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WINTER 2020

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Ansermo Arthur,
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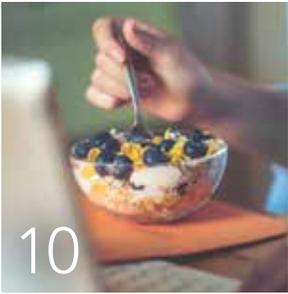
Inside:

The complexity of addiction
How to get help or
help others

Hitchcock Rehabilitation Services
Making a life-changing
difference for one little girl

Compliments of

 **AIKEN**Regional
Medical Centers



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 **Your home.
Your healthcare.**



As we start 2020, we want to highlight some accomplishments and share some insight on what is coming in the near future. We are proud to be the only hospital in Aiken, where our goal is to provide quality healthcare and an exceptional patient experience every day.

We are excited to announce that our hospital has received an 'A' grade from The Leapfrog Group for the third time in a row. This recognition validates our commitment to patient safety and quality, and our

demonstrated outcomes in providing the safest possible environment for our patients.

To better meet the needs of our community, we have recruited a number of new physicians over the past few months. We have welcomed two new physicians to our Neuroscience Center, neurosurgeon Joshua Prickett, DO, and neurologist Jose Cardenas, MD. Additionally, Bhagyashree Shastri, MD, has joined Dr. Gerald Gordon's practice providing additional Internal Medicine and Infectious Disease care; we welcome medical oncologist Aaron Flanders, MD, with Aiken Oncology, to the community; and Ashley Blalock, NP, joined APA's Carolina Heart and Vascular Center and has been integral in launching our congestive heart failure clinic. We will continue to recruit primary care physicians to our area to better serve the changing healthcare needs of the Aiken community.

As we continue our progress with adding electrophysiology to our cardiology service line, we will also be introducing the Watchman® in 2020. This device is an option for patients with atrial fibrillation. We are thrilled to offer this device in the coming months.

We look forward to improving the overall health of our community and helping people take a more proactive role in prevention. We send our best wishes for a healthy 2020.

Sincerely,

Jim O'Loughlin
Chief Executive Officer



Breaking free from addictive behaviors

According to the American Psychological Association, addiction is a complex brain disease that involves compulsive behavior and a loss of control over whatever the person is craving, such as alcohol or drugs.



Merry De Leon, MD, FABPN

Changes in areas of the brain that regulate decision-making, behavior control and judgment are what leads to intense cravings for drugs or alcohol, says Merry De Leon, MD, FABPN,

a psychiatrist and Medical Director at Aurora Pavilion at Aiken Regional Medical Centers. "When people use drugs or consume alcohol, the brain function changes and causes cravings to become stronger," she says. "Becoming intoxicated can result in feelings of pleasure or calmness, enhanced senses or in getting high. Unfortunately for many, the addiction consumes their life and they lose control."

A key component in addiction

The chemical neurotransmitter dopamine is responsible for the pleasurable feelings people experience when they participate in enjoyable activities. When dopamine is activated, it signals the brain a reward is coming. But it is also a major factor in addiction, because dopamine levels increase by as much as 10 times the normal level when drugs or alcohol are used.

The spike in these levels causes the "rush" that many substance users talk about and, over time, the brain needs more of the substance to get the same feeling.

Dealing with addictive behavior

A good way to deal with addictive behavior is to set boundaries, Dr. De Leon says. "Make sure they are simple and clear. Setting boundaries helps family and friends avoid getting caught up in manipulation tactics. The substance user will try and blame others, but setting boundaries and holding firm is a helpful strategy," she says.

Getting help

The Adult Substance Use Disorders Program at Aurora Pavilion can help those struggling with a range of chemical dependency issues. The level of care and treatment plan details are determined through an initial assessment. There are both inpatient and intensive outpatient programs available for those dealing with drug, alcohol or dual diagnosis issues. ■

Learn more:
aikenregional.com/addict

Model representations of real patients are shown. Actual patients cannot be divulged due to HIPAA regulations.

