component of any pain management regimen. Physical therapists can provide
specific exercises to help lessen your pain. This requires some commitment on your part – the exercises won’t help unless you do them regularly as directed by your therapist.

**TENS Therapy**

TENS therapy, or transcutaneous electrical nerve stimulation, delivers a low-voltage electrical current to the affected area via electrode pads adhered to the skin. TENS therapy is painless and can help to relax muscles and block pain signals.

**Dry Needling and Trigger-Point Injections**

Usually, our muscles contract and relax, contract and relax. A trigger point is an area of muscle that is constantly in a state of contraction which can cause great discomfort and restrict range of motion. A similar concept to acupuncture, dry needling can relieve pain in knotted muscles by simply inserting a very thin filament needle into the muscle to increase blood flow and promote relaxation. A trigger-point injection is similar except the needle inserted into the muscle also delivers anesthetics or steroid medication and can only be done by a physician. Dry needling can be done by a therapist who has received specialty training.

University Hospitals has 11 community locations where dry needling services are available. Call the Center for Lifelong Health at 1-844-312-LIFE (5433) to find a location near you.

**Fluoroscopy-Guided Injections**

This procedure applies an anesthetic medicine directly at the source of pain, such as a herniated disc or pinched nerve. Using X-ray technology, the needle is guided to the source of pain with precision and accuracy and the medicine is delivered. Sometimes a series of injections is necessary. For others, one injection does the trick.

**Radio-Frequency Ablation**

Patients with lingering, chronic pain from arthritis, whiplash or back and neck issues may be candidates for this technique. A probe is placed next to the nerve that is transmitting pain signals and emits a high-frequency vibration. The vibration disables the nerve, leaving it unable to transmit pain signals for up to a year.

**Neurostimulation**

Also called spinal cord stimulation or SCS, neurostimulation is a proven, safe and effective therapy that has been used for over 40 years to manage chronic pain and improve quality of life. With this therapy, a small pacemaker-like device is surgically implanted that can “jam” pain signals as they travel to the brain. The painful feeling is replaced with what some describe as a gentle massaging sensation or, in some cases, simply the absence of pain. The patient is given a remote control so he or she can adjust the strength of the stimulation as necessary.

**Vertebroplasty**

This procedure, which literally means “vertebra repair,” is mostly used for people with broken vertebra from osteoporosis or cancer. Biological cement is injected to re-establish the structure of broken vertebrae and restore the integrity of the spine. Many patients benefit greatly from this procedure.

Only you and your doctor can determine the best way to manage your unique pain symptoms. Call the Center for Lifelong Health at 1-844-312-LIFE (5433) if you need a referral to a primary care physician or a pain management specialist.
However, many people are unable to enjoy this healthy activity because of painful cramping, fatigue, and numbness in their legs and feet when they walk. Often, older adults will attribute these symptoms to normal aging and not seek medical attention. This is a potentially dangerous mistake to make.

Diagnosing the Disease
If you experience symptoms such as these, you may have a vascular condition called peripheral arterial disease, or PAD. When deposits of cholesterol and scar tissue combine and collect in the arteries to form plaque, the arteries can narrow, restricting blood circulation and the delivery of oxygen and nutrients to all tissues in the body. This can occur in any part of the body, but when it happens in the legs and feet, PAD is often diagnosed. In addition to the discomfort of cramping and numbness, PAD, left untreated, can lead to foot ulcers, black or blue discoloration of the toes, infections and gangrene, which can sometimes be severe enough to require amputation. So, if you have any of these symptoms, please see your physician right away.

To determine if PAD is causing your symptoms, your doctor will take a medical history and conduct a physical exam and may order additional tests to confirm his or her diagnosis. Initial tests will usually be noninvasive procedures such as ultrasound, angiography (a procedure that uses X-ray or MRI to examine the inside of your blood vessels), or a simple test called the ankle brachial pulse index (ABPI), which measures the blood pressure in both your feet and arms to see how well your blood is flowing. If a diagnosis of PAD is confirmed, the prescribed treatment will depend on the number of risk factors you have for the disease, which may include a family history, high blood pressure, tobacco use, diabetes, high cholesterol, age and obesity.

Life Changes or a Simple Surgery
Sometimes, lifestyle changes will be enough to halt the progress of and manage your disease. Recommended changes may include quitting smoking; controlling your diabetes through regular medical exams; controlling your blood pressure; committing to a regular, medically supervised exercise program; and eating a low-fat, low-cholesterol diet.

