

2018



MEDICAL JOURNAL

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important reminders to listen to your heart!*

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MEET OUR STAFF

Regional Advertising Director

Cindy Stevens
Kennebec Journal/Morning Sentinel
 Phone: 861-9125
Email: cstevens@mainetoday.com

Business Development Manager

Bridget Campbell
Kennebec Journal/Morning Sentinel
 Phone: 861-9155
Email: bcampbell@mainetoday.com

Advertising Sales Team

Marise Anagnost	David Pierce
Chuck Barnes	Crystal Jacques
Bethany Dorian	Ron Robbins
Amanda Guilford	Lisa Schkrioba
Carla McGuire	

Advertising Creative Team

Jake Laws	Dawn Tantum
Karen Paradis	Alicia Tuttle
Debbie Fuller, Profiles Coordinator	

Contributors

Darla Pickett, Content Editor

Tina Chapman	Pat McKenzie
Kate Cone	Nancy McGinnis
Wanda Curtis	Darla Pickett
Jeffrey Davila, MD	Jessilin Quint
Nancy Gallagher	Valerie Tucker
Terri Hibbard	Brett VanCott
Elizabeth Keane	Susan Varney

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 at 861-9155 or (800) 537-5508, Ext. 9155.

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Researching the human microbiome

BY NANCY GALLAGHER
Correspondent

Mother Nature has a way of saying “I told you so.” For more than three centuries, researchers have discovered over and over that a little early exposure to dirt and germs teaches the body’s immune system how to react appropriately. Current research continues to unearth specific examples of how the “good” germs help, and what can happen when they are unavailable at critical periods of development.

The Oxford Dictionary defines a microbiome as “the microorganisms in a particular environment, including the body or a part of the body.”

The undiscovered secrets of the human microbiome continue to stimulate wide-ranging research.

The Human Microbiome Project initiated detailed analyses of the human microbiome in 2007. The Project seeks insights into the causes of asthma and allergy for purposes of developing strategies to prevent and treat these diseases, according to a 2015 article in *Allergy Asthma & Clinical Immunology (AACI)*. “Increasing evidence suggests that the compositions of the lung and gut microbiomes determine the risk of asthma and allergies.”

Baby’s first bugs

“Research indicates that cesarean deliveries and limited breast-feeding can distort the population of microorganisms in a baby’s gut and may explain the unchecked rise of worrisome health problems in children and adults, including asthma, allergies, celiac disease, Type 1 diabetes and obesity. These conditions, among others, are more likely to occur when an infant’s gut has been inadequately populated by health-promoting bacteria,” writes Jane Brody in *Personal Health*. “A Danish study of two million children born between 1977 and 2012 found that those born by cesarean delivery were significantly more likely than those born vaginally to develop asthma, systemic connective tissue disorders, juvenile arthritis, inflammatory bowel disease, immune deficiencies and leukemia.”

Pediatric gastroenterologist Dr. Suchitra Hourigan says that “at the moment, breast-feeding is the best and safest way to expose babies born by cesarean to their mother’s bacteria,” to minimize future health issues caused by a lack of protective maternal bacteria.

But wait – there’s more

Rapid modern lifestyle and environmental transitions point to the likely causes of changes in the human gut microbiome that influence the physiological and immunological processes of human health.

“We’re talking about a number of factors, not just one. It’s the diet, sanitation, antibiotic use, parasites, and more,” said Marsha Wills-Karp, Chair of Environmental Health and Engineering at Johns Hopkins Bloomberg School of Public Health. Rather than targeting environmental factors, researchers hope to, at some point, identify which regulatory pathways train the immune

system. “If we could find common pathways, we could adopt drugs or probiotics to activate (those pathways) to condition the immune system properly in early life.”

The rise of superbugs such as C-difficile seems to parallel the rise of

antibiotic usage. C-difficile colitis, an inflammation of the colon, often follows antibiotic usage and stubbornly resists successful treatment. One effective treatment uses fecal transplants (stool donated and screened for use by others) to eradicate life-threatening cases of C-difficile, said Ann Dorney M.D. of Skowhegan Family Medicine.

Recent research examines the human microbiome with regard to its impact on colon cancer as well. A timely study published in the journal *Science* describes what may be an unexpected and heretofore undiscovered cause of colon cancer: gut bacteria may alter the body’s immune system.

Focusing on the earliest stages of the disease, researchers discovered that two types of bacteria, *Bacteroides fragilis* and a strain of *E. coli*, can pierce the colon’s mucosal lining and colonize the intestinal lining with a long thin film of microbes. Both bacteria then release separate toxins, damaging DNA and inflaming cells to enhance tumor growth.

“I can’t guarantee you these bacteria will be the holy grail of colon cancer, but they should be

“Early exposure to a diverse range of ‘friendly’ microbes — not infectious pathogens — is necessary to train the human immune system to react appropriately to stimuli.”

PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCE

high on the list,” says University of Florida Professor of Medicine Christian Jobin. Perhaps, in the future, persons at high risk for colon cancer may be vaccinated against at least one of the strains.

It’s a balancing act

So what can individuals do to optimize the health of their microbiomes in an age of demonstrable evidence for both the judicious use of antibiotics and the wisdom of exposure to some bacteria, viruses and parasites?

For one, using probiotics (viable microorganisms enhancing the host’s health) following a course

of antibiotics can reduce the incidence of antibiotic-related diarrhea, said Dorney. While optimal dosages and which among them remain unanswered questions, “future probiotic supplements are likely to contain a wide range of microbes that can have long-term beneficial effects on the immune system,” according to the World Allergy Organization. Going forward, trials of probiotics will need to focus on specific strains of probiotic bacteria, and include longer follow-up.

Some general recommendations for maintaining good health also benefit the microbiome: exercise and spending time outdoors. Incorporating fermented foods such as sauerkraut, kimchee, kefir and yogurt into one’s diet also helps, said Dorney. And maybe “trying to encourage the good bacteria” by playing with a pet or gardening without gloves.

Research into the rise of allergies and autoimmune diseases continues apace.

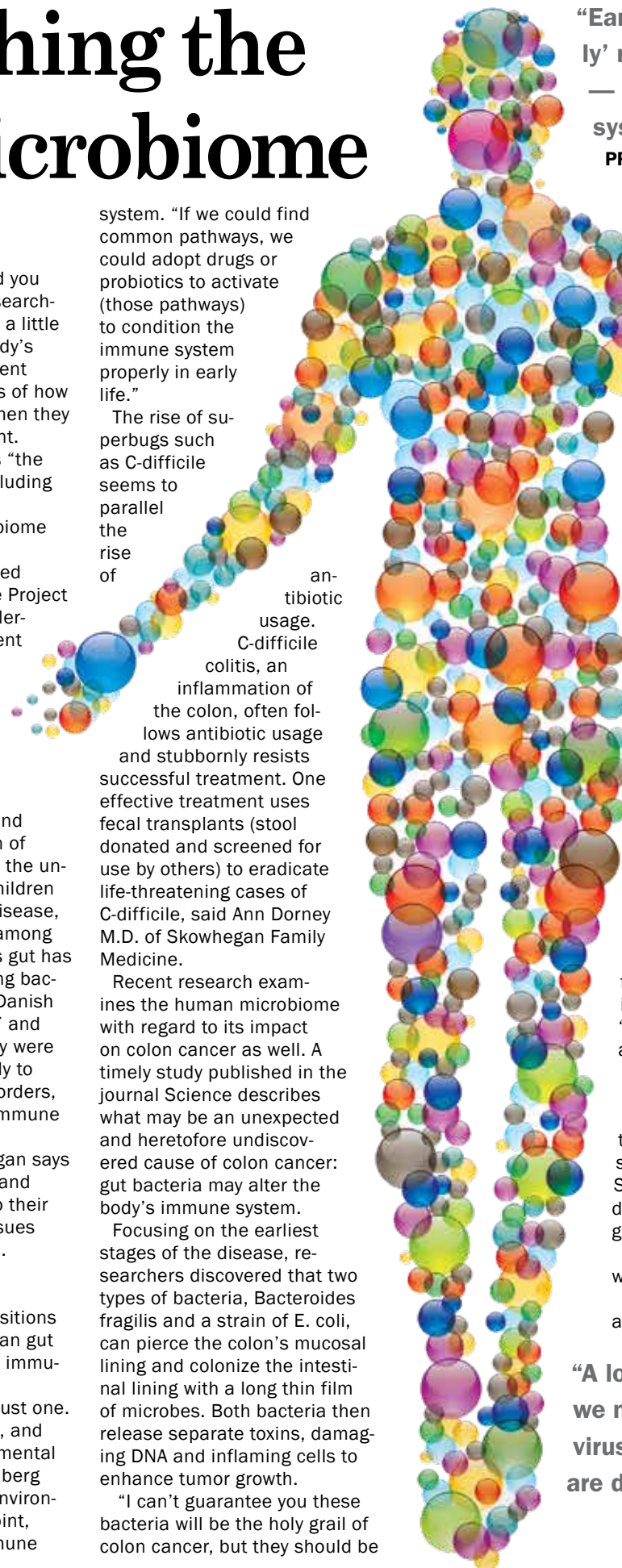
“A lot of germs are very helpful for us and we need to encourage the good bacteria and viruses as well as stay away from things that are dangerous,” Dorney said. She urges a change of attitude when thinking about disease, and stresses the importance of maintaining a good microbiome.

“We don’t know exactly what that means yet, but we’re learning more and more.”

Ann Dorney, M. D. may be contacted at her email address: anndorney@gmail.com.

“A lot of germs are very helpful for us and we need to encourage the good bacteria and viruses as well as stay away from things that are dangerous.”

ANN DORNEY M.D.
SKOWHEGAN FAMILY MEDICINE



Preterm birth rate is soaring upward

BY WANDA CURTIS
Correspondent

One of America's most serious public health issues today is preterm birth.

After skyrocketing for many years and peaking at 12.8 percent in 2008, America's preterm birth rate began to decline. However, the Federal Centers for Disease Control and Prevention (CDC) statistics show that it began climbing upward again in 2015. America has the highest preterm birth rate of any industrialized nation in the world. One in every 10 babies in America is born preterm, before 37 weeks.

Maine's preterm birth rate, which had also declined, has increased during the past few years as well. One in every 12 babies in Maine is born preterm. Maine reported the second highest increase in the nation in their preterm birth rate between 1992 and 2002. The preterm birth rate in this state increased 35 percent during that time period. The exact cause of that dramatic increase has yet to be discovered.

Huge surge of preterm births

In testimony before a U.S. Senate subcommittee several years ago, federal CDC official Dr. Eve Lackritz described America's huge surge of preterm births as an "epidemic." She reported that preterm birth is "one of the most devastating health issues facing women, infants, and families today." She said that it should be a public health priority.

"Preterm labor is the leading cause of hospitalization among pregnant women," said Lackritz. "Preterm delivery is the second leading cause of death among infants, second only to deaths from severe birth defects. We have very few health threats of this magnitude, and this health threat goes well beyond the burden of infant mortality."

Preterm babies require special care

MaineGeneral Medical Center's pediatric hospitalist Dr. Clota Snow recently said that the longer a baby is inside the womb, the more mature and ready it is to be born.

"Babies born after about 23 weeks of pregnancy can survive outside of their mother, however, the youngest and smallest babies need very intensive medical care and some do not survive despite this," she said. "Those that do survive usually have long stays in a NICU (neonatal intensive care unit) or

"Preterm delivery is the second leading cause of death among infants, second only to deaths from severe birth defects. We have very few health threats of this magnitude, and this health threat goes well beyond the burden of infant mortality."

DR. EVE LACKRITZ, FORMER FEDERAL CDC OFFICIAL



Contributed photo

Adalyn, who was born preterm at 24 weeks pictured above, is now a happy, healthy 5-year-old kindergarten student.

special care nursery and are at risk for many long-term health complications."

Snow said that complications from preterm birth can include breathing problems, chronic lung disease, cerebral palsy, intellectual and learning disabilities, visual impairment, hearing loss, intestinal problems and feeding difficulties. According to Snow, there have been many improvements in the care of preterm infants during the last few decades that have increased survival rates at younger ages and improved the ability of preterm babies to do well. Medications that help the lungs mature faster and function better, less-invasive approaches to help babies breathe and promoting the use of breast milk and optimizing nutrition have all contributed to the ability of preterm babies to survive and do well, she said.

"Many babies who are born prematurely can now go on to have relatively healthy lives," said Snow. "Despite

this, it is always best to have a pregnancy go as close to the due date as possible, as long as it is safe to do so, to optimize a baby's chance at health."

Snow said that babies born between 34 and 37 weeks are referred to as "late preterm," and generally have fewer complications than babies born earlier. However, she said, many do still require special care and stay in the hospital longer than a full-term baby.

Diane Allen, a nurse at MaineGeneral Medical Center, said that newborns at 34 weeks gestation and older are treated at the hospital as long as the newborns don't have medical issues that require the services of specialists found only at Maine Level III neonatal intensive care at Maine Medical Center (MMC) and Eastern Maine Medical Center (EMMC).

"We have a special care nursery where the newborn can receive respiratory support as needed, and close

monitoring with specialized equipment and specially trained nurses," said Allen. "We have pediatricians (pediatric hospitalists) available on the unit 24/7 providing high quality care."

Allen explained that MaineGeneral Medical Center also takes babies back from MMC and EMMC after they've developed enough and care for them until they're big enough to go home.

She said that specially trained physical and occupational therapists also provide care for the babies once the babies are stable.

"We encourage parents' involvement in care for all of our babies and when the Mom is no longer a patient herself, we make arrangements for the parents to stay with us and continue to care for their baby," Allen said.

If a woman goes into preterm labor before 34 weeks gestation, Allen said

More PRETERM, PAGE 7

Preterm

CONTINUED FROM PAGE 6

that their providers would attempt to stop the labor with medication and give the mother steroid shots to help mature the baby's lungs faster.

"They may consult providers at a tertiary center (like MMC or EMMC) depending on the mother's condition. If the labor does not stop and the mother is stable and delivery does not appear imminent, our providers arrange for transfer via ambulance of the mother and her undelivered baby to MMC or EMMC," said Allen. "At least one of our nurses accompanies the mother on the transport."

If delivery is imminent, Allen said that they call their pediatric hospitalist and her team prepares for care of the newborn after the delivery until MMC or EMMC personnel arrive to take over care and transport the newborn to their facility.

What causes preterm birth?

Although the cause of many preterm births is unknown, some risk factors have been identified. The Centers for Disease Control and Prevention said risk factors for preterm birth include abnormalities of the uterus and/or cervix, carrying multiple fetuses at the same time, certain infections during pregnancy, chronic health problems such as diabetes, hypertension and clotting disorders. Also, smoking or alcohol use, illicit drug use during pregnancy, exposure to secondhand smoke, working long shifts with long hours of standing, stress, lack of prenatal care, and a history of previous preterm births.

Chief of Women's Health at Inland Bill Bradfield, MD said that women who've had a previous spontaneous preterm birth have a 15-30 percent chance of a recurrent spontaneous preterm birth and women with two previous spontaneous preterm births have up to a 60 percent chance of recurrent spontaneous preterm birth. He said those risks are lowered when there's an intervening full-term birth.

"For women who have a history of previous spontaneous preterm birth we now use weekly progesterone injections between 16 and 36 weeks," Bradfield said.

While there are many known risk factors for preterm birth, Bradfield reported that "two thirds of preterm deliveries happen to women with no known risk factors."

Bradfield stressed that prevention is important. He said there are many



**NURSE DIANE ALLEN
MAINEGENERAL HEALTH**



**CNM - ANGELA RIPLEY
MAINEGENERAL HEALTH**



**CLOTA SNOW, MD
MAINEGENERAL HEALTH**

things expectant mothers can do to reduce their risk of having a preterm birth such as smoking cessation, avoiding the use of alcohol and illicit drugs during pregnancy, maintaining a healthy weight, having good nutrition, making sure that hypertension and diabetes are well managed and getting adequate prenatal care.

Bradfield advises that women should contact their health care provider and get checked if they experience more than one contraction every 10 minutes, low back pain that's rhythmic, or leaking blood or fluid from the vagina, especially before 36 weeks gestation. He said that all of those can be signs of preterm labor.

Prenatal care can help prevent some preterm births

MaineGeneral Medical Center offers a prenatal care program referred to as CenteringPregnancy® which has been shown to reduce the number of preterm births. Certified nurse midwife Angela Ripley said that women who participate in the CenteringPregnancy® model of care "can potentially have as much as a 33 percent reduction in the odds of preterm birth."

Ripley explained that there are three components of care in this model - health assessment, interactive learning, and community building. She said that "it is prenatal care that is facilitated through interactive learning with other mothers (and partners) due the same time." She added that this model empowers women to take control of their own healthcare by tracking and recording their own health data such as weight and blood pressure. She said that the women meet individually



Contributed photo

Chief of Women's Health at Inland Hospital, Dr. Bill Bradfield, talks to a patient.

with the facilitator (in this case the midwife) during their regular health checkups. The groups begin after the first trimester.

Ripley reported that in 2017, "there was a zero percent preterm birth rate among women who participated in CenteringPregnancy® model of care at MaineGeneral Medical Center."

An added bonus of the program, she said, is that since the hospital introduced the program in 2014, the breastfeeding rate for women participating in the program has been 100 percent.

According to Ripley, a number of explanations have been offered as to why this program might reduce the number of preterm births. She said that one explanation is that "through increased education and support in a group setting, there is stress reduction, limiting endocrine changes that could trigger late preterm delivery." She also said that, "By participating in a group model of care, women learn from one another and tend to exercise healthy behavioral changes that in turn can reduce their perinatal risk."

Inland Hospital partners with EMMC to provide specialty services

BY WANDA CURTIS
Correspondent

As Inland Hospital celebrates its 75th anniversary this year, it has once again gained national recognition for quality and safety. It was one of only 18 rural hospitals in the U.S. recently named to the Top Rural Hospital list.

The Top Rural Hospital designation is awarded by the Leapfrog Group, which is a national nonprofit organization focused on improving quality and safety in American health care. Inland President John Dalton said that safety, quality measurements and resource utilization are considered by Leapfrog when selecting hospitals for top rural health status.

"This is the sixth time in eight years that Inland has achieved Top Rural Hospital status," Dalton said. "Two sister hospitals in the Eastern Maine Healthcare System also were named to the list. I'm very proud of Inland and EMHS."

According to the website, www.leapfrog-group.org/ratings-reports/top-hospitals, Top Hospitals "have better systems in place to prevent medication errors, higher quality on maternity care and lower infections rates, among other laudable qualities." One requirement for being named to the list is that the hospital achieve an A grade in Leapfrog's voluntary Hospital Safety Survey. Dalton said that Inland has earned straight As in the program since it was established in 2012. He said that Inland is one of only 59 hospitals in the U.S. to earn straight As.

New Physicians Join Inland Staff

Several new physicians have recently joined the medical staff at Inland. Dalton said that two cardiologists, Dr. George Petropoulos M.D. and Dr. Brian Shea M.D., had practiced in the Waterville area in the past and are now practicing at Inland's Heart First office. Dr. Heather Horton has also joined the Inland Neurology staff. Dalton said that Horton is part of a neurology group at EMMC that provides telephone backup as needed on the weekends.

"We're working very closely with EMMC to provide professional specialty care services to the community," Dalton said. "We have pediatric specialists in neurology, gastroenterology and surgery from EMMC conducting a clinic here (at Inland) on a weekly basis. It's so much more convenient for parents to have their first appointment here."



DR. BRIAN SHEA
CARDIOLOGIST



DR. HEATHER HORTON
NEUROLOGIST



DR. GEORGE PETROPOULOS
CARDIOLOGIST

Postpartum Support Group Formed

In other news, Dalton reported that the Tree of HOPE postpartum support group at Inland has been well received. The group, which started up last fall, offers support to new mothers and fathers experiencing prenatal mood disorders.

"It's estimated that one in seven new mothers and one of 10 new fathers experience a variety of symptoms, which can be as extreme as wanting to end their life," said Dalton. "The Tree of HOPE support group provides hope. It's a chance for moms and dads to listen, share and learn from others going through the same thing. This is only the second group like this in the state of Maine. Several of our staff members received special training to facilitate the group."

For more information about the Tree of HOPE postpartum support group, contact Bridgette Gemelli, Inland's Community Health Navigator at 861-6091.

Family Fun Series Helps Fight Childhood Obesity

Inland's popular Family Fun Series continues to help families with children connect to monthly free activities to encourage them to be active together. Inland partners with the Waterville Parks and Recreation Department, the Alford Youth Center and dozens of others on the Series. Inland's Community Relations Director Sara Barry said that more than 360 families registered for the Series in 2017. To see the full schedule of activities, visit inlandhospital.org or call 861-3293.



"We're working very closely with EMMC to provide professional specialty care services to the community."

PRESIDENT JOHN DALTON,
INLAND HOSPITAL.



MaineGeneral invests for the future amid challenges facing Maine health systems

BY MAINEGENERAL HEALTH
Special to the Sentinel and KJ



CHUCK HAYS
PRESIDENT & CEO

For decades, MaineGeneral Health has provided birth to end-of-life services to care for you and your family's health.

Chuck Hays, president & CEO of MaineGeneral Health, says the full-service health care system will remain strong into the future.

"Our vision is to be the leading community health care system in Maine, recognized for clinical excellence, customer satisfaction, financial stability and impact on community health," Hays said. "We have to be responsive to the needs of the people of the Kennebec Valley. In financially challenging times for hospitals, we're doing just that."

This full system of care in the Kennebec Valley includes inpatient and medical services; 24/7

emergency services; a regional cancer center; primary care and specialty physician practices; long-term care facilities; rehabilitation; home health care and hospice services; specialized care for people with memory loss; community outreach programs and retirement living options.

Hays outlined some of the current challenges MaineGeneral and other Maine hospitals face:

- The explosion of high-deductible health insurance plans that require patients to pay more of the upfront costs of health care. Some patients find they cannot shoulder such costs, leading to an increase in of bad debt (unpaid bills).
- Reimbursement cuts from Medicare and Medicaid programs. On average, Medicare only pays 87 cents on the dollar for care provided; whereas MaineCare (Maine's Medicaid program) pays only 72 cents on the dollar, on average.
- Pressure from insurance denials and charity care.
- Lack of Medicaid expansion.
- Increase in regulatory burdens on health systems.
- Rising costs of medications impacting hospitals' bottom lines.
- Responding to the increase in the opioid crisis.

"In the face of these challenges, we know continuous improvement is necessary," Hays said. "We're committed to offering the best high-quality, patient-centered care right here in the Kennebec Valley."

Recent notable quality achievements at MaineGeneral include:

- Earning an A Grade from Leapfrog, a hospital rating focused exclusively on hospital safety.
- Ranking "Best" for effective treatments in Maternity, Blood Clot and Stroke care on GetBetterMaine.org
- QOPI® (Quality Oncology Practice Initiative) recertification for the Harold Alfond Center for Cancer Care
- Maternity & Pediatrics earning the national Blue Distinction Specialty Care designation, a program of the BlueCross BlueShield Association recognizing health care facilities that demonstrate expertise in delivering safe and effective, high-quality care.
- Federal Centers for Medicare and Medicaid Services recognizing MaineGeneral as having the lowest readmission rate of Maine hospitals.
- Receiving four out of five stars by the Centers for Medicare & Medicaid Services in

its star ratings for hospitals on the Hospital Compare website.