Recognizing addictive behaviors

For family and friends of loved ones suffering from addiction, there are often noticeable changes in behavior.

LYING: It starts with small lies that can eventually lead to drawn-out tall tales. They tell lies to throw people off from the truth.

MANIPULATION: Will convince loved ones that this is the last time they drink or use drugs, that they have it under control and promise to get help, but it's only temporary.

CRIMINAL BEHAVIOR: When money is low, the substance user may start selling drugs, steal from the homes of family and friends or engage in robbery or shoplifting to feed their habit.

BLAME OTHERS: The substance user does not usually see they have a problem, and will often blame others for their misfortune.

ABUSE: Spouses and children of substance users can often become victims of physical, emotional and verbal abuse.



*She was
told her
daughter
would never*

**LIVE A
NORMAL
LIFE**



Khloe and one of her therapists work through some exercises.

But today, Khloe smiles, laughs, and is learning to become independent, thanks to the therapists at Hitchcock Rehabilitation Services at Aiken Regional Medical Centers.

During a family trip in December 2013, Chasity Robinson's newborn daughter, Khloe, became very ill and was taken to the local ER. Khloe was diagnosed with meningitis and was transferred to a children's hospital, where she remained for a month.

Robinson was told her daughter was going to need extensive therapy to help her develop. "My aunt recommended the therapists at Hitchcock," says Robinson. "Khloe was evaluated by speech, physical and occupational therapists and started therapy in March 2014 when she was four months old."

Khloe's sessions started with 30 minutes each of speech, physical and occupational therapy once a week, says Office Manager Renee Kenney. "Each specialty focuses on developing different skills. Physical therapy stretches the muscles and helps make them more active; occupational therapy works with coordination and sensory issues; and speech therapy helps with feeding and formulating sounds," says Kenney. "All three types of therapy have worked together to help Khloe stay on target with her developmental milestones." ➤

Each week Robinson receives homework – tasks and skills she needs to incorporate at home with her daughter until the next session. For instance, the speech therapist would inform Robinson they were working on the “S” sound that week, so she would incorporate words using that sound. Khloe started talking when she was 2 years old, Robinson says. When she turned 3, she started attending school, where she also received therapy, in addition to her therapy at Hitchcock.

Goals and progress

While Khloe’s progress can seem slow at times, Robinson, her family and her therapists keep persevering. Every six months, Khloe is evaluated to see what she has achieved, what the new goals are for the next six months and what she needs to continue working on. “She had been belly crawling for a while, then started crawling on her hands and knees,” says Robinson. Crawling is one of the many things Khloe’s therapist helped her achieve. “My daughter amazes the therapists all the time and is constantly improving,” Robinson says. Khloe continues to work with the same speech and physical therapists she has had since she started.

When a patient comes to Hitchcock, we look at the whole patient, Kenney says. “We ask numerous questions and incorporate things for the patient to be more mobile and independent. We work daily activities into their recovery.”

The goal is to help Khloe be as independent as possible, Robinson states. While Khloe cannot currently walk without assistance, she is learning how to control her wheelchair. “It’s a lot of hard work staying regular with the therapy, especially since we live over an hour away. But there is no pediatric therapy available in our area, and that’s why we make the journey to Hitchcock,” Robinson says. “The therapists are kind and encouraging. They have always involved me with my daughter’s therapy.”

Becoming more independent

Khloe has gained a lot of independence and has blossomed, Robinson adds. “Before, she didn’t want to associate with anyone. But now she knows she can do this by herself and she will be fine,” she notes. “She has a lot of structure and knows when the therapists walk in the room, it’s time to get to work!”