When lifestyle modifications aren’t enough, your physician may suggest medications and, possibly, a minimally invasive procedure to repair the damage. The most common procedure for this type of condition is angioplasty, which involves the insertion of a tiny catheter with a deflated balloon at the tip. Once the catheter has been passed into the narrowed artery, the balloon is inflated to compress the plaque and widen the artery. Both the catheter and the balloon are then removed. Another option may be the permanent placement of a wire mesh tube or stent in the narrowed artery to keep it open so blood can flow more freely. Both procedures are minimally invasive, leaving a nick in the skin no larger than a pencil tip. Occasionally, more extensive surgery will be required, particularly when a long portion of an artery is involved and stenting either can’t be done or has failed.

PAD is becoming more common as the population ages – it is expected that between 12 and 20 percent of Americans 65 and older are or will be affected by this disease. Given that PAD is a medical marker for other conditions, including diabetes and hypertension, anyone experiencing one or more of the symptoms described is strongly urged to seek medical evaluation.

University Hospitals will be offering free PAD screenings at multiple locations in September. Beginning on August 15, you may call the Center for Lifelong Health for more information and to find the screening location nearest you.
AND LAST BUT NOT LEAST…
Oh, My Aching Feet

Most people, at one time or another, will utter these words or something similar, “My feet are killing me!” Whether it is after a long day of work, golf or taking care of the grandkids, our feet tell us loud and clear when enough is enough. And, as with all health concerns, we need to listen to what our bodies are telling us and take action.

With the incredible demands we make on our feet every day, it is no wonder that the list of things that can go wrong with them is a long one. From arthritis, to bunions and calluses, heel spurs, toenail fungus and athlete’s foot, plus many more complex disorders, you truly could write an encyclopedia on disorders of the foot. Fortunately, many of these can be prevented if appropriate care is taken BEFORE our feet cry out for help.

Karen Rodriguez-Velazquez, DPM, suggests that everyone follow these easy “steps” to prevent common foot problems.

- Inspect your feet regularly. Pay attention to changes in the color, temperature and contours of your feet. Any growth on the foot should be considered abnormal and examined by a physician or a podiatrist.
- Wash your feet regularly, especially between the toes. Be sure to dry them completely.
- Trim toenails straight across but not too short.
- Wear properly fitted shoes. The size of your feet can change as you age so always get measured when buying shoes. Shop toward the end of the day, when your feet are largest.
- Don’t wear the same pair of shoes every day.
- Avoid going barefoot, particularly outdoors.
- If you do experience foot pain or problems, DO consult your physician or a podiatrist. Foot problems can be the first sign of more serious medical conditions.

Individuals with diabetes need to be especially diligent in their foot care routine. Diabetes can cause the arteries in the foot to narrow, reducing blood flow and leading to loss of sensation. When this happens, the individual may sustain injuries to the bottom of his or her foot and not even be aware of it. Even small cuts and tears in the skin, untreated, may not heal and lead to infection and other serious problems, even amputation if medical attention is not sought.

If you would like a referral to a podiatrist or to a physician who specializes in disorders of the foot and ankle, please call the Center for Lifelong Health at 1-844-312-LIFE (5433). We want to help you put your best foot forward, every day!

Dr. Rodriguez-Velazquez has offices in Euclid, Mentor and Richmond Heights. Call 216-383-6090 to schedule an appointment at any of her clinic locations.
A Senior Adult Assessment Can Offer Peace of Mind

“How are your parents?” That question is often asked of a person whose mother and father are elderly. The Senior Adult Assessment Program (SAAP) offered through University Hospitals can help to answer that question.

The SAAP aims to assist seniors, their families and their primary care physicians to identify special health care needs and provide optimal, individualized solutions. It is an outpatient program that takes a “head-to-toe” look at the individual to determine possible health problems, confusion or memory loss, falls risk and ability to live independently. The assessments are done by a comprehensive medical team and may include:

- A medical evaluation
- A medication review
- A psychological evaluation
- Memory testing
- A competency evaluation
- A home safety assessment done by an occupational therapist
- A physical therapy evaluation
- A social services assessment

Seniors can be referred to the program by themselves, a spouse, a son or daughter, or any other concerned community member. After meeting with the patient, the assessment team meets to review their findings and make recommendations for the patient’s family or caregiver to consider. The recommendations are also shared with the patient’s regular physician. The cost of the assessment is usually covered by Medicaid, Medicare and private insurance.
A comprehensive geriatric assessment may be helpful to determine an older patient’s potential medical, psychosocial and functional needs. It allows patients and families to be proactive about the future.