Changes to expand care in the community have or will soon occur at MaineGeneral, including:

- Two of the latest technology, state-of-the-art linear accelerators at the Harold Alfond Center for Cancer Care for patients needing radiology treatment.
 - Adding hyperbaric oxygen therapy to our wound care practice.
 - Adding dermatology services to the Thayer Center for Health.
 - Bringing Mid-Maine Medicine providers and services together at the Thayer Center for Health under the new Thayer Internal Medicine practice.
 - Co-locating outpatient and physical therapy services in Waterville to FirstPark in the same building with MaineGeneral Orthopaedics.
- "MaineGeneral Health's mission is to enhance, every day, the health of the people in the greater Kennebec Valley," Hays said. "We're proud to have earned your loyalty, and look forward to growing with this community. Our success is due to not only our people and services, but to your support. Thank you to our patients who have continued to use the high-quality services we work so hard to provide."

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Influenza is serious stuff so we'd better take it seriously

BY WANDA CURTIS
Correspondent

A century after the 1918 flu pandemic killed 50-100 million people worldwide, influenza is again spreading across the nation. While this strain of influenza is not causing the far reaching effects of that pandemic, it's nonetheless serious.

Federal CDC statistics released in February, showed that since the flu season began last fall, 63 children in the U.S. have died because of influenza. CDC officials recently told Fox News that the number of influenza-related hospitalizations nationwide is the highest that they have ever encountered.

As of the week ending February 17, Maine CDC reported there had been a total of 964 flu-related hospitalizations in Maine this flu season. They also reported that there had been a total of 48 flu-related deaths this flu season. None of those deaths were among children.

Tim Pieh MD, Assistant Medical Director of Emergency Medicine at MaineGeneral Medical Center said that some symptoms of this year's flu bug include fever or feeling feverish with chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headache, fatigue, vomiting and/or diarrhea. He said that vomiting and/or diarrhea are more common in young children than in adults.

"People who have the flu often feel some or all of these signs and symptoms that usually start suddenly, not gradually," he said. "The symptoms are similar to past years. However, this year, more people are getting infected and there are more severe infections."

Pieh said that, if there are no complications, persons with influenza should stay home from work or school until 24 hours after their last fever, drink plenty of fluids to stay hydrated, rest, and take Tylenol and/or Ibuprofen (so long as both are safe for the individual to take) to treat the discomfort of fever and pain. He also recommended calling one's primary care provider to find out if there is more that the individual should do or if they should be seen by their primary care provider or in the emergency room.

According to Pieh, one complication of the flu is pneumonia.

"This can be a viral pneumonia from the influenza virus itself, or a co-infection with a bacterial pneumonia," he said. "If someone had influenza, seemed to recover, but then felt themselves getting sick again with fever, cough, and/or difficulty breathing, this

may be bacterial pneumonia occurring after the viral influenza infection. Please call your Primary care provider and ask for advice on whether you need to be seen and where."

Pieh said that emergency rooms across the state have been extremely busy and it can be stressful waiting a long time to be seen. He said that's why he recommends first contacting a primary care provider to get advice and to determine whether it's safe to remain at home.

"On the other hand, if you are scared or concerned we always would rather have you seen by a provider in the Emergency Department (ED) who can determine that it is safe to be at home versus admitted to the hospital," Pieh said.

Pieh added that Express Care is a better alternative for many people with the flu because an emergency room visit can be very expensive. "Express Care is an excellent option as they provide excellent medicine and sometimes the cost is less than the ED."

John Garrett DO, Chief of Emergency Services at Inland Hospital, agreed that most people can treat influenza at home. However, he recommends that young children and older adults see their primary care provider or be seen in the ED.

"Be seen in the ED especially if you have a weakened immune system which includes worsening diabetes, cancer, worsening respiratory conditions like asthma, COPD, and worsening heart conditions," said Garrett. "In addition, women in second and third trimesters [of pregnancy] can develop influenza-related complications."

In regards to prevention, the Maine CDC advises that the best way for individuals to protect themselves and their families from influenza is to get a flu shot. They also stress the importance of frequent handwashing with either soap and water or alcohol-based hand rubs. They say it's important to stay home from work when sick and to cover one's mouth when coughing to prevent the spread of the flu to others.

Both Pieh and Garrett stress that it's not too late to get a flu vaccine to help prevent the flu this season. Pieh said that it takes about two weeks for a flu vaccine to become fully effective and its benefits will last throughout the remainder of the flu season. He said that influenza typically runs into April or later.

More information and answers to questions about the flu vaccine can be found online at cdc.gov/flu/about/qa/misconceptions.htm#misconception-consent.

"If someone had influenza, seemed to recover, but then felt themselves getting sick again with fever, cough, and/or difficulty breathing, this may be bacterial pneumonia occurring after the viral influenza infection."

**TIM PIEH MD, ASSISTANT MEDICAL DIRECTOR OF EMERGENCY MEDICINE
MAINEGENERAL MEDICAL CENTER**





2017-18* Geographic Distribution of Lab Tests, Maine

County	New Positive labs		New Hospitalizations	
	Week of 2/17/18	Total	Week of 2/17/18	Total
Androscoggin	91	433	6	50
Aroostook	21	177	1	8
Cumberland	116	747	28	181
Franklin	18	156	0	9
Hancock	34	193	4	33
Kennebec	37	271	6	34
Knox	14	231	9	111
Lincoln	16	166	7	66
Oxford	46	217	8	60
Penobscot	132	715	7	102
Piscataquis	11	34	0	2
Sagadahoc	16	78	4	26
Somerset	44	234	2	34
Waldo	36	151	15	64
Washington	5	44	0	11
York	156	1113	18	173
Total	793	4960	115	964

*Only reported PCR, culture, and rapid antigen tests are included in the chart and map

Source: Maine CDC - Updated as of February 17, 2018

www.maine.gov/dhhs/mecdc/infectious-disease/epi/influenza/influenza-surveillance-weekly-updates.shtml



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New nurse-mid-wife offers a special kind of delivery at Franklin Memorial

BY VALERIE TUCKER
Correspondent

Franklin Memorial Hospital in Farmington offers a new service for expectant mothers, and it's one that's already showing great promise.

Nurse-midwife JennieLea Hanna, MSN, CNM, recently joined the medical staff of Franklin Health Women's Care and Franklin Memorial Hospital. She offers an enhanced provider option for the current women's health services, especially for expectant mothers delivering at Franklin Memorial Hospital.

"We've provided midwifery services in the past, and it was something many of our patients really liked," said Molly Chaplin, RN and Nurse Manager Franklin Health.

"When we had an opportunity to hire JennieLea, we jumped at the chance."

Hanna had worked here for many years as a nurse, Chaplin said, before getting her midwifery certification.

"The relationships she already has with our hospital and community make her a great fit," Chaplin said. "Adding her to the group will also help us improve access for patients as well."

Hanna brings 20 years of extensive background in hospital-based labor and delivery nursing care. To become a midwife, she went back to school after her children were grown to get her master's degree in midwifery at Frontier Nursing University in Kentucky.

Her interest in midwifery started on a farm, delivering calves and other animals, where she instinctively learned ways to calm her animals and make the process less stressful.

Midwives, she said, have a unique understanding of the intimacy, privacy and family bonding in the birthing process. A midwife can provide a more personal experience, with special regard for the mother's desire for a birth experience that's right for her. Hanna also has worked with many other midwives over the years, and she has learned something from all of them.

"There are so many good midwives out there who have that respect for the process," she said. "It's an integral part of our profession."

She has helped deliver 12 of her nieces and nephews and she said each opportunity has been unique and rewarding.

"Having a baby is a natural part of a woman's life and not something that has to be treated as an illness," Hanna said.

She focuses on the natural processes of pregnancy, labor and birth. She combines time-tested traditional skills with Franklin Memorial Hospital's modern medical techniques that safeguard the mother and baby. She



"Having a baby is a natural part of a woman's life and not something that has to be treated as an illness."

JENNIELEA HANNA, MSN, CNM

Franklin Community Health Network photo
Nurse-midwife JennieLea Hanna, MSN, CNM, recently joined the medical staff of Franklin Health Women's Care and Franklin Memorial Hospital. She offers an enhanced provider option for the current women's health services, especially for expectant mothers delivering at Franklin Memorial Hospital.

has access to all necessary services, including physicians and other health care providers if medical concerns arise, and she doesn't have to leave the mother's side.

"If a mother needs a Caesarean section, I can be there to help throughout that procedure, too," she said.

Most women labor, deliver and recover in the hospital's Family Birthing Unit with family and friends allowed. A state-of-the-art wireless monitoring system allows free movement in a private home-like setting while monitoring the baby's vital signs, measuring the fetal heart rate and alerting staff in an emergency.

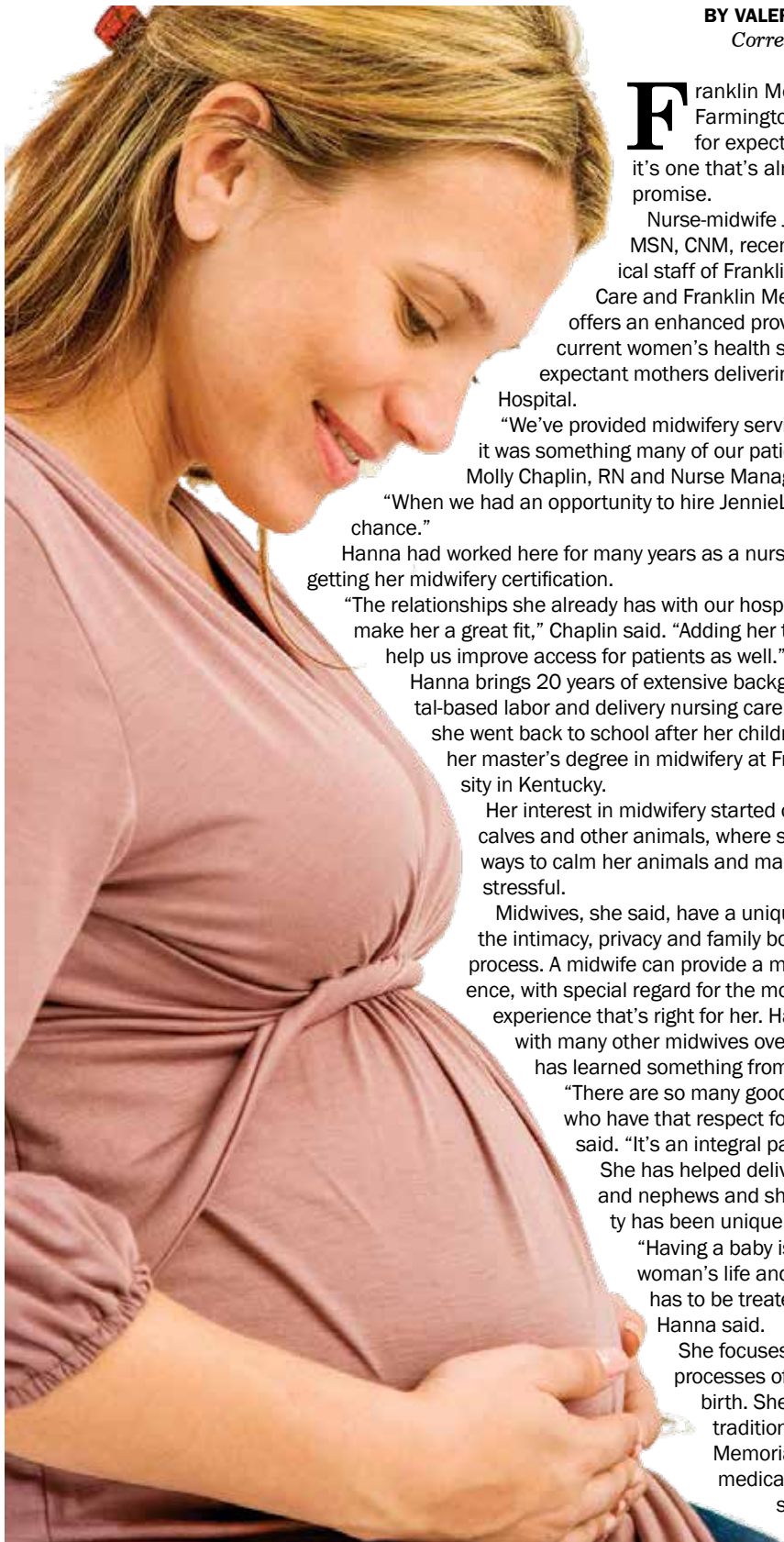
The birthing experience for families who choose to deliver at Franklin Memorial Hospital begins well before the big event, with home visits by the nurses who will be with the mother during labor and delivery. Before delivery, the expectant mother will get a tour of the facility. The Birthing Unit also offers optional Preparation for Childbirth classes, teaching the Lamaze method of relaxation and exercise to make labor as productive and comfortable as possible. A warm-water soaking tub is also available to ease the discomfort of labor.

For women who choose to breast feed, specially trained nurses help the mother get started and answer questions, even after mother and baby have gone home. Franklin Community Health Network also offers their free Growing Healthy Families program to all first-time parents, to support them in raising their children from birth to age five.

Hanna is part of the obstetrics/gynecology team of Tara Aumand, MD; Susan Kearing, DO; and Jennifer Zeliger, MD. which offers a full range of OB/GYN preventative health care services for women from puberty to beyond menopause, as well as patient education about reproductive health, contraception and sexually transmitted diseases, including treatment of male partners.

"I also advise and educate about reproductive health, contraception and pregnancy planning and provide yearly annual breast and pelvic exams," Hanna said.

She conducts physical exams and prescribes medications, and contraceptive methods. She also can schedule and interpret laboratory and diagnostic tests and order the use of medical devices. The practice is located in the Franklin Health Medical Arts Center in Farmington. Obstetrical services are also provided at the Androscoggin Valley Medical Arts Center in Livermore Falls. For more information or to schedule an appointment with Hanna or another Franklin Health Womens Care provider, call 778-6394.



Mental Health First Aid course offered in Maine

BY WANDA CURTIS
Correspondent

According to a 2015 report, adults in this state had higher rates of mental illness during 2012-2013 when compared to of the Northeast and the entire country.

"Any mental illness" was defined as having "a diagnosable mental, behavioral or emotional disorder (except for developmental or substance abuse), as assessed by the Mental Health Surveillance Study (MHSS) Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders."

The report was produced by the Maine Department of Health and Human Services State Epidemiological Outcomes Workgroup (SEOW). Authors of the special report referenced the National Survey on Drug Use and Health showing about 20 percent of Maine adults aged 18 years and older were reported to have a mental illness during 2012-2013.

Nine times more suicides than homicides

Referencing statistics released by the National Center for Health Statistics, the SEOW report revealed that in 2013, Maine had the 11th highest rate of suicide in the nation with 17.4 suicides per 100,000 residents. Also striking was the conclusion that about 15 percent of Maine high school students reported serious thoughts of suicide during the past

year. However, the report indicated that suicides in Maine are most common among Mainers 35 to 54 years old.

In 2014, there were nine times as many suicides as homicides in Maine.

In response to statewide mental health needs, NAMI Maine (the state branch of the National Alliance on Mental Illness) is offering an eight-hour course: Mental Health First Aid. The course aims to help the public identify, understand, and properly respond to signs of mental illness and/or substance abuse among co-workers, family, friends or others. The course is also valuable for teachers, health care professionals, police officers and others who respond to individuals in crisis situations.

According to the Mental Health First Aid website mentalhealthfirstaid.org/faq, Mental Health First Aid training prepares people to help someone experiencing a mental health crisis in the same way that CPR training prepares people with no clinical training to assist a person experiencing a heart attack.

Sarah Ross, NAMI Maine's Public Relations Manager, said that the goal of Mental Health First Aid is to help stabilize an individual until appropriate help can be secured.

"Mental Health First Aid is a national best-practice, evidenced-based certification course that can lead to a three-year certification issued by the National Council on Behavioral

"Mental Health First Aid is a national best-practice, evidenced-based certification course that can lead to a three-year certification issued by the National Council on Behavioral Health."

SARAH ROSS, PUBLIC RELATIONS MANAGER,
NATIONAL ALLIANCE ON MENTAL ILLNESS

Health," she said. Another reason for offering the training is "to help remove the stigma that surrounds mental health diagnoses."

The course description states that participants are taught a five-step approach to respond to individuals in crisis:

- Assessing risk of suicide or harm
- Listening nonjudgmentally
- Giving reassurance and information
- Encouraging appropriate professional help
- Encouraging self-help and other support strategies

Participants also are introduced to risk factors and warning signs of mental health and/or substance abuse. Depression and mood disorders, anxiety disorders, trauma, psychosis and substance abuse disorders are also addressed in the course.

According to Ross, Maine experiences some of the same stressors as other rural states such as the closure of mills and unemployment. She said NAMI Maine can help train workplace personnel to handle the crises that may be precipitated by that type of stress. At least 4,000 people have completed a Mental Health First Aid training course in Maine so far.

NAMI Maine will offer Mental Health First Aid training at the Lithgow Library in Augusta on Thursday, May 31 from 8:30 a.m.-5 p.m. For more information, contact Sarah Ross by emailing ross@namimaine.org or by calling 622-5767 ext. 2301.

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With patience, perseverance and a sense of humor you can live your best life with COPD

BY DARLA L. PICKETT
Staff

Someone is holding a pillow over your face. Struggle though you may, you cannot move the pillow. You will soon run out of air. Your lungs are being deprived of oxygen. Your heart begins to pound. You begin to get lightheaded. Your brain and heart are starving for oxygen. This is it. You're done. Without help, you're dying.

That's what it can feel like to live with Chronic Obstructive Pulmonary Disease (COPD), a chronic inflammatory lung disease that causes obstructed airflow from the lungs. Symptoms include breathing difficulty, cough, mucus (sputum) production and wheezing. It is (mostly) caused by long-term exposure to irritating gases or particulate matter, often from cigarette smoke, according to the Mayo Clinic website and pulmonologists.

People with COPD are at increased risk of developing heart disease, lung cancer and a variety of other conditions, according to the Mayo Clinic.

Emphysema and chronic bronchitis are the two most common conditions that contribute to COPD. Chronic bronchitis is inflammation of the lining of the bronchial tubes that carry air to and from the air sacs (alveoli) of the lungs.

Emphysema is a condition in which the alveoli at the end of the smallest air passages (bronchioles) of the lungs are destroyed as a result of damaging exposure to cigarette smoke and other irritants, according to pulmonologists and respiratory specialists.

"With a diagnosis of emphysema, it is hard to get air out of your lungs, and so the air becomes trapped in the alveoli, causing over-inflation of the air sacs and, in time, causes loss of elasticity—creating more difficulty in exhaling," said Pam Alexander, RRT, Director of Respiratory Care at Redington-Fairview General Hospital in Skowhegan. Alexander also runs the hospital's pulmonary rehabilitation clinic.

"This then makes it difficult for air to enter the lungs, to perform gas exchange, causing increased shortness of breath with activity."

Time takes its toll, Alexander said.

"As air sacs are destroyed, the lungs are able to transfer less and less oxygen to the blood stream, this is the cause of patients' difficulty with activities," she said.

Picture a balloon that has weakened over time. Diagnosed with emphysema more than 20 years ago, I could still kayak. Still swim short distances



in a pool. Still cross country ski. Still shovel my driveway. Still climb stairs easily. Little by little, with each exacerbation, the breathing capacity shrunk; the world got smaller and smaller.

Doctors call it an exacerbation. No matter what it's called, it feels like dying. I was diagnosed in 1992 with asthma. But with asthma, I learned from my pulmonologist, you should be able to treat it with an inhaler and recover. If you don't return to normal, chances are pretty good it is more than asthma. A pulmonologist can perform breathing tests to find that out. A few years later, my diagnosis was changed to emphysema. I remember the pulmonologist saying "it's OK to cry," when he gave me the news. I couldn't. Crying wouldn't make it better. Besides, until it gets worse, you really don't understand what you're in for. You have no idea how progressive it is, how badly it's going to affect your life over time.

Depression often comes with this disease. So does anger. Difficulty breathing can keep you

from doing things you enjoy. Professionals in the field say to talk with a doctor if you feel sad or helpless or think that you may be experiencing depression.

Pride may keep you from asking for help, but talking to a kind and understanding pulmonologist, doctor or nurse practitioner can make a difference. They really do understand—and may have ideas for improvement you may not have thought of.

OK. So now you have to learn how to live with a disease that can scare the heck out of you every time you try to breathe—which can be from 12 to 20 times per minute for a resting adult. That can add up to 17,000-30,000 breaths per day—or more during activity. Even meditating requires concentrating on your breath, so it's never far from thought. The idea is, to change the attitude. Depending on the degree of disability, there are choices. COPD need not feel like a life sentence, but as something to learn to deal with—a challenge.

CHOICES

One of the best choices is to ask your doctor for a prescription for pulmonary rehabilitation—a life-changing choice for me at RFGH under the direction of Alexander.

The prescription opens up a world of education and ideas during 16 to 36 sessions, about three months. The degree of difficulty and disease is assessed and a patient begins to learn how to live with the diagnosis.

Learning how the lungs work, how to properly exercise other muscles and limbs, why eating nutritional meals is important and understanding medicines are all part of the education. At the end of the program, the exercise equipment is available free from 6 a.m. to 3 p.m. on Tuesdays and Thursdays for patients at RFGH. They are monitored by Alexander, Jackie Connor, RRT and other staff members. For more information, Alexander can be reached at 858-2332.

The frosting on the cake is the camaraderie and friendships that are formed during the program. People share tips, ideas, ways to deal and it eases the depression that is often part of a disease that literally is counted by your every breath.

MaineGeneral Medical Center's Pulmonary Rehabilitation program also provides for people with chronic lung diseases. Offered at the Alford Center for Health in Augusta and Thayer Center for Health in Waterville, the programs include exercise, education and group discussions.

Like RFGH, it is designed to help patients with master everyday activities and to assume an active part in controlling their disease. At the Alford Center, participants meet Tuesdays and Thursdays for six to nine weeks, with an educational component included on Tuesdays. In Waterville, they meet Monday, Wednesday and Friday, with education on Wednesdays.

Learn more by calling Andy Alexander, RN or Gloria Farrington, RN at 626-1529. In Waterville, call Renee Derouche, RN and Martin Orloski, RN at 872-1353.

Most insurance companies, including Medicare, cover the cost of the programs.

OTHER CHOICES

Turn limitations into fun. Can't kayak anymore? Find something else that is fun to do that doesn't require the physical work. Try a new hobby. Find a friend who wants to try it with you. It's not the end of the world, it's the end of that piece of it and the beginning of another. Open the door.

More COPD, PAGE 15

COPD

CONTINUED FROM PAGE 14

Be grateful you even had the opportunity to kayak, swim, dance. How lucky. What else is out there? Study your energy level and reinvest it.

Take care of yourself. Be your own advocate. Walking in a mall, for instance, can be difficult and tiring, so put away your pride and ask for a motorized cart. Easier becomes the new password.

