SOUTHWEST FLORIDA'S

Health & Wellness MAGAZINE

November 2014

Manatee/Sarasota Edition - Monthly

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The HEART Truth
for Women

DIABETES
Prevention is Proven, Possible and Powerful

Thanksgiving
Meal Makeover

LOW
Testosterone

Ebola SCARE
An Evolving Future of Disease

ARE YOU AT RISK FOR

TYPE 2 DIABETES?

American Diabetes Association.

Diabetes Risk Test

Write your score in the box.

1 How old are you?

Less than 40 years (0 points)
40—49 years (1 point)
50—59 years (2 points)
60 years or older (3 points)

2 Are you a man or a woman?

Man (1 point) Woman (0 points)

3 If you are a woman, have you ever been diagnosed with gestational diabetes?

Yes (1 point) No (0 points)

4 Do you have a mother, father, sister, or brother with diabetes?

Yes (1 point) No (0 points)

5 Have you ever been diagnosed with high blood pressure?

Yes (1 point) No (0 points)

6 Are you physically active?

Yes (0 points) No (1 point)

7 What is your weight status? *(see chart at right)*

Height	Weight (lbs.)		
4′ 10″	119-142	143-190	191+
4′ 11″	124-147	148-197	198+
5′ 0″	128-152	153-203	204+
5′ 1″	132-157	158-210	211+
5′ 2″	136-163	164-217	218+
5′ 3″	141-168	169-224	225+
5′ 4″	145-173	174-231	232+
5′ 5″	150-179	180-239	240+
5′ 6″	155-185	186-246	247+
5′ 7″	159-190	191-254	255+
5′ 8″	164-196	197-261	262+
5′ 9″	169-202	203-269	270+
5′ 10″	174-208	209-277	278+
5′ 11″	179-214	215-285	286+
6′ 0″	184-220	221-293	294+
6′ 1″	189-226	227-301	302+
6′ 2″	194-232	233-310	311+
6′ 3″	200-239	240-318	319+
6′ 4″	205-245	246-327	328+
	(1 Point)	(2 Points)	(3 Points)
	You weigh less than the amount in the left column (0 points)		

Add up your score.

If you scored 5 or higher:

You are at increased risk for having type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes (a condition that precedes type 2 diabetes in which blood glucose levels are higher than normal). Talk to your doctor to see if additional testing is needed.

Type 2 diabetes is more common in African Americans, Hispanics/Latinos, American Indians, and Asian Americans and Pacific Islanders.

For more information, visit us at www.diabetes.org or call 1-800-DIABETES

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Adapted from Bang et al., Ann Intern Med 151:775-783, 2009.
Original algorithm was validated without gestational diabetes as part of the model.

Lower Your Risk

The good news is that you can manage your risk for type 2 diabetes. Small steps make a big difference and can help you live a longer, healthier life.

If you are at high risk, your first step is to see your doctor to see if additional testing is needed.

Visit diabetes.org or call 1-800-DIABETES for information, tips on getting started, and ideas for simple, small steps you can take to help lower your risk.

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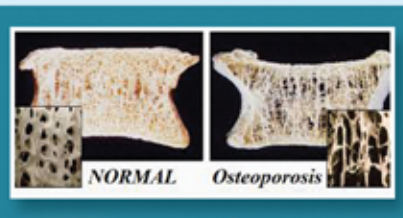

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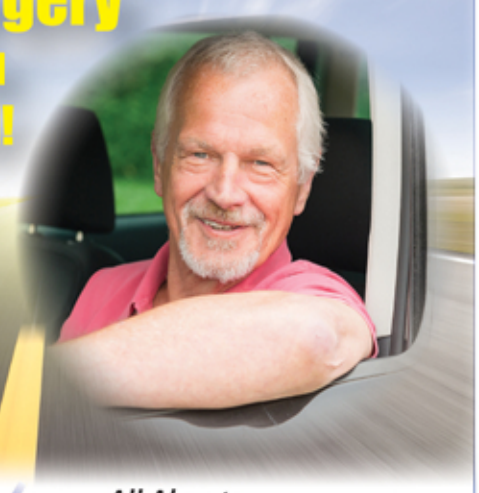

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Low Testosterone

By Dr. Mitch Yadven

Hormones are chemicals made in your body that act on another part of the body after traveliing through the bloodstream. Testosterone is a hormone which is naturally produced in both men and women but is found in much higher levels in men. The majority of testosterone is made in the testicles in men with a small portion of it being made in the adrenal glands. In women it is made in the adrenal glands and ovaries.

Testosterone has been thought to be predominantly a "sex" hormone with the function of improving sex drive and helping maintain erections in men. Recent research has now shown testosterone to also have many other functions, incluiding effects on metabolism, maintnance of bone strength, muscle integrity, cardiovascular health and support of the brain and cognition and mood, in both men and women. Additionally, evidence suggests testosterone deficiency can lead to other hormonal changes, which may then contribute to the development of type 2 diabetes. Lack of testosterone is also associated with decreased bone density and contributes to osteoporosis and osteopenia. Anemia, muscle weakness; impaired cognitive function, decreased motivational drive, fatigue, lethargy, and an overall decreased sense of well being can also be seen in testosterone deficiancy. Low testosterone levels are associated with increased mortality.

Circulating testosterone levels do fall with age; howevere, the rate of decline can be quite variable amongst different individuals. A large number of men wont have their testosterone levels fall until the 70th th decade,whereas other men's levels will decline at a much younger age. For example, 20% of men older than 55 years of age will have low levels of testosterone. Bioavailable testosterone is the active form that has actual activity on the body's organs, which is only about 2% of a ppersons total testerone. When bioavailable testosterone is measured, however, 50% of men above 50 years are defined as having low testosterone. This is why it is important to measure bioavailable testosterone when making clininical desicions about testosterone replacement.

Men May Experience the Following Secondary to Low Testosterone:

- Decreased Sex Drive
- Impotence
- Decreased Muscle Mass and Strength
- Increased Body Fat
- Memory Dysfunction
- Decreased Appetite
- Decreased Hair Growth
- Bone Weakness
- Decreased Red Blood Cells

Once the diagnosis of low testosterone (hypogonadism) is made, further testing should be persued to help to determine the cause of the deficiancy. Some causes can be:

- Aging
- Chronic Medical Conditions
- Acute Illness
- Alcohol Abuse
- Birth Defect
- Testicular Infection
- Testicular Trauma
- Head Trauma
- Medications
- Problems with the Pituitary Gland
- Environmental Toxins
- Chemotherapy
- Type 2 Diabetes
- Sleep Apnea

There is even evidence that nutritional deficiancies can contribute to low testosterone.

The medical history for evaluating low testosterone includes questioning about sexual desire, reduced nocturnal and morning erections, loss of drive, decreased physical energy, fatigue, depressed mood and irritability and even alterations in memory. One must realize that these symptoms as well as others reported by men with low testosterone, such as depression, difficulty concentrating, irritability, and insomnia are nonspecific and may be related to other medical conditions as well.

Physical examination for this evaluation may or may not be helpful in making the diagnosis, as findings of low testosterone such as muscle weakness, reduced body hair, and abdominal obesity may also be seen in men with a number of other medical conditions. Additional findings may be small testicular size or poor consistency, abnormal hair distribution, and enlarged breasts.

After history and physical examination is done , the next step in the evaluation would be laboratory testing. Historically, two early morning blood samples drawn prior to 10AM when blood levels are highest, are used to confirm the diagnosis of low testosterone.

Testosterone measurements can also be checked via saliva and urinary levels. The total testosterone can be used to calculate the free or bioavailable testosterone that is thought to be the active form of testosterone. Low levels can prompt the need for additional lab testing to check for potential causes of the low testosterone that may be correctable without testosterone replacement.

Testosterone can be converted to other hormones by different tissues in the body. These major hormones of interest are estradiol and dihydrotestosterone.

Estradiol

In peripheral fatty tissues testosterone can be converted by the enzyme aromatase to estradiol which is a primary form of estrogen. This is one of the reasons overweight men may have enlarged breasts. Significantly elevated estradiol levels in men has been linked to increased mortality and to diabetes.

DHT

Another hormone converted from testosterone is dihydrotestosterone (DHT). In adult males the two actions of DHT are on the prostate where it causes the growth enlargement and sometimes obstruction as is noted in the disease benign prostatic hypertrophy (BPH). DHT also effects the scalp where it causes hair loss as is seen in male pattern baldness. The enzyme that converts testosterone to DHT is called 5 alpha reductase and it has been targeted by medications like Proscar and Avodart to reverse prostate growth. On average, Proscar and Avodart reduce prostate size by 20 – 30 % and can greatly reduce urinary frequency and urgency in many men.

DHT levels are checked after starting testosterone replacement and if they are markedly elevated drugs like these that inhibit the formation of DHT can be utilized to prevent urinary symptoms that are associated with BPH and an enlarged prostate.

DHEA is another hormone that has some similar effects as testosterone. The majority of this hoemone is made in the adreanal glands and it also diminishes with aging and can be depleted by chronic stress. DHEA has been shown to protect against heart disease, osteoporosis, diabetes, cancer, memory loss, lupus, and rhuematoid arthritis. It can increase energy levels, libido, memory and immunity.

Replacement

Once the diagnosis of low testosterone has been made, replacement options can be reviewed and a desiscion made about how to raise testosterone levels. Unfortunately oral testosterone replacemnt is not an option due to the breakdown by the liver when it is swallowed and can cause liver toxicity. Other options include IM injectons, patches, pharmacuetical gels, compounded creams, and inplanted Testosterone pellets. Although they all will deliver testosterone to the body, they each have their own pros and cons that can be reviewed by your doctor.

In younger patients a potential "kick start" may be needed to restart the bodies own natural testosterone production and this can be done with injections of the popular weight loss medication which is also a natural hormone HCG or the medication clomiphene.

After Testosterone replacement has been started it is very important to follow up and monitor testosterone levels as well as check other bloodwork to assure no possible complications arise. One such lab is PSA which is used as a screening test for prostate cancer.

Although there is an association between prostate cancer and testosterone, it is an old belief that testosterone administration could increase the risk of developing prostate cancer. In reality there is no evidence to support this and in fact now the medical community is investigating an association between low testosterone levels and prostate cancer.

It is still believed that if there is active cancer of the prostate whether localized or metastatic testosterone can promote cancer growth. Therefore the presence of active prostate cancer is a reason not to use supplemental testosterone.

PSA still needs to be monitored closely during testosterone replacement therapy especially in someone with a family history of prostate cancer. In cases of localized prostate cancer years after successful treatment, with no evidence of active disease as noted by PSA and examination it is very reasonable to initiate testosterone therapy as long as very close follow up is maintained.

Testosterone is a naturally occurring hormone and replacement with its bioidenticle form to restore physiologic levels can support a normal and happy sex life as well as improve well being, quality of life and enhancing longevity.

Dr. Mitchell Yadven

Dr. Yadven was born and raised in the Bronx, New York. He received his undergraduate degree from Emory University in Atlanta, Georgia and a Masters degree in Molecular Biology from George Washington University in Washington D.C. After college, Dr. Yadven worked as a marine biologist for the Smithsonian Institute in both Washington, D.C. and the Caribbean. He then received his Medical Degree and General Surgery training at George Washington University. Wanting to return to the South, Dr. Yadven completed his Urology Residency at Tulane University in New Orleans, Louisiana. He is Board Certified by the American Board of Urology. Dr. Yadven has been in private practice in Bradenton, Florida since 1997 and is happy to call Florida his home.

Dr. Yadven practices all aspects of general Urology, with particular interest in prostate disease, urinary stone management and minimally invasive therapies. He has developed products for the management of urinary retention resulting in a U.S. patent.

In his free time, Dr. Yadven enjoys photography and digital art, NFL football (he is a huge New York Giants and New Orleans Saints fan), computers, water sports and fun at home with his wife Sharon, his two children Sarah and Maxwell and his family's animal menagerie.