Taryn Lee, MD
Geriatrician

You’ve Got Mail!

Do you sometimes feel like you are out-of-touch because you don’t know how to use the internet? Would you like to be able to communicate with your friends, children and grandchildren via email, Skype or Facetime? Not sure what any of this means? It’s time for you to GET CONNECTED!

“Get Connected” is a new program offered through University Hospitals that connects you with internet-savvy high school students who will teach you how to browse the web and create an email account. You will also learn some basic internet terms so you can navigate safely and confidently through cyberspace.

There are a variety of morning, afternoon and evening classes available at several University Hospitals locations including UH Ahuja and Geauga medical centers. Call the Center for Lifelong Health at 1-844-312-LIFE (5433) for assistance in registering for a class near you. This program is offered as a community service and there is no fee to attend.

Senior assessments are available at the following UH locations. (Services may vary at each location – call to find out the full scope of the assessment at the location nearest you.)

**UH PARMA MEDICAL CENTER**
Medical Arts Center 4, Suite 202
6115 Powers Boulevard
Parma, Ohio 44129
440-743-2888

**UH GEauga HEALTH CENTER**
Norma N. Chapman Senior Assessment Program*
13221 Ravenna Road
Chardon, Ohio 44024
440-285-6262

**UH FOLey ELderHEALTH CENTER**
3619 Park East Drive, Suite 109
Beachwood, Ohio 44122
216-844-6300

*The senior assessment program at UH Geauga Health Center is named in honor of the late Norma N. Chapman, a lifelong Chardon resident who was well-known for her civic and philanthropic contributions. Mrs. Chapman was instrumental in founding the Auxiliary at the then-named Geauga Community Hospital and worked tirelessly toward the oversight and organization of hospital volunteers. Mrs. Chapman died in 2000 at the age of 88 and was married to prominent attorney and former Chardon mayor Newton Chapman.
Prostate cancer is the second most common cause of cancer death in American men. Nearly a quarter million new cases are diagnosed every year. Fortunately, with early detection, prostate cancer is very treatable. Some types of prostate cancer don’t need treatment at all but can be monitored based on strict criteria.

If you’re an African-American man, you’re at greater risk of being diagnosed with and dying from prostate cancer. Early detection for you – and all men – is key to beating this disease.

According to urologist Kim Fitzgerald, MD, prostate cancer usually has no symptoms in its early stages. That’s why screening is so important.

“There is at least a 90-percent chance that a patient with low-risk prostate cancer will be cured,” he says. “But the longer it takes to be diagnosed, the greater the risk that the cancer may progress to a more dangerous stage.” However, even those with higher risk disease have many options that offer hope for cure.

To screen

Two exams are usually done in tandem to check for the possibility of prostate cancer:

- **PSA test**: This is a blood test that measures the level of a protein called prostate-specific antigen, or PSA, in the blood. An elevated level of PSA may indicate the presence of cancer or another condition, such as an inflamed prostate.

- **Digital rectal exam**: If you know that “digital” is medical terminology for a finger, you can guess how this test works. Because the prostate abuts the rectum, a doctor is able to feel for lumps or nodules on the gland during this exam. One of the limitations of a digital rectal exam is that the entire prostate cannot be felt through the rectum.

“Neither of these screenings is perfect, but they are the best tests we have today,” he says. “PSA is not a great test in terms of its ability to be specific to cancer. When a man has an elevated PSA, there is approximately a 25-percent chance that cancer will be subsequently diagnosed. The rectal exam allows us to feel a nodule on a portion of the prostate, but most cancer we detect doesn’t have a nodule.”

Although they are not highly accurate, having these screenings done annually – generally starting at the age of 50, but earlier for men at a higher risk for prostate cancer – provides the best chance to detect early-stage prostate cancer that can be treated.
Or not to screen

“Prostate cancer is usually a slow-progressing disease,” Dr. Fitzgerald says. “We have realized over the past several years that a large number of patients who have been diagnosed with low-risk disease can be observed under what we call ‘active surveillance.’ That means they may not need to go through treatment right away, but they are closely monitored because it could potentially progress to a more aggressive disease.

“A recently published study in the Journal of Clinical Oncology showed that 55 percent of patients who are on active surveillance are still being followed without the need for treatment after 15 years,” he says.