OXYGEN USE

Whether you need oxygen is assessed by respiratory professionals during a six-minute walk test, according to Alexander, director at RFGH. If the oxygen saturation drops to 88 percent or below during this walk test, it demonstrates that the patient would benefit from use of oxygen.

Using oxygen enables a patient to do more with less shortness of breath, and also decreases the demand on both the heart and the brain, Alexander explained.

For every minute oxygen supply does not reach vital organs, such as the heart or the brain, damage can result. Don't see oxygen as the enemy, but a tool to

extend life, protect the heart and keep the brain healthy and working well.

I call it the fear factor, don't let it win. If you require oxygen don't get scared. It's an additional chore, but it is a lifeline that helps you continue with a lifestyle that you can enjoy. I keep the concentrator and generator in my home, which is paid for by Medicare. Smaller, portable tanks are easier to use at the grocery store, for small trips, community meetings, or even long trips. You can fill smaller, portable tanks at home, or buy a lightweight portable such as an Inogen, but they are expensive. Rechargeable batteries can be purchased for portable tanks; buy extra.

FAMILIES AND FRIENDS CAN HELP

Try to let friends and family who are around frequently know how they can help:

- No heavy perfume or hairspray, please.
- Be aware of things with strong odors in cars or homes.
- Don't send flowers for gifts.
- Remove cats and dogs from the room, or the house if possible.
- Keep furnaces and registers free from dust.
- Understand when they can't keep up, or can't make an engagement.

TIPS FOR PEOPLE WITH COPD

1. If you don't like being hurried through a grocery checkout aisle, leave the handle at the end of the counter while you unload the front. Then unload the child seat portion where your tank, pocketbook and other items are.
2. Ask for help loading and unloading your groceries.
3. On oxygen? Pack a bag with an extra cannula (nasal tube), Handiwipes®, wrench, charger, a couple zip-lock bags in the car. Also helpful is a bag with handles to carry items like a book, leaving hands free for oxygen.
4. In the back seat of your car or truck, carry an extra, small tank of oxygen with a cannula attached in a small wheeled suitcase. You can use that while you charge your portable unit in the lighter receptacle.
5. Keep portable tanks full and ready to go. Fill them as soon as you can when you get home. Well, unless the ice cream is melting.
6. Sesame seed oil with a Q-Tip is a natural way to moisten nasal passages if you use oxygen but check with your doctor first. Petroleum-based products should not be used. Ask your doctor why.
7. Keep nasal cannulas clean. Washing the end with soapy water, rinsing and shaking is recommended by respiratory therapists.
8. You can buy softer cannulas and other products on line by the box.
9. Certain medicines, such as Advair, an inhaled corticosteroid, can create thrush, a very sore mouth. Choose to use those medicines just before you brush your teeth and rinse your mouth—every time! A tongue scraper also helps.
10. And the most important tip of all, say doctors, is to wash your hands frequently, keep your hands away from your face, keep hand sanitizers in your car and pockets and stay away from sick people.

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Sundowning episodes can be frightening

The hospital-induced delirium can sometimes be prevented

BY TERRI HIBBARD
Correspondent

Louise was a feisty little woman, full of spark and spirit. She had spent many long years bent over a sewing machine at a shirt factory and, in retirement, she was always ready for family gatherings, a card game, a dance or sleepovers with her granddaughter.

Then Louise (not her real name) fell, broke a bone and went into the hospital for surgery. That's all it took — the woman her family knew disappeared. In her place was a confused, dispirited old woman who could no longer be trusted to live alone in her apartment. She was placed, reluctantly to be sure, in a nursing home.

Her family understood that this is what sometimes happens when the elderly cannot care for themselves. Still, they were stunned that it could happen so quickly. Fortunately the nursing home was nearby and one or more family members visited nearly every day. They brought her favorite foods and told her about family doings even when she didn't appear to be interested or understand. They were encouraged when at times Louise perked up and seemed to be her old self, chatting and laughing.

As weeks passed, Louise's confusion began to clear and, before long, she moved back into her apartment and resumed her life.

Louise had suffered from a most unusual case of what is called sundowning, or hospital-induced delirium. Fortunately she was able to recover.

According to an article in CommonHealth, Dr. Eyal Kimchi, a neurologist at Massachusetts General Hospital who studies delirium said: "There are probably many types of delirium — delirium after operations, delirium in the intensive care unit, delirium tremens associated with alcohol withdrawal — and some we haven't separated out yet. Sundowning may be another one of them."

Delirium and dementia can exist at same time but they are not the same, according to the American Delirium Society.

"Dementia comes on gradually and is a permanent condition. Delirium can develop suddenly and usually goes away in days to weeks if treated properly. It is important to note though, that people who have dementia are at an increased risk of developing delirium," according to information from the Society.

Sundowning is most likely to occur in Alzheimer's patients and nursing home residents.



"At the end of the day, literally when the light has changed, that's when a patient's behavior can deteriorate rapidly," said Dr. Linda Keniston, a Family Medicine physician at Inland Hospital in Waterville.

In nursing homes, the evening meal is often served around 4 p.m. As the light of day diminishes and routine activities slow, residents can become disoriented and often combative, according to Keniston. "They're not themselves at all. They may scream and holler. It's not easy to watch," she said.

Because of their advanced age, "their mental status may not be a hundred percent to begin with. With a change in routine, they go downhill," Keniston said.

Hospitalization can trigger a similar scenario.

"With just the change in the environment,

people can be disoriented. That's especially true with anesthesia and pain medication. Patients may begin acting strangely."

Such behavior, whether in a hospital or a nursing home, Keniston said, should not automatically be classified as sundowning.

"It could be an electrolyte imbalance, for example, or a urinary tract infection. They may need further testing."

Keniston recalled a patient who began acting strangely during hospitalization, but it turned out to have nothing to do with sundowning.

"He was an alcoholic and without alcohol, he began detoxing. You need to be sure there's nothing else that could be causing the sundowning."

Staff or family members can take steps that may avert sundowning in a nursing home or during a hospital stay.

"At the end of the day, literally when the light has changed, that's when a patient's behavior can deteriorate rapidly."

**DR. LINDA KENISTON,
FAMILY MEDICINE PHYSICIAN**

According to the CommonHealth article, prevention is better than treatment and there are a few easy things to do that may prevent a frightening situation for patient, family and staff.

- Make sure the patient has his or her hearing aids, eyeglasses and dentures so they can better hear and see what's going on, as well as eat normally.
- Make sure the staff knows what normal behavior is and what it is not for the patient. Is he normally up to speed about what's going on around him or often confused? This helps staff recognize sudden changes.
- Help the patient maintain hobbies such as reading or crosswords and make sure there are photos of loved ones nearby to create a feeling of stability and comfort.
- Help the patient stay active in the hospital. If it's okay with medical staff, encourage them to shower themselves, maintain routines such as shaving or brushing their hair, walking around the room and down the hall if that's approved.

In assisted living facilities where nursing staff is very limited, Keniston said "the ones who do okay are those who have family members who visit often; they will see changes in behavior."

As a last resort, certain antipsychotic medications may be used, Keniston said. "We don't like to use them but if a patient might hurt himself or a staff member because they have an irrational fear, they can help."

What are biologic medicines?

A relatively recent wave of medications has provided significant advances in treating a wide range of illnesses, particularly those that are linked to auto-immune dysfunction or chronic ailments. Many people may be prescribed a biologic response modifier medicine at some point in their lives, and those who understand when and why such medications are prescribed may find such knowledge calms their nerves and reduces any confusion they might have about their conditions.

What are biologic response modifiers?

Biologics are derived from animal products. First-generation biologic products included things such as vaccines and blood components. However, a newer wave of biologic medicines has come to market over the last decade or so. These medications are manufactured through biotechnology and are complex proteins, sugars, nucleic acids, or a combination of these substances that are created from living cells. Cells may include yeast, bacteria or a widely used cell called CHO, which originated from hamsters in China. The U.S. Food & Drug Administration says biologics are often at the forefront of biomedical research and are continually evolving.

Why biologics are different

Unlike traditional medicines, which are largely made from chemical components that follow a strict recipe for manufacture, many biologics are complex mixtures that are not easily replicated. According to the resource Everyday Health, when biologics are made, a specific gene is isolated and inserted into the host cell's DNA, where it will become permanent. The cell follows the instructions of the gene and how it was programmed and becomes a specifically functioning cell. This one reprogrammed cell is combined with others that have been made the same way.

The entire process of biologic manufacturing is complex, requiring state-of-the-art knowledge. It also requires entirely new biotechnology facilities and laboratories that employ top-notch scientists. These factors combine to contribute to the generally high price tag of biologic medications.

How biologics work

According to WebMD, biologics are designed to inhibit specific components of the immune system that may cause a symptom of a disease. For example, in the treatment of rheumatoid arthritis, the medication would suppress inflammation, which is a central



feature of the disease. Biologics target specific parts of the immune system rather than broadly treating the body.

Diseases that may be treated by biologics include rheumatoid arthritis, Crohn's disease, ulcerative colitis, psoriasis/psoriatic arthritis, multiple sclerosis, and even certain cancers.

Side effects of biologic medicines

Because most biologics are administered

intravenously, injection-site irritation can be a common side effect. Biologics also carry a risk of infection. According to the Cochrane Database of Systematic Reviews, because biologics target the immune system, there is a risk for serious infection or disease.

Biologic medicines continue to evolve and can be used to treat a variety of medical conditions for which no other treatments are available or effective.

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Sufficient food is now a vital sign at Seabastcook Valley Health

BY VALERIE TUCKER
Correspondent

Seabastcook Valley Health's primary care providers understand the role that nutrition and wellness play in good health. However, they are also aware that it is hard for patients to focus on their health when they are worried about where their next meal may come from, or how they will pay for food. Food insecurity is a challenge throughout Maine, and the Seabastcook Valley region has not been spared.

SVH Family Care knew that many of their patients experienced very low food security at times through the year. The real question was how many and what could be done about it, according to Sherry Tardy, Director of Community Health and Business Development.

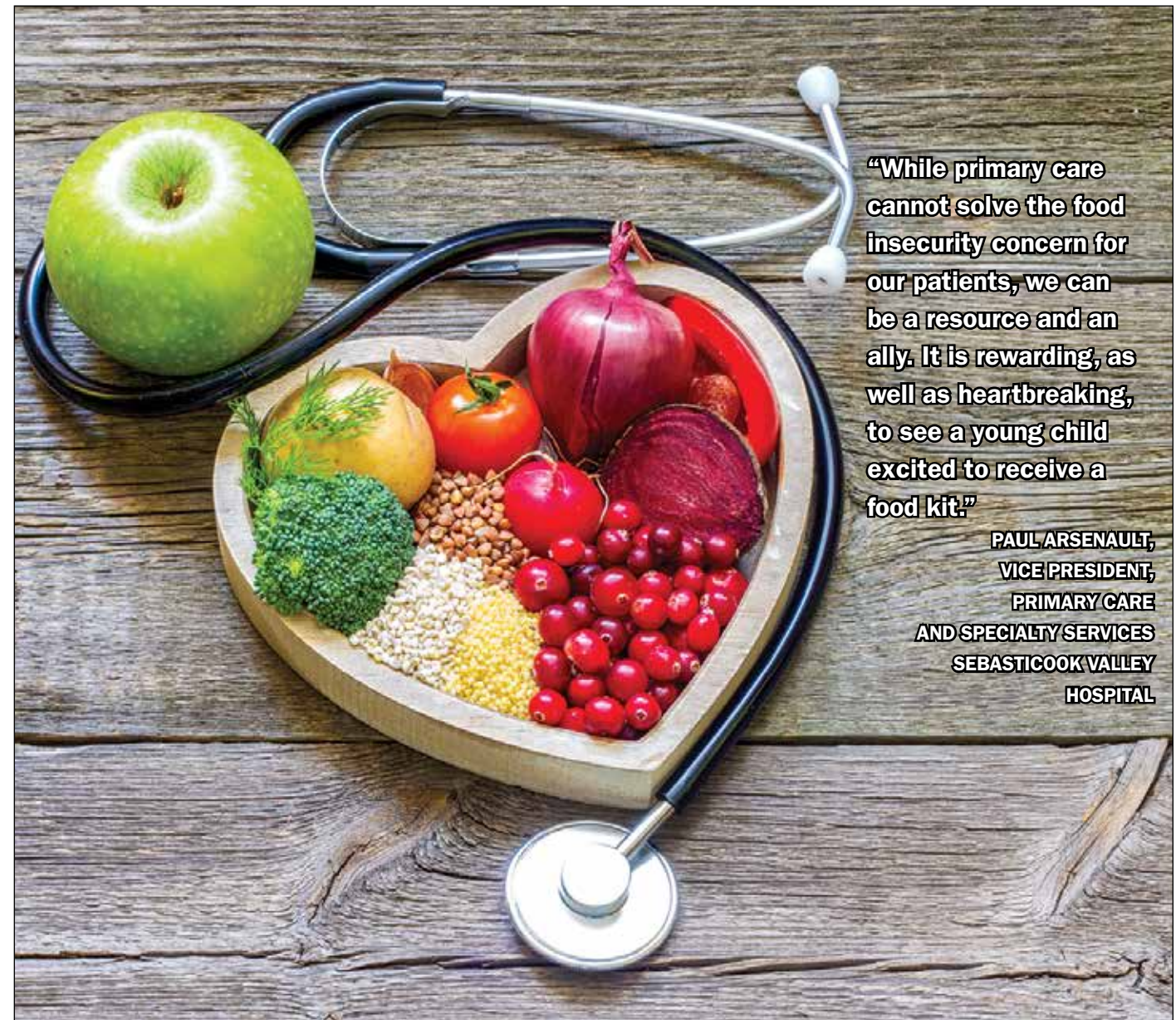
With the help of a grant from the Centers for Disease Control and Prevention (CDC), SVH Family Care began screening all patients for food insecurity, as is done for depression and fall risks among others and now treats it like a vital sign.

Tardy said SVH's family practices in Newport, Pittsfield and Clinton screened more than 11,500 patients for food insecurity in 2017. They asked patients to share whether in the past year, they worried that their food would run out before they had money to buy more, and more importantly, if that worry had become a reality. At least two percent of patients reported they had experienced food insecurity recently. With the help of grant funding, the SVH Community Health Team developed and began to provide timely information on food resources, including food pantries and free meals.

"Still, it is hard to have a patient and family in front of you, sharing that they are in need and not being able to respond in kind," said Paul Arsenault, vice president for Primary Care and Specialty Services. "This led us to explore other possible options."

Through a grant from the Good Shepherd Food Bank and fundraising efforts of SVH employees, SVH Family Care has been able to discreetly provide food rescue kits to those in need. Each kit contains enough food for two people to eat for three days. SVH Family Care provides families with enough food kits to bridge the gap until the next food pantry is open. Since the program began, they have provided more than 130 Food Rescue Kits to patients and families.

"In primary care, providers must meet



"While primary care cannot solve the food insecurity concern for our patients, we can be a resource and an ally. It is rewarding, as well as heartbreaking, to see a young child excited to receive a food kit."

**PAUL ARSENAULT,
VICE PRESIDENT,
PRIMARY CARE
AND SPECIALTY SERVICES
SEBASTICOOK VALLEY
HOSPITAL**

their patients where they are, and that means addressing all the social determinants of health, rather than just the physical and mental determinants." Arsenault said.

SVH continues to screen all patients, because patients' situations change, often quickly.

"At all of our SVH primary care locations, we see patients daily who are in need of food," said Dr. Robert Schlager, vice president senior physician executive. "It's very satisfying to know we have food available for them when they are in our clinics."

Food resource guides and rescue kits are, however, just the first step in this journey.

"Our partnership between Primary Care and Community Health is a commitment to focusing on all social determinants," Tardy said. "Our food resource guides and food rescue kits are just the first piece of this puzzle."

With an additional grant funding from Kohl's Cares, SVH has created community and school gardens and has partnered with local middle and high schools to provide school-based food pantries and a backpack program for students who may need them over school breaks, she said.

"While primary care cannot solve the food insecurity concern for our patients, we can be a resource and an ally" said Arsenault.

"It is rewarding, as well as heartbreaking, to see a young child excited to receive a food kit."

The kits only contain the essentials, so it's a humbling reminder of the difficulties of life for many patients, Arsenault said. To learn more about the Food Insecurity work at SVH or how to get involved, contact Sharon Kimball, Ed.D. at 487-3890, ext. 2736.

Seabastcook Valley Health is a member of EMHS. EMHS is a statewide integrated healthcare system that offers a broad range of health delivery services and providers. For more information, visit www.emhs.org.



Contributed photo
Sebasticook Valley Health's primary care providers have implemented several options that address their patients' access to healthy food. According to responses on surveys, patients say they have difficulty focusing on their health when they are worried about where their next meal may come from or how they will pay for food. Two of Sebasticook Valley Health's advocates who help address these problems for patients are Emily Cianchette, FNP, left, and Leeann Larrabee, medical assistant in the Pittsfield SVH Family Care practice.

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Blue Light: The Good, The Bad, and The Ugly

DR. JESSILIN QUINT
Optometrist
Special to the Medical Journal

Remember the ROYGBIV song from your middle school days? ROYGBIV represents the spectrum of visible light and the “B” in ROYGBIV is blue light. Visible blue light has the shortest wavelength and highest energy compared to the other colored light bands. Blue light originates from both natural (i.e. sunlight) and

man-made light sources. As technology has become ubiquitous over the last decade, so has our exposure to blue light.

It is almost impossible to find someone that does not use a computer, tablet, television or smart phone on a regular basis. These technology display screens emit significant amounts of high-energy, visible (HEV) light (also known as blue light). The increase in society’s “screen time,” combined with the transition from incandescent lighting sources to light-emitting diodes

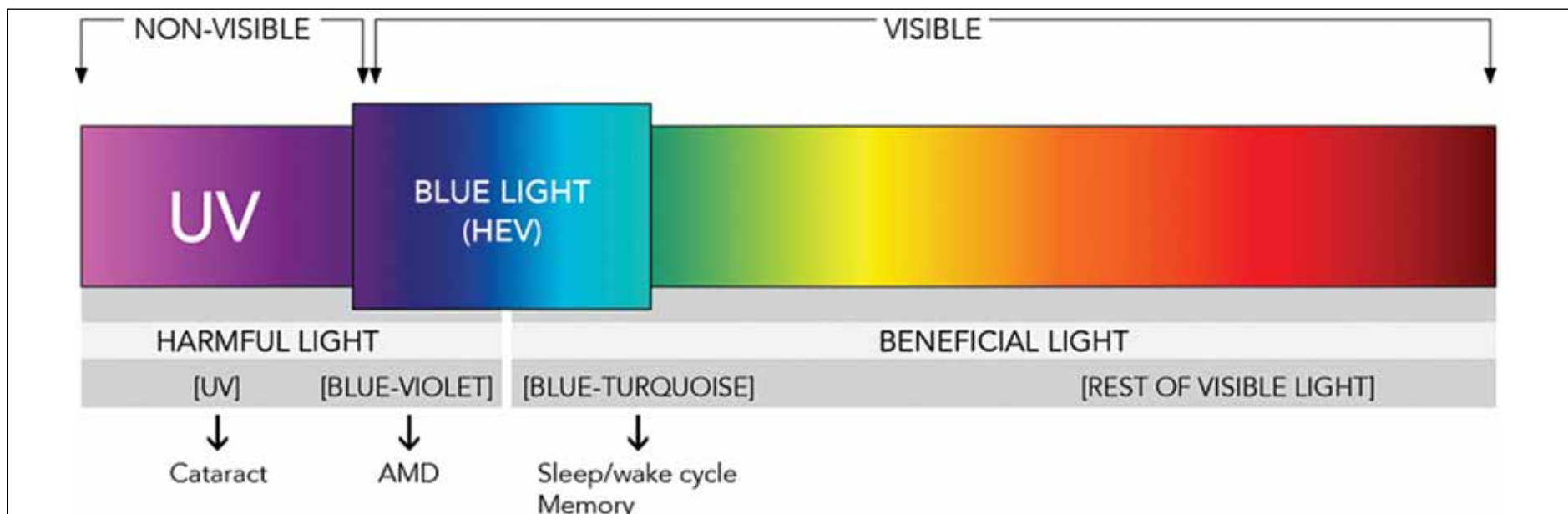
(LED), has dramatically increased our overall exposure to this type of blue visible light. Blue light has both benefits and dangers. Here are the top five things you should know:

1. Not all blue light is bad. In fact, blue light plays an important role in the regulation of the body’s sleep/wake cycle. Daylight exposure to blue light helps maintain this natural rhythm, but too much of it at night can disrupt it. One study found that exposure to e-readers before bed caused a

10 -minute delay in sleep onset and a significant difference in subjective feelings of tiredness and alertness the following morning. Blue light has been linked to a boost in alertness, mood elevation and memory improvement. It also is used in light therapy to treat a type of depression known as seasonal affective disorder (SAD).

2. The eye does not block blue light. While some structures of the eye are effective at

More BLUE LIGHT, PAGE 21





Blue Light

CONTINUED FROM PAGE 20

filtering out ultraviolet (UV) light, those same structures are unsuccessful at blocking blue light. In fact, blue light penetrates the deepest into the eye in comparison to other wavelengths. This deeper penetration has the potential to cause serious damage to the retina (the inner lining of the back of the eye) and photoreceptors of the eye.

3. Blue light contributes to eyestrain. Symptoms of eyestrain include eye irritation, fatigue, headaches and blurry vision. These symptoms usually occur at the end of the day or after prolonged periods of time on a computer, phone or tablet. Blue light scatters more than other visible light because of its short wavelength. This extra light scatter reduces contrast and creates a blur circle that interferes with the accommodation (or focusing) system of the eye, thus causing eyestrain.

4. Blue light may increase the risk of macular degeneration. According to the American Optometric Association, age-related macular degeneration (AMD) affects more than 8 million Americans. Although more research is needed, early studies have found blue light causes damage to the photoreceptors of the eye similar to that of macular degeneration. The HEV light has been shown to impact lipofuscin accumulation and the A2E mediated phototoxic effects of those cells. Because of this, it is possible

that blue light exposure may increase a person's risk of macular degeneration later in life.

5. Blue light filters and protective eyewear are helpful. Special anti-reflective (AR) coatings that block blue light from both sunlight and digital devices can be applied to both prescription and nonprescription eyewear. Many patients completely eliminate eyestrain simply by adding a blue light block coating to their glasses. While yellow tinted glasses don't necessarily block blue light, they can increase eye comfort by increasing the contrast of digital material. Blue light filters are also available for smartphones, tablets and computer screens. They look like screen protectors, do not affect the visibility of the screen and are manufactured by many different brands.

As an optometrist, I want my patients to know about the harmful implications associated with blue light and how they can protect their eyes. The age of technology is still playing out and we will not truly know the long-term effects of blue light until decades down the road. Until then, preventive measures one can take include seeing an eye care provider for a comprehensive eye examination annually. We are fortunate to live in a state with access to many great optometrists and ophthalmologists. Take advantage of their expertise and ask them what type of vision correction and lens features will best protect your eyes and suit your needs for your technology use. More information about eye health is available at www.thinkaboutyoureyes.com.