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Living with COPD

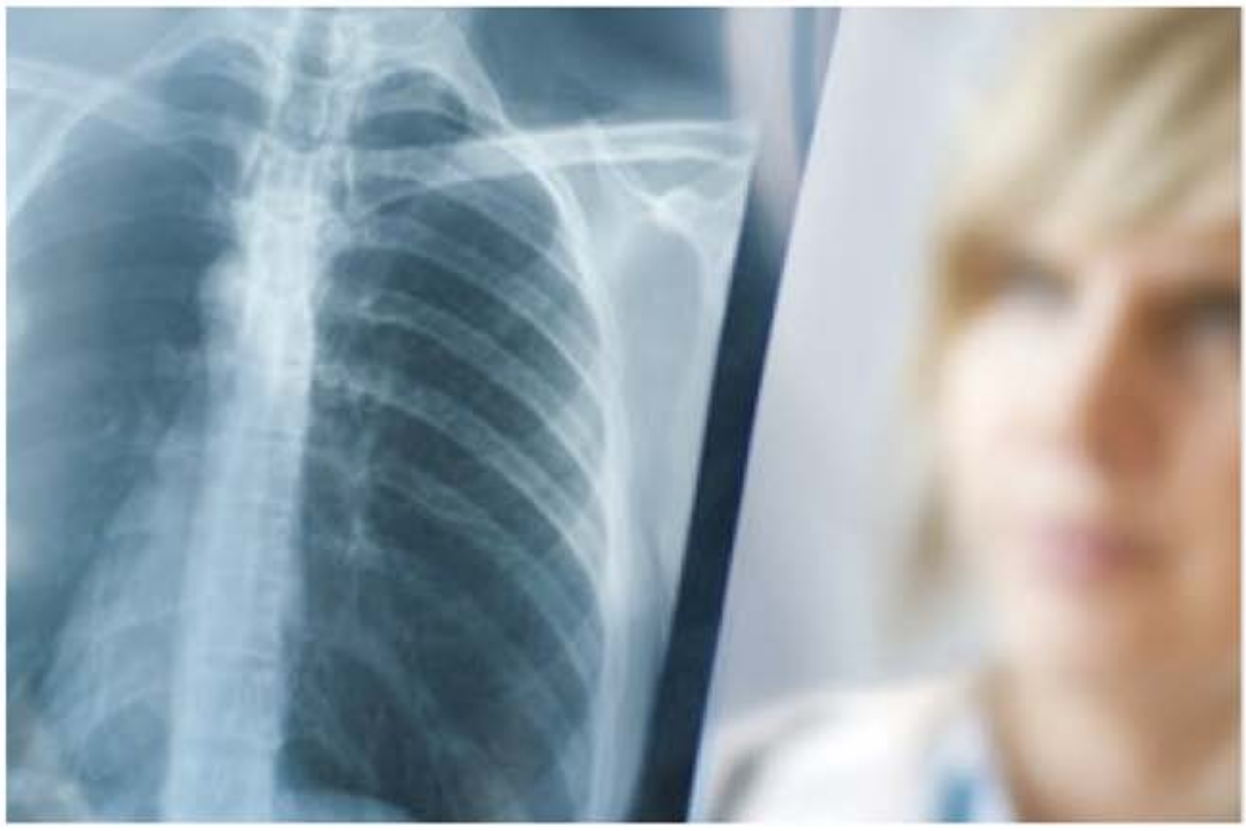
You may live with it, and not even know it!

Nurse On Call, joins the National Heart, Lung, and Blood Institute's COPD Learn More Breathe Better® campaign in observance of National COPD Awareness Month, this November, by hosting a series of educational workshops and screening. COPD (chronic obstructive pulmonary disease) is a serious lung disease that over time makes it difficult to breathe. Also known as emphysema and chronic bronchitis, the disease develops slowly and worsens over time — causing many to dismiss symptoms and delay seeking diagnosis and treatment until COPD is in its late stages. According to the Centers for Disease Control and Prevention, COPD is now the 3rd leading cause of death in the United States, COPD is estimated to affect 24 million people nationwide, yet as many as half remain undiagnosed.

"We often see symptoms of COPD, such as a chronic cough or shortness of breath, mistaken as a normal sign of aging or being out of shape. That is why this November, during National COPD Awareness Month, Nurse On Call is providing community seminars and screenings to raise awareness of COPD and encourage individuals who may be at risk to talk to their health care provider," said Denise Handlin, Respiratory Therapist for Nurse On Call.

Many people who suffer from COPD may visit their doctor regularly but not mention the symptoms — either because they don't think it matters or they forget they even have the symptoms. Raising awareness of the signs and symptoms of COPD is critical to getting patients and providers talking in the exam room — and ultimately to facilitating earlier diagnosis and treatment.

Symptoms of COPD include shortness of breath, chronic coughing or wheezing, producing excess sputum, or feeling unable to take a deep breath. COPD most often occurs in people age 40 and over with a history of smoking (either current or former smokers). However, as many as one in six people with COPD have never smoked. Long-term environmental exposure to things that can irritate your lungs as well as certain genetic conditions can also play a role.



Nurse On Call is so committed to COPD and other respiratory ailments that they added a Respiratory Therapy Team. This is a non billable service designed to improve the quality of life and patient outcomes. Nurse On Call is one of the very few Home Health agencies in the country who has a full time RT to asses and individualize patients needs based on diagnosis and disease process. The therapist helps patient with breathing techniques, medication management, educating caregivers, teaching caregivers on trach patients and troubleshooting bipap/cpap patients. Therapist can even perform pulmonary rehab in the home for the COPD patient.

The Pulmonary Rehab and education management process may include a variety of different disciplines along with the Respiratory Therapist such as, Home Nursing, Psych Nursing, Physical and/or Occupational Therapy visits and Social Services. For more information about Nurse On Call's COPD specialty services please contact your local branch at:

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New Advances in Compression Therapy for Limb Swelling

By Alyssa Parker

A common challenge faced in the medical field is finding the cause of an individual's limb swelling. Any limb swelling may be your body's way of letting you know there is a potential underlying condition that can cause even more damage if left untreated. When swelling in a limb becomes chronic, pinpointing the origin is vital to getting proper treatment. Some of the most common diagnosis are venous insufficiency and lymphedema.

Fluid accumulation can cause painful swelling, non-healing wounds, heaviness, and discomfort decreasing your mobility. Recent studies show that nearly 7 million people in the United States suffer from venous disease. While 2 to 3 Americans suffer from secondary lymphedema.

Chronic venous insufficiency (CVI) is when blood is unable to circulate from the lower limbs back to the heart. CVI is caused by incompetent valves and venous hypertension, in both parts of your venous system. The venous system is comprised of two parts, deep circulation and superficial circulation which are interconnected by perforating veins. Your venous system is an important component to delivering blood to the heart, then passing it through the lungs to obtain oxygen. The oxygenated blood is then delivered to the lower limbs.

Venous hypertension leads to secondary Lymphedema from the lymphatic system's inability to keep up with an abnormally high demand of protein rich fluid. Lymphedema is chronic swelling from protein-rich fluid accumulation in the tissue. Lymphedema occurs secondary to CVI when the lymphatic system is obstructed causing damage, blockage, or abnormal development. Primary Lymphedema can be hereditary or congenital, where an individual is born with a compromised lymphatic system.

Risk Factors

Once your circulatory system has been obstructed leading to venous insufficiency or lymphedema this may lead to an interruption in the venous and lymphatic flow. Both diseases are manageable and treatable however there is no cure for either one.

Risk factors may include:

- Unknown swelling of a limb
- Family history
- Invasive surgical procedure i.e. radical cancer surgery
- Chronic open wounds
- Decreased mobility
- Infections such as cellulitus/ lymphangitis
- Skin changes such as discoloration or hardening

Management: Compression Pump

Understanding the ongoing management of both venous insufficiency and lymphedema are important in preventing irreversible damage to the body. Compression therapy along with proper nutrition a healthy diet and exercise are the foundation of a treatment plan. Compression stockings are often difficult to get on with little results for chronic swelling. Diuretics may be harmful for long-term treatment. Compression devices are widely recognized and highly effective treatment. This is a safe and effective way to assist your body's circulatory system in moving the excess fluid which has accumulated in the limb.

A pneumatic compression device mimic's the muscle contraction that naturally occurs when performing a cardiovascular activity. A compression device is used for both acute care (short term in the hospital) as well as chronic care (long term in the home). The compression pump increases blood flow and lymphatic flow. By increasing the circulation in the affected limb many painful symptoms will be alleviated. When compression treatment is used on a limb the excess fluid is removed and worked back into the lymphatic system the natural way. For patients with chronic ulcers using a compression device will help heal the wound from the inside out, by increasing the circulation in the return of the blood from the heart. The heart delivers oxygen rich blood back to the legs and the tissue speeding the recovery time.

For patients who many have Chronic venous insufficiency a test called a vascular or duplex ultrasound may be used to examine the blood circulation in your legs.

The compression pump is approved by Medicare and covered by many commercial insurers; Actual coverage varies with individual commercial insurance policies. Acute Wound Care, LLC is a highly focused local provider of wound products and compression pumps working with select area physicians highly versed in treating swollen limbs and chronic wounds.

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The Heart Truth for Women

By Jessica Babare D.O.
CardioVascular Solutions Institute

As a doctor who specializes in the treatment of heart and blood vessel diseases, I am often surprised by the number of women I encounter who do not know about the dangers of heart related illnesses or that most American women will die as a consequence of heart disease. Despite the wealth of knowledge available to us in today's modern life, most women do not know that heart disease is their own greatest health risk. Most people are surprised to learn that heart disease is the number one killer of American women. Ask most women what disease she is most at risk for, and she will likely reply, breast cancer. In actuality, however, heart disease kills more women than all forms of cancer combined.

Learning about the risks of heart disease is important because it can permanently damage a person's heart, shorten ones life, and rob a person of years of health and vitality. In spite of the severe complications that can arise if heart disease occurs or goes untreated, the good news is that heart disease is largely preventable. The goal of this article is to educate women, and the men who care about them, about the risk and prevalence of heart disease so that more women might take action to protect their hearts.

Although there are many forms of heart disease, coronary artery disease is the most common type. Coronary artery disease begins with atherosclerosis, a process whereby plaque builds up inside the arteries, eventually limiting the flow of blood to the heart and other organs. Atherosclerosis has been shown to begin in our youth, and is a disease that usually develops over many years. In severe cases, atherosclerosis progresses to significant narrowing in the artery, resulting in chest pains called angina or, in the most severe cases, heart attack.

Heart attacks occur when blockages formed in the heart arteries and cut off blood flow, preventing oxygen and nutrient-rich blood from reaching heart tissue. Heart attacks often lead to damage of the heart's muscle, and, in some cases, other heart structures like the heart's valves or electrical conduction system. Heart attacks can predispose a person to a weak heart and a condition called congestive heart failure, a disease which occurs when the heart cannot pump blood effectively, sometimes leading to severe disability and loss of life.

You may be aware that procedures like coronary stent implantation or bypass surgery can reopen a blocked artery, but it is very important to understand that procedures do not "fix" a damaged heart. All currently-available procedures meant to open heart arteries can do is to help stabilize the heart's blood supply despite the atherosclerosis and are not able to make the atherosclerosis go away. It's critical to realize that there's no quick fix for heart disease and that a diagnosis of coronary artery disease will require ongoing medical care and lifestyle modification in order to prevent further heart artery blockages from forming.

There is excellent news, however, in that heart disease can be prevented and controlled. Prevention includes healthy lifestyle changes, and, sometimes, medications prescribed by a doctor. Women of all ages should take steps to protect their heart health, but young women especially so, since heart disease develops gradually and can start at a young age. Beginning to live heart-healthy in our youth, gives us the greatest power of prevention!

As it turns out, atherosclerosis begins to form in our arteries when we are still young, and, even in our youth, we can make healthy lifestyle choices that will positively affect us for the length of our life. It often takes many years of accumulation for the blockages to become severe, causing our risk for coronary heart disease to rise in women ages 40 to 60. Risks increase when estrogen levels drop during menopause or following surgical removal of the ovaries, leading to even greater risk of heart disease and heart attacks in post-menopausal women. It is also during these years of life that many women develop one or more risk factors for heart disease, further compounding their risk for heart disease.

Risk factors for heart disease are health problems that, especially when grouped together, work to synergistically alter the health of the coronary arteries, leading to atherosclerosis and, eventually, blocked arteries and heart attacks. There is a synergy or multiplier effect when it comes to risk factors for coronary artery disease. Having one risk factor doubles your risk. Having two risk factors quadruples your risk, and three or more risk factors can increase your risk even more than tenfold. Risk factors are described as either modifiable or non-modifiable, based on whether or not the patient can control the problem.

The good news is that, by doing just four powerful things— eating right, being physically active, not smoking, and keeping a healthy weight — you can lower your risk of heart disease by as much as 82 percent!

Modifiable risk factors for coronary artery disease include:

- Smoking
- High blood pressure
- High blood cholesterol and high triglycerides
- Being overweight or obese
- Physical inactivity
- Diabetes and pre-diabetes
- Metabolic syndrome, a condition where a person has elevated blood glucose, blood triglycerides, and an enlarged waist line.
- Sleep apnea, a problem often caused by obesity
- Stress or depression
- Too much alcohol
- Birth control pills (particularly for women who are over age 35 and smoke)
- Anemia
- Unhealthy diet

Non-Modifiable risk factors for coronary artery disease include:

- Family history of early heart disease in a close relative such as a parent or sibling.
- Advanced Age (55 and older for women)
- History of preeclampsia during pregnancy

What else should you do in order to learn more about your risk for heart disease and heart attacks? First of all, schedule an appointment with your doctor to discuss your risks. Ask your doctor which risk factors you have and whether or not you are up to date with screening tests to look for health problems.

Ask whether your weight and blood pressure are in normal range, and what you can do to get them under control if they are not. To make the most of your time with the doctor, prepare a list of questions to ask while the doctor is with you, and take a pen and note paper so that you can write down what the he or she says. Talk to your health care provider about lifestyle behaviors, such as smoking or being physically inactive and ask for recommendations about how you might lead a healthier lifestyle.