“They [the therapists] are a dedicated resource for the community, especially for children who need therapy,” Robinson says. “It’s a positive environment that is family-oriented and this community has become a second home for her. My family is very active with helping us, and most of them have met Khloe’s therapists. I am blessed to have this great support system. My little girl has a future, and this whole experience has helped me to grow as a person as well. I am so grateful.” ■

Hitchcock Rehabilitation Services at Aiken Regional

The pediatric rehabilitation program provides individualized occupational therapy, physical therapy and speech therapy services to children with special needs through the use of an interdisciplinary team of experienced pediatric professionals. Our team is dedicated to leading and supporting your child to advance to the highest level of independent function.

Individualized medical conditions include, but are not limited to:

- Autistic spectrum disorders
- Cognitive/perception impairments
- Developmental delay
- Voice disorders
- Orthopedic impairment
- Articulation disorders
- Neurological impairments
- Language or fluency disorders
- Sensory disorders



Learn more:
aikenregional.com/hrc

Pushing through *WEIGHT-LOSS PLATEAUS*

Losing weight is challenging enough, but hitting a plateau only makes it more difficult. Here are some ways to help keep weight loss moving in the right direction.

For those trying to lose weight, the struggle is indeed real. “During the first few weeks of dieting, rapid weight loss is typically seen because of reduced caloric intake,” says Alyssa Degnan, DO. “The body gets energy by releasing glycogen, a type of carbohydrate found in the muscles and liver. When glycogen is burned for energy it releases water, resulting in an initial, temporary weight loss.”

People often lose muscle in addition to fatty tissue, Dr. Degnan explains. “Muscle mass is imperative to help maintain and keep the metabolism up, which is the rate at which calories are burned. So, as someone loses weight, their metabolism may decline, causing them to burn fewer calories per day than at their heavier weight,” she says. “That can lead to slower weight loss and a plateau.”

OTHER FACTORS THAT CAN AFFECT WEIGHT LOSS

Yo-yo dieting is the process of repeatedly losing and regaining weight. “It’s very common – about 30 percent of women and 10 percent of men have done it,” she says. “But studies have shown that yo-yo dieting can lead to increased body fat, muscle loss, fatty liver, risk of heart disease and type 2 diabetes.” ▶

The ability to lose weight is also affected by age. The older the person, the more difficult it is. "When you lose muscle mass, it leads to a decline in the resting metabolic rate, as muscle burns more calories than fat. But as you age, not only do you lose muscle mass more rapidly, but your body retains a higher percentage of fat," says Dr. Degnan. "And higher stress levels lead to increased production of cortisol, the body's stress response hormone. Unnecessarily high cortisol levels can then be stored as fat cell deposits in the body, especially around the abdomen."

CHANGING UP ROUTINES

Switching up your workouts can help you blast through a plateau. Large muscle groups become acclimated to the same workout week after week and are not challenged. "One recent study revealed those who engaged in integrated fitness training programs that include bench presses, seated rows, biceps curls and shoulder presses showed an increase in their maximum oxygen uptake, balance and muscular strength, while reducing their body fat percentage, blood pressure and resting heart rate," says Dr. Degnan. "You may need to increase the time you work out as well, to get past the plateau. Look at ways that you can increase your physical activity during the day and incorporate more outdoor activities."

Watching your diet is also important. Dr. Degnan says a diet rich in vegetables and leaner cuts of meat and fish can help make a big difference to shift back into weight-loss mode. She also advises giving up sugary drinks and junk food. "Do an honest assessment of your habits. Review your food and activity records to make sure that you have not become relaxed in your routine or are having larger portion sizes than normal. These are common pitfalls," she says. "But don't get discouraged. Ask yourself if you are happy with the current weight loss, or if you desire to lose more weight."