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The world turned upside down: How to cope with vertigo

BY KATE CONE
Correspondent

Victoria Barnes said she awoke one day and got out of bed and her world began to spin. Literally. Not her outer world, although she said it certainly felt like her bedroom had turned into a tilt-a-whirl carnival ride. Barnes was experiencing her first bout of vertigo.

“Everything spun. I couldn’t even move because the spinning was so bad. That lasted about five days and then I went to the emergency room. They told me I was dehydrated, ran a CAT scan and told me to go see the ear, nose and throat doctor. Eventually, it went away.”

But not for long. Barnes, a Maine native who now lives in Virginia, had another spell of vertigo about six months later.

“That time I went back to the otolaryngologist, who treated me with the Epley Maneuver,” she said.

The medical name for one of the several types of balance disorders that present as a sensation of spinning, dizziness or a feeling of being disoriented, is benign paroxysmal positional vertigo (BPPV). According to the National Institutes of Health (NIH), it can be caused by a number of things, including a head injury or just by getting older. BPPV sometimes occurs when tiny calcium crystals in the inner ear become displaced. In that case, a doctor can treat BPPV by carefully moving the head and body to reposition these particles.

This treatment, the Epley Maneuver, is named for John Epley, a Portland, Oregon doctor who first presented his solution for vertigo in 1980. Since then, it has become widely accepted as a solid solution to BPPV.

In Barnes’ case, her vertigo continued to come back, and further tests revealed she had a brain tumor.

“My vertigo wasn’t caused by the tumor, but it did exacerbate it,” she said. Since her tumor was surgically removed, her bouts of vertigo have decreased dramatically.

Every case is different, so the first step in discovering the cause of vertigo is to consult a health care provider. The reason for this is that dizziness, spinning, that out-of-control feeling, can be caused by other factors. A doctor can rule out a stroke, heart attack, dehydration, pregnancy, hypoglycemia, allergies—even aging.

There are numerous online sources to peruse for more information, including the NIH, which lists other causes of dizziness:

Meniere’s disease. An inner ear disorder



thought to be caused by a buildup of fluid and changing pressure in the ear. It can cause episodes of vertigo along with ringing in the ears (tinnitus) and hearing loss.

Labyrinthitis. An inner ear infection that can cause the symptoms of vertigo.

Perilymph fistula [PERRY-limf FIS-tew-lah]. A leakage of inner ear fluid into the middle ear. It causes unsteadiness that usually increases with activity, along with dizziness and nausea. Perilymph fistula can occur after a head injury, dramatic changes in air pressure (such as when scuba diving), physical exertion, ear surgery, or chronic ear infections. Some people are born with perilymph fistula.

Mal de Debarquement [dee-BARK-ment] syndrome (MdDS). A feeling of continuously rocking or bobbing, typically after an ocean cruise or other sea travel. Usually the symp-

toms go away a few hours or days after the person reaches land. Severe cases, however, can last months or even years, and the cause remains unknown.

The National Institute of Health also lists several symptoms that should be discussed with a health care provider to determine whether you are suffering from a balance disorder such as vertigo.

- Often feel unsteady.
- Feel as if the room is spinning around.
- Feel as if you’re moving when you know you’re standing or sitting still.
- Lose your balance and fall.
- Feel as if you’re falling.
- Feel lightheaded, or as if you might faint.
- Vision becomes blurred.
- Sometimes feel disoriented, losing your sense of time, place or identity.

Vertigo’s effects can range from annoying

to debilitating. Ability to drive, exercise or even do yoga, all things a person does usually without a lot of thought, can be brought to a quick halt with bouts of dizziness caused by vertigo.

In many cases, the Epley Maneuver or medication will work. Sometimes surgery is necessary. In cases where the vertigo just won’t go away, a vestibular rehabilitation therapist can come up with a long-term plan to help a person manage the condition.

Barnes, originally from South Portland, now lives in Alexandria, VA. She said she rarely experiences vertigo now. When she does have the feeling of her world spinning, “the Epley helps it every time.” Still, the underlying causes of vertigo are many. Consult a health care provider for a diagnosis.

More info can be found at: National Institutes of Health: www.newsinhealth.nih.gov.

Treatments for Alzheimer's disease continue to evolve

Alzheimer's disease is one of the most prevalent types of dementia in the world, affecting an estimated 35.6 million people all over the globe, and that number is expected to double in 20 years.

The Alzheimer's Foundation of America estimates that as many as 5.1 million Americans may be living with Alzheimer's disease. Australian company Actinogen Medical says Alzheimer's is Australia's second biggest killer. According to a 2012 study commissioned by the Alzheimer's Society of Canada, 747,000 Canadians were living with cognitive impairment, which included, but was not limited to, dementia.

People with Alzheimer's disease and other types of dementia may experience a decline in mental function severe enough to reduce their ability to perform everyday activities. Some of the cognitive functions that may be impaired include memory, communication and language, ability to pay attention, reasoning and judgment, emotional control, and social behavior.

There is no cure for Alzheimer's disease, nor is there an effective long-term way to prevent

potential mental decline. However, that has not stopped scores of researchers and medical teams that continue to study the efficacy of different drugs and therapies. The following are some of the more promising options in the works.

Leukine

A safety trial on the drug Leukine already is underway at the Colorado University Anschutz Medical Campus.

"We found so far that Leukine is safe in people with Alzheimer's disease," said Dr. Huntington Potter, director of Alzheimer's research at the university. "That means it doesn't have the side effects that so many other Alzheimer's drugs have had, which are swelling in the brain and bleeding into the brain."

Leukine has been successful in removing the plaque or amyloid along the outside of nerve cells in the brain of mice. Researchers do not know the exact mechanism for removal, but the drug is working and working quickly. Leukine also may be helping the brain repair itself. The Alzheimer's Association has donated \$1 million toward

financing the costs of the next phase of this trial.

Insulin

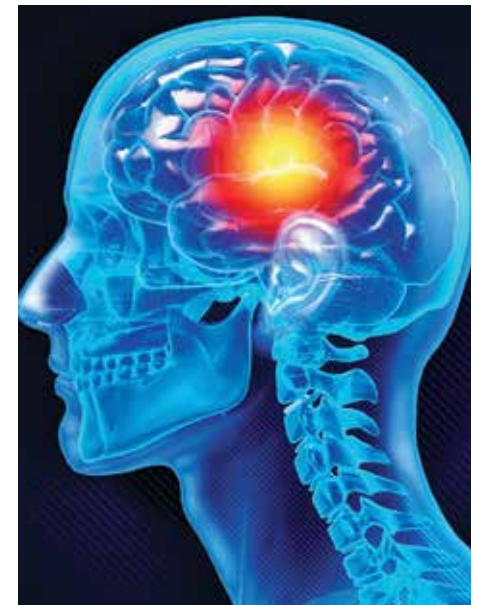
Neurologists at Rush University Medical Center are testing a type of insulin that is inhaled through a nasal spray to see if it improves cognition and memory function in people with mild cognitive impairment.

"There is growing evidence that insulin carries out multiple functions in the brain and that poor regulation of insulin may contribute to the development of Alzheimer's disease," said Dr. Neelum Aggarwal, a neurologist at Rush and the lead investigator of the study.

The 18-month clinical trial will study the nasal spray versus a placebo in 275 adults between the ages of 55 and 85.

Xanamem

Australian researchers at Actinogen Medical have begun trials of a new drug called Xanamem. More than 170 patients with mild dementia in Australia, the United States and the United Kingdom will take part in the placebo-controlled



12-week trial. The medicine blocks the stress hormone cortisol in order to improve mental function for those with dementias. In 2015, an Edinburgh University study of mice showed reducing cortisol in the brain improved their memory and decreased the number of Alzheimer's-associated amyloid plaques in the brain.

Researchers continue to work as they seek a successful, long-term option for treating or preventing Alzheimer's disease and other dementias.

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- MAT helps to stabilize brain chemistry**

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MAT improves survival rates, promotes retention in treatment and increases ability to gain and maintain employment.

KBH to expand Medication Assisted Therapy to address addiction problem in Somerset County

BY KENNEBEC BEHAVIORAL HEALTH
Special to the Medical Journal

Maine, like many other states, is in the midst of an addiction epidemic fueled by the use and overprescribing of prescription opioids and increasing usage of illicit opiates, such as heroin. Since 2008, Somerset and Kennebec counties have continually observed some of the highest rates for narcotics prescribed per person.

In 2016, according to the Maine Attorney General's Office, there were 378 drug overdose deaths in Maine. Access to local and appropriate treatment is paramount in saving lives and turning the tide of this epidemic.

One of the most effective methods of treatment is a whole person approach known as Medication Assisted Therapy (MAT). MAT is a critical component of evidence-based treatment for those with opioid use disorders. For opioid treatment programs, MAT is the use of medication such as methadone, buprenor-

phine or naltrexone in combination with counseling and other behavioral supports including peer-to-peer support to overcome acute addiction and assist individuals in recovery.

Medication Assisted Therapy does not replace one addictive drug with another but provides a safe, controlled level of medication that blocks the euphoric effects of opioids, normalizes bodily functions, relieves physiological cravings and helps to stabilize brain chemistry. Together with counseling and other supports, MAT provides a comprehensive, individually-tailored program plan of medication that improves survival rates, promotes retention in treatment and increases the ability to gain and maintain employment.

Kennebec Behavioral Health stepped up to the challenges of this epidemic in an effort to support increased access to patient-centered addiction care through the expansion of MAT. In 2017, KBH was awarded one of only four Two-Year Planning Grants through Maine Health Access Foundation (MeHAF). Partnering with Maine Quality Counts, Crisis

& Counseling, Redington-Fairview General Hospital and Skowhegan Family Medicine as well as Somerset County emergency medical services and law enforcement, KBH has been working to create a plan that will expand MAT.

"The approach is an intentional and collaborative planning process that addresses barriers to care, so as to create a sustainable infrastructure for improved access to addiction care and ongoing recovery support," said Pat McKenzie, administrator of Outpatient and Substance Use Disorder Services at KBH.

"We aim to build a more integrated system of care across primary care, specialty care, consumers and other critical stakeholders to promote long-term recovery for individuals and their families."

KBH and partners made significant progress in designing a "whole person" service model with special attention to expanding access of services to two priority populations with an opioid use disorder: pregnant women, new mothers and affected infants

as well as under-insured and uninsured individuals with treatment needs.

Rob Rogers, KBH's director of Substance Use Prevention and Grant Services, said about MeHAF funding, "Somerset County has been vastly underserved related to MAT ... This will help us put together a solid implementation plan to address the care of our substance use citizens and their affected family members."

The primary goal of this grant is to implement a pilot project of this service model in Skowhegan by fall of 2018. Bringing the community together in support of long-term recovery and wellness is a critical part of making an effective impact on the state's opioid crisis. Recovery is so much more than treatment; it's the entire community rallying around our neighbors and friends.

Tina Chapman, development & communications director; Pat McKenzie, administrator of Outpatient and Substance Abuse Services and Elizabeth Keane, communications specialist developed this article.

How to promote healthy kidneys

Kidney disease is a widespread issue made all the more disconcerting by the fact that many people are unaware they have it. According to the National Kidney Foundation, 26 million American adults have kidney disease, and most don't know it. And the problem of kidney disease is not exclusive to the United States, as the Canadian Kidney Foundation notes that the number of Canadians being treated for kidney failure has tripled over the last quarter century.

Healthy kidneys are something many people take for granted. But those who want to do everything they can to keep their kidneys healthy can consider the following tips, courtesy of the Cleveland Clinic.

Stay hydrated, but avoid overhydration. Many people are familiar with the benefits of drinking water each day, and adequate hydration definitely promotes healthy kidneys. But overhydrating has not been proven to enhance kidney function. The Cleveland Clinic recommends adults drink

between four and six glasses of water per day.

Exercise. Regular exercise benefits various parts of the human body, including the kidneys. High blood pressure and diabetes are two of the biggest risk factors for kidney disease, and regular exercise can reduce a person's risk of both conditions. However, overexertion can strain the kidneys, so adults who exercise, especially novices who need to improve their conditioning, should avoid going too hard at the gym.

Speak with a physician before taking vitamin supplements or herbal remedies. Vitamin supplements and herbal remedies have become very popular in the 21st century, but excessive supplementation can harm the kidneys. Discuss any supplements or herbals remedies with a physician before taking them.

Quit smoking. Just as exercise benefits the body in myriad ways, smoking harms the body in myriad ways. Smoking decreases



Staying hydrated while avoiding overhydration is one way for men and women to protect their kidneys.

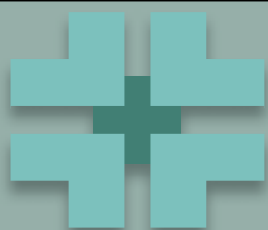
es the blood flow in the kidneys, decreasing their ability to function at optimal capacity. Smoking also increases a person's risk of high blood pressure and cancer of the kidneys.

Eat healthy. A healthy diet decreases a person's risk for high blood pressure and diabetes. Adhering to a healthy diet and controlling portion sizes can help control

weight and blood pressure and contribute to healthy kidneys as well.

Get screened. Adults who have been diagnosed with high blood pressure or diabetes should make sure their physicians screen for kidney dysfunction during routine appointments.

Learn more about kidney disease at www.kidney.org.

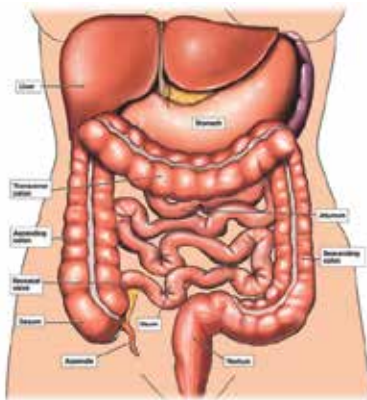


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WinterKids program kicks off Winter Olympics at elementary schools

BY VALERIE TUCKER
Correspondent

Following the theme of the 2018 Winter Olympics in South Korea, the statewide WinterKids program selected an elementary school in each of Maine's 16 counties to compete in January in their own version of the 2018 Winter Olympics.

"This was the pilot year of the Winter Games component," said WinterKids Executive Director Julie Mulkern.

Students accumulated points in four categories: moving a minimum of 300 minutes outdoors; completing five healthy eating activities; incorporating outdoor physical activity and nutrition at home and participating in the final activity celebration. Mulkern explained that participating schools were chosen because of great past participation and enthusiastic community involvement in the annual WinterKids program.

In January, Somerset County's Margaret Chase Smith School students in Skowhegan competed for points with their statewide counterparts. Fourth-grade teacher Mary Herrick said the school's staff and community put a tremendous effort into making the month a success. They organized an opening ceremony that had all the enthusiasm of the international event, with firefighters, local police departments and community leaders helping to start the official games.

Students spent the next four weeks learning how to be healthy, be active and have fun at the same time. They also tried new activities that integrated state learning objectives with practical life skills.

"For example, we had the students plan a school lunch, working with the U.S. Department of Agriculture's MyPlate curriculum," Herrick said.

Other activities included skiing, sledding and snowshoeing after school during the Family Engagement week part of the program. They also incorporated art education into the winter games theme, learning about snow sculpting from Amanda Bolduc.

In 2017, Bolduc and her team brought home both the third place trophy and the coveted People's Choice award from the Snow Sculpting Nationals in New York. Bolduc shared some of her techniques and helped students design and build their own sculptures.

Representing Kennebec County was the Helen Thompson Elementary School in West Gardiner. Fourth grade teacher Sarah

"Teachers found creative ways to add more activity to our days, even when the temperatures in January were at their lowest. We used the gym, the hallways and open areas within the building to increase our activity or play games."

**SARAH HANLEY, TEACHER
HELEN THOMPSON ELEMENTARY
SCHOOL, WEST GARDINER**

Hanley said she saw tremendous student effort and enthusiasm throughout January.

One of the most popular activities was snowshoeing around the school grounds.

"Teachers found creative ways to add more activity to our days, even when the temperatures in January were at their lowest," she said. "We used the gym, the hallways and open areas within the building to increase our activity or play games."

A few classrooms invited family members to join activities like this, as well as joining hikes on the nearby nature trail. Students also learned how to make healthy snacks in classrooms, creating a "fruit pizza" and experimenting with vegetables, including asparagus that might not be as familiar to them.

Families generously donated fruit or vegetables to some classrooms so that students could "eat the rainbow." Students learned that eating fruits and vegetables in a variety of colors is one sure method to get as many vitamins and minerals as possible, while eating a wide and varied amount of food in the process. Classrooms also teamed up across grade levels, with older students acting as buddies for younger students.

More than 24,000 children over the past seven years have participated in the WinterKids programs. The program began in 1997 as part of the Ski Maine Association's efforts to get more young people involved in winter sports. Today's funds come from a variety of sources, including grants and community and corporate donations.



Contributed photo

In this year's WinterKids Winter Games, the Kennebec County representative was the Helen Thompson Elementary School in West Gardiner. Organizer and fourth grade teacher Sarah Hanley said one popular activity was snowshoeing around the school grounds. During the program's Winter Carnival in January, Logan Cote and Lilly Clark pulled Aubrey Daigle on her sled. When weather was unusually cold, teachers found creative ways to add more activity to students' days, using the gym, the hallways and open areas within the building for activities.



Contributed photo

The students at the Margaret Chase Smith School in Skowhegan spent the month of January celebrating winter activity. Fourth graders Mariah Tanner, Trinity Rhodes, and Savannah Hartsgrove learned about the art of snow sculpting from Amanda Bolduc as one of their outdoor classes. In 2017, Bolduc and her team brought home both the third place trophy and the coveted People's Choice award from the Snow Sculpting Nationals in New York. She shared some of her winning techniques and helped students design and build their own sculptures.



Pets can contribute to cognitive, physical and emotional wellness in children.

Want healthier kids? Get a pet

If youngsters have been eyeing fuzzy kittens or boisterous puppies at nearby shelters or pet stores, parents may want to give in to those cries for a family pet. Pets are added responsibilities, but the health benefits associated with pet ownership may be well worth the investment of time and effort.

Caring for a pet is sometimes viewed as a childhood rite of passage, but there's much more to the experience than just learning responsibility. Experts say a child's emotional, cognitive, physical, and social development can be enhanced through interaction with a family pet. Studies continue, but the effects of family pets on children was heavily researched by developmental psychologist Gail F. Melson in 2003. Melson looked at literature on child-animal relationships and found that children who had pets were better able to understand biology and children who could turn to pets for unconditional emotional support were less anxious and withdrawn than their

peers without family pets to turn to.

Data from a small study conducted by researchers at the Cummings School of Veterinary Medicine at Tufts University reported that adolescents who had animal experience were more likely to see themselves as important contributors to communities and more likely to take on leadership roles.

Pets also can help children develop into well-rounded individuals. Playing with a pet requires children to engage in physical activity and can help stimulate motor skills. An English study conducted in 2010 and published in the American Journal of Public Health found that children from dog-owning families spent more time in light or moderate to vigorous physical activity and recorded higher levels of activity counts per minute than kids whose families did not own a dog.


Pets may help with allergies and respiratory ailments as well. A 2012 study by the American Academy of Pediatrics discovered that children who have early contact

with cats and dogs have fewer respiratory infections and ear infections and need shorter courses of antibiotics than children who have not had contact with pets.

A study from Dennis Ownby, MD, a pediatrician and head of the allergy and immunology department of the Medical College of Georgia, found that having multiple pets decreases a child's risk of developing certain allergies. He found that the children who were exposed to two or more dogs or cats as babies were less than half as likely to develop common allergies as kids who had no pets in the home.

Pets also may foster social interactions, which can benefit children who are shy. Inviting others over to meet pets can help children make friends and find others with similar interests. Children may also confide in pets and develop their self-esteem.

Studies have indicated that the type of pet a family has, whether it's horses, dogs, snakes, etc., does not matter, as all companion animals have the potential to benefit children.




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2018



MEDICAL JOURNAL

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MEDICAL JOURNAL PROFILES 2018



ANNE PRATT GIROUX AUDIOLOGY

• **Contact Information:**

124 Silver Street,
Waterville, ME 04901
and Redington-Fairview General
Hospital Outpatient Clinic

• **Chief Executive:**

Dr. Anne Pratt Giroux

• **Founded:** 2000

• **Phone:** (207) 872-0320

• **Employees:** 3

• **About Us:** Private practice audiology with 43 years of experience. General Audiology, with special testing equipment for infants and children, and expertise in geriatrics, CAOHC certification courses, Community presentations, Aural Rehabilitation including Lip Reading lessons, Assistive Listening Devices, Hearing Aids and hearing aid related services. We specialize in developing individual plans for improvement in communication situations. We know that better hearing improves life. We can help.



BELTONE HEARING AID CENTERS

• **Contact Information:**

Augusta Location:
226 Western Avenue
Augusta, Maine 04330
• **Phone:** (207) 622-5357
• **Web:** www.Beltone.com

• **Chief Executive:**

Michael K. Andreozzi

• **Founded:** 1940

• **Hours:** Hearing tests by
appointment.

• **Employees:** 125

Marc King
BC-HIS
License
#366

• **About Us:** Mark King is the Board Certified Hearing Instrument Specialist in the Beltone Augusta Office. Services include complimentary video ear scans where we check for wax build up, complimentary audiometric hearing evaluations and free clean and checks of all hearing aids (regardless of brand). We offer the latest in digital hearing aid technology from Beltone Electronics, backed with over 78 years of experience. All our hearing aids come with BelCare, an exclusive aftercare program that provides cleanings and adjustments for the life of the hearing aid and yearly audiometric screenings at no charge.

MEDICAL JOURNAL PROFILES 2018



Felicia Curtis
BC-HIS
License
#DL-397

BELTONE HEARING AID CENTERS

- **Contact Information:**
Waterville Location:
7 KMD Plaza
Waterville, Maine 04901
- **Phone:** (207) 692-2119
- **Web:** www.Beltone.com

- **Chief Executive:**
Michael K. Androozzi
- **Founded:** 1940
- **Hours:** Hearing tests by appointment.
- **Employees:** 125

• **About Us:** Felicia Curtis is the Board Certified Hearing Instrument Specialist in the Beltone Waterville Office. Services include complimentary video ear scans where we check for wax build up, complimentary audiometric hearing evaluations and free clean and checks of all hearing aids (regardless of brand). We offer the latest in digital hearing aid technology from Beltone Electronics, backed with over 78 years of experience. All our hearing aids come with BelCare, an exclusive aftercare program that provides cleanings and adjustments for the life of the hearing aid and yearly audiometric screenings at no extra charge.



BLUE SKY COUNSELING

- **Contact Information:**
10 Common St. and
32 College Ave., Suite 203
Waterville, ME 04901
- **Phone:** (207) 616-0705 or (207) 314-7544
- **Fax:** (207) 241-4016

- **Chief Executive:**
Tina Roy
- **Founded:** 2010
- **Employees:** 25
- **Email:**
Blueskycounseling1@gmail.com

• **About Us:** An integrated treatment approach to meet the needs of our clients struggling with addiction and mental health. We offer: assessment with a dedicated, compassionate addiction and/or mental health specialist to assess your current needs; medication (Suboxone) assistance to treat your addiction; individual counseling, groups and an intensive outpatient program. Our treatment philosophy is to empower individuals with the tools to support a life long recovery process free from substance abuse. As well as for individuals to be able to support each other through their recovery and build community with each other outside of treatment. DEEP certified.