In many cases, your doctor will need to do some basic tests to evaluate your risk for heart disease. At every visit, your doctor will check your blood pressure and guide you about your risk for hypertension, one of the most common, and easily treated cardiovascular risk factors. In adulthood, we need to have our blood cholesterol (total: HDL, LDL, triglycerides) checked at least once a year. Our health-care providers will screen us for diabetes by checking a fasting plasma glucose level. By assessing our weight and height, our doctor can determine our body mass index (BMI) and waist circumference, both indicators of our cardiometabolic risk.

If indicated, our doctor can do other, more advanced, testing to evaluate the function of our cardiovascular system, such as perform an Electrocardiogram or even send us for a stress test. If the risk appears great enough, your health care provider may even recommend that you see a Cardiologist, a doctor like myself who specializes in the care of heart and vascular diseases.

So, despite the tremendous power that women have over controlling their risk for the development and progression of heart disease, you may wonder why many women don't take action about heart their disease risk. For some women, they may think that heart problems are just a man's disease. Unfortunately, for a lot of women, they don't make their health a top priority, often putting the needs of their families and others above their own. Some women don't think that they are old enough to be at risk, not realizing that the first stages of atherosclerosis begin in our youth. Women often feel too busy to make changes in their lives or feel overwhelmed and confused about what steps to take.

I hope that this article has been for you a wakeup call to help you realize that you and your health are a top priority. It is only when you take good care of yourself that you can be there for your loved ones. As leaders in their households and workplaces, women can set an example for others that they care about so that they too might live heart-healthy lives. By taking steps to improve the quality of their own heart health, women often influence the health of the people they love the most.

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Jessica Babare, DO

Jessica Babare, DO, is board certified cardiologist who recently completed her training as an Interventional Cardiologist. In looking for a post-fellowship cardiology position, Jessica had a specific idea of the type of cardiology practice and colleagues she wanted to join, and has happily found that match with Dr. Gino Sedillo, Stacey Royce, PA-C, and the rest of the CardioVascular Solutions Institute team members.

Dr. Babare planned to attend the University of Illinois Medical School with an emphasis on training rural family practitioners. However, during the application and interview processes something drew her interest and attention to Nova Southeastern College of Osteopathic Medicine in Fort Lauderdale, a place where she could train to be an osteopathic physician. Osteopathic Medicine is a medical approach which emphasizes treating the "whole patient," an approach to health care that Dr. Babare has found key to her success as a physician. She holds board certifications in Internal Medicine, General Cardiology, Integrative and Holistic Medicine, and is board eligible in Interventional Cardiology.

Becoming a highly skilled Interventional Cardiologist has long been one of Dr. Babare's goals, and she is thrilled to have crossed this recent milestone. Dr. Babare believes the ability to adequately diagnose and treat patients with cardiovascular diseases begins with her own personal wellness. She uses meditation, voracious reading, a plant-based diet, yoga, and exercise to help accomplish this. She is a doctor whose truest desire is for every patient to be restored to his or her fullest potential for wellbeing.

Diabetes Mellitus

By Suhail A. Khoury, M.D., F.A.C.P., Ph.D.

Diabetes mellitus (DM) is a multi-system disease characterized by chronic elevation of blood glucose. The etiology of DM is either related to lack of insulin production (Type 1, or juvenile DM 1) or to the lack of response to insulin (Type 2, or adult onset DM 2). This summary is limited to DM 2.

DM 2 affects more than 90 % of all cases of diabetes. This represents about 4% of the adult population. It is associated with obesity, older age, and sedentary lifestyle and tends to be inherited. DM 2 is related to insulin resistance, either due to a decreased number of insulin receptors or developing dysfunctional receptors. It is also affected by hormones from the intestines called Incretin hormones. These are usually secreted during meals and contribute to most of insulin secretion after eating (known as post prandial). They also suppress glucagon secretion. Glucagon stimulates glucose production. Incretin release is significantly reduced in patients with DM 2. Type 2 diabetics initially produce more insulin than non- diabetics, in an attempt to compensate for the insulin resistance. This eventually leads to destruction of the insulin producing cells in the pancreas (Beta cells) and will subsequently require insulin injections. DM may also develop due to medications (like cortisone and thiazide diuretics), other illnesses (involving the pituitary and adrenal glands) or due to pregnancy (known as gestational diabetes).

Patients with DM often present with complaints of unintentional weight loss, thirst, increased urination, vaginal yeast infections, blurry vision, burning feet, decreased sensation in feet or hands, fatigue, chest pain, increased sweating, strokes and others. They also may not be symptomatic. Most DM 2 patients also suffer from central obesity with an increased "Gut to Butt ratio".

Diabetes mellitus is associated with a remarkable increase in mortality and morbidity; causing 73,000 deaths in the US 2010. Many additional deaths were related to illnesses that resulted from diabetic morbidities. DM increases morbidity due to its effect on the endothelium, the cells that line blood vessels. Complications of DM 2 include diabetic retinopathy (most common cause of blindness), diabetic nephropathy (second most common cause of kidney failure), peripheral neuropathy, gastroparesis, peripheral arterial disease and poor healing (common cause of foot amputation), coronary artery disease (heart attacks), and vascular disease (strokes) etc.

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Diagnosis of DM is easily archived with blood glucose measurement. Normal fasting blood glucose ranges from 60 to 100 mg/DL. Hemoglobin A1c measures the concentration of glucose attached to red blood corpuscles and represents the glucose concentration in the blood stream over 105 days. That is why we check it every 3 months. Glucose tolerance testing is useful in predicting gestational diabetes and in monitoring post prandial response.

Treating DM is a shared effort of patients, physicians and paramedical team. Patients must control and modify behavior to control diet, weight and exercise. If needed, employing the expertise of a nutritionist to modify not just the quantity but also the quality of food. Consulting exercise trainers to improve balance, strength and endurance is recommended. Exercise should include stretching, aerobic and resistive exercises. Dilated eye exams should be on at least an annual basis. Kidney function evaluation with blood and urine tests to be done every 6 to 12 months. Feet should be inspected daily by the patient or family. Routine foot exams should be done by a physician or podiatrist at least once a year. Diabetics should not walk barefoot and should not wear shoes without socks due to the increased risk of foot injury.

Pharmacotherapy is rapidly evolving and more agents are becoming available. These agents may increase insulin production and secretion (like Glimipride), inhibit glucose producing genes (like Metformin), increase the sensitivity of receptors to insulin (like Pioglitazone), post prandial suppression of glucagon secretion (like liraglutide), prolong the availability of incretins (like Linagliptin) and most recently agents that reduce reabsorptiotn of glucose in the kidneys(canaglifozin). Insulins, either long lasting or short acting, are also available. In general, short acting is used to decrease glucose concentration rapidly and the effect only lasts about 2 to 4 hours. The long acting agents are administered only once daily, occasionally twice, and they are used for maintenance.

Therapy is individualized; it is not one size fits all. Choice of medication is determined by the treating physicians. Nothing works if all members of the team are not committed.

November is Diabetes Awareness Month

Diabetes and Your Eyes

Diabetic Retinopathy

Courtesy of The Eye Associates

Diabetes affects your entire body, including your eyes. According to The American Academy of Ophthalmology, diabetics are 25 times more likely to lose vision than those without this disease. The most common complication of diabetes is diabetic retinopathy, and the longer you have diabetes, the more likely it is that you'll develop diabetic retinopathy.

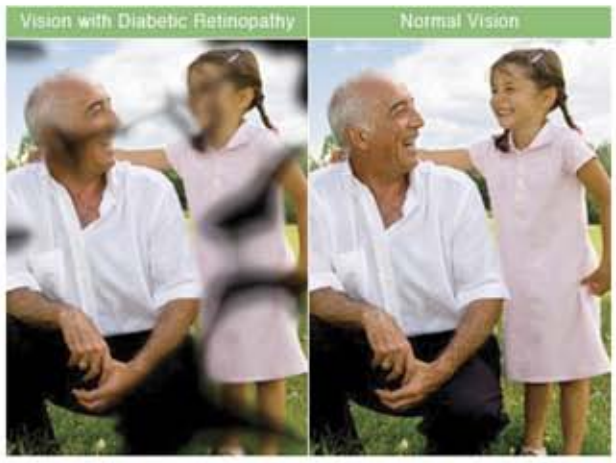
High blood sugar levels, as associated with diabetes, often affect blood vessels in the retina of the eye, causing diabetic retinopathy. There are 2 stages of classifications of diabetic retinopathy: non-proliferative or proliferative.

Non-proliferative retinopathy, sometimes known as background diabetic retinopathy, is the most common form of the disease. This condition is first diagnosed when small retinal blood vessels start to swell. As the disease progresses, these blood vessels break and leak blood.

Proliferative retinopathy is the more advanced stage of diabetic retinopathy. As the condition progresses, more and more blood vessels are blocked. Sensing the need for new blood vessels to supply nourishment, new blood vessels grow, but they are frail and abnormal, often hemorrhaging and scarring. Patients with this type of diabetic retinopathy can experience severe vision loss, and even blindness.

At both the early and advanced stage, fluid can leak into the macula, the center of the retina that allows you to see fine detail. Known as macula edema, it is another common cause of vision loss in diabetics.

It is worth noting that smoking does accelerate the damaging effect that diabetes has on the retina. Several other influencing factors include your genes, your blood pressure levels, how long you have had diabetes and of course, your blood sugar level.



In the early and most treatable stages of diabetic retinopathy, there are usually no visual symptoms or pain. In fact, many times the disease can even progress to an advanced stage without your noticing the gradual change in your vision.

Symptoms of diabetic retinopathy may include:

- Abnormal patterns in the field of vision
- Dark streaks in your vision
- Sudden onset of decreased vision
- Distorted central vision
- Floaters
- Red film that blocks vision
- Blind spots
- Poor night vision
- Items may have a blue-yellow color tone, interfering with color perception

We strongly recommend that all diabetics have yearly comprehensive medical eye exams. Your eye doctor will dilate your eyes and check your retina, blood vessels and optic nerves for changes. We may also order a fluorescein angiography to track and photograph dye as it flows through the retina to look for leaking blood vessels.

We also commonly perform an Optical Coherence Tomography (OCT) to assess fluid accumulation (macular edema) in the retina of diabetics. The OCT can show areas of retinal thickening and is often a useful tool in assessing a patient's response to a treatment.

Treatment

The most important tool for treating diabetic retinopathy is good management of the underlying diabetic condition. Nevertheless, once diabetic retinopathy has presented itself, there are several methods of treatment. Lasers are the mainstay; often used to treat the early stages of diabetic retinopathy by sealing leaking blood vessels. More advanced cases may require a vitrectomy, a surgical procedure needed when the vitreous, the gel in the eye, contains a great amount of blood.

The optimal time for treatment is before the patient experiences visual symptoms so early detection and treatment is the best protection against significant vision loss. Diabetic retinopathy can progress into its advanced stages with no pain, no recognizable vision loss. That's the reason it is so important for all diabetics to get a yearly comprehensive medical eye examination.

Please take time to educate yourself, and any loved ones with diabetes, on how to preserve their vision.

If you are diabetic and would like to schedule an appointment for a comprehensive medical exam at The Eye Associates, please call 941-792-2020.

THE EYE ASSOCIATES

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Hernia Repair

Minimally Invasive Technology Transforms the Way Doctors Perform This Surgery

By Gary M. Bunch, M.D., F.A.C.S.

What is a Hernia?

The word Hernia means 'something coming through.' A hernia is simply a hole through which something can protrude, usually intestine or the fat around the intestine. It is the swelling or lump that is there when you stand or cough which goes away when you lie down. This is the most common and obvious sign of a hernia.

The most common location for a hernia is the abdomen. The abdominal wall holds in the abdominal contents, primarily the intestines. If a weakness should open up in that wall, then what pushes against it from the inside (the intestines) simply pushes through the window. The ensuing bulge, often visible against the skin, is the hernia and is a potentially serious problem.

Both men and woman can get hernias and they can develop at any age. Hernias may result from birth defects, previous incisions, heavy lifting, obesity, pregnancy, persistent coughing, or straining with bowel movements.

How Do You Know if You Have a Hernia?

If you have pain directly in the muscle of the stomach, feeling sore to the touch when you press on it, then it is more likely you have sprained or strained this muscle. This commonly occurs because of vigorous exercise or vigorous physical activity, such as lifting heavy objects.

Intestinal or abdominal pain is deeper and more aching in character, whereas muscle pain is more superficial. A hernia generally presents as soreness in the groin. There may also be a bulge or a swelling in the groin or, if you are male, in the scrotum. Often the bulge can be made larger by straining the abdominal muscles.

Hernias in adults do not get better or simply go away. The hernia will almost certainly enlarge with time, becoming more of a problem. Any symptoms, such as discomfort and pain will also worsen, affecting your quality of life and ability to work. Delaying surgical repair and allowing the hernia to enlarge could make the later operation more complicated when you do eventually have surgery. There is always the possibility of strangulation (approximately 5%), where the bowel becomes trapped in the hernia and loses its blood supply, requiring emergency surgery.