If your screening reveals a potential for prostate cancer, your doctor usually follows up with a specialized prostate MRI imaging and a prostate biopsy to confirm or rule out the disease. Also, if you’re considered high-risk, you should begin your annual screenings as early as age 40. You’re considered high-risk if you have a history of cancer in your family – particularly a father or a brother – or are an African-American man.

“There are some medical groups who believe that prostate screening in men and mammograms in women should not be done annually because of the costs involved with overtesting,” Dr. Fitzgerald says. “If the cost of screening versus the number of patients who are saved is the issue, who gets to decide the right cost for one person’s life being saved?”

In the end, he says, the decision to screen or not should be made by each patient in consultation with his doctor.

Kim Fitzgerald is a urologist and Medical Director of Urology at UH Regional Hospitals with clinics in Bedford and Richmond Heights. Call 440-516-8700 (Richmond Heights) or 440-232-8955 (Bedford) to schedule an appointment.
The 3 Things That Trigger Alzheimer’s in Your Brain

Are you or a loved one showing symptoms of Alzheimer’s disease?
TALK TO OUR MEMORY LOSS SPECIALISTS

A specific cause of Alzheimer’s disease has yet to be uncovered. But medical research is finding increasing evidence that suggests that living a healthier lifestyle may reduce your risk of getting the dreaded disease that impairs memory, thinking and behavior.

“There doesn’t appear to be a single cause of Alzheimer’s disease,” says neuropsychiatrist Brian Appleby, MD. “There are factors that predispose some people to get Alzheimer’s. Sometimes it can be prevented or delayed by addressing those factors, but sometimes it seems to be the luck of the draw. Like with most diseases, living healthy – eating right and getting exercise – can reduce your likelihood of getting Alzheimer’s.”

Generally, researchers believe Alzheimer’s occurs because of damage to brain cells – particularly those involved in memory – and the connections by which the cells communicate with each other.

According to Dr. Appleby, three categories of risk factors appear to determine whether a person will get Alzheimer’s disease, including:

AGE “Age is, by far, the biggest risk factor,” he says. “As we get older, the proteins in our brains clump up and interfere with the cells and their ability to communicate.”

One in nine people ages 65 or older has Alzheimer’s disease, while almost one in three people age 85 or older has the disease.

GENETICS Genetics can also make some people more likely than others to get Alzheimer’s disease, Dr. Appleby says. Genetic factors come in two types: gene mutations that cause a disease and risk genes.

“Mutations only cause about 1 percent of the cases,” he says. “A more common genetic variable is a particular risk gene, APOE-e4. Carrying one copy of that gene increases your risk two- to threefold. If you have two copies each from your mom and dad, it increases your risk by six- to nine-fold. But there is no magic bullet underlying the genetics. About half the people with Alzheimer’s don’t even have this gene.”

LIFESTYLE “Lifestyle is the risk factor that can be controllable,” Dr. Appleby says. “Smoking, alcohol abuse and conditions like cardiovascular disease, diabetes, high blood pressure and obesity all are things that increase the risk of Alzheimer’s disease.”

In addition to common-sense precautions, such as a healthy diet and regular exercise, Dr. Appleby says “brain exercise” can also help delay or prevent the disease.

“Just like your muscles, using your brain tends to make it healthier,” he says. “Keeping it active keeps the communication pathways active. A lack of sensory stimuli can increase memory loss. Clinical research done here at University Hospitals shows that if you remove people’s cataracts, for example, their memory actually gets a little better.”

That’s why social interaction seems to be very important in reducing Alzheimer’s risk, he says.

“Introverted people tend to be at a little higher risk,” he says. “We encourage people to do at least one social activity every week – such as volunteering or getting involved with a church group. People should be actively engaged in activities like reading and having conversations. A passive activity like watching TV doesn’t count.”

According to Dr. Appleby, a greater awareness of living healthy may be having an impact on Alzheimer’s disease.

“Overall, the number of people with the disease is increasing, but that may be because the average age of our population is rising,” he says. “The actual number of new cases per age group is going down, which may be due to managing of controllable risk factors.”

Call 216-844-2724 to schedule an appointment with Dr. Appleby.

Brian Appleby, MD
A warm summer morning just begs for fresh, fruity bread and a delectable drink – the Orange Julius – as the perfect accompaniment. Try both healthy treats at home with the recipes below.