THE CANNABIS HEALING CENTER

- **Contact Information:**
184 Water St.
Hallowell, ME 04347
- **Phone:**
(207) 248-7849

- **President:**
Derek Wilson
- **Founded:** 2012
- **Employees:** 1
- **Hours:**
10 a.m.-7 p.m. Wed. thru Sunday

• **About Us:** Providing premium organic marijuana to Maine patients since 2012



CEDAR RIDGE CENTER

- **Contact Information:**
23 Cedar Ridge Drive
Skowhegan, ME 04976
- **Phone:** (207) 474-9686
- **Web:** www.genesisihcc.com

- **Chief Executive:**
Mike McDougall
- **Founded:**
July, 1989
- **Employees:** 120

• **About Us:** Cedar Ridge Center offers skilled rehabilitation programs, as well as nursing services in a lively, caring environment. Recovery from hospitalizations or elective surgery like joint transplants proceed smoothly with the assistance of rehab therapists. Cedar Ridge Center is part of Genesis HealthCare.



DFD RUSSELL MEDICAL CENTERS

- **Contact Information:**
180 Church Hill Road, Leeds
11 Academy Road, Monmouth
7 South Main Street, Turner
- **Phone:** (207) 524-3501
- **Web:** www.dfdrussell.org

- **Medical Director:**
Gary Rivard, DO
- **Founded:** 1974
- **Employees:** 50
- **Hours:** 24 hour on call Provider
Evening and weekend hours for established patients.

• **About Us:** DFD Russell Medical Center is a leader in Maine, standing apart as a nationally recognized Patient-Centered Medical Home and offering pioneering, patient-centered primary care services to the people of Central Maine. Our model of care is centered around education, prevention and treating the whole person.

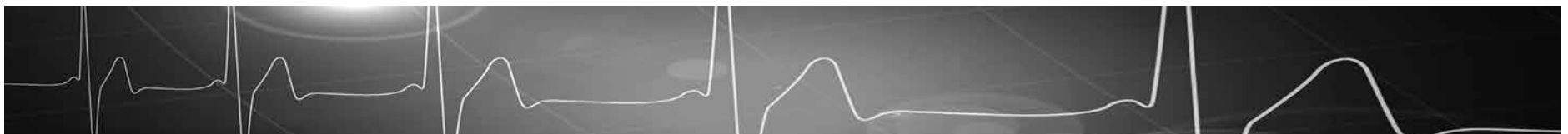


DRAGONFLY ORIENTAL MEDICINE

- **Contact Information:**
338 Water St.
Hallowell, ME 04347
- **Phone:** (207) 446-3103

- **Licensed Acupuncturist:**
Brett VanCott
- **Web:**
dragonflyorientalmedicine.com

• **About Us:** Brett is a nationally certified Diplomate in Oriental Medicine by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). She has been licensed to practice acupuncture in Maine since 2000 and has been in practice for over 20 years. The style of acupuncture that she uses is Traditional Chinese Medicine, which she blends with German Auricular Medicine. She maintains an extensive Chinese herbal pharmacy at her clinic and is additionally licensed to make custom-made herb formulas.



MEDICAL JOURNAL PROFILES 2018



EYE CARE OF MAINE

- **Contact Information:**
325A Kennedy Memorial Dr.
Waterville, ME 04901
- **Phone:** (207) 873-2731
(800) 660-3403
- **Web:** www.Maine2020.com
- **Founded:** 1922
- **Doctors:**
Steve R. Witkin, M.D.
Peter C. Kohler, M.D.
James R. Putnam, M.D.
Marc B. Daniels, M.D.
Helen Bell-Necevski, O.D.
Lorie Lepley Parks, O.D.
Michael C. Parks, O.D.
Ian M. Jones, O.D.

• **About Us:** Eye Care of Maine is an ophthalmology referral and general eye care practice. We provide the most current and comprehensive services in eye care. We also have a stand-alone surgery center.



FAMILY FOCUSED HEALTHCARE

- **Contact Information:**
219 Capitol St.
Augusta, ME 04330
- **Phone:** (207) 213-6713
Fax: (207) 213-6785
- **Web:** www.fffhealth.net
- **Employees:** 7
- **Medical Providers:**
Laura Caron, MD
Monica Trask, PA-C
- **Hours:**
Mon. 7:45 a.m. - 4:45 p.m.
Tues. 8 a.m. - 7 p.m.
Wed. 8 a.m. - 7 p.m.
Thurs. 8 a.m. - 5 p.m.
Fri. 7:30 a.m. - 4:30 p.m.
Sat. 8 a.m. - 12 p.m.

• **About Us:** Family medicine, with full spectrum practice including newborn, pediatric & adolescent care, woman's health & obstetrics, preventative care for men & women, chronic disease management, geriatrics, urgent care & lab services.



FRANKLIN MEMORIAL HOSPITAL

- **Contact Information:**
111 Franklin Health Commons
Farmington, ME 04938
- **Phone:**
(207) 778-6031
(800) 398-6031
- **Web:** www.fchn.org
- **Chief Executive:**
Timothy Churchill,
President/CEO
- **Founded:** 1929
- **Employees:** Approximately 605

• **About Us:** Franklin Memorial Hospital is a progressive, not-for-profit community general hospital whose mission is to provide high quality, cost-effective, patient-centered health care to residents and visitors of West Central Maine. The hospital is fully qualified and accredited to handle a broad range of medical, surgical, pediatric, women's care, and diagnostic services. Franklin Memorial Hospital has 11 medical and surgical practices. Franklin Memorial Hospital became a member of the Maine-Health system on October 1, 2014.

HAIRBUILDERS

- **Contact Information:**
653 Oak Grove Rd.
No. Vassalboro, ME 04989
- **Phone:** (207) 873-3688
- **Web:** www.hairbuildersme.com
- **Founded:** 1989
- **Employees:** 2
- **Chief Executive:**
Beth Morse
- **Hours:**
Tues., Thurs, Fri. 8 a.m. - 5 p.m.
Wed. 11 a.m. - 8 p.m.
Sat. 8 a.m. - ?

• **About Us:** Hair restoration for women and men. Hair loss solutions, free consultations. Hair salon, cuts, color, perms, style, manicures, pedicures, tanning.



HASENFUS FAMILY DENTAL

- **Contact Information:**
41 Fuller Rd.
Augusta, ME 04330
- **Phone:** (207) 622-1711
- **Web:**
www.hasenfusdental.com
- **Email:**
info@hasenfusdental.com
- **Chief Executive:**
Nicole Hasenfus
- **Founded:** 2017
- **Employees:** 10
- **Hours:**
Mon.-Thurs. 8 a.m.-5 p.m.
Fri. 8 a.m.-12 p.m.

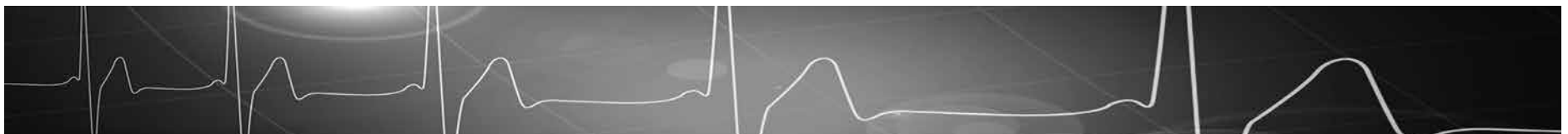
• **About Us:** We are a busy dental practice located in central Maine. We offer cleanings, exams, crowns, implants, dentures, bridges, whitening, fillings, root canals, x-rays, veneers, sealants, and so much more. We accept all ages and cash/credit/insurance. Call today for an appointment at 207-622-1711.



HOMETOWN VETERINARY CARE

- **Contact Information:**
51 Western Ave.
Fairfield, ME 04937
- **Phone:** (207) 453-7387
- **Web:** www.yourhometownvet.com
- **Email:** hometownvet@myfairpoint.net
- **Chief Executive:**
Matthew Townsend, DVM
- **Employees:** 23
- **Hours:** Mon.-Thurs. 7:30 a.m.-6:30 p.m.
Fri. 8 a.m.-5 p.m.
Sat. 8 a.m.-12 p.m.

• **About Us:** Hometown Veterinary Care, a mixed animal practice, is an ever-expanding facility where modern medicine meets hometown values. Our spacious building houses 4 exam rooms, surgical suite, well-equipped lab for in-house diagnostics, digital and dental x-ray, large treatment area, isolation ward, fully-stocked pharmacy, as well as roomy dog kennels and kitty condos for our patients who are spending the day with us. We also provide services for a wide variety of large animal clients in the area. We are committed to promoting responsible pet ownership, preventative health care, and health-related educational opportunities for our clients. The Hometown team strives to provide the highest standards of care for your pet, not only during your visit, but year-round, by providing 24-hour emergency services for our established clients.



MEDICAL JOURNAL PROFILES 2018



INLAND HOSPITAL

- **Contact Information:**
200 Kennedy Memorial Drive
Waterville, ME 04901
- **Phone:** (207) 861-3000
- **Web:** www.inlandhospital.org
- **Founded:** 1943
- **Chief Executive:**
John Dalton, President
- **Provider Finder Service:**
1-800-914-1409
inlandproviderfinder@emhs.org
- **Employees:** 750

• **About Us:** Inland is a dynamic healthcare organization where patients and their families always come first. Services include: compassionate and respectful care, primary care providers in Waterville, Oakland, Madison and Unity, private inpatient rooms, a full range of outpatient and diagnostic services, family birthing center, cardiology, neurology, general surgical services, OMT, podiatry, rheumatology, wound care, diabetes and nutrition services, OB/GYN care, emergency care with on-site helipad, orthopedics, rehabilitation, and infusion services. Lakewood, located on the Inland campus offers skilled nursing, dementia and long-term care. Inland is a member of EMHS.



KENNEBEC BEHAVIORAL HEALTH

- **Contact Information:**
67 Eustis Parkway
Waterville, ME 04901
- **Phone:**
(207) 873-2136 or
1-888-322-2136
- **Chief Executive:**
Thomas J. McAdam
- **Founded:** 1960
- **Employees:** over 400
- **Web Address:**
www.kbhmaine.org

• **About Us:** Kennebec Behavioral Health's mission is to promote the well-being of children, adults and families who experience mental illness, emotional difficulties or behavioral challenges. Founded in 1960, Kennebec Behavioral Health (KBH) offers clinic-based services in Waterville, Augusta, Winthrop and Skowhegan and provides community-based services throughout a seven-county service area. KBH's nationally recognized vocational rehabilitation program features High Hopes Clubhouse in Waterville, Capitol Clubhouse in Augusta and Looking Ahead Clubhouse in Lewiston. KBH is CARF (Commission on Accreditation of Rehabilitation Facilities) accredited and is well known for its high-quality, strengths-based approach to its mission.



KENNEBEC EYE CARE, P.A.

- **Contact Information:**
216 Main Street
Waterville, ME 04901
- **Phone:** (207) 872-2797
- **Web:**
www.kennebeceyecare.com
- **Founded:** 1955
- **Employees:** 14
- **Doctors on Staff:**
Peter Paradis, O.D.
Kerry Kaplan, O.D.
Lesley A. Sobock, O.D.
- **Hours:** Year round:
Mon., Tues., Thurs, Fri. 8-5
Wed. 9-5
Nov.-May: Saturdays, 8-noon
Evenings: call for appointment

• **About Us:** Medical and routine eye care, contact lenses, spectacle frame and lenses. In-house lab makes photochromic, glare-free, high index and aspheric lenses. Our friendly, courteous technicians and opticians make each patient's experience a pleasure. One hour service available, some restrictions apply.



KENNEBEC MEDICAL CONSULTANTS

- **Contact Information:**
13 Railroad Square
Suite 2
Waterville, ME 04901
- **Phone:**
(207) 877-9562
Fax: (207) 877-9560
- **Web:** www.kennebecmedical.com
- **Chief Executive:**
Jerald E. Hurdle, DO
- **Founded:** 2011
- **Employees:** 4
- **Hours:**
Mon.-Thurs. 8 a.m.-3 p.m.
Fridays: 8 a.m.-12 p.m.
Apts. within 24 hours available.

• **About Us:** **Dermatology:** Acne, Skin Cancer, Psoriasis, Eczema, Atypical Moles, Hair Disease, Nail Disease, Blu-u Therapy, Botox, Laser Treatment
Colorectal/Proctology: Hemorrhoids, Genital Warts, Rectal Bleeding, Irritable Bowel Disorder, Inflammatory Bowel Disease, Pelvic Floor Rehabilitation, Colonoscopy and Constipation.
We are accepting new patients and accept Medicare and all major insurance plans.

KENNEBEC PHARMACY & HOME CARE

- **Contact Information:**
43 Leighton Road
Augusta ME 04330
(207) 626-2726
- **Web:**
www.kennebecpharmacy.com
- **Chief Executive:**
Mike Nowak
- **Founded:** 1995
- **Employees:** 110
- **Hours:**
Leighton Road: Mon.-Fri. 8 a.m.-5 p.m.
Medical Center Parkway:
Mon.-Fri. 9 a.m.-6 p.m.
Sat.-Sun. 8 a.m.-12 p.m.

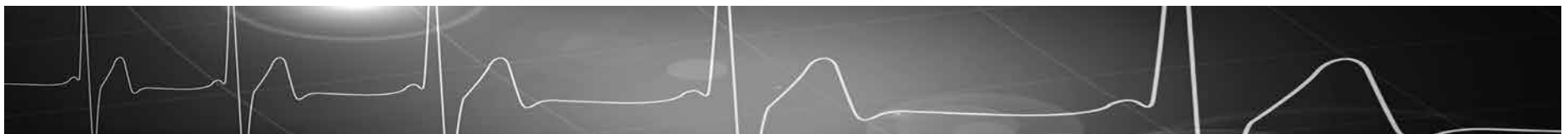
• **About Us:** We're your local pharmacy and home medical equipment provider dedicated to making better living possible for the people we serve. You can look to us for: prescriptions, over-the-counter medications, compounded medications, specialty medications, home medical equipment, respiratory therapy services, home infusion services, post-mastectomy fittings, bio-identical hormone replacement therapy, and more.



KENNEBEC VALLEY COMMUNITY COLLEGE

- **Contact Information:**
92 Western Ave.
Fairfield, ME 04937
- **Phone:**
(207) 453-5822
- **Web:**
www.kvcc.me.edu
- **Founded:** 1969
- **President:**
Dr. Richard Hopper
- **Employees:** 206
100 full-time
106 part-time
- **Hours:**
Mon.-Thurs. 8 a.m.-5 p.m.
Fri. 9 a.m.-4 p.m.

• **About Us:** Offering two-year associate degrees and one year certificate programs, unique programs, opportunities to transfer credits to four-year colleges and universities, online classes, professional development courses and customized workforce training.



MEDICAL JOURNAL PROFILES 2018



KENNEBEC VALLEY YMCA

- **Contact Information:**
31 Union St.
Augusta, ME 04330
40 Granite Hill Rd.
Manchester, ME 04351
- **Web:** www.kvymca.org
- **Founded:** 1914
- **Employees:** 110

- **CEO:** Tom Warren
- **Hours:**
Augusta: Mon.-Fri. 5 a.m.-9 p.m.
Sat. 7 a.m.-5 p.m.
Sun. 7 a.m.-2 p.m.
- Manchester: Mon.-Fri. 5 a.m.-8 p.m.
Sat. 7 a.m.-2 p.m.
Sun. CLOSED

• **About Us:** The Kennebec Valley YMCA is an enduring community partner in the Capital region. The Kennebec Valley YMCA's Healthy Living Program includes LIVESTRONG at the YMCA, National Diabetes Prevention Program, pediatric referral programs, and a variety of classes designed to meet individual needs regardless of their fitness level. The Kennebec Valley YMCA is a charitable nonprofit organization, providing more than \$240,000 in scholarship funds annually, ensuring open doors to all.

The Y.™ For a better us.™



LAKWOOD CONTINUING CARE CENTER

- **Contact Information:**
220 Kennedy Memorial Drive
Waterville, ME 04901
- **Phone:** (207) 873-5125
- **Web:** www.lakewoodcare.org

- **Chief Executive:**
Shannon Lockwood, Administrator
- **Founded:** 1974
- **Employees:** 160

• **About Us:** Lakewood is a 105 bed continuing care center on the Inland campus offering skilled nursing, dementia and long-term care. We are a not-for-profit community and an affiliate of Inland Hospital. Our mission is to enhance the lives of our residents and their families. We achieve this by providing compassionate care, creative activities programming and advanced training for our certified nurses' aides and skilled nurses. Our qualified rehabilitation staff offers physical, occupational and speech therapies. Together we are committed to respecting our residents' right to choose.



MAINEGENERAL HEALTH

- **Contact Information:**
35 Medical Center Parkway
Augusta, ME 04330
149 North Street
Waterville, ME 04901

- **Chief Executive:** Chuck Hays
- **Email:** public@mainegeneral.org
- **Web:** www.mainegeneral.org
- **Founded:** 1898
- **Employees:** 4,449
- **Hours:** 24 hours a day, 7 days a week

• **About Us:** The state's third-largest health care system, MaineGeneral is an integrated not-for-profit organization with a range of services that includes: a 192-bed acute care medical center in Augusta; a comprehensive outpatient center in Waterville; a cancer treatment center which was the first center in Maine to earn the Quality Oncology Practice Initiative (QOPI®) certification; primary care and specialty physician practices; mental health and substance abuse services; long-term care facilities; rehabilitation; home health care and hospice services; special care for patients with memory loss; community outreach; and retirement living options.



MIDCOAST LYME DISEASE SUPPORT & EDUCATION

- **Contact Information:**
4 Mills Rd. #120
Newcastle, Maine 04553
- **Phone:** (207) 446-6447
- **Web:** www.mldse.org
- **Email:** info@mldse.org

- **Co-Founders:**
Paula Jackson Jones, President
Angele Rice, Vice President
- **Founded:** 2014
- **Employees:** All Volunteer

• **About Us:** Midcoast Lyme Disease Support & Education (MLDSE) is a nonprofit 501(c)3 organization that serves the needs of Maine's Lyme community. A Maine partner of the national Lyme Disease Association, their efforts are focused on raising awareness, fostering education, advocating for state and local change while providing resources and support to those affected by Lyme and tick-borne diseases. Midcoast Lyme Disease Support & Education is available year round for prevention and educational talks. For more information about MLDSE, visit their website at www.mldse.org. To request a prevention talk for your group, please send an email to info@mldse.org.



BRIAN J. MORIN, DMD, MMSC, PA

- **Contact Information:**
325-D Kennedy Memorial Drive
Waterville, ME 04901
- **Phone:** (207) 872-2094
- **Web:** www.morinorthodontics.com

- **Chief Executive:**
Brian J. Morin, DMD
- **Founded:** 1994
- **Employees:** 4

• **About Us:** Quality orthodontic treatment for children and adults. Other locations are Skowhegan and Farmington.



MOUNT SAINT JOSEPH RESIDENCE & REHABILITATION

- **Contact Information:**
7 Highwood St.
Waterville, ME 04901
- **Phone:** (207) 873-0705

- **Chief Executive:**
Diane Sinclair - Administrator
- **Founded:** 1966
- **Employees:** 185

• **About Us:**
Nursing facility: Specializing in skilled and rehab services; Physical, Occupational and Speech therapies; 24 hour nursing services; Your Care is our Calling.

Long-Term Care Services: Alzheimer/Dementia; Hospice; Mental Health; Residential and Nursing level care

Voted "Best Nursing Care Facility" in the community for 18 years.



MEDICAL JOURNAL PROFILES 2018



NORTHEAST LABORATORY SERVICES

- **Contact Information:**
227 China Rd.
Winslow, ME 04901
- **Phone:** (207) 873-7711
(800) 244-8378
- **Branch Office:**
120 Main St.
Westbrook, ME 04092
- **Chief Executive:**
Rodney "Beau" Mears
- **Email:** info@nelabservices.com
- **Web:** www.nelabservices.com
- **Founded:** 1972
- **Employees:** 70
- **Hours:**
Mon.-Fri. 8 a.m.-5 p.m.

• **About Us:** Accredited laboratory providing a wide range of environmental analytical chemistry, microbiology, and indoor air quality testing services. Manufactures microbiological prepared media products for a wide array of customers including pharmaceutical, biotech, food and clinical markets.



OAK GROVE CENTER

- **Contact Information:**
27 Cool St.
Waterville, ME 04901
- **Phone:** (207) 873-0721
- **Web:** www.genesisihcc.com
- **Chief Executive:**
Sara Sylvester, RN - Administrator
- **Founded:** 1962
- **Employees:** 130

• **About Us:** At Oak Grove, we believe care is about more than state-of-the-art equipment: it's about quality of life. Providing you or your loved one with the personalized attention needed to achieve the highest quality of life is our daily concern. We offer skilled care and subacute programs for people making that recovery transition between hospital and home. Physical, occupational, speech and respiratory therapies, wound care and IV therapies assist in timely recuperation. Oak Grove Center is part of Genesis HealthCare. We have been selected for the Silver-Achievement Quality Award for Outstanding Performance by the American Healthcare Association.



PINE TREE ORTHOPEDIC LAB

- **Contact Information:**
175 Park St.
Livermore Falls, ME 04254
- **Phone:** (207) 897-5558
- **Web:**
www.pinetreeorthopedic.com
- **Email:**
info@pinetreeorthopedic.com
- **Chief Executives:**
Bruce MacDonald
Todd MacDonald
- **Founded:** 2006
- **Employees:** 20
- **Hours:** Mon.-Fri. 8 a.m.-5 p.m.
Saturday 8 a.m.-2 p.m.
Evenings by Appointment

• **About Us:** We manufacture custom AFO's, custom orthotics, custom shoes, custom articulating braces, and we do all types of shoe modifications. Our retail store specializes in comfort shoes with sizes from 5-18 and widths from AA to 9E available. Our friendly staff includes three certified Pedorthist that have helped thousands of people with foot problems. We also have a 40-foot safety shoe trailer that calls on businesses throughout Maine. Take a drive today to Livermore Falls and visit the most unique shoe store in Maine.



REDINGTON-FAIRVIEW GENERAL HOSPITAL

- **Contact Information:**
P.O. Box 468
46 Fairview Avenue
Skowhegan, Maine 04976
- **Phone:** (207) 474-5121
- **Chief Executive:** Richard Willett
- **Web:** www.rfgh.net
- **Founded:** 1952
- **Employees:** 550
- **Hours:** 24 hours, 7 days a week

• **About Us:** RFGH is an independent, non-profit, critical access, community hospital serving Somerset County. We provide a full range of quality, comprehensive inpatient and outpatient health care services including: internal medicine, family medicine, pediatrics, OB/GYN, geriatrics, endocrinology and Diabetes education, anesthesiology/pain management, oncology, orthopedics, general surgery, gastroenterology, neurology, urology, cardiac rehab, pulmonary rehab, respiratory care, emergency medicine, and comprehensive inpatient and outpatient rehabilitation (physical therapy, occupational therapy, speech language pathology, and more).