Types of Hernia

The most common hernia is the Inguinal or Groin hernia and can occur on the left, right or both sides of the lower abdomen. Surgical repair of the Inguinal hernia is extremely common with over 600,000 cases being performed in the United States.

A Hiatal or Diaphragmatic hernia develops in a small opening in the diaphragm where the esophagus or food pipe joins to the stomach. A Hiatal hernia allows part of the stomach to move up into the chest and stomach acid can flow back into the esophagus causing heartburn.

Umbilical hernias occur in and around the belly button or naval. They are usually present from birth but may not be noticed until later in childhood or even into adulthood. While Umbilical hernias in infants usually close without any intervention, this is not the case in adults. Over time they tend to enlarge and become more problematic.

Minimally Invasive Repair of Hernias

Minimally invasive technology and techniques are transforming the way many doctors perform surgery. In the past, open surgery was the only option available when doctors needed to see inside a patient's body or remove or repair organs or tissue. Patients who have conventional open surgery typically face large incisions, significant hospital stays, lengthy recoveries and the risk of complications. That's no longer the case. Today, surgeons make small incisions or "ports" and perform minimally invasive procedures whenever possible. These procedures can accomplish the same results as traditional surgery but can be much less traumatic to patients.

At Bradenton Surgical Group, we use minimally invasive surgery to repair most hernias. In a laparoscopic hernia repair procedure, our surgeons will make several tiny incisions (each about the size of a pencil eraser) through which they insert surgical instruments and a small video camera. Our surgeons are then able to locate the hernia and surgically close the weak area using a prosthetic mesh. The mesh reinforces the area of weakness and reduces the tension on the repair. A tension free repair is less likely to allow the hernia to reoccur.

The advantage of this laparoscopic approach over more traditional open methods is that because the incisions are much smaller than traditional methods, there is less discomfort and faster recuperation. Also, it is often possible to repair bilateral hernias (those on the left and the right of the abdomen) during a single procedure using laparoscopic methods.

A Full Range of Minimally Invasive Procedures

We offer a full range of minimally invasive procedures that address problems in nearly every part the body. In addition to Hernia surgery, some of the most common procedures we perform are: Abdominal, Colorectal, Hemorrhoid, Adrenal and Parathyroid Surgery. To learn more about Hernia or any of the procedures we provide, please call Bradenton Surgical Group at 941-744-2700 or visit us online at www.bradentonsurgicalgroup.com.

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Dr. Gary M. Bunch, M.D., F.A.C.S.

Dr. Bunch is a board certified general and vascular surgeon specializing in advanced minimally invasive surgery with over 10 years of experience. He is board certified by the American Board of Surgery and is a Fellow of the American College of Surgeons. Dr. Bunch served as an associate professor of surgery at East Tennessee State University and is a graduate of the University of Kentucky College of Medicine. He completed his surgical residency at the University of Tennessee Health Sciences Center in Memphis.

America's Choice in Homecare
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LIVING ASSISTANCE SERVICES

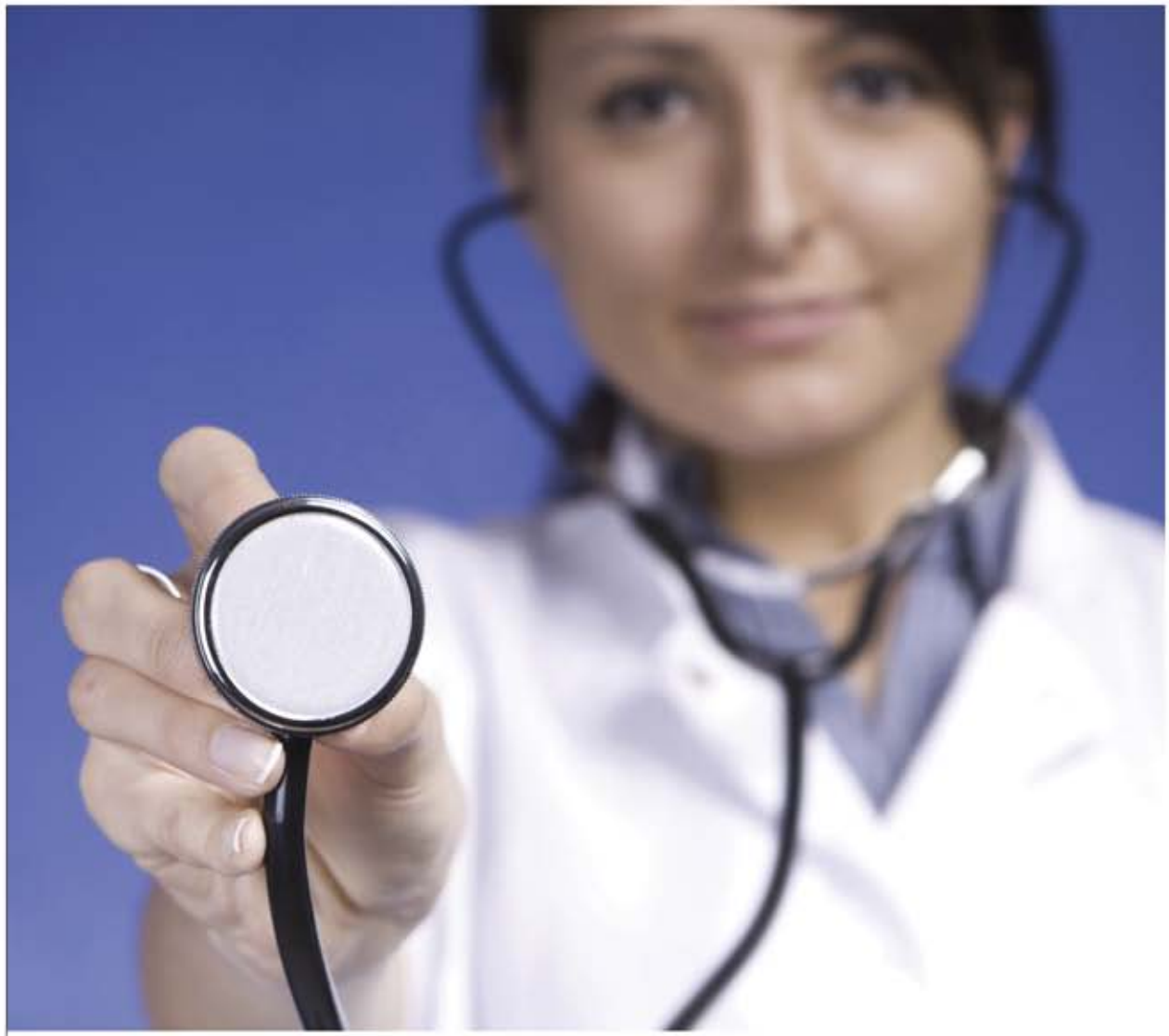
COPD Care at Home

According to the National Heart, Lung and Blood Institute, an estimated 12 million adults have been diagnosed with Chronic Obstructive Pulmonary Disease (COPD), and many more may be living with the disease without knowing it. While there is no cure for COPD, there are treatments that can effectively ease symptoms, cut the risk of complications, and improve a patient's quality of life. Visiting Angels is experienced at working with COPD patients and their family members to manage symptoms and ensure that the patient's home is a safe and symptom-free environment.

Visiting Angels is committed to teaching patients with COPD the skills they need to manage their disease at home. Our Angels are dedicated to improving patients' quality of life and preventing repeated hospitalizations due to COPD exacerbation. This involves the coordination of nursing and occupational therapy visits with COPD patients in their home.

Our experienced Angels administer respiratory needs. They also educate patients and their families on nutrition, medication and offer additional resources that can help them manage the disease.

The therapy component to our COPD home care service entails experienced Angels educating patients on breathing techniques that will minimize shortness of breath and other COPD-related signs of distress. Providing patients with energy conservation training and helping them organize their activities for daily living minimizes fatigue and maximizes independence. The home environment is also an important element that is taken into consideration in our COPD home care service. By administering home assessments, Visiting Angels is able to evaluate the home setting (e.g. furniture set-up, layout of rooms and walking paths) and make recommendations to improve in-home safety and make the home environment an easier terrain for homebound COPD patients.



Visiting Angels believes people with COPD can lead active and full lives. By diagnosing the disease early, treating symptoms, reducing the risk of complications and educating patients and families about COPD, our home care staff aims to improve patients' quality of life. Our goal is to help people with COPD take charge of their breathing and regain or maintain control of their lives by becoming actively involved in the management of their disease.

Contact Visiting Angels to learn more about the benefits of in-home care for individuals with COPD.

800-365-4189 | www.visitingangels.com

Diabetes Prevention is Proven, Possible, and Powerful.

**By Eric M. Folkens, M.D., Family Medicine,
Bradenton/Lakewood Ranch/Sarasota Urgent Care Walk-In Clinics**

Have you wondered or possibly been told that you are at risk for developing diabetes or that you have prediabetes? The latest diabetes statistics show that one in three American adults are at high risk for developing type 2 diabetes. 79 million American adults have prediabetes, which means that their blood glucose (sugar) is higher than normal, but not high enough to be classified as diabetes. What's more, out of the nearly 26 million Americans with diabetes, one-fourth of them, or about 7 million, does not realize they have the disease.

Studies show that people at high risk for diabetes can prevent or delay the onset of the disease by losing five to seven percent of their weight, if they are overweight—that's 10 to 14 pounds for a 200-pound person. Two keys to success:

- Get at least 30 minutes of moderate-intensity physical activity five days a week.
- Eat a variety of foods that are low in fat and reduce the number of calories you eat per day.

In other words, you don't have to knock yourself out to prevent diabetes.

Small steps lead to big rewards.
When you take steps to prevent diabetes, you will also lower your risk for possible complications of diabetes such as heart disease, stroke, kidney disease, blindness, nerve damage, and other health problems. That's a big reward for you and your family and friends.

One Small Step: Know your risk.
Work with your health care team to find out if you have prediabetes, a condition that puts you at risk for type 2 diabetes.

Big Reward: Knowing you can prevent or delay diabetes can give you peace of mind. Ask yourself these questions and write down your answers.

- Why do you want to prevent diabetes?
- Who do you want to do it for?

Review your answers every week to help you stay with your prevention plan.

Plan to set a weight loss goal:
The key to preventing diabetes is to lose weight by eating healthy foods that are lower in fat and calories and being physically active. Set a goal that you can achieve.

Here's how to figure out your weight loss goal. Multiply your weight by the percent you want to lose. For example, if John weighs 240 pounds and wants to lose 7 percent of his weight, he would multiply 240 by .07, for a total of 17 pounds.

Losing 5 to 7 percent of your weight is one big step to reduce your risk of diabetes.

Choose a total weight loss goal and start thinking about how much better you will feel when you reach your goal. Keep in mind that losing even a small amount of weight can help you prevent diabetes. Weigh yourself at least once a week and write down your progress. Research shows that people who keep track of their weight reach their goals more often than those who don't.

Recommended Calories and Fat Grams Daily
**It is not advised to eat less than 1,200 calories a day

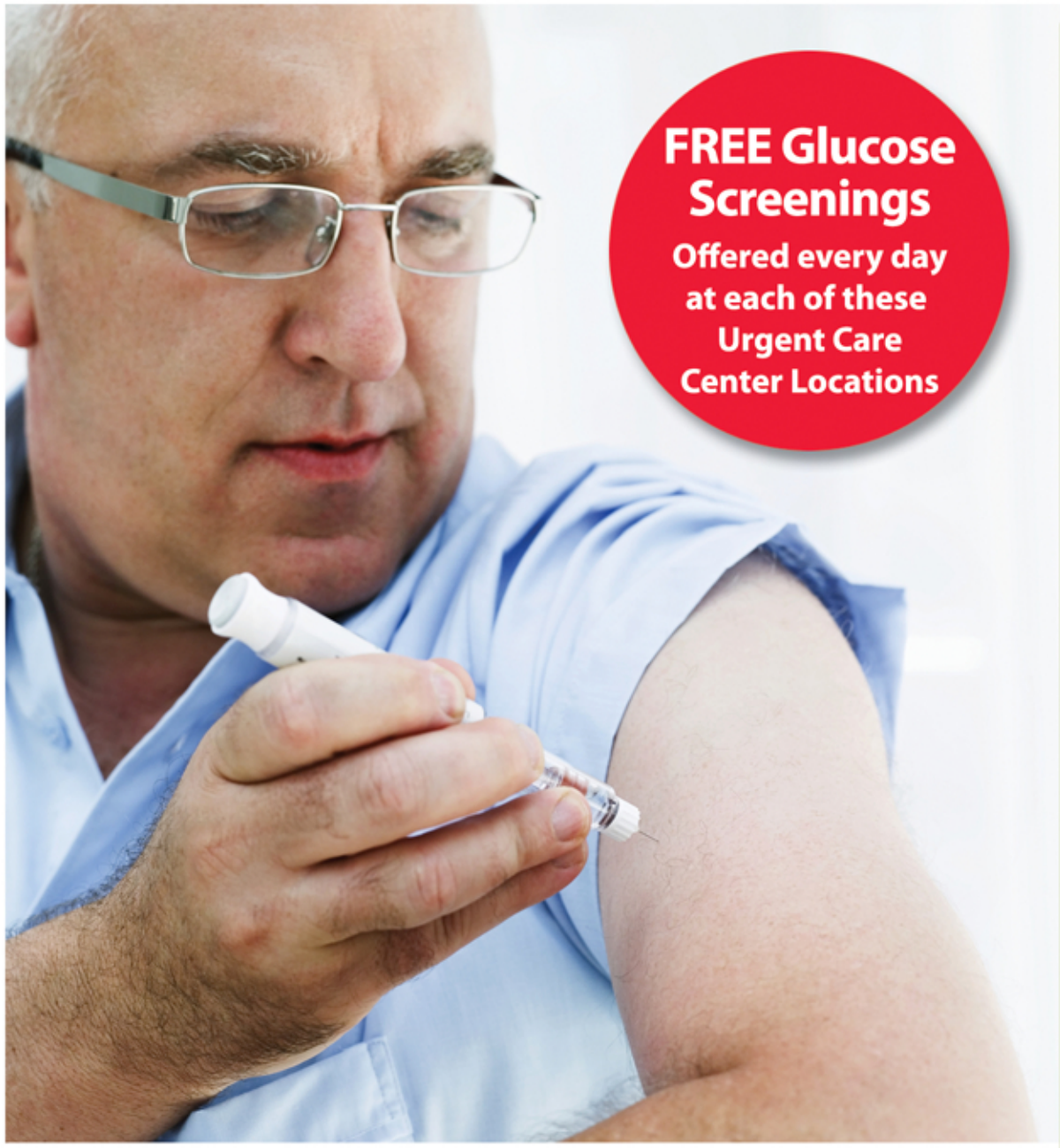
Current Weight	Calories and Fat Grams per day
120 –170 pounds	1,200 calories a day 33 grams fat a day
175 – 215 pounds	1,500 calories a day 42 grams fat a day
220 – 245 pounds	1,800 calories a day 50 grams fat a day
250 – 300 pounds	2000 calories a day 55 grams fat a day