Apricot-Orange Bread

1 (6 oz.) package of dried apricots, cut into small pieces
2 cups water
2 Tbsp. margarine
1 cup sugar
1 egg, slightly beaten
1 Tbsp. freshly grated orange peel
3 ½ cups all-purpose flour
½ cup nonfat dry milk powder
2 tsp. baking powder
1 tsp. baking soda
1 tsp. salt
½ cup orange juice
½ cup chopped pecans

Preheat oven to 350 degrees. Lightly oil two 9” x 5” loaf pans. Cook apricots in water in a covered saucepan for 10 – 15 minutes until tender but not mushy. Drain, reserving ¾ cup of the liquid. Set apricots aside to cool.

Cream together margarine and sugar. By hand, beat in egg and orange peel. Sift together flour, dry milk, baking powder, soda and salt. Add to creamed mixture alternately with reserved apricot liquid and orange juice. Stir apricot pieces and pecans into batter. Turn batter into prepared pans.

Bake for 40 – 45 minutes or until bread springs back when lightly touched in center. Cool for five minutes in pan. Remove from pan and completely cool on wire rack before slicing.

Yield: Two loaves. Serving size ½ inch slice. Each serving provides 6 mg. cholesterol.

Perfect Homemade Orange Julius

½ cup cold water
½ cup cold milk
½ cup orange juice
¼ cup sugar
1 ½ tsp. vanilla
3 ice cubes

Place ice cubes in blender. Next, pour in milk, water and orange juice. Add sugar and vanilla. Blend until smooth. Taste. If it isn’t sweet enough, add more sugar or a touch more vanilla and mix. Serve chilled.

Yield: One serving
Specifically, the 10-bed unit cares for cardiopulmonary patients who are at risk for readmission after a hospital stay for certain conditions or procedures. Patients who may be considered for this program include those who have been hospitalized for:

- Valve repairs/replacements and angioplasties
- Heart attack and angina
- Arrhythmias
- Pacemaker and defibrillator placements
- Heart failure
- COPD
- Pneumonia and chronic bronchitis

While staying in the unit, each patient is supported and medically supervised by a clinical team which includes a UH cardiologist, pulmonologist, internist and certified nurse practitioner. Other team members may include a respiratory therapist, physical and occupational therapists and a dietitian. This team of UH and Menorah Park professionals works together to create the best care plan for each patient and ensure the best outcome possible.

Why consider a transitional care unit?

**Good for the patient:** The expert care and monitoring provided is designed to improve outcomes and avoid a costly and inconvenient hospital readmission.

**Good for the family/caregivers:** Enjoy peace of mind knowing that your loved one is receiving the ongoing, specialized care he or she needs.

For more information, call the Center for Lifelong Health at **1-844-312-LIFE** (5433) or talk to your physician to see if he or she thinks transitional care is an option for you or your loved one to consider.

**START SPREADING THE NEWS**

As a member of the Age Well Be Well Club, you know the many great benefits membership has to offer. Spread the word and invite your friends to join – it’s easy and it’s free. Simply have them follow the instructions on the attached card and they too will begin to enjoy everything the club provides to individuals 55 years old and better.
Please join us for

The Third Annual Lifelong Health and Safety Day

Thursday, August 18 | 4 – 8 p.m.

UH Bedford Medical Center, 44 Blaine Avenue, Bedford

CELEBRATING THE ACTIVE, OLDER ADULT

Join us for an evening of music, food, health screenings and information, cooking demonstrations, raffle prizes and entertainment. Registration is not required, except for certain screenings (see below), and everything is free – even the food!

You will enjoy:

• Music and entertainment
• A cooking demonstration by celebrity chef Tiffany Derry from Bravo TV
• Complimentary picnic dinner
• Raffle prizes
• Rides in the Euclid Beach Boys Rocket Car

Other services:

• Medication reviews with our licensed pharmacists
• Talk to a doc about your results
• Take a “tour” of our giant inflatable colon and talk to a digestive health professional about your risk factors for colon cancer

Walk-up screenings include:

• Balance and grip strength
• Bone density
• Cholesterol, glucose and blood pressure
• Coronary artery disease risk assessments
• Hearing
• Memory and depression
• Oral cancer
• Vision

Screenings by appointment:

• Carotid artery ultrasounds
• Lower extremity vascular
• Lung capacity
• Skin cancer

Call 216-767-8435 for more information or to sign up for the screening(s) of your choice.