SEBASTICOOK VALLEY HEALTH

- **Contact Information:**
447 N. Main St.
Pittsfield, ME 04967
- **Phone:** (207) 487-4000
TTY: (207) 487-4590
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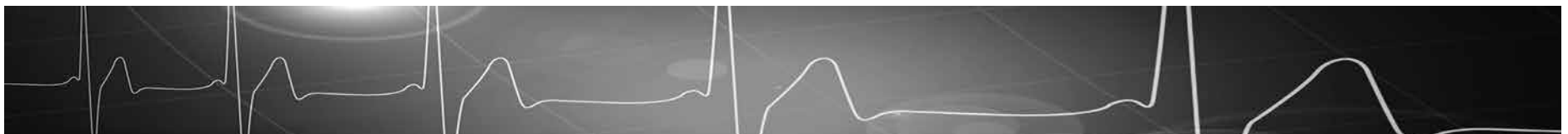
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**Recommended reading,
suggested by Dr. John Woytowicz:**

Healthy at Home: Get Well and Stay Well
without Prescriptions
Tierarona Low Dog, MD

The Inside Tract
Andrew Weil, MD

The Toxin Solution: an Eight Week Program
to Detox Your Life
Joseph Pizzorno, MD

Nancy McGinnis photos

Dr. Woytowicz shares recommendations from his extensive library of integrative medicine titles and from his personal experience with using tinctures and supplements as a way to improve health or stay well.

Integrative medicine: offers a collaborative approach to health and wellness

Healing can come in different shapes and sizes

BY NANCY P. MCGINNIS
Correspondent

“People are living longer these days, but not necessarily better,” says Dr. John Woytowicz, MD, director of Integrative Medicine at the Maine Dartmouth Family Medicine Residency (MDFMR), part of MaineGeneral Health.

But Woytowicz is one of a growing number of medical professionals who are hoping to change that, by engaging with each other and with their patients in an open, intelligent and collaborative approach to medicine.

MDFMR was one of a small number of family residencies that participated in a University of Arizona pilot project 10 years ago. The University’s Center for Integrative Medicine (IM) describes this approach to care as one that “puts the patient at the center, and addresses the full range of physical, emotional, mental, social, spiritual and environmental influences that affect a person’s health,” according to the website.

When Woytowicz arrived in Maine to practice medicine back in 1995, “I knew a lot about health— but nothing about nutrition, or chiropractic or acupuncture,” he said.



“As a young doctor, I used to see things as black and white, but now I find my patients do better when I set my sights on celebrating and encouraging any steps in the right direction.”

DR. JOHN WOYTOWICZ

Dr. John Woytowicz specializes in integrative and herbal medicine, offering alternative approaches to health and wellness. He also recognizes the importance of engaging with his patients, really listening to them, and focusing on education, awareness and encouragement.

Currently, across the nation, the medical community is recognizing the inherent wisdom of the integrative approach to wellness, and that being open to combining complementary and conventional forms of healing can help individuals live healthier lives.

“Studies show that behavioral change can have far greater impact on chronic disease than any treatment I could order, or pre-

scription I could write,” Woytowicz asserts.

Woytowicz is confident that IM will eventually become a required component of family medicine everywhere. But as only some 10 to 12 percent of family residencies in the U.S. currently include integrative medicine, central Mainers are fortunate indeed that MDFMR, in Augusta, is among those, he said.

Woytowicz is especially intrigued by the

elaborate connections between the gut and the brain; and how they impact each other. He laments that eating, for too many Americans, has become a “lost art.” Our fast-paced, jam-packed, on-the-go lifestyles seem to preclude even sitting down at a table to eat, not to mention socializing with family or friends gathered around the table to savor a meal and conversation, he said.

Those stress hormones can slow or even shut down the digestive process — which may in turn foster heartburn and/or indigestion. Chronic stress only makes things worse, and can lead to obesity, since the normal production of gastric juices for digestion takes a back seat to our instinctive “fight or flight” response to stress.

Woytowicz said he firmly believes that if he provides reasons and explanations instead of lectures, his patients are more likely to make decisions that are good for their health and well-being— and to stick to them.

A digestive system, complete with neurotransmitters, is not unlike a second brain, Woytowicz tells them. He explains that increased stress is reflected in higher levels

More INTEGRATIVE, **PAGE 37**

Integrative

CONTINUED FROM PAGE 36

of ghrelin, a hormone that stimulates the appetite. To make matters worse, dopamine, the “feel good” hormone, is released whenever foods high in sugar and fat are consumed. So it’s hardly surprising that we tend to gain weight, caught in this vicious cycle.

Armed with this awareness, patients may decide to try wholesome alternative snacks; increased hydration; herbal teas or supplements; meditation; exercise; music and breath work—all can be empowering tools that the individual can use to reset the internal system.

Woytowicz not only teaches his younger medical colleagues, but also sees patients for one-time or ongoing consults, to address a wide range of issues, including chronic pain, hypertension, arthritis, migraines, insomnia, digestive issues, diabetes, obesity, inflammatory disease and autoimmune disorders.

“As a young doctor, I used to see things as black and white, but now I find my patients do better when I set my sights on celebrating and encouraging any steps in the right direction. Oatmeal is low fat and high fiber, but if you really want toast for breakfast, maybe you can consider being satisfied with one slice, instead of two. With some fruit and/or yogurt on the side. And give oatmeal a try, once or twice.”

In addition, Woytowicz readily shares his knowledge and expertise with community members who sign up for his “Healthy Gut, Healthy You” classes offered twice a year, as part of MaineGeneral Health’s extensive Prevention and Healthy Living program.

Since the gut plays a major role in absorbing nutrients and also removing toxins from the body, all the systems of the body are affected by the health of the gut, for better or worse, students learn.

In two informal sessions, Woytowicz further explains the connection, and offers natural ways to support the work of the gut and improve digestive and overall health. Borrowed wisdom from other cultures and earlier times suggests embracing a plant-based Mediterranean diet; incorporating

fermented foods such as sauerkraut to maintain healthy gut bacteria and harnessing the benefits of proactive pre-biotics and pro-biotics, as well as tapping into the wealth of knowledge in native traditions regarding beneficial herbs and natural supplements.

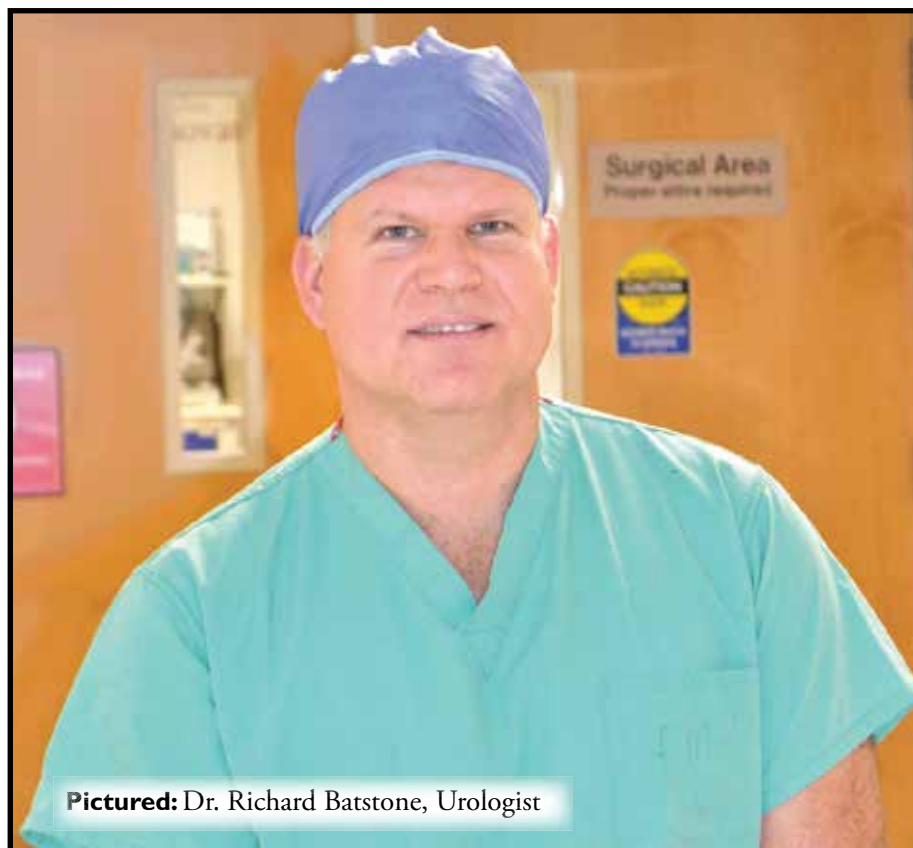
“My hope is that people will make a change, feel good about it and find themselves motivated to make another. It’s incredibly empowering to think that, for example, it may be possible to stop taking prescription medications for their conditions or diseases just by making a habit of walking around the periphery of the supermarket, where the least-processed foods tend to be located, while avoiding the convenience items and junk food aisles,” Woytowicz adds.

He also observed that it is now the patients who are driving the national trend toward integrative medicine—they are the ones who are seeking this kind of approach to health care. He is grateful that this is increasing the opportunity for more people “who would otherwise never go near it, but are looking for answers” to be introduced to the potential benefits of integrative medicine.

“Modern American medicine is expanding beyond the little black bag, to make room for new approaches from chakras to hula hoops,” Woytowicz said, “and for the patient, the results can be life changing.”



Individuals attending Dr. Woytowicz’ “Healthy Gut, Healthy You” classes, offered through MaineGeneral Health’s Prevention and Healthy Living program, are given the opportunity to sample herbal tinctures and receive detailed information on how botanical extracts can help to address a wide spectrum of health concerns.



Pictured: Dr. Richard Batstone, Urologist

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Sports medicine spotlight: New healing strategies for shoulder pain and rotator cuff injuries

BY JEFFREY DAVILA, MD

Orthopedic Surgeon

Chief of Surgery St. Mary's Health System
Special to the Medical Journal



JEFFREY DAVILA, MD
CHIEF OF SURGERY
ST. MARY'S
HEALTH SYSTEM

In both day-to-day activities and athletics, overhead arm motion requires a carefully choreographed interplay of the deltoid and rotator cuff muscles. Throwing, repetitive movements and heavy weightlifting may all potentially lead to

shoulder injuries and conditions involving the rotator cuff.

The deltoid muscle, which is much larger and more visible than the rotator cuff, is easily recognized by its location on the corner of the shoulder and the top of the arm. Its primary function is to power the arm overhead. But despite its large size, the deltoid muscle is unable to do this without the rotator cuff. The rotator cuff muscles arise on the front, top, and back of the shoulder blade. They form a series of four tendons and attach on the top half of the shoulder's humerus (the ball of the ball and socket joint) underneath the deltoid. These tendons hold the ball in the socket allowing the deltoid to raise the arm overhead.

Problems with the rotator cuff usually present as bursitis and begin in our 20s. Pain is usually described as a deep ache that is felt over the top and side of the shoulder, which is aggravated with overhead motion.

Most shoulder pain can be avoided or treated with common sense solutions.

First, take any new, deep, aching pain seriously. If the pain is associated with overhead activity, stop the activity. Ice — don't heat — the area, and take an over-the-counter anti-inflammatory. If you don't get immediate pain relief, then seek treatment with your health care provider.

Bursitis and partial cuff tears can often be successfully treated with appropriate physical therapy or steroid injections. However, age-related loss of blood supply combined with repetitive



trauma from overhead activity and the development of bone spurs may gradually lead to partial and full thickness rotator cuff tears. These tears cause pain at rest as well as during activity, are associated with weakness, and can be associated with loss of motion. If physical therapy fails, then referral to an orthopaedic surgeon is the next logical treatment step.

Surgical repair has been successfully performed for over 40 years and has evolved from large, open incisions to the small "poke hole" portals used in arthroscopy. No specialty field has benefitted more from recent breakthroughs in medical technology than the field of Sports Medicine, and recent medical advancements promise better results for complex shoulder injuries. It takes up to six months for most people to reliably heal their rotator cuff repair. However, careful assessment of surgical repair results has revealed a problem: many repairs do not heal.

Older age, chronic medical conditions, smoking, early return to previous activity and poor tendon quality are all factors that impair healing. In some cases, tendon re-tear rates can reach up to 80 percent or 100 percent. A re-torn

rotator cuff tendon may not hurt as much as the original injury, but it is always associated with weakness.

Numerous strategies have arisen to improve tendon healing. The most cost-effective options are to avoid smoking and delay return to overhead activity after tendon repair. With Americans living longer lives and expecting to remain physically active much later in life, the incidence of rotator cuff tears will only increase. Therefore, it is imperative that we adopt new technologies and improve rotator cuff repair success. For patients who have re-torn a rotator cuff repair or who have multiple risk factors prior to surgery, two additional options are often used to strengthen the tendon repair: allografts and biologics.

Allografts are sheets of donor tissue from humans, animals or synthetic tissue, and involve over-sewing donor tissue into the rotator cuff. Its presence strengthens the repaired tendon and provides a scaffold for the body's own cells to incorporate into the repair. It is technically challenging to do and adds time and cost to surgery, but multiple studies show greater success than

tendon repair alone.

Biologics offer an alternate approach by using or stimulating the body's natural healing response via the use of energy, injection of concentrated healing factors from the body, or injection/suturing of stem cell tissue into the tendon repair.

It is a new treatment modality with multiple, unproven technologies. Clinical studies with platelet rich plasma (PRP) injections, whole blood injections, laser therapy and ultrasound are inconclusive. Injection of stem cells harvested from the body or suturing of donor stem cell tissue into the tendon offers much greater success. Stem cell treatment offers markedly reduced post-operative pain, a faster rate of healing, and greater success than cuff repair alone.

Healthy shoulder function is critical to work, recreation and daily activities. Shoulder pain that persists beyond a few weeks, or pain that doesn't improve with rest, could indicate a more serious problem and should not be ignored. Seek treatment for chronic shoulder pain to ensure optimal function.

Arthritis linked to another condition

People who see dermatologists for the skin condition psoriasis should not take the presence of joint aches and pains lightly, as the two things might be connected. The National Psoriasis Foundation notes that psoriasis is a precursor to psoriatic arthritis in 30 percent of patients.

What is psoriatic arthritis?

Psoriasis is an autoimmune condition that affects the rate of skin cell reproduction. People with psoriasis may experience redness, itchiness and raised bumps (plaques) of skin on various areas of their bodies. Psoriatic arthritis is a chronic form of arthritis that typically occurs in people with skin psoriasis, but also can be present in those without the skin condition, but particularly among those who have relatives with psoriasis.

The American College of Rheumatology says that psoriatic arthritis typically affects the large joints, especially the lower extremities, distal joints of the fingers and toes and the back and sacroiliac joints of the pelvis. Early recognition, diagnosis and treatment of psoriatic arthritis are crucial to relieving inflammation and preventing permanent joint damage.

Symptoms

Symptoms of psoriatic arthritis can develop gradually or quickly, and some symptoms can be severe. NPF indicates that common symptoms of psoriatic arthritis include

- morning stiffness and tiredness;
- tenderness, pain and swelling over tendons;
- swollen fingers and toes;
- reduced range of motion;
- nail changes, including pitting, and
- redness and pain in the eyes.

Symptoms of psoriatic arthritis are similar to rheumatoid arthritis, gout and reactive arthritis. Doctors will rule out other symptoms that may be indicative of those conditions. The American College of Rheumatology also indicates that psoriatic arthritis is typically blood test negative. The diagnosis is typically made by a rheumatologist after reviewing a clinical history and performing a physical exam.

Treatment

Doctors will need to assess symptoms before deciding on a course of treatment. Mild cases may respond to over-the-counter, nonsteroidal anti-inflammatory drugs, such as ibuprofen. However, antirheumatic drugs and newer biologic drugs may be prescribed to treat more aggressive cases of psoriatic arthritis.

Corticosteroid injections can be useful for swollen joints, and surgery may be necessary to repair badly damaged joints.

Individuals who suspect their arthritis may be linked to psoriasis can first speak with a dermatologist or primary care physician. The NPF also offers a screening tool at www.psoriasis.org/psa-screening.





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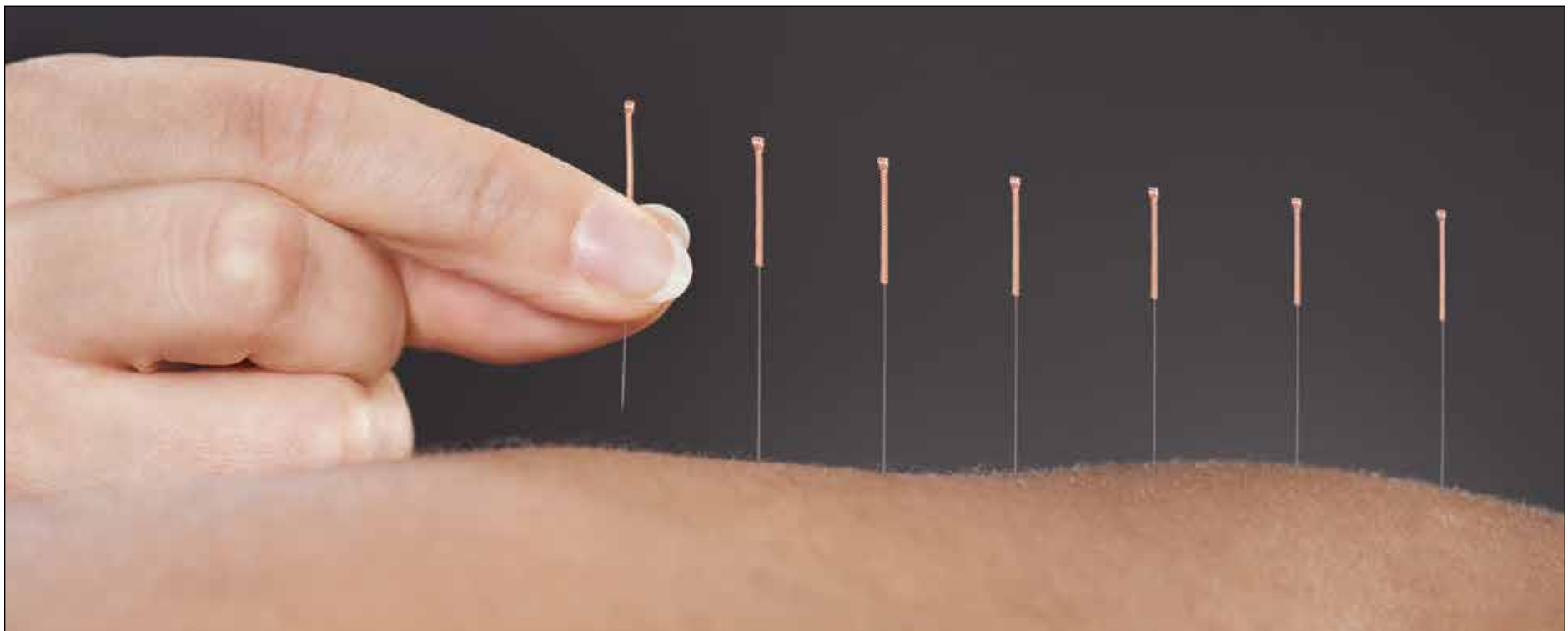
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New PET scan research validates acupuncture's benefits

BY BRETT VANCOTT

*Dragonfly Oriental Medicine
Special to Medical Journal*

Acupuncture is a traditional medical therapy that originated in China. The oldest textbooks date back to over 2,000 years. Yet, there is ongoing debate over how acupuncture really works.

New research involving PET scans of the brain post-acupuncture revealed alterations actually occurred with “real” acupuncture and indicated long-lasting change within the brain. These results led to reduced pain levels and improvement in function of other systems in the body.

German Auricular Medicine (ear acupuncture) was created after Dr. Paul Nogier observed ear acupuncture in China in the 1950s and decided to research it more upon returning to France. The Germans took it a step further and discovered that when a point was stimulated on the ear, a certain part of the brain “lit up.”

This led to the creation of maps of the ear and a practice of medicine that is detailed and profound, correlating the map on the ear to specific parts of the body, down to glands and each specific part of the spine and brain.

A recent landmark meta-analysis drew together data from thousands of chron-

ic-pain patients enrolled in prior clinical trials, finding that acupuncture might be just marginally better than sham acupuncture. The differences were statistically significant, but lack of a larger difference could be due to the clinical outcome measure that the researchers studied. Symptoms such as pain (along with fatigue, nausea and itch) are notoriously difficult for different people to rate in a consistent manner.

Conventional wisdom says that these kinds of symptoms are improved by placebo, but what about improvements in the body's physiology? It's clear that in evaluations of acupuncture, research should explicitly hunt for potential physiological improvements, in addition to patient reports.

While most chronic-pain disorders lack such established, objective outcomes of disease, this is not true for carpal tunnel syndrome (CTS), a neuropathic pain disorder that can be validated by measuring electrical conduction across the median nerve, which passes through the wrist. Interestingly, the slowing of nerve conduction at the wrist does not occur in isolation—it's not just the nerve in the wrist that's affected in CTS. It has been clearly demonstrated that the brain, and particularly a part of the brain called the primary somatosensory cortex (S1), is re-mapped

by CTS. Specifically, in functional magnetic resonance imaging (fMRI) brain scans, the representation of fingers innervated by the median nerve are blurred in S1.

A U.S. National Library Of Medicine study showed that both real and placebo acupuncture improved CTS symptoms. Does this mean that acupuncture is a placebo? Current research indicates the answer to that is a firm no.

While symptom relief was the same immediately following therapy, real acupuncture was linked to long-term improvement, while sham acupuncture was not. And better S1 remapping immediately following therapy was linked to better long-term symptom reduction.

Thus, sham acupuncture might work through an alternative route, by modulating known placebo circuitry in the brain, while real acupuncture rewires brain regions such as S1, along with modulating local blood flow to the median nerve in the wrist.

In the same study, they compared patients receiving real acupuncture locally to the wrist with patients receiving real acupuncture far from the wrist, in the opposite ankle. The results suggested that both local and distal acupuncture improved median nerve function at the wrist.

This suggests that the brain changes resulting from acupuncture might not just

be a reflection of changes at the wrist, but also could drive the improved median nerve function directly by linking to autonomic brain regions that control blood vessel diameter and blood flow to the median nerve.

This new research clearly demonstrates that bodily response is not the only means by which acupuncture works; response within the brain might be the most critical part.

Other modern scientific investigations are also delving into how acupuncture works.

University of South Florida and Fujian University of Traditional Chinese Medicine researchers confirm acupuncture's ability to attenuate microglial activation, which is the hallmark of brain pathology. University of California researchers have quantified acupuncture's ability to control inflammation by regulating enkephalins (a pentapeptide involved in regulating pain sensation in the body).

It is clear that in order to understand acupuncture's mechanism of action it is necessary to broaden where and how we are looking. Subjective ratings have missed the mark. Looking at how the brain reacts to, and changes, due to precisely placed needles may just be the pathway to better understanding the benefits and application of acupuncture.

How common is carpal tunnel?

Increased hours spent on computer keyboards and digital devices can put people at risk for a relatively common and oftentimes painful condition that affects mobility in the wrist. Carpal tunnel syndrome, or CTS, can cause numbness, pain and tingling in the hand or arm as a result of one of the major nerves of the hand — the median nerve — being compressed in the wrist.