Make healthy food choice to help reach your weight loss goal. There are many weight loss plans from which to choose. You can prevent or delay the onset of diabetes by losing weight through a low-fat, reduced calorie eating plan, and by increasing physical activity.

Figure out how many calories and fat grams you should have per day. Use this chart to figure out your goals for losing one to two pounds per week.

One Small Step: Move more.
When you move more every day, you will burn more calories. This will help you reach your weight loss goal. Try to get at least 30 minutes of moderate-intensity physical activity five days a week. If you have not been active, start off slowly, building up to your goal. Try brisk walking, dancing, swimming, biking, jogging, or any physical activity that helps get your heart rate up. You don't have to get all your physical activity at one time. Try getting some physical activity throughout the day in 10 minute sessions.

Big Reward:Losing weight by eating healthy and getting more physical activity not only can help you prevent diabetes, but it also lowers your risk for heart disease, certain types of cancer, arthritis, and many other health problems. Also, you will feel better, and have more energy to do the things you enjoy.



One Small Step: Track your progress.
Write down your goals. Write down everything you eat and drink. Then, when you have time add up your calories and fat grams for the day. Big Reward: Keeping track of what you eat and drink and how many minutes of physical activity you get each day is one of the best ways to stay focused and reach your goals. As you lose weight, you will feel better about yourself and about reaching your goal.

One Small Step: Start your own team to prevent diabetes.
You don't have to prevent diabetes alone. Invite other people to get involved. Try teaming up with a friend or family member. Start a local walking group with your neighbors or at work or at your church. Trade healthy recipes and weight loss tips with your co-workers. Tell other people about the small steps you are taking to prevent diabetes and make sure you help each other stick to your prevention plan.

Big Reward: When you involve other people, you will be more likely to stay at it and you will be helping others to prevent diabetes and other health problems.

Take your next small step now!
Add one or two healthy changes every week. If you fall off the wagon, don't get down on yourself. Review your plan and get back on track. It's not easy to make lifelong changes in what you eat and in your level of physical activity, but you can use these tips to help you stick to your goals and succeed. Always remember: ***Preventing diabetes is good for you and for your family and friends. Keep at it!***

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The Path Towards Diabetes: How to Avoid America's Newest Epidemic

Education & Prevention is Your Best Protection

Written by Carolyn Waygood, Certified Natural Health Professional and Plexus Health Ambassador

With diabetes diagnosis on the rise, and excess weight and elevated glucose/insulin levels linked to a higher risk of serious illnesses (see "Complications" box), it is important everyone learn how to better maintain healthy blood sugar and insulin levels. The two primary forms of diabetes – **Type 1** (once referred to as *Juvenile Diabetes*) and Type 2 (once referred to as *Adult-Onset Diabetes*) – are associated to vastly different physical issues, but share a common thread: the body's inability to process blood sugar which results in elevated glucose levels.

Complications from Diabetes
- Cardiovascular Diseases (hypertension, heart attack, and stroke)
- Eye Complications (including blindness)
- Kidney Disease (Kidney Failure)
- Nerve Damage & Neuropathy
- Skin Complications (such as infections, sores, and slow wound healing)

Different Forms of Diabetes

Today, most health professionals avoid reference to 'juvenile diabetes' and 'adult-onset diabetes' because these diseases are now affecting people of all ages, and for different reasons. What was once a disease seen only in adults, Type 2 diabetic symptoms are now seen in children as young as 5 years old! Type 1 Diabetes, typically diagnosed in children, occurs when the pancreas is incapable of producing insulin – the hormone required to escort glucose into the cells where it can be used for energy - thereby causing chronically high blood sugar levels. Why is the pancreas dysfunctional in these cases? It could be due to genetics, injury from a childhood illness, or other catalyst that damages the beta cells of the pancreas responsible for manufacturing insulin. By contrast, in Type 2 Diabetes, the pancreas is able to produce insulin, but either not enough to meet the high demands of high blood sugar levels, or not enough to overcome a resistance to insulin by the body's

cells. Although physically different, Type 1 and 2 Diabetes can both lead to chronically elevated glucose levels which may become toxic to the body.

The Threat of High Blood Sugar

The link between excess weight and high glucose/insulin levels to the increased risk of breast, prostate and other cancers was widely publicized throughout October, Breast Cancer Awareness Month. Why? *"In the case of postmenopausal women"*, explains Carolyn Waygood, CNHP and a local breast health specialist, *"the primary source of estrogen in the body is fat cells, and estrogen plays a key role in the development and growth of breast, prostate, and other cancers."* Fat, and the estrogen by-products these cells produce, is not the only problem. Women with high blood glucose and insulin levels, something often seen in overweight people, have a **283% greater risk** for breast cancer than those who maintain healthy glucose/insulin levels. High blood sugar and insulin levels have also been directly linked to an increased risk of prostate cancer in men.

The International Diabetes Federation (IDF) recently published new data indicating the enormity of the diabetes epidemic, stating "the disease now affects a staggering 246 million people worldwide, with 46% of all those affected in the 40-59 age group." According to IDF President-Elect Martin Silink, "The diabetes time bomb has been ticking for 50 years, and it's been getting louder. Despite the warning, successive generations of world leaders have largely ignored the threat."

Preventing the Progression

"Type 2 Diabetes", explains Ms. Waygood, *"is a progressive disease that may take years, or decades, to develop. Early signs are referred to as Metabolic Syndrome, or Syndrome X, which when left untreated progresses to pre-diabetes, which progresses to full-blown diabetes as the body continues to wear down."* According to the American Diabetes Association, the development of Type 2 Diabetes is characterized by a decline in β-cell function (the pancreatic Beta-cells responsible for producing insulin) and the worsening of insulin resistance. Natural supplements and food sources that help reduce the amount of sugar in the body (and thus support healthy levels of insulin), strengthen the functions of the liver and pancreas, as well as increase cellular sensitivity to insulin can all help reduce a person's risk of these, and other, sugar-related diseases. *"Many of these natural substances"*, notes Ms. Waygood, *"are included in the effective formula of Plexus Slim, and its companion product, Plexus Accelerator or BOOST, which work synergistically to help the body better manage blood sugar while also providing the added benefits of appetite control, increased insulin sensitivity, support for healthy cardiovascular functions, weight loss, and more. By stopping the progression of diabetic symptoms, we can reduce the number of diabetes diagnosis!"*

Plexus Slim was initially formulated to help Type 2 Diabetics naturally regulate blood sugar, and better metabolize & utilize carbohydrates which are broken down into glucose. A natural powdered drink mix derived from plant-extracts, the Plexus Slim formula yields other health benefits including lowering LDL (bad) cholesterol, balancing blood pressure, reducing

Plexus Slim & Accelerator/BOOST provide a natural approach to glucose & insulin management, as well as weight loss.
3-Day Trial: $15
7-Day Trial: $30
30-Day Supply: $99.85

excess body fat & inhibiting fat storage, helping control the appetite, and improving metabolism. The end result: **healthier glucose and insulin levels, and more permanent weight loss!** Why more permanent? Since Plexus works at the cellular level re-programming bodily functions to better process sugar and control food portions, more long term weight management becomes a natural function of the body. The body simply starts to process sugar better requiring lower levels of insulin.

Managing Glucose & Insulin is the Key

"How your body processes sugar plays a vital role in maintaining healthy insulin levels", explains Ms. Waygood, who is also a Diabetes Educator and Weight Loss Coach. "While some people have optimal sugar-burning processes, others find themselves challenged in breaking down ingested sugars, managing the glucose levels in the blood, and getting glucose into cells where it is used for energy rather than stored as fat." Multiple processes have to work properly in order to effectively process sugar in your body. Breaking down sugar sources (the process of digestion) into usable glucose, and then turning glucose into energy (the process of metabolism) are functions that are often deficient in pre-diabetics. Plexus Worldwide just released a 3rd product in their weight-loss arsenal, called Plexus BLOCK, which contains white kidney bean extract and a proprietary blend of seaweed that inhibits the process of turning carbohydrates into glucose (sugar). By slowing the conversion of carbs to glucose, BLOCK leaves behind less glucose for the body to turn into fat. When one combines the powers of Slim, Accelerator/BOOST, and BLOCK - all formulated with over two dozen phytonutrients that help the body turn glucose into energy, inhibit fat storage, control the appetite, enhance the action of insulin and increase insulin sensitivity - the result is a biochemical tune-up of the body that leads to healthy glucose/insulin management and more permanent weight loss.

Plexus BLOCK inhibits enzymes that convert starches into glucose.
1 bottle: $39.95

Ronnie Grubbs, Owner of Ronnie Grubbs & Associates, an independent insurance agency in Bradenton, Florida, with Carolyn Waygood, CNHP and Plexus Representative.

"Plexus made a lot of difference in my life!"

Ronnie Grubbs, LUTCF, owns and operates an independent insurance agency in Bradenton, Florida, and has struggled with managing diabetic symptoms most of his adult life. Working long hours to build Ronnie Grubbs & Associates, located on 26th Street West in Bradenton, and entertaining clients frequently, led Ronnie to a life of unhealthy food choices, over-sized portions, and Type 2 Diabetes. Recently, Ronnie turned 80 years old and celebrated because he lost over 65 pounds, and reduced his diabetic medication using the Plexus weight loss products. "Plexus helped me overcome my food cravings, and has enabled me to make healthier food choices", explains Ronnie. After drinking Plexus Slim and taking one Accelerator or BOOST capsule daily for almost a year, Ronnie met his weight loss goals, feels great, has incredible energy, and has been able to reduce his blood pressure medication. "I never imagined I would feel this good when I began the Plexus program", Ronnie admitted. "The Plexus products have truly changed my life!"

Who wouldn't want more energy? By helping the body maintain healthy levels of blood glucose and insulin, people can achieve greater energy, as well as lower their risk of diabetes and other diseases significantly. Plexus Slim, Accelerator or BOOST, and BLOCK provide a natural and more complete approach to glucose & insulin management, as well as weight loss, than any other product on the market! Using Plexus products as her guide, Ms. Waygood has helped countless local residents better control diabetic symptoms, and improve their overall health.

For more information about Plexus products contact Carolyn Waygood, CNHP, at **(941) 713-3767** or email her at Carolyn@LoseWeightFL.com. You can also visit **www.WAYGOOD.MyPlexusProducts.com** or www.LoseWeightFL.com where you can learn more about Plexus products. Ms. Waygood provides ***FREE health education seminars*** to groups of all sizes, and free weight-loss and diabetes coaching to Plexus customers.

Visit with Carolyn at the Plexus Super Saturday Health Event on Nov. 15th at 3:00 PM hosted at Ancient Ways Martial Arts Academy, 3405 Cortez Road West, Bradenton, FL 34210. R.S.V.P. and receive a FREE gift upon arrival!

Try a 3-day Trial **of Plexus Slim and Accelerator or BOOST for only $11.95 on-line by visiting www.Waygood.MyPlexusProducts.com!**

Disclaimer: All information provided in this article, particularly any information relating to specific medical conditions, health care, preventive care, and healthy lifestyles, is presented for general informational purposes only. It should not be considered complete or exhaustive and does not cover all disorders or conditions or their treatment. The information provided is not intended as a substitute for the advice provided by your own physician or health care provider, and may not necessarily take your individual health situation into account. The author assumes no liability or responsibility for any errors or omissions in the content of this article. The statements regarding any products included in this article have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure or prevent any disease.