WEIGHT LOSS FOR SENIORS

If you are 65 or older, approach weight loss with caution. "Nearly 27 percent of seniors over the age of 65 will drop weight involuntarily due to social loneliness and isolation, chronic physical illness, medication side effects, mental illness/depression and decreased ability to perform activities of daily living," says Dr. Degnan. "The goal is to maintain a healthy weight through establishing and maintaining a regular exercise routine, choosing foods that are high in protein, eating breakfast daily, staying hydrated, prioritizing sleep habits and limiting sugars and empty calories." ■



Connect with a registered dietitian:
aikenregional.com/goodhealth

Keeping the weight off

The National Weight Control registry reports the habits of more than 10,000 people who have lost at least 30 pounds and kept it off for a year:



78%
eat breakfast daily

90%
exercise about 60
minutes per day



62%
spend less than
10 hours per week
watching television

75%
weigh themselves
at least once
per week





A NEW PARADIGM AT AIKEN REGIONAL MEDICAL CENTERS

As medical director of the catheterization laboratory, **Ansermo Arthur, MD, FACC**, has worked with Clinical Nurse Manager **James Smith, RN, BSN, MHA**, to introduce advanced technology and novel medical devices to treat patients with heart and vascular conditions.



The Micra® pacemaker on the left, as compared to the size of a standard pacemaker.



Ansermo Arthur, MD, FACC, left, and James Smith, RN, BSN, MHA

Keeping the pace

Unlike conventional pacemakers, the minimally invasive Micra® pacemaker (shown above) does not require pacing leads or a pacemaker pocket to place the device. It is about an inch long and a quarter-inch wide, and placed directly in the heart through a catheter inserted in a large vein in the groin. "It is indicated for people who have symptoms related to having a slow heart rate or situations where the heart stops momentarily causing similar symptoms," says Dr. Arthur. "The advantage of this device is its small size, ease of use and no leads to fracture or become infected. That was an occasional problem with conventional pacemakers."

The Micra takes considerably less time to place, yet has a similar 7- to 10-year battery life to a traditional pacemaker. The Micra can be used in patients of any age, but is particularly suited for older individuals in frail health. ►

in cardiovascular care

Removing dangerous clots

A medical condition called venous thromboembolism (VTE) causes blood clots to form in the deep veins of the arms, legs or abdomen. When a blood clot develops in a deep vein in the lower leg, thigh or pelvis, it is referred to as a deep vein thrombosis (DVT). "DVTs affect 1 million people every year in the United States," says Dr. Arthur. "Occasionally, blood clots may break off and lodge in the lungs, causing a pulmonary embolism (PE), which is a dangerous complication of VTE." Dr. Arthur is using two new devices to remove blood clots in the legs or lungs: the Clot Trierer® and Flow Trierer®. These devices remove large amounts of clot and reduce many of the complications associated with VTE.

Until recently, there was very little that could be done to remove blood clots in patients presenting these conditions, Dr. Arthur says. "Patients are usually required to take blood thinners, which are not particularly useful in the short term for the person affected by venous thromboembolism," he says.

Treating peripheral artery disease

Patients with peripheral artery disease often suffer pain when walking — a sign, Dr. Arthur says, that plaque in the arteries has become heavily calcified. "Many of these patients, especially smokers, develop rock-like calcifications in their arteries. But we now have a tool that can remove the hardened plaque," says Dr. Arthur. "The Diamondback rotational atherectomy catheter has a diamond-coated crown that spins at very high speed, 50,000 to 100,000 rpm. The device is designed to get through these blockages, making them easier to treat." Once removed, the vessel is more readily expanded with a balloon or stent. This device can also be used to remove hardened plaque in the coronary arteries of the heart.

The three devices represent some of the newest medical technology designed to alleviate symptoms, reduce pain and improve longevity in patients with cardiovascular disease, explains Dr. Arthur.

"Despite these advances, cardiovascular disease remains the number one killer of men and women in the United States. The cath lab at Aiken Regional Medical Centers is staffed by a comprehensive team of board-certified cardiologists who continue to explore a broad range of new treatment options to provide patients with heart disease the best care possible," says Dr. Arthur. ■



The Diamondback 360° is a minimally invasive treatment option for patients with peripheral artery disease.