The American College of Rheumatology says that CTS may be the most common nerve disorder experienced today, affecting between four and 10 million people in the United States alone. Middle-aged to older individuals are more likely to develop CTS than younger persons, and females are diagnosed three times more frequently than males.

What is the carpal tunnel?

The carpal tunnel is a passage that forms in the wrist on the palm side of the hand. It is located just beneath the skin surface. The National Institute of Neurological Disorders and Stroke says the carpal tunnel is a narrow, rigid passageway of ligament and bones. Eight small wrist bones form three sides of the tunnel. The width of the tunnel is only about an inch. Injury or inflammation to the tissues inside of the carpal tunnel can shrink the space of the tunnel, eventually pressing on the tendons and the median nerve that runs through this narrow area.

The role of the median nerve

When compression occurs in this area of the wrist, a key nerve is affected. The median nerve originates in the neck and runs through the arm. The median nerve passes through the carpal tunnel at the wrist and goes into the hand, providing feeling to the palm side of the thumb and to the index, middle and part of the ring fingers (although not the little finger). It also controls some

small muscles at the base of the thumb.

Symptoms of carpal tunnel

Weakness of the hand as well as tingling and numbness are the two most common symptoms of CTS. The numbness particularly affects four of the fingers. It can occur when holding a phone, book, newspaper or steering wheel or engaging in just about any activity that involves the hands. CTS also may wake a person up from sleep.

There are a number of other compression issues that can occur in the hand and arms, causing similar pain and tingling in other areas. Ulnar nerve compression in the elbow can cause part of the ring finger and pinky finger to tingle and may be indicative of a different ailment. That's why a professional diagnosis must be sought when experiencing symptoms related to CTS.

When to see a doctor

If pain and tingling are affecting activities and sleeping patterns, individuals should see their doctors. Various nonsurgical remedies and therapies may help. If left untreated, any condition that affects nerve function may lead to permanent nerve and muscle damage.



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What if you've fallen and can't get up?

BY SUSAN VARNEY
Correspondent

Life is complicated and gets more so as we age. Falling is a worry since it's the most common cause of hip fractures in people older than 50 who often have weakened bones due to osteoporosis.

The hip is the joint between the upper end of the thighbone (femur) and its socket in the pelvis. When a hip breaks, the injury is always in the femur in any one of three places: Head, neck and Trochanters (see illustration).

Falls happen anywhere and anytime, but especially during Maine winter when wet or icy surfaces make it easy to slip. Or sometimes, older people just lose their balance. What to do?

My neighbor, Nancy Halsey, fell when she was sleepily getting up from the sofa. She had her cell phone within reach and called her daughter saying, "I've fallen and can't get up." Classic.

She is now recuperating with family, doing rehab, using a walker and expects to be home soon.

This has been an icy winter and fortunately most of us have non-slip snow and ice treads or cleats that stretch over shoes or boots so that we can avoid falls when we're outside.

The amount of time it takes to recover from a fracture depends on the type of fracture, how it is treated and the health of the patient. When pins and screws are required to secure the bone, the person resumes walking with a walker as soon as possible. It may take six to eight weeks before switching to a cane. Recovering from hip-replacement surgery can take up to 12 weeks and require long-term assistance with basic daily activities.

To prevent a hip fracture: Maintain bone strength, and prevent falls. To optimize bone strength, men and women of all ages should exercise regularly and consume enough calcium and vitamin D. Exercises for balance and strength include walking, Thai Chi, Yoga, gardening, dancing, swimming, aerobics, weights, stretches and standing.

After menopause, women with a risk for osteoporosis should consider having a bone mineral density test. Women age 65 and older and men age 70 and older, should have the test. A number of medications are available to fight osteoporosis.

For more information, talk to your physician about osteoporosis or go online at nof.org/patients/what-is-osteoporosis.

Treatment of hip fractures: This depends on the location and displacement. Femoral head or neck bones may be secured with pins and screws during minor surgery.



Contributed photos

Sometimes metal plates are used. A displaced fracture requires a hip replacement, a major operation. Anyone with a fracture between the two trochanters should be treated immediately with traction to prevent muscles from pulling the two sides of bone apart. Fracture below the trochanters involves placing a long metal rod in the shaft of the thighbone to realign the break.

Rehab: The patient is sent to rehab as soon as possible after surgery. Usually 7-10 days depending on the patient's strength and ability. Rehab can take a while. It may be two months or more before a patient can walk or drive and live independently. Out-patient rehab is available as long as the patients is in a place with no stairs, can use a walker, has help with daily needs such as bathing, dressing and cooking.

Hip fractures are always serious. They are a major source of disability and can result in life-threatening complications. Approximately four percent of people die after a hip fracture because of complications from the fracture, its surgical treatment or medical consequences as a result of having to be immobilized. In most cases, surgery is successful, and people can walk and resume normal activities with few restrictions.

A sudden fall: Senior housing units often have an emergency button or cord for alerting attendants for help. But for those who live alone, there are companies in the area that provide emergency services to

Many modern systems now include an alert bracelet with an emergency button. This bracelet is worn on the wrist much like a watch, and is extremely unobtrusive. As long as the user wears their bracelet around the house, there is no danger of them being in a position where they require assistance but cannot make it to the alert button. As well as bracelets, some systems utilize alert necklaces, which operate in exactly the same way, but are worn around the neck.



alert first responders, family members or neighbors with the push of a button on a pendant or wristband.

Doctors and hospitals recommend the use of such medical alert systems for protection especially when older people live alone. Cayer Security in Waterville has

a choice of alert systems for older people in case of a medical emergency or break-in. Call 453-9177 to get information about options. Seacoast Security, also in Waterville, has various alert systems and can be reached at 800-654-8800 or 800-654-8980.

Signs of stress that must be addressed



The American Institute of Stress notes that various disorders, both emotional and physical, have been linked to stress. Such disorders include depression, stroke, hypertension and anxiety, among others. In its 2015 Stress in America™ survey, the American Psychological Association found that money, stress and family responsibilities are the three most common stressors. While the symptoms of stress are uncomfortable and potentially very dangerous, the APA notes that such indicators also serve as a warning from the body that it needs maintenance and extra care. The following are some of the ways the body might be telling adults to step back and make an effort to relieve stress.

Headaches, muscle tension, neck or back pain: Some headaches or aches and pains might be mere nuisances or indicative of issues unrelated to stress. But when such symptoms are accompanied by stress, this could be the body's way of alerting men and women that the stress is approaching unhealthy levels. The AIS notes that when a person is under stress, his or her muscles tense up. The contraction of these muscles for extended periods of time can trigger tension headaches and migraines, among other things.

Chest pains and/or rapid heartbeat: Chest pains and rapid heartbeat may indicate various problems, including stress. This happens when the body is stressed because stress causes the nervous system to signal the adrenal glands to release hormones that make the heart beat

faster and increase blood pressure.

Difficulty falling or staying asleep: Men and women who are feeling stressed out and also experiencing difficulty falling asleep or staying asleep should consult their physicians about ways to alleviate that stress. When strategies to alleviate stress are successful, adults should be able to return to normal, healthy sleeping patterns.

Increased frequency of colds: Stress can attack the body's immune system, making it increasingly vulnerable to colds. The AIS also notes that a weakened immune system also makes the body more susceptible to additional viral disorders, including herpes, and autoimmune diseases such as rheumatoid arthritis and multiple sclerosis.

Loss of appetite or overeating: Stress can affect the gastrointestinal system in various ways, including influencing appetite. While not all problems with appetite are indicative of a body that is overstressed, stress can prompt some people to eat much more than they normally do, while others may eat considerably less than they normally would.

Diarrhea or constipation: Another indicator that stress is compromising the gastrointestinal system is diarrhea or constipation. Again, while these problems are not exclusive to sufferers of stress, when a person is under stress, this can affect which nutrients the body can successfully absorb and how quickly food is metabolized.

This can cause some people to experience diarrhea, while others may be constipated.

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Conference pulls together all the best information on Lyme and tick-borne disease

BY MID-COAST LYME DISEASE SUPPORT & EDUCATION
Special to the Sentinel & KJ

After a long day and a well-attended and successful conference, Mid-coast Lyme Disease Support & Education (MLDSE) co-founders, Paula Jackson and Angele Rice, asked themselves how they could possibly raise the bar for 2018. And they did it – by moving the venue to the Augusta Civic Center, expanding the square footage, the number of speakers and exhibitors, offering breakout sessions and CE credit for patients and medical providers.

On Saturday April 28, 2018, MLDSE will host the Fourth Annual Mid-coast Lyme Disease Support & Education conference with a wide array of expert speakers sharing information and education about western, eastern and integrative approaches to diagnosing and treating Lyme and tick-borne disease.

Lyme and tick-borne diseases are on the rise here in Maine with Lyme, Anaplasmosis and Babesia taking the lead. With numbers scaling well above last year's count, the need for prevention education is on the forefront of everything MLDSE does. A 501(c) (3) nonprofit charitable organization, MLDSE works seven days a week year-round, raising awareness, fostering education, advocating for change and supporting Maine's Lyme community through much-needed resources and connections to medical providers well-educated on the complexity of tick-borne disease.

Also, the organization hosts monthly support and educational events, quarterly workshops for providers and a yearly top-notch conference where admission is always free. Paula Jackson Jones is the president and co-founder of MLDSE. Asked why they do what they do, she said "because when I was sick, I had to fight for every piece of information and support I could find. There was no one offering me information or sharing their personal story with me, encouraging me through my fear and inspiring me to continue with treatment during the rough times.

"When I finally went into remission and was introduced to Angele, we quickly discovered that we shared a similar journey experience and we just wanted to forge a much easier path for both patients and providers to access much needed resources."

Jackson Jones and Rice both agree that patients get conflicting information from medical providers because there is a learning curve.

"I've spoken to some providers who are quite

comfortable doing what they've always done and they have no intention of changing," said Jackson Jones. "Others will honestly admit that they don't know what to do beyond initial acute phases of Lyme and tick-borne disease and if a patient presents with a co-infection, there is no guide as to how to treat them.

"Our goal is to bridge that gap and we will continue to do so for however long it takes. Every year, we will get bigger and louder until we are all on the same page and patients are getting the appropriate treatment from whomever they choose to see."

MLDSE's primary focus is on prevention and teaching people to avoid having a tick encounter. "We want to prevent people from getting this disease to begin with" said Rice, vice president and co-founder "but if exposed, we want to offer resources to them so that they can get the best possible treatment and a full recovery."

That means referring people to Lyme literate medical providers. Lyme literate is a phrase coined by the Lyme Community worldwide and it sets apart the providers who are well-educated and have first-hand experience diagnosing and treating patients exposed to tick-borne disease. It's not a criticism of other doctors. We offer physician training and educational opportunities all the time and there are webinars on our website that anyone can access anytime. When a patient seeks a provider with concerns of possible exposure and questionable symptoms, the last thing they want to hear is the office either doesn't believe in a particular treatment or doesn't have experience with it.

These days, when reports of tick-borne disease is on the rise and education is readily available, we believe there is no excuse for medical providers not to be up-to-speed on their role in controlling tick-borne disease. Recognizing and treating acute cases early and effectively prevents long-term chronic and debilitating symptoms.

The conference runs from 8 a.m. to 5 p.m. with doors open at 7 a.m. for registration. Attendees can network with exhibitors as well as receive updated evidence-based information about diagnostic tools and treatments from western, eastern and integrative medical experts.

This year, there will be several members from the Health and Human Services Tick-borne Disease Working Group sharing what is taking place at the federal level. Also, lymedisease.org will share MyLymeData, a world-wide database of patient-collected information.

Presenters include Dr. Elena Frid, Dr. Bill Rawls,

Dr. Neil Spector, associate professor of Medicine at Duke University; Dr. Brian Fallon, Director of Lyme & Tick-borne Research Center, Columbia University Medical Center; Kristen Honey, White House Senior Policy Analyst; Pat Smith, president, Lyme Disease Association; keynote speaker Dr. Lee Cowden, founder of Cowden Protocol.

With more than 30 speakers, this is an event that should not be missed. For more information about the conference, please visit conference2018.mldse.org.


"We want to prevent people from getting this disease to begin with — but if exposed, we want to offer resources to them so that they can get the best possible treatment and a full recovery."


ANGELE RICE, VICE PRESIDENT
AND CO-FOUNDER
MID-COAST LYME DISEASE
SUPPORT & EDUCATION

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Protect Yourself Against Lyme Disease

- 1 Walk in the middle of trails; avoid sitting on logs and leaning on trees.
- 2 Wear a hat, tuck in hair, if possible.
- 3 Wear a long-sleeved shirt fitted at the wrist.
- 4 Wear shoes, no bare feet or sandals.
- 5 Wear long pants tucked into high socks or duct tape around pants.
- 6 Consider Deet for skin and permethrin for clothes.
- 7 Wear white or light-colored clothing to make it easier to see ticks.
- 8 Do tick checks immediately and 3 days after outdoor activity.
- 9 If you find a tick, remove it carefully and save it.
- 10 Ask your veterinarian about protection for your furry friends.






Lyme Disease is transmitted by a tiny tick most often the size of a poppy seed.



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The ABC's of getting your Z's

Help for sleep apnea and other sleep disorders

BY KATE CONE
Correspondent

Up all night? Tossing and turning? Tried counting sheep, goats and cows, turning off your devices and spraying your pillow with lavender? Sleep, or the lack thereof, has become so prevalent in our culture that sleep medicine has become its own credentialed field, according to the American Sleep Association (ASA), meaning that there are now hospitals with sleep testing labs and doctors who specialize in sleep disorders.

Founded in 2002, the Association's primary mission is to improve public health by increasing awareness about the importance of sleep and the dangers of sleep disorder and it states, "...most individuals with sleep disorders and other sleep problems are still undiagnosed and untreated."

The Centers for Disease Control and Prevention (CDC) puts it this way:

"... if not getting enough sleep is a regular part of your routine, you may be at an increased risk for obesity, diabetes, high blood pressure, coronary heart disease and stroke, poor mental health, and even early death."

What to do? First assess how much sleep you need. The CDC recommends seven hours a night for adults. The necessary sleep per night increases for babies, toddlers, children and teens. Consult their website for those recommendations (www.cdc.gov).

Sticking with the adult age group, move on to assessing your sleep "hygiene." What? Isn't hygiene about being clean? Clean up your eating habits like late-night snacking and clear your cell phone and laptop out of your bedroom and you've got a start on sleep hygiene. Other CDC recommendations:

Be consistent. Go to bed at the same time each night and get up at the same time each morning, including on weekends.

Make sure your bedroom is quiet, dark, relaxing, and at a comfortable temperature.

Remove electronic devices, such as TVs, computers, and smart phones, from the bedroom.

Avoid large meals, caffeine and alcohol before bedtime.

Avoid tobacco/nicotine.

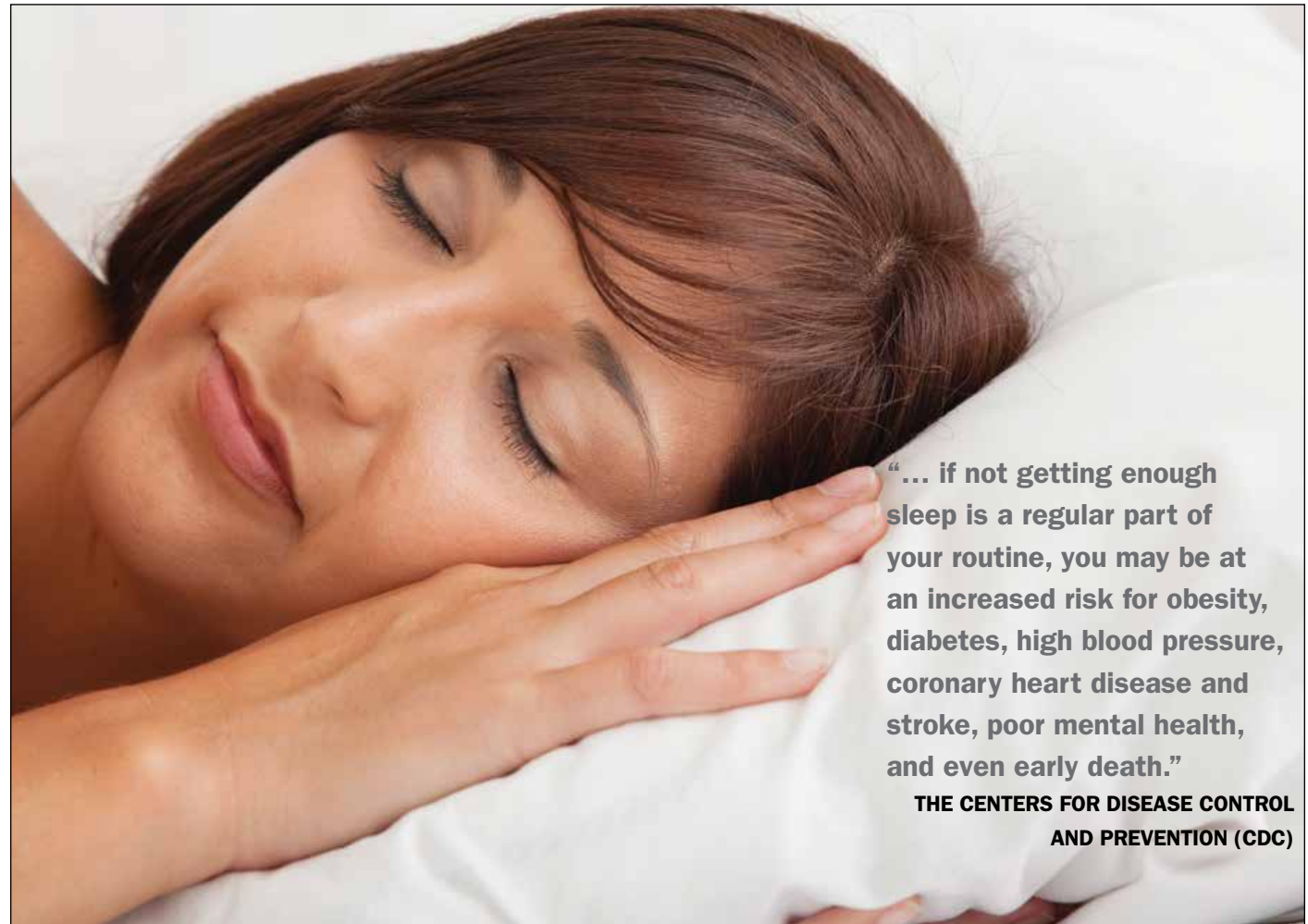
Get some exercise. Being physically active during the day can help you fall asleep more easily at night. (www.cdc.gov).

But what if you do all the right things and you still feel tired during the day, snore during the night, wake up gasping for air? You might have sleep apnea, a condition in

which a person ceases to breathe for short periods of time during sleep. The good news is that here in central Maine, there are hospitals with sleep study programs. Inland Hospital, MaineGeneral Medical Center and the Franklin Community Health Network all have clinics where sleep apnea and other disorders can be diagnosed and treated.

While the causes are unknown, the symptoms, some of which happen while asleep and some while awake, are:

- Frequent partial awakenings
 - During episodes of apnea, after sleep deepens, breathing stops until the person partially awakens, at which time breathing resumes and the cycle is repeated
 - Loud snoring, occurring as the person begins to breathe at the end of an apnea episode
 - Difficulty in awakening the person during apnea episodes. If suddenly awakened, the person does not know where they are. (www.inlandhospital.org).
- If you feel sleepy during the day, wake



"... if not getting enough sleep is a regular part of your routine, you may be at an increased risk for obesity, diabetes, high blood pressure, coronary heart disease and stroke, poor mental health, and even early death."

THE CENTERS FOR DISEASE CONTROL
AND PREVENTION (CDC)

up with frequent headaches or experience "foggy mind," you could be exhibiting the daytime symptoms of sleep apnea. Again, good news: this disorder is treatable with medication, a special device or even cognitive behavioral therapy. Since the condition can't be diagnosed while awake, the patient must be observed while asleep. It all depends on what shows up after a sleep study which can be ordered by your primary care physician (PCP). The first step in treatment is to make an appointment with your PCP, talk about your symptoms and go over your medical history. If deemed necessary, you can then be given over to one of the sleep clinics or labs for a sleep study.

Sleep study clinics

You've gotten this far in the process and now you wonder what it will be like to sleep overnight in a clinic. At the MaineGeneral Medical Center clinic, they describe the process this way:

- You will be taken to a private room to spend the night.

• A sleep technician will explain the setup, answer any questions you have and apply sensors to record brain wave and muscle activity, eye movements, heartbeat, breathing and oxygen levels.

• Once the setup is complete, you may go to sleep immediately or may relax by watching television or reading for a while.

• During the night, you will be able to move, turn in bed and get up to go to the bathroom. In the morning, the wires will be removed and you will be free to go.

• After your test, a physician specializing in sleep medicine will review your study. The interpretation and any recommendations will be sent to your doctor.

Other disorders that can be diagnosed with an overnight study are: shallow breathing, leg movements that disturb sleep, teeth grinding (or bruxism) and behavior changes during sleep such as sleep walking or acting out dreams. (www.mainehealth.org).

Armed with this knowledge you can finally catch some Zs.

Exploring dental crowns

Many people visit their dentists and learn they have a tooth that requires a crown. In many instances, dental crowns are necessary for proper tooth care.

Crowns were once widely referred to as “caps.” A crown is a permanent cover for a tooth that would otherwise require a very large filling after dental decay has been removed. Crowns also may be used to repair cracked or broken teeth so that extraction is not necessary. Sometimes crowns are used for cosmetic modifications or to hold a dental bridge in place.

The crown itself can be made from different materials, like stainless steel, gold or metallic alloy, porcelain, porcelain fused to metal, and resin. A dentist will determine which material will work best depending on the application and tooth location.

Understanding your appointment(s)

Crowns are typically installed in two appointments. The first appointment requires prep work so the tooth can hold the crown. This is typically a painless procedure, and one in which the dentist will anesthetize the tooth and gum tissue and then file down the tooth along the chewing surface and sides to make room for the crown covering. If the tooth was decayed or insubstantial, the dentist may have to “build up” the tooth instead of filing it down. Again, these determinations are made by the dentist who has the expertise to gauge how much workable tooth is left.

Once the tooth has been prepared, an impression will be made of the bite area. That’s because the permanent crown

will be fabricated in a laboratory and the fit/color will need to be exact for comfort — and also to ensure that bacteria and food debris do not get caught between the crown and tooth.

The final component is a temporary cap that will keep the prepared tooth clean. This is molded in the office and will be worn only until the custom-made crown is ready.

When the permanent crown is delivered, the patient will return to the office to have it checked for fit and then cemented into place.

Full and partial crowns

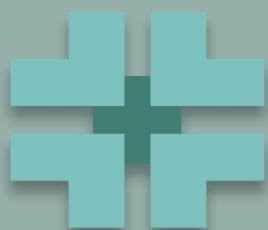
A partial crown may be used if only a portion of the tooth needs to be covered. Dentists will often rely on full crowns to get maximum coverage and strength.

Cost factor

Crowns can be expensive. According to the resource Cost Helper, crowns can range from \$500 to \$3,000 depending on the material used and the patient’s insurance coverage. Dental insurance may cover a predetermined percentage of the cost when the crown is medically necessary, but insurance may not cover anything if the procedure is only cosmetic.