November is Epilepsy Awareness Month

What is Epilepsy?
Epilepsy is a neurological disorder that causes people to have recurrent seizures. A seizure is a brief disruption of electrical activity in the brain. Epilepsy is not contagious, not a mental illness and not mental retardation.

What Causes Epilepsy?
More than half the time, the cause is unknown. Where a cause can be determined, it is most often one of these: head injury, infections that affect the brain, stroke, brain tumor, Alzheimer's disease, or genetic factors.

Who has Epilepsy?
Approximately 3 million Americans have epilepsy, and over 200,000 cases are diagnosed in the United States each year. One in 10 people will have a seizure at some point in their lives.

Epilepsy doesn't discriminate. It affects children and adults, men and women, and people of all races, religions, ethnic backgrounds, and social classes. While epilepsy is most often diagnosed either in childhood or after the age of 65, it can occur at any age.

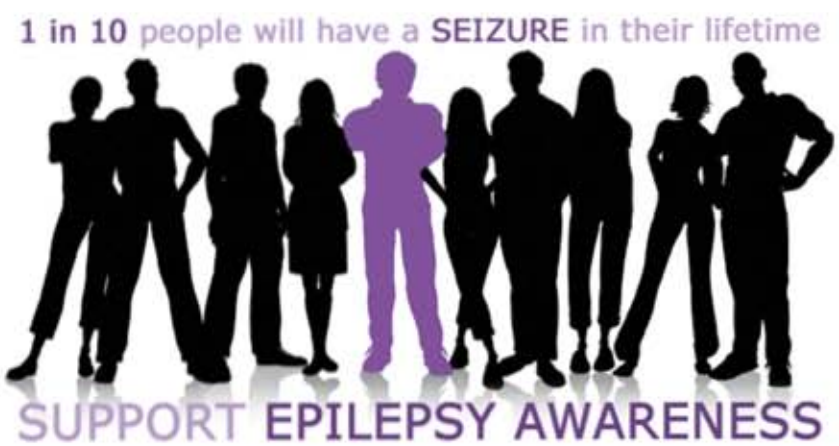
How is Epilepsy Diagnosed?
Patient history, neurological examination, blood work and other clinical tests are all important in diagnosing epilepsy. Eyewitness accounts of patients' seizures may also be important in helping the physician determine the type of seizures involved. The electroencephalograph (EEG) is the most commonly used test in diagnosing epilepsy. An EEG provides a continuous recording of electrical activity in the brain during the test. Some patterns of activity are unique to particular forms of seizures. In some situations, physicians may also use CT scans, MRIs, and Pet scans to look at the internal structure and function of the brain. These tests may help pinpoint causes of seizures.

How is Epilepsy Treated?
Medication. Most people achieve good seizure control on one or more of the variety of medications currently approved for the treatment of epilepsy.

Surgery. Several types of surgery may be used for patients whose seizures do not respond to medication. The most common are lobectomy and cortical resection. These may be used when a seizure focus can be determined and removal of all or part of the affected lobe of the brain can be performed without damage to vital functions.

Vagus Nerve Stimulation. A small pacemaker-like device is implanted in the left chest wall with a lead attached to the vagus nerve. The device is then programmed to deliver electrical stimulation to the brain at regular intervals. Up to two-thirds of patients whose seizures do not respond adequately to medication see improvement with this method.

Ketogenic Diet. Used primarily in children, this medically supervised high fat, low carbohydrate, low protein diet has been shown to benefit as many as two-thirds of the children who can maintain it.



Types of Seizures
Seizures can take many different forms, often not resembling the convulsions that most people associate with epilepsy. Common types of seizures include:

- Generalized Tonic Clinic (Grand Mal): Convulsions, muscle rigidity, jerking.
- Absence (Petit Mal): Blank stare lasting only a few seconds, sometimes accompanied by blinking or chewing motions.
- Complex Partial (Psychomotor/Temporal Lobe): Random activity where the person is out of touch with his surroundings.
- Simple Partial: Jerking in one or more parts of the body or sensory distortions that may or may not be obvious to onlookers.
- Atonic (Drop Attacks): Sudden collapse with recovery within a minute.
- Myoclonic: Sudden, brief, massive jerks involving all or part of the body.

How to Handle a Seizure
- Don't panic!
- Note time when seizure starts.
- Direct the person away from hazards or remove objects that may present a danger.
- If the person is having a convulsive seizure, turn him on his side and cushion his head.
- Remove glasses and loosen tight clothing.
- Do NOT put anything in the mouth.
- Do NOT give liquids or medication.
- Do NOT restrain.
- Remain present until the person regains conscious awareness of his surroundings.

When to Call 911
- The seizure lasts longer than 5 minutes or one seizure immediately follows another.
- The person does not resume normal breathing after the seizure ends.
- There is no medical ID and no known history of seizures.
- There is an obvious injury.
- The person is pregnant or has diabetes.
- The seizure happens in water.
- The person requests an ambulance.

An Evolving Future of Disease

By Patrick R. Handley, EMS Clinical Coordinator, Florida SouthWestern State College, Charlotte Campus

Ebola has been an extremely hot topic in the news during the last month. The media loves to sensationalize just about every hot topic that enters the forefront of our minds. Is Ebola another over-sensationalized topic? Or is there merit to the perceived concerns to this "emerging" disease? What is the chance that outbreaks will emerge in our country? What is the fatality rate of this "deadly" disease? There seems to be more questions than answers --.especially one that has been around since the 1970s, but has not really "knocked on our door" until now. Let's examine some of the facts.

The first case of Ebola occurred in 1976 in what is called the Democratic Republic of Congo, near the Ebola River, hence its name. It is currently unknown as to what the source host was, but based on current research, it is believed to have come from fruit bats in the area. There are five different strains of the virus. Four of the five strains currently exist in primate hosts, including humans, apes and monkeys. Since its emergence, there have been many outbreaks in different countries, including Gabon, South Sudan, Ivory Coast, Uganda, South Africa and Liberia.

How do we identify this disease in others? Initial symptoms of this disease present with fever, weakness, muscle pains and aches, headache, and sore throat. These symptoms are not much different from any influenza contracted currently and generally occur within eight to 10 days following exposure. The next symptoms to develop include abdominal pain, vomiting and diarrhea. Then the late signs of coughing up blood, bloody diarrhea, blood oozing from the gums, eyes, nose and ears occur late in the disease process.

Laboratory findings in blood work generally discover a low white blood cell count, a low platelet count and an increased liver enzyme count.

Transmission of Ebola occurs through direct contact with broken skin or mucosal membranes by the infected patient's blood or body fluids (i.e. - urine, saliva, sweat, feces, vomit, breast milk and semen). Contaminated needles can also be the vehicle of transmission. Given these routes of transmission, healthcare workers can best protect themselves by utilizing medical masks, goggles, gloves, gowns, safe injection practices, thorough hand washing and good general hygiene.

There is no current vaccine or medication that has been FDA-approved for the treatment of Ebola. With a

fatality rate of approximately 50 percent of all cases, it is imperative that we find a treatment. There are currently, however, two potential vaccines being worked on that are currently in the human safety testing phase. For now, treatment that produces the best survival rates are early re-hydration of fluids, electrolytes and general symptomatic treatment.

Hopefully you can derive a sound judgment on this disease based on the facts presented in this article. Despite the sensationalistic personality of our media, it would appear there is sound evidence to be concerned about this disease. High fatality rates, no medication, no vaccine and flu-like symptoms early in the disease process all add up potentially devastating results. Our best defense for now may be accurate information about the disease and keeping abreast of movements and outbreaks of Ebola. Stay informed.

Florida SouthWestern State College (FSW) OPEN HOUSE week from 3-6 p.m. on November 3, 5 and 6.

All events are free to attend and will be held at FSW's four locations. Attendees are encouraged to register online at www.FSW.edu/openhouse to ensure a quick check-in process. The dates and locations are:

November 3 – Hendry/Glades Center, 1092 E Cowboy Way, LaBelle, Building A

November 3 – Charlotte Campus, 26300 Airport Rd., Punta Gorda, Bell Tower

November 5 – Collier Campus, 7505 Grand Lely Dr., Naples, Building M

November 6 – Thomas Edison (Lee) Campus, 8099 College Pkwy., Fort Myers, Building U

Biography
Center for Disease Control website, www.cdc.gov/vhf/ebola

WebMD website, www.webmd.com/a-to-z-guides/evola-fever-virus-infection

World Health Organization website, www.who.int/mediacentre/factsheets/fs103/en/

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November is Alzheimer's Awareness Month

10 Warning Signs of Alzheimer's

According to the Alzheimer's Association's Annual Disease Facts and Figures, 5.3 million people are currently suffering from Alzheimer's. As a leading cause of death, it is more necessary than ever for sufferers to be properly diagnosed and treated for the disease as early as possible.

While in advanced cases the warning signs are obvious, by identifying them early on, your loved one can receive the maximum benefit from available treatments and Alzheimer's care. There are ten main warning signs to watch out for, which include:

1. Memory loss that disrupts daily life

One of the most common signs of Alzheimer's is memory loss, especially forgetting recently learned information. Others include forgetting important dates or events; asking for the same information over and over; increasingly needing to rely on memory aids (e.g., reminder notes or electronic devices) or family members for things they used to handle on their own.

What's a typical age-related change?
Sometimes forgetting names or appointments, but remembering them later.

2. Challenges in planning or solving problems

Some people may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills. They may have difficulty concentrating and take much longer to do things than they did before.

What's a typical age-related change?
Making occasional errors when balancing a checkbook.

Article provided by the Alzheimer's Association.

3. Difficulty completing familiar tasks at home, at work or at leisure

People with Alzheimer's often find it hard to complete daily tasks. Sometimes, people may have trouble driving to a familiar location, managing a budget at work or remembering the rules of a favorite game.

What's a typical age-related change?
Occasionally needing help to use the settings on a microwave or to record a television show.

4. Confusion with time or place

People with Alzheimer's can lose track of dates, seasons and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there.

What's a typical age-related change?
Getting confused about the day of the week but figuring it out later.

5. Trouble understanding visual images and spatial relationships

For some people, having vision problems is a sign of Alzheimer's. They may have difficulty reading, judging distance and determining color or contrast, which may cause problems with driving.

What's a typical age-related change?
Vision changes related to cataracts.

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6. New problems with words in speaking or writing

People with Alzheimer's may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue or they may repeat themselves. They may struggle with vocabulary, have problems finding the right word or call things by the wrong name (e.g., calling a "watch" a "hand-clock").

What's a typical age-related change?
Sometimes having trouble finding the right word.

7. Misplacing things and losing the ability to retrace steps

A person with Alzheimer's disease may put things in unusual places. They may lose things and be unable to go back over their steps to find them again. Sometimes, they may accuse others of stealing. This may occur more frequently over time.

What's a typical age-related change?
Misplacing things from time to time and retracing steps to find them.

8. Decreased or poor judgment

People with Alzheimer's may experience changes in judgment or decision-making. For example, they may use poor judgment when dealing with money, giving large amounts to telemarketers. They may pay less attention to grooming or keeping themselves clean.

What's a typical age-related change?
Making a bad decision once in a while.

9. Withdrawal from work or social activities

A person with Alzheimer's may start to remove themselves from hobbies, social activities, work projects or sports. They may have trouble keeping up with a favorite sports team or remembering how to complete a favorite hobby. They may also avoid being social because of the changes they have experienced.

What's a typical age-related change?
Sometimes feeling weary of work, family and social obligations.

10. Changes in mood and personality

The mood and personalities of people with Alzheimer's can change. They can become confused, suspicious, depressed, fearful or anxious. They may be easily upset at home, at work, with friends or in places where they are out of their comfort zone.

What's a typical age-related change?
Developing very specific ways of doing things and becoming irritable when a routine is disrupted.

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Canine Diabetes Awareness

By Dr John Rand, D.V.M.

Based on various population surveys, somewhere between 1 in 100 and 1 in 500 dogs will develop diabetes mellitus. Dogs most commonly develop diabetes due to an auto-immune destruction of the beta cells of the pancreas, the cells responsible for insulin production. After >90% of these cells are gone, the dog will start to show signs of diabetes. This destruction is permanent and leads to an absolute insulin deficiency. This lack of insulin is akin to Insulin Dependent Diabetes Mellitus in humans. The inability to secrete sufficient insulin following a meal results in high blood sugar.

The normal blood sugar ranges for dogs are similar to those of humans, usually around 80-120 mg/dL, Common signs of diabetes in dogs include excessive thirst and urination, increased hunger, and weight loss. Sugar spills over from the blood into the urine, predisposing diabetic animals to urinary tract infection. At the time of diagnosis, somewhere around 50% of dogs with diabetes will have an asymptomatic bladder infection that will also have to be addressed. If not already present at the time of diagnosis, cataract formation and subsequent blindness is usually inevitable, even in well-regulated dogs.