Learn more:
aikenregional.com/cardiac



ABOUT ANSERMO ARTHUR, MD, FACC: Dr. Arthur has a special interest in the interventional treatment of cardiovascular disease and cerebrovascular disease, which involves the brain and the blood vessels supplying it. He is board certified in Internal Medicine, Cardiovascular Disease and Interventional Cardiology, and has called Aiken Regional Medical Centers home for 25 years. Dr. Arthur graduated from the University of Arizona College of Medicine. He completed his residency training in internal medicine at Bridgeport Hospital and Yale University School of Medicine in Connecticut. He completed a cardiology fellowship at Brown University School of Medicine in Rhode Island.



Kick cravings to the curb

Strategies, tips and tricks to stay on track with healthy eating

A nutritious, balanced diet plays an important role in overall good health and well-being. But sometimes cravings, portion sizes and added life stressors can derail good intentions. Adam Bruckner, MD, shares some strategic insight to help keep you on the right track.

Managing cravings

There are a few things you can do to keep cravings at bay, Dr. Bruckner says. "Out of sight is out of mind. Avoid buying the junk food in the first place, and replace it with healthy options," he says. "Drinking more water and increasing lean protein intake helps you feel full longer. Smaller, more frequent meals spaced throughout the day also keep blood sugar stable, so hunger and cravings occur less." Distractions and activity can also help. "If you find you are thinking too much about food, get busy with an activity or go for a walk."

Mind over matter

Mindful eating can be a real game-changer. Planning meals in advance can not only save time, but can help you focus on the healthiest options and portion size, Dr. Bruckner advises. "At mealtime, use smaller plates and bowls, because you are likely to eat less. Cutting food into smaller pieces is also helpful because it looks like you have more," he says.

"Also, do not eat your meal in front of the computer, television or smartphone. Focus on the taste, texture and aroma of your food, chew your food thoroughly, and put your fork down between bites." It takes about 20 minutes for the stomach to signal the brain that it is full. So if you eat more slowly, you can potentially eat less food before feeling full.

Suppressing the appetite

There are several ways to help suppress the appetite, both naturally and with medication. High-fiber foods, such as beans, lentils, chickpeas and whole grains take longer to digest in the stomach, so they provide a longer feeling of fullness, Dr. Bruckner explains. Drinking a glass of water before each meal can also help you feel full. For those interested in appetite-suppressing medications, Dr. Bruckner advises that they all have side effects and some are safer than others. "You should check with your doctor, because some medications contain stimulants and they are not recommended for anyone with cardiovascular disease," he says.

Stop cravings before they start

Ironically, cravings aren't all about food. Poor sleep and high stress can both disrupt the normal appetite hormones and lead to cravings and other issues with hunger control, explains Dr. Bruckner. "Exercise - both aerobic and resistance - can reduce the activation of appetite/craving centers in the brain and can result in less motivation to eat, as well as lower levels of the stress hormone, cortisol," he says. "High levels of cortisol can lead to sugar cravings." In addition, better quality sleep and practicing activities such as meditation can help the body reset itself. ■



welcome NEW PROVIDERS



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Snacks for the long haul

Incorporating the right kinds of foods into your diet can help keep you fueled all day long. Here are some great options with protein, fat and fiber to avoid temptation:



PROTEIN: 1 low-fat cheese stick; 2 tbsp black beans, 5 ounces Greek yogurt; 4 ounces of chicken breast



FAT: 10 almonds, 2 tbsp shredded cheddar cheese; 25 pistachios; ½ avocado



FIBER: 3 whole grain crackers; 1 small whole wheat tortilla; 1 small apple; 1 cup mixed berries

For more great ideas on healthy snacks, visit aikenregional.com/recipes.

Your home. Your healthcare.



Your heart matters

It's the little things in life that lead to the big things. At the Cardiovascular Institute of Carolina at Aiken Regional Medical Centers, we want to be a part of the choices you make about your heart health.



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