Most dogs that are diagnosed with diabetes are middle aged to older (6-9 years), but juvenile onset can rarely occur. Female dogs are three times more likely to be diabetic than male dogs. While any breed can develop diabetes, schnauzers, beagles, poodles, and German Shepherd dogs seem to have higher prevalences than most.

Treating diabetes in dogs is all about regulating as much of their day to day life as possible.

Diabetic dogs should be fed exactly the same every day; same food, same volume, same times. Diabetic diets should contain a good quality protein, low fat, and complex carbohydrates with high fiber contents for slower glucose absorption.

The food should also be selected and rationed such that the pet is at an ideal body weight. Dogs are most effectively regulated when they are neither fat nor skinny. Obese dogs often have some degree of insulin resistance, necessitating higher doses of insulin and larger blood sugar fluctuations.

While exercise can help a pet to lose weight and otherwise keep them happy and healthy, exercise in diabetic dogs must be regulated. Strenuous or prolonged exercise can drastically affect the action of the insulin you are administering.

The more regularly you can monitor your pet's blood sugar, be it at home or with your vet, the less risky the condition becomes, and the better prognosis becomes. Be sure to speak in depth with your veterinarian to know if you are doing everything you can to manage your dog appropriately. New advances and recommendations in diabetic monitoring and treatment are being made every day.

Disclaimer: No article, journal, webpage, breeder, or friend of a friend can take the place of personalized, veterinary medical advice. If you have any questions, always consult with your veterinarian.

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The Importance of Vaccinations

The debate over vaccines has caused a bit of a firestorm lately. The controversy usually revolves around the safety of use in infants or children. Lately, however, adults and seniors have been thrust into this debate as well. It seems that everyone has an opinion on the matter without much, or any, research. Vaccines have a significant and interesting past, as well as a promising future. To understand their true benefit, you should be knowledgeable of both sides of the vaccine debate.

Why do some question Vaccinations?

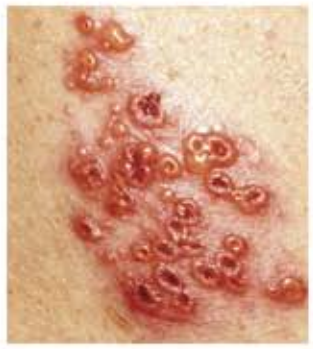
A few years back, a British physician named Andrew Wakefield started what is now commonly called the "vaccine debate". While observing a dozen children that were in treatment for a bowel disease, he realized half of them were autistic and that all of those had the MMR vaccine (measles, mumps, and rubella vaccine). He drew the conclusion, strictly from this one observation, that the vaccine is what caused the autism. For parents of children with autism, this was difficult to hear. Thus, the suspicion of vaccines was created. Even after the Institute of Medicine declared through many studies and research that the MMR vaccine did not cause autism, the speculation remained. Parents are advised to speak with their physicians and become educated on the pros and cons of getting their children vaccinated. Only facts will help you decide what is best for your child.

How have Vaccinations shown their worth?

Back in the early 1950's, Polio was a terrifying epidemic. It was one of the worst outbreaks in United States history. There were over 3,000 deaths in 1952 alone and that number was only growing. Shortly after the peak of Polio, there was finally a vaccine perfected to eradicate the disease. The last known case of Polio in the United States was back in 1979. Without the vaccine, hundreds of thousands, even millions more would have been affected by the crippling disease. In those days there were no questions whether it was safe to be vaccinated or not; the fear of Polio eliminated any hesitation by parents to vaccinate their children. Those vaccines proved to do exactly what they were designed to do, prevent further polio outbreaks.

Does my Age affect which Vaccinations I should get?

As we grow older we tend to put many things behind us, some good and some bad. There is a notion that getting shots is for the younger generation. Some believe getting older means being less susceptible to diseases, when in fact it is just the opposite. There are certain diseases that seniors are actually more prone to; such as Shingles, Pneumococcal Diseases, and Influenza.



• **Shingles** is actually caused by the same virus that creates Chicken Pox. Shingles is a painful rash that triggers water blisters on top of the epidermis layer of the skin. Outbreaks from this disease can last a few months or even years. Immunization for shingles is recommended for people 60-years-old or older. Receiving the vaccine for Shingles has been shown to cut the percentage of occurrence by 50%.

• **Meningitis, Pneumonia, and Bacteremia** are all classified in the Pneumococcal Disease category. All can be very serious, and even deadly, to the elderly. PPSV (Pneumococcal Polysaccharide Vaccine) protects against 23 types of pneumococcal bacteria. This vaccination is recommended for all adults 65-years-old or older. It has a success rate against Pneumococcal Diseases of 60-80%.

• **Influenza,** or the *flu*, has also been a problem for the elderly. Getting the flu at an older age, when the immune system is not as strong, means it may last longer and have a more harmful impact. Flu Shots do not truly start to work until a few weeks from the time of immunization, when it becomes fully developed in the body. The Flu shot should be taken a few weeks, to a month, before National Flu Season, which occurs in November.

While there are always two sides to every topic, we have some of the most credible and educated physicians right here in Southwest Florida. Contact your local physician to learn your options and understand the facts about certain vaccinations. Receiving vaccines can protect you or a loved one from numerous complications.

Banyan Assisted Living wants you to be knowledgeable about vaccinations and their importance to the elderly. They are devoted to bringing the elderly a healthy, happy, quality lifestyle. For more questions regarding their upscale senior living community call (941) 412-4748. They are located near the Gulf of Mexico at 100 Base Avenue East, Venice, FL 34285.

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- Custom Shuttle Bus
- Koi Fish & Duck Pond
- Butterfly Garden
- Special Events: Annual Red Carpet Fashion Show

When One Glass of Wine is Not Enough

How Do You Know if You Have a Drinking Problem?

By Lynn Schneider, Park Royal Hospital

The development of a drinking problem is rarely an intended goal for a person; nor is it something that creeps up on an individual overnight. Many people will have a glass of wine with a meal or enjoy a cocktail or two in social situations. However, some people take the consumption of alcohol to another level and eventually find themselves in a situation wherein functioning seems impossible without a drink in hand. When this is the case, a person is most likely suffering from an alcohol addiction. But why and how does this happen? What does this type of addiction do to a person's health? And lastly, what can be done to help individuals who are battling an alcohol addiction?

Extensive research on addiction has concluded that there are certain risk factors that can make a person vulnerable to the development of a drinking problem. Having a family history of substance abuse or addiction, personally struggling with a mental health condition, lacking appropriate coping skills, and being in environments or situations in which stress is prevalent are examples of such risk factors. When these risk factors are a part of a person's life, there is an increased likelihood that alcohol will be abused. The Centers for Disease Control and Prevention (CDC) estimates that 38 million Americans report drinking too much. Of that number, it is speculated that 17 million people in the United States struggle with an alcohol abuse problem. Many, if not all, of these individuals were vulnerable to alcohol abuse due to the aforementioned risk factors.

Another important bit of information to know is that the development of an alcohol abuse problem is not solely reliant on just risk factors. The reasons why a person drinks can increase a person's likelihood for developing an alcohol abuse problem as well. When an individual drinks to cope with stress or uses alcohol as a way to escape or avoid unpleasant feelings and/or emotions, the probability of a drinking problem is higher. Additionally, those with a drinking problem will drink for these reasons and continue abusing alcohol despite consequences that occur. Examples of such consequences that can happen when drinking alcohol becomes the center of a person's world can include academic failure, loss of employment, demise of relationships, and interaction with the legal system.

Additionally, those with a drinking problem may experience withdrawal symptoms when not under the influence of alcohol. These symptoms can include shakiness, increased anxiety, rapid heartbeat, fever, and, in some cases, seizures. These symptoms can be life-threatening and require medical attention in many cases. Furthermore, problem drinking can render the following risks to a person's health if the abuse of alcohol is long-term:

- Increased risk for alcoholism – physical dependence on alcohol
- The development of cirrhosis of the liver
- Vital organ damage
- The development of certain types of cancer
- Compromised immune system
- Increased chance for heart disease
- Irreversible brain damage

Death is another potential risk that is probable for a person with a drinking problem. In fact, statistics have concluded that nearly 90,000 Americans die each year due to alcohol-related causes, making it the third leading cause of preventable death in this country.

239-985-2760
www.parkroyalhospital.com

If you feel that your drinking has spiraled out of control to the point where you are experiencing adverse effects in your life and withdrawal symptoms or have been told by a medical professional that you are experiencing the health risks associated with an alcohol addiction, there is help available that can free you from the grips of alcohol addiction.

Park Royal Hospital, a leading provider of mental health and chemical dependency treatment, offers effective and comprehensive care for adults and seniors who are battling addiction and other mental health concerns. Our detox services are monitored by experienced medical staff, who diligently work to minimize the risk and pain of withdrawal. Psychiatrists are available to supervise medication if it is deemed necessary for mental health treatment, and compassionate mental health professionals provide ongoing support for the duration of each patient's stay at our hospital. Because of these elements, Park Royal is where individuals battling addiction and mental illness can achieve true healing and recovery. Our holistic approach to treatment and varying treatment modalities, which are woven into all of our programs, have ultimately produced countless success stories for many people.

If you or a loved one would like to take that first step towards recovering from alcohol addiction, contact Park Royal to discuss treatment options. The phone line 239-985-2760 is answered 24 hours a day, 7 days a week.

ABC's of MEDICARE!

Answers to help you make the right decisions.

The annual election period runs from October 15 through December 7. During this time, those on Medicare have to make decisions and select options that will affect their health and financial wellbeing.

In the weeks leading up to October, Medicare beneficiaries will receive between five and ten pounds of printed materials, all containing information about Medicare benefits and options. Most of this unsolicited mail is required by the Center on Medicare and Medicaid Services (CMS), to inform beneficiaries of any changes to the plans they currently have and to reinforce the basic benefits of original, or standard, Medicare.

Medicare does not lend itself to simple explanation. With the influx of information pouring in, many people become overwhelmed and can get easily confused when it comes to making decisions about Medicare and supplement coverage.

Medicare does not lend itself to simple explanation. Like all health insurance coverage, little appears to be in black or white, with gray areas dominating specific landscape. Sifting and sorting through all of the Medicare paperwork is a daunting task, most people simply want to know where they can easily find answers to their specific questions and concerns about their coverage.

The best place to start is at the beginning, which is original Medicare, often referred to as standard Medicare. Original Medicare consists of two parts, A and B, both of which carry annual deductible amounts that the patient must meet before Medicare coverage begins.

Part A covers services of medical entities: hospitals, skilled nursing care facilities, home health care and hospice care treatment. Part A does not have a cost for those that have worked over 40 quarters and contributed into the fund.

Part B is optional but it non-institution expenses, like doctor office visits, inoculations, medical tests and other outpatient services. This optional coverage currently costs $104.90 per month, unless your income exceeds $85,000. For those receiving monthly Social Security payments, the government will deduct this premium for you.

Generally, original Medicare will pay 80% of the approved medical bills, leaving the beneficiary to pay the balance out of pocket. This is where the need to make informed decisions begins. And this is where the typical beneficiary needs assistance to sort through the stack of printed material on the kitchen table.

There are currently three different choices for Medicare recipients:

1. A popular choice is to do nothing or add an Rx plan, called Part D, to reduce the cost of prescription drugs. Part D coverage can be a wonderful benefit for seniors who must continue a regimen of expensive medications on a regular basis.

2. Another is to enroll in a supplement plan. Supplement plans are offered by independent insurance companies and regulated by CMS. Supplements are identified by alphabet codes (A, B, C, H, K, L, N, etc., etc.) adding to the confusion. Each letter defines what the plan pays for and how much the beneficiary is responsible for. For example, all Plan F supplements cover the balance that original parts A & B do not cover, no matter which insurance company offers it. However, regardless of which insurer offers a supplement, all pans with the same alphabetic designation are the same in benefits although they may not be priced the same. This is an area where a trusted, unbiased advisor can offer great assistance.

3. A third choice, rapidly gaining in popularity is Part C, or Medicare Advantage Plan. These plans, offered by independent insurers under CMS regulation, most times offer a combination of Parts A, B and D. The advantage plans offer a lower cost of reducing the medical expenses because CMS pays a major part of the premium to the private insurer. Part C enrollment is increasing because it effectively replaces Parts A and B and it contains additional services like dental and vision as well.

Here is just one example of how a Part C plan helped a particular client save substantial out of pocket expenses. This person was hospitalized for over 30 days, the bill was over $600,000 but after his Advantage Plan benefits, he was personally responsible for less than $3,000 and he has no monthly premium.

If you or a loved one have any questions about the different parts of Medicare and their costs, please don't hesitate to speak up and ask questions. As you can see, from the above example, the right decision can affect both health and wellbeing for years to come.

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Circumstances for Updating Estate Plans

By Steven J. Gibbs, Esq.

Hello Friends & Colleagues!

I was recently chatting with a colleague who is an outstanding divorce attorney about the "revocation" of a revocable living trust following a divorce. This reminded me of the different life changes that occur and and how they require changes to your estate plan?

By "estate plan" I am talking about your estate planning documents such as your wills, durable powers of attorney, advance medical directives and guardianship documents. You may also have a revocable living trust as part of your plan and this is atop the list of documents that may need to be updated due to changes in circumstances.

So below are the 10 most common circumstances which are not in any order of importance and which to my knowledge most often give rise to updating your estate planning documents.

1. Divorce

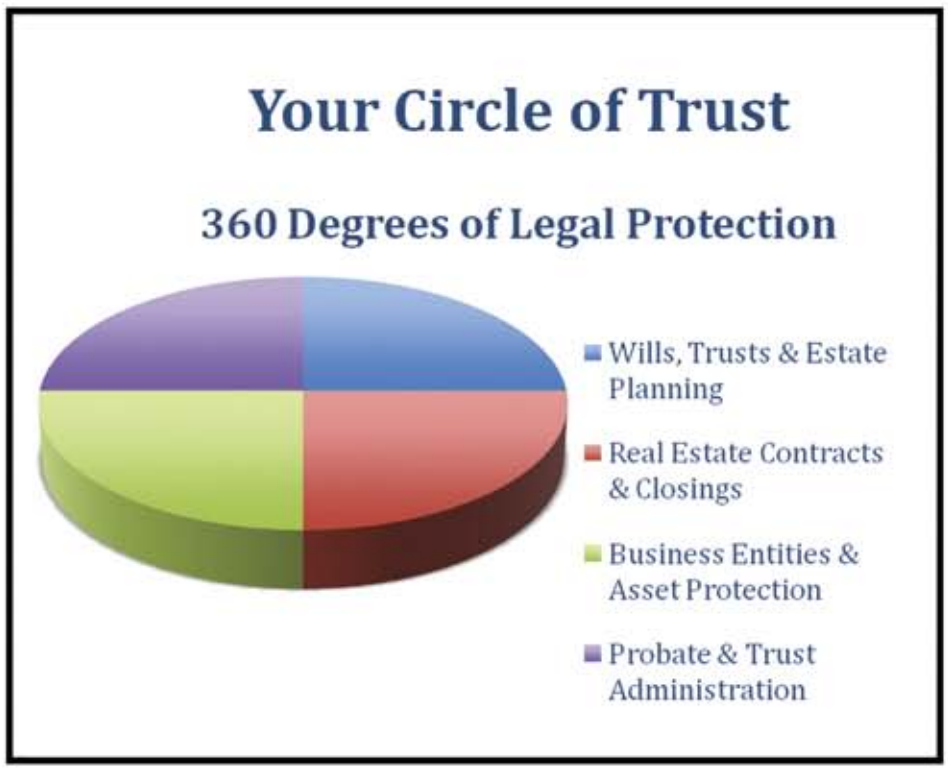
In the event of divorce, a new revocable living trust is needed due to substantial changes in the estate plan. The updated plan must recognize the changes in the estate assets as well as changes in the beneficiaries upon death and the change may require removal of the former spouse's beneficiaries. Also, a change in your fiduciary appointees is also often necessary due to the former spouse's role in the estate.

2. Death of Disability of One Spouse

Often times an additional successor trustee due to the inability of the spouse to serve as successor trustee or to accommodate a change in distributions upon the surviving spouse's death. Often distributions that have been made due to the first spouse's death so future distributions would not include those same beneficiaries.

3. Birth or Adoption of Children or Other Dependents

New children tend to arrive on the scene and the documents should generally be updated to reflect this joyful change in either natural birth or adoption situations. Changes can also become an issue in the cases where grandchildren have been adopted directly by grandparents due to the adult child's inability to care for their children. Similarly, if there is a new adult dependent such as an elderly parent who merits consideration in the plan, the revocable trust may need to be updated to accommodate their care.



Steven Gibbs founded the Gibbs Law Office in January 2009, committed to providing client-centered legal services.

Steve as he would rather be called, is not your typical attorney. If you appreciate the staunch egotistical mannerism of most firms, you will be delighted with Steve's unpretentious approach to educating and then assisting his client. Instead of giving you his complacent and lofty ideas, he would rather pursue your expectations with professional conversation about resolving your concerns under the Law. It's your life and it's his job to make your legal expectations come true while using years of his guidance and knowledge.

Steve was admitted to the Minnesota Bar in 1999, the Florida Bar in 2007 and was recently admitted to the California bar. Keeping abreast of law changes in these three States, as well as the United States, assists him in all aspects of the types of law the firm practices.

Along his career path, he was an associate attorney for an insurance defense law firm; an in-house real estate negotiator for Target Corporation; and corporate counsel for Civix, LLC and Vice President for North American Properties where he was responsible for various real estate transactions, including legal issues and negotiating unresolved business issues. Prior to opening Gibbs Law Office, PLLC, he was an associate with the firm of Roberts & Engvalson, P.A. where he gained his knowledge of trusts, estate planing and Wills. He opened his own firm in 2008 and now focuses on laws that will enrich the needs of his clients throughout their lives and those of their children. The firm has developed a practice dealing only with Trusts and Estate Planning, Wills, Medicaid Planning, Elder Law, Real Estate, Business Law and Probate.

Quoting from Steve "I decided to practice in areas that families will need as they progress down life's path. To help them with a solid foundation that will carry them throughout there lives is a rewarding experience for me and my staff."

4. Relocation to a New Home State of Residence

For a new Florida resident, it is important to realize that the old estate planning documents may at best be difficult to interpret in and enforce under Florida law. At worst, old documents may be simply unenforceable where there are attestation problems and/or witnesses cannot be located. Forms like Durable Powers of Attorney are subject to unique state laws and should be reviewed for compliance with Florida law and in any event these documents should be updated regularly.

5. Adult Child Facing Addiction or Perilous Financial Circumstances

If an adult child would be harmed due to receiving an outright sum of money because of their personal life circumstances, there are trust options that can be adopted to protect that sum of money by holding it in trust for their benefit.

6. Changes in Your Financial Circumstances

If you win the lottery or receive an inheritance, your old estate plan may be rendered obsolete. Substantial estate tax planning will need to be looked at to avoid a financial disaster. If you've recently suffered financially, a simplified plan with new fiduciaries may be in order.

7. Changes in Asset Holdings or New Business or Investments

If you've started a new business venture, there will be numerous succession planning concerns that must be addressed such as who is authorized to sell or continue the business. Another common update is to assure that your company shares have been transferred to your revocable trust.

8. Death or Disability of a Fiduciary Appointee

If your old trustee or power of attorney is no longer able to serve, this change must be made to your estate plan or your plan will not work.

9. Pet Adoption

Many retirees with empty nests now have a household that includes a lovable pet. There are trust options available to make sure your little friend is well cared for and this may necessitate changes to your current plan.

10. Charitable Intentions

Your charitable organization of choice would need to be specifically added to your plan and it is important make this clear for all parties concerned.

Suffice to say, life changes of any nature often necessitate updates to your estate plan and it is advisable to explore what is needed at each pivotal stage of life.

As always friends, please contact us with any questions. I hope this is helpful.

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Thanksgiving Meal Makeover:
Small Tips for a Healthier Holiday

Thanksgiving is a holiday dedicated to give gratitude to the things that matter most – good health, friends, family & faith. The Thanksgiving table symbolizes all of this, as we show our love through what else, but food. A vast collection of dishes makes up this anticipated feast: green bean casserole, turkey smothered in gravy, stuffing and mashed potatoes to name a few.

Unfortunately, overeating on Thanksgiving is the norm for many. What's more, this feast marks the beginning of a downhill food battle for the rest of the holiday season.

As we well know, overeating inevitably leads to weight gain for many. But what many people don't realize is that regularly overindulging -- especially on sweets and simple carbs -- also can usher in a host of other ailments, from heart disease to type-2 diabetes to cancer.

The following tips will help you avoid overeating on Thanksgiving and through the holiday season:

1. Don't Forget Breakfast

One of the easiest things to do is overindulge when you're hungry. So don't starve all day to "save up" space for the Thanksgiving meal. Instead, have a little bit of protein (say, a hard-boiled egg) and some high-quality carbs (say, a few celery sticks) before your family's gathering. That'll help you from pigging out.

2. Dine on Smaller Plates

When it comes to Thanksgiving, or any other holidays, for that matter, small is better. Smaller plates = less room for food = less overeating. Cover your plate with food and still trick your brain into feeling like you are eating more. This simple switch can save you from consuming up to half the calories you would have with a larger plate.

3. Protein Comes First

When you begin your Thanksgiving meal, always have protein first. Then go for the vegetables. Hold off on carbs until last. The protein will help slow down the absorption of the carbs and will fill you up more quickly.

4. Personalize Your Smorgasbord

Chances are there will be some foods at the table that you've waited all day to try and others you didn't even know where being made. Choose the foods you love and pass on those you could do without. Instead of mounds of food, have a little bit of everything so you can still try all you want, without feeling stuffed like the turkey in front of you.

5. Put Your Fork Down

When you eat your meal, put your fork down after every bite you take. Then chew each bite at least 10 times. The slower you eat, the less you will eat before feeling full, and the more you will actually taste the food.

6. Keep Close Track

Make a promise to a friend or loved one to write down every single bite that you consume on Thanksgiving. The idea of having to share your food list with someone else is quite intimidating, and just keeping a what-I-ate-at-Thanksgiving list can prevent pigging out.

7. Hit the Road

Rather than hitting the couch, encourage others to get up and go. Head outdoors for a brisk walk once the meal is over. Being active, even for 15 minutes, will give your metabolism a jolt.

Spiritual Wellness

Henry

By Alex Anderson
Senior Associate Pastor at Bayside Community Church

Henry killed people…for a living. Oh, it was perfectly legal. He worked for the government. His specially trained unit could get in and out almost without a sound. No weapons fired and no sensational acrobatics or choreographed Kung Fu moves, just the silent taking of another human being's life.

Another human being's life! Sounds non-personal… like a video game or Bruce Willis movie.

Henry was 63 years old when I met him. He was an electrical engineer. We had business to do together. He was doing a load calculation for a 3-Phase electrical panel installation. I met him at the docks of the harbor where he kept his boat, which doubled as his home and office. Henry lived alone. I had many meetings with Henry, but one in particular was different.

I liked Henry. He was humble, soft spoken and a very good engineer. I never had an issue with his work. That day we hung out and talked a little longer than usual, not about the project, but about life in general. I noticed that I never saw Henry with anyone except those he worked with; contractors, vendors, engineers and other project managers like myself. He told me he once had been married but that didn't work out and he had no children.

What broke my heart for Henry was that he seemed to be "completely" alone…except for his big red Irish Setter...Fred. With a concerned tone, I asked, "Did you have a church family?" Henry looked at me, grinned and said, "I'm not much on God." I told him I wasn't trying to pry. I was just wondering if he had a community of caring folks in his life. I was just about to invite him to my church when I heard these words fall from his lips like a judge pounding a gavel in a courtroom, "Naw…God wouldn't have the likes of me in a million years." To which I asked, "Why would you say that Henry?"

That's when Henry proceeded to tell me of his "past life" and retirement from "Government work" using his fingers to create quote marks in the air. I learned that he had been a Navy Seal and then later in some unnamed intelligence branch of the government. His words were not laced with arrogance or bravery, but with a distinct sense of regret and sadness.

He admitted to being an adrenaline junkie in his younger years, which drove him to achieve black belts from multiple disciplines as well as learn proficiency with many types of weapons. Even now in his sixties, once a year he would head to some place close to Brownsville, Texas and go wild boar hunting with some "Old Timers" as he called them. Their only weapon would be…a knife.

Henry was a true patriot and loved serving his country, but his heart was deeply troubled with all the lives he had taken, both young and old. He was also deeply concerned about what God thought about all the "Human Blood" on his hands, to use his words.

Like many, Henry thought God's love and acceptance was a condition of how good or bad he had lived his life. Henry believed a well known…lie, about God.

I spent the better part of that afternoon sharing with Henry how much God loved him and all of mankind. How God had proven it by sending his Son Jesus to get that message across to us, both in His life and His death.

I shared the very well read story that is unfortunately misunderstood and inappropriately named, "The Prodigal Son" (Luke 15:11-32 NIV). The story is not about the sins of the sons, but about an amazing father who represents God, and whose love knows no bounds and whose grace knows no end.

The story, as I shared it with Henry, is not about the actions of the two sons, but about the heart and actions of the father. Most people get caught up in either the younger son's issue; believing he is not good enough anymore to be his father's son (due to wasting his inheritance)…or…the older son who believes his father owes him something because he has served his father his whole life without asking for anything.

The story is about the father's unconditional love…that's it.

We can never be "good enough" for God anyway…so why try. Just settle into the love he already provides. I know it may take a bit to get comfortable being loved without "strings" attached, but give it a try. Just tell God you accept His unconditional love and see how He responds.

He won't bite, I promise, and who knows, you might even like it.

And remember to Be Life-Giving,

Alex Anderson

Alex Anderson

To read other life-giving articles by Pastor Alex, go to http://belifegiving.blogspot.com/.

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