It’s always a good idea for patients to express their concerns and ask questions about crowns prior to starting the procedure. Understanding the potential out-of-pocket costs is essential as well.

Dental crowns can last several years and represent the best way to salvage a tooth that is cracked or damaged.



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How aging adults can maintain their mental acuity

Aging is associated with or linked to a host of mental and physical side effects. For example, many adults expect their vision to deteriorate as they grow older. Such a side effect can be combatted with routine eye examinations that may indicate a need for a stronger eyeglass prescription, a relatively simple solution that won't impact adults' daily lives much at all.

While physical side effects such as diminished vision might not strike much fear in the hearts of aging men and women, those same people may be concerned and/or frightened by the notion of age-related cognitive decline. Some immediately associate such decline with Alzheimer's disease, an irreversible, progressive brain disorder that gradually destroys memory and cognitive skills, ultimately compromising a person's ability to perform even the simplest of tasks. But age-related cognitive decline is not always symptomatic of Alzheimer's disease. Learning about Alzheimer's and how to maintain mental acuity can help aging men and women better understand the changes their brains might be undergoing as they near or pass retirement age.

Is Alzheimer's disease hereditary?

The National Institute on Aging notes that only a very rare form of Alzheimer's disease is inherited. Early-onset familial Alzheimer's

disease, or FAD, is caused by mutations in certain genes. If these genes are passed down from parent to child, then the child is likely, but not certain, to get FAD. So while many adults may be concerned about Alzheimer's because one of their parents had the disease, the NIA notes that the majority of Alzheimer's cases are late-onset, which has no obvious family pattern.

Can Alzheimer's disease be prevented?

Studies of Alzheimer's disease are ongoing, but to date there is no definitive way to prevent the onset of the disease.

How can I maintain mental acuity as I age?

Researchers have not yet determined a way to prevent Alzheimer's disease, but adults can take certain steps to maintain their mental acuity into retirement.

Exercise regularly. Routine exercise may be most associated with physical benefits, but the NIA notes that such activity has been linked to benefits for the brain as well. For example, a 2011 study published in the journal *Proceedings of the National Academy of Sciences of the United States of America* found that aerobic exercise training increases the size of the hippocampus, leading to improvements in spatial memory. The NIA also notes that one study indicated exercise stimulated the brain's ability to maintain old network connections and make new ones vital to cognitive health.

Read more. Avid readers may be happy to learn that one of their favorite pastimes can improve the efficiency of their cognitive systems while delaying such systems' decline. A 2013 study published in the journal *Neurology* by researchers at Chicago's Rush University Medical Center found that mentally active lifestyles may not prevent the formations of plaques and tangles associated with Alzheimer's disease, but such lifestyles decreases the likelihood that the presence of plaques or tangles will impair cognitive function.

Stay socially connected. Maintaining social connections with family, friends and community members also can help women prevent cognitive decline. Epidemiologist Bryan James of the Rush



Maintaining social connections can help aging men and women prevent cognitive decline.

Alzheimer's Disease Center studied how social activity affected cognitive decline, ultimately noting that the rate of cognitive decline was considerably lower among men and women who maintained social contact than it was among those with low

levels of social activity.

The idea of age-related cognitive decline strikes fear in the hearts of many men and women, but there are ways for adults to maintain their mental acuity well into their golden years.

Did you know?

Outdoor exercise can benefit both the planet and the people doing the exercising. By exercising outdoors instead of at home or at indoor fitness centers, men and women can reduce their carbon footprints. Exercising in the great outdoors does not require the use of energy-consuming fitness machines. In addition, when exercising outdoors during daylight hours, nature provides all the light men and women will need for their workouts, further reducing the average person's energy consumption. And it's not just adults who can benefit from spending more time outdoors. According to the Harvard Medical School, children are likely to get more exercise if they spend time outdoors than they are if they spend time indoors. A study from researchers in England used GPS devices and accelerometers to track the activity of 1,000 children. The children were more than twice as active when they were outside than they were when they were in inside. When children spend ample time outdoors, that, too, can benefit the environment. According to the National Institutes of Health, the average youngster spends three hours per day watching television and gets as much as seven hours of screen time each day. When kids are outdoors, they are less likely to be staring at energy-consuming screens and devices than they are when they're indoors.



The benefits to quitting smoking



not all side effects of quitting smoking are so immediate, many are just as impactful.

The health benefits of quitting smoking are seemingly endless. The Office of the U.S. Surgeon General says quitting smoking is the single most important step smokers can take to improve the length and quality of their lives. The health benefits of quitting smoking are too numerous to list them all, but the following are some of the ways that quitting can improve smokers' overall health.

Quitting benefits blood pressure. Smokers' blood pressure levels can return to normal levels within two hours of quitting. Smokers may also notice their fingers and toes starting to feel warm shortly after they quit. That sensation occurs because quitting smoking also improves circulation.

Quitting decreases levels of carbon monoxide in the body. When smoked, lit cigarettes release carbon monoxide, which compromises smokers' ability to absorb oxygen into the bloodstream. That makes it difficult for red blood cells to carry oxygen. Body tissue that does not receive an adequate supply of oxygen can cease to function. But according to the American Heart Association, after 12

hours of smoke-free living, the carbon monoxide levels in smokers' blood return to normal.

Quitting reduces risk of stroke. Stroke is another of the myriad of cardiovascular diseases that has a connection to smoking. According to the U.S. Centers for Disease Control and Prevention, stroke occurs when the blood supply to the brain is blocked or when blood vessels in the brain burst and cause brain tissue to die. Smoking increases the buildup of plaque in blood vessels, which can block blood from getting to the brain. Smoking also causes blood vessels to thicken and narrow, again compromising the body's ability to get blood to the brain. Within five to 15 years of quitting smoking, smokers' risk of having a stroke is the same as that of nonsmokers.

Quitting can make it easier to exercise. Many smokers experience shortness of breath, which can make it difficult to commit to the kind of exercise that promotes short- and long-term health. Smoking damages the cilia, which are tiny structures that push mucus out of the lungs. Cilia damaged by smoking begin to repair within one month of quitting smoking, resulting in fewer coughing

fits and instances of shortness of breath.

Smokers interested in quitting can visit www.smokefree.gov for more information and support.



Smoking has been linked to a number of negative side effects, including raising smokers' risk of cancer and cardiovascular disease. Quitting smoking can greatly reduce the likelihood of both of those outcomes, but the additional benefits of kicking tobacco to the curb may surprise smokers.

According to the American Lung Association, smokers' heart rates drop to normal levels within 20 minutes of quitting smoking. While





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What is seborrheic keratosis?

Thanks to education and awareness about skin cancer, more people are taking heed of skin growths and changes and visiting their dermatologists. A spot or mole on the body can be a cause for concern. A seborrheic keratosis is one such type of skin growth that is actually benign but may cause concern due to its appearance.

Seborrheic keratoses, or SKs, are one of the most common noncancerous skin growths, says The Mayo Clinic. Although anyone can get them, they are more common in middle-aged to older adults. Also known as basal cell papilloma, senile warts or barnacles, these growths form as a common sign of skin aging, according to DermNet New Zealand.

The American Academy of Dermatology says a seborrheic keratosis may seem worrisome because it can look like a wart, a pre-cancerous skin growth or even skin cancer. However, despite their appearance, SKs are harmless.

How do SKs form?

Seborrheic means “greasy” and ker-

atosis means “thickening of the skin.”

Despite the name, SKs are not known to be caused by an abundance of sebum in the skin, nor are they limited to areas of increased oil production. The exact cause of SKs isn't known, but some doctors feel that an overproduction of skin cells can cause a thickening of the skin in certain areas. The American Osteopathic College of Dermatology offers that SKs are most likely hereditary, and they often are found on the trunk of the body and where the face meets the scalp. Sometimes seborrheic keratoses may erupt during pregnancy, following hormone replacement therapy or as a result of other medical problems.

Appearance of SKs

Some of these growths have a warty, rough surface, while others look like dabs of warm, brown candle wax on the skin. ADA says they can range in color from white to black, but most are tan or brown. The appearance of SKs may change as one ages, and it is even possible for them to fall off naturally over time. The Mayo Clinic says that, unless

changes include becoming sore or bleeding without healing, there's little need to act. SKs may form singularly, but often they appear in groups.

Cancer risk?

SKs have no relationship to skin cancer and do not pose a risk to one's health. Unlike moles, they will not turn into melanoma. The superficial nature of SKs mean they can become irritated by clothing and grow.

Treatment

Unless a seborrheic keratosis is in an area that causes constant irritation, there is really no need to seek treatment. However, dermatologists can remove them quite easily if they are unsightly or uncomfortable. A topical anesthetic, cryosurgery or laser therapy is possible. Generally, little scarring is produced, offers A OCD.

Although SKs are harmless, their appearance may be similar to skin conditions that are not. Those who are unsure about changes to the skin should always seek the help of a licensed dermatologist.



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According to the World Health Organization, acupuncture can effectively treat the following conditions:

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Ear, Nose, Throat: deafness, tininess, earaches, ear infections, poor eyesight, dizziness, sinus infection, sore throat, hay fever

Genitourinary and Reproductive: impotence, infertility, premenstrual syndrome, pelvic inflammatory disease, vaginitis, irregular periods and cramps, morning sickness

Musculoskeletal and Neurological: arthritis, neuralgia, sciatica, back pain, bursitis, tendonitis, stiff neck, Bell's palsy, trigeminal neuralgia, headache, stroke cerebral palsy, polio, sprains

Mental/Emotional: anxiety, depression, stress, insomnia

Infections: colds and flu, bronchitis, hepatitis

Dermatologic: eczema, acne, herpes

In addition: Traditional Chinese Medicine has been used in China in conjunction with Western Medicine for every medical problem, such that conditions not listed above are still treatable with acupuncture and Chinese herbs.



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The A, B, C's of medical marijuana

The term medical marijuana refers to using the whole, unprocessed marijuana plant or its basic extracts to treat symptoms of illness and other conditions. The U.S. Food and Drug Administration (FDA) has not recognized or approved the marijuana plant as medicine.

However, scientific study of the chemicals in marijuana, called cannabinoids, has led to two FDA-approved medications that contain cannabinoid chemicals in pill form. Continued research may lead to more medications.

Because the marijuana plant contains chemicals that may help treat a range of illnesses and symptoms, many people argue that it should be legal for medical purposes. In fact, a growing number of states have legalized marijuana for medical use.

Why isn't the marijuana plant an FDA-approved medicine?

The FDA requires carefully conducted studies (clinical trials) in hundreds to thousands of human subjects to determine the benefits and risks of a possible medication. So far, researchers haven't conducted enough large-scale clinical trials that show that the benefits of the marijuana plant (as opposed to its cannabinoid ingredients) outweigh its risks in the patients it's meant to treat.

Can Medical Marijuana Legalization Decrease Prescription Opioid Problems?

Some preliminary studies have suggested that medical marijuana legalization might be associated with decreased prescription opioid use and overdose deaths, but researchers don't have enough evidence yet to confirm this finding. For example, one NIDA-funded study suggested a link between medical marijuana legalization and fewer overdose deaths from prescription opioids.

But this study didn't show that medical marijuana legalization caused the decrease in deaths, or that pain patients changed their drug-taking behavior. A more detailed NIDA-funded analysis showed that legally protected medical marijuana dispensaries, not just medical marijuana laws, were also associated with a decrease in the

following:

- Opioid prescribing
- Self-reports of opioid misuse
- Treatment admissions for opioid addiction

Additionally, data suggests that medical marijuana treatment may reduce the opioid dose prescribed for pain patients, and a recent study showed that availability of medical marijuana for Medicare patients reduced prescribing of medications, including opioids, for their pain.

NIDA is funding additional studies to determine the link between medical marijuana use and the use or misuse of opioids for pain.

What are cannabinoids?

Cannabinoids are chemicals related to delta-9-tetrahydrocannabinol (THC), marijuana's main mind-altering ingredient that makes people "high." The marijuana plant contains more than 100 cannabinoids. Scientists, as well as illegal manufacturers, have produced many cannabinoids in the lab. Some of these cannabinoids are extremely powerful and have led to serious health effects when misused..

CBD and Childhood Epilepsy

There is growing interest in the marijuana chemical cannabidiol (CBD) to treat certain conditions such as childhood epilepsy, a disorder that causes a child to have violent seizures. Therefore, scientists have been specially breeding marijuana plants and making CBD in oil form for treatment purposes. These drugs aren't popular for recreational use because they aren't intoxicating.

The body also produces its own cannabinoid chemicals. They play a role in regulating pleasure, memory, thinking, concentration, body movement, awareness of time, appetite, pain and the senses (taste, touch, smell, hearing and sight).

Are People with Health- and Age-Related Problems More Vulnerable to Marijuana's Risks?

State-approved medicinal use of marijuana is a fairly new practice. For that reason, marijuana's effects on people who are weakened because of

age or illness are still relatively unknown. Older people and those suffering from diseases such as cancer or AIDS could be more vulnerable to the drug's harmful effects, but more research is needed.

How might cannabinoids be useful as medicine?

Currently, the two main cannabinoids from the marijuana plant that are of medical interest are THC and CBD.

THC can increase appetite and reduce nausea. THC may also decrease pain, inflammation (swelling and redness) and muscle control problems.

Unlike THC, CBD is a cannabinoid that doesn't make people "high." It may be useful in reducing pain and inflammation, controlling epileptic seizures and possibly even treating mental illness and addictions.

Scientists are conducting preclinical and clinical trials with marijuana and its extracts to treat symptoms of illness and other conditions, such as:

- Diseases that affect the immune system, including:
- HIV/AIDS
- Multiple sclerosis (MS), which causes gradual loss of muscle control
- Inflammation
- Pain

- Seizures
- Substance use disorders
- Mental disorders

Points to Remember

• The term medical marijuana refers to treating symptoms of illness and other conditions with the whole, unprocessed marijuana plant or its basic extracts.

• The FDA has not recognized or approved the marijuana plant as medicine.

However, scientific study of the chemicals in marijuana called cannabinoids has led to two FDA-approved medications in pill form, dronabinol and nabilone, used to treat nausea and boost appetite.

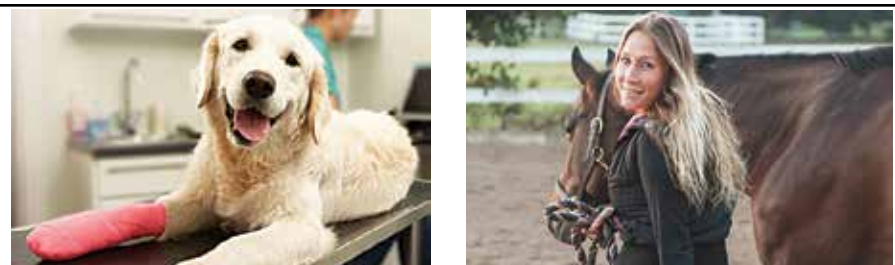
• Cannabinoids are chemicals related to delta-9-tetrahydrocannabinol (THC), marijuana's main mind-altering ingredient.

Currently, the two main cannabinoids from the marijuana plant that are of interest for medical treatment are THC and cannabidiol (CBD).

• The body also produces its own cannabinoid chemicals.

• Scientists are conducting preclinical and clinical trials with marijuana and its extracts to treat symptoms of illness and other conditions.

Source: National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services.



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Clearing up adult acne



Many youngsters develop acne during adolescence. Acne often disappears by the time adolescents graduate high school, but for some people, acne lingers into adulthood.

The American Academy of Dermatology says adults can get acne, which may persist as adults reach their 30s, 40s or 50s. Some people even develop acne for the first time as adults, a condition known as adult-onset acne. Although both men and women can develop acne, women tend to get adult acne more often than men.

Adult acne can be particularly frustrating for adults who had acne as children. Understanding what's behind the blemishes can help people get the treatment they need to banish breakouts.

Stress: Stress may contribute to adult acne. When stressed, the body releases certain hormones, most notably cortisol, to address the problem. Skin experts say that testosterone can accompany cortisol, which can drive oil glands to produce more oil. Stress can lead to more oily skin, which increases the likelihood of breakouts. Learning how to reduce stress can lead to clearer skin.

Hormonal changes: Fluctuations in hormones are normal for women. Estrogen and progesterone levels vary depending on the menstrual cycle. The Johns Hopkins Department of Dermatology says that acne is prevalent before one's menstrual cycle, and can also occur during menopause when hormones are in flux again. If acne is problematic, women can speak with their doctors about hormone therapy or birth control pills to see if either option can alleviate the hormone fluctuations that contribute to acne.

Family history: Genes also may be to blame for adult acne, as some people may have a genetic predisposition to acne.

Medication: Acne may be a side effect of certain medications. If medicine is triggering breakouts, women can discuss potential alternatives with their physicians.

Sugar: Some evidence suggests that sugar can contribute to acne by raising insulin levels, which then triggers oil-releasing male hormones. Stick to foods that do not trigger a sugar (and insulin) spike. Australian researchers found that people who followed

a low-glycemic index diet (which is low in refined carbohydrates such as those found in white bread) had a 22 percent decrease in acne lesions, compared with a control group that ate more high-GI foods.

Salt: It's not the greasy fries that cause acne, but it very well may be the salt on those fries. Some doctors suspect that sodium can cause issues with the skin because the iodine found in table salt and seafood can build up and make acne worse.

If these options do not work, speak with a dermatologist about cleansing regimens and topical treatments that can help reduce acne breakouts.



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What are the risks and benefits to endometrial ablation?

Females undergo many different experiences thanks to their reproductive systems. From the start of puberty to the final stages of menopause, the female body goes through many changes, many of which are spurred on by hormones. One condition women in their 30s and 40s may face is the onset of heavy menstruation levels and/or irregular bleeding.

Menorrhagia is the medical term for menstrual periods with abnormally heavy or prolonged bleeding, according to the Mayo Clinic. Hormonal imbalances may cause the buildup of the lining of the uterus (endometrium) to develop in excess and eventually be shed in the form of heavy bleeding. Fibroids, dysfunction of the ovaries, polyps, cancer, and intrauterine devices all may contribute to heavier than normal periods.

Heavy menstrual cycles can impact quality of life, particularly if they are accompanied by severe cramping and bleed-through. Doctors may recommend treatment if heavy periods soak a pad or tampon every two hours or less; if menstrual periods last longer than eight days; or if periods are accompanied with anemia from excessive blood loss, says Healthline.

Typically, hormone therapy, IUDs or medications are first prescribed to treat the problem. However, if these are not effective, a gynecologist may recommend a procedure called endometrial ablation.

To understand how endometrial ablation works, it is first necessary to comprehend the basic menstrual cycle. Each

month, a woman's body readies itself for the prospect of pregnancy. In addition to an egg being released to fertilization, the endometrium will build up in the uterus to provide a place for the fertilized egg to implant and develop. If no fertilization occurs, the egg and the lining will shed away and exit the body through menstruation.

During endometrial ablation, a doctor will perform a procedure that will permanently remove the endometrium and prevent further periods, says The Mayo Clinic. The process varies depending on certain factors, but will begin with the dilation of the cervix to allow for the insertion of medical instruments. Options to treat the endometrium include electrosurgery, cryoablation (freezing), hot fluid, heated balloon, microwave, and radiofrequency. NovaSure Endometrial Ablation uses radiofrequency distributed through a netting inserted into the uterus.

In many cases, women who have undergone endometrial ablation will gradually see their periods lighten, and some may stop altogether. The recovery time can take anywhere from a few weeks to months.

One of the risks of endometrial ablation is sterilization. Although it is not designed as a birth control method, endometrial ablation will make the endometrium unable to sustain a fertilized egg or a growing embryo, and miscarriage is likely, says Healthline. Therefore, women who are still planning to have children should not undergo the procedure. Those with



A doctor may suggest endometrial ablation to alleviate heavy menstrual periods.

uterine or endometrial cancer or other conditions may be precluded from having an ablation procedure.

Apart from cramping, watery discharge and increased urinary frequency may occur after the procedure. Rare side effects include damage to the vagina, vulva or bowels.

Women considering endometrial ablation are urged to go over all of the benefits and risks with their doctors.

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Distinctions between Crohn's disease and ulcerative colitis

properly diagnose each condition.

The UCLA Center for Inflammatory Bowel Diseases says both colitis and Crohn's are characterized by inflammation of the digestive tract. Both diseases can develop at any age, but often occur in teenagers and young adults. They also affect men and women equally. Another similarity is that the causes of UC and Crohn's disease are unknown, although environmental, genetic and an inappropriate response by the body's immune system can be factors.

To the average person, it may be difficult to figure out if they are suffering from UC or Crohn's disease because of these startling similarities. Yet, Healthline says there are important differences as well, which include the location of the illness in the gastrointestinal tract and the way each disease responds to treatment. Here's a look at what sets UC and Crohn's apart.

Crohn's disease

Crohn's disease may affect any part of the

GI tract (mouth to anus). However, Crohn's is most often to blame for symptoms at the end of the small intestine, called the small bowel, and the beginning of the colon, or the large bowel.

WebMD says Crohn's disease can affect all layers of the bowel walls. Those with Crohn's may have healthy areas interspersed with inflamed spots. Rectal bleeding or blood in stools is less common in Crohn's sufferers, and because it can impact more areas of the body, those with Crohn's may experience mouth sores, anal tears or infections. Crohn's also may affect areas outside of the GI tract, including the skin, eyes, joints and liver.

Ulcerative Colitis

Contrary to Crohn's disease, UC is confined to the colon and only affects the inner lining of the colon. Those with UC will have much more continuance to their inflamed areas with no interruption. Also, UC is more likely to produce blood in stools because it appears at the lower end of the large intestine.

UCLA Health also says approximately 10 percent of cases of inflammatory bowel diseases exhibit the features of both Crohn's disease and ulcerative colitis. These are typically known as indeterminate colitis.

Shared symptoms

People with UC or Crohn's disease can expect to encounter one or more of these symptoms:

- cramps and pain
- diarrhea
- urgent need to visit the bathroom
- diminished appetite
- weight loss
- fatigue
- night sweats

Symptoms may flare up and then go into remission. Doctors will use testing such as a colonoscopy or a CT scan to diagnose the right form of IBD. Even though there is no cure for these conditions, medication and lifestyle changes can help minimize symptoms.

Inflammatory bowel conditions affect millions of people. Some of these conditions share symptoms, but may have certain distinctions that set them apart from one another.

Ulcerative colitis and Crohn's disease are two conditions that are similar but not one and the same. As a result, only a doctor can

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Breathing easier about CPAP treatment

People who routinely toss, turn, snore and wake up feeling less than refreshed in the morning may have more to worry about than simply not getting a good's night sleep. They may be experiencing a relatively common yet largely undiagnosed condition that can contribute to long-term risk for various diseases.

Sleep disorders have become a significant health issue. Sleep apnea, which affects an estimated 22 million people in the United States, can contribute to difficulty sleeping. Sleep apnea causes periods defined by an inability to breathe. The American Sleep Apnea Association says sleep apnea comes in three types: obstructive, wherein a blockage of the airway is usually caused by the collapse of the tongue or soft palate; central, when the brain fails to signal muscles to breathe; and complex, which is a combination of the two conditions.

Over time, sleep apnea can be a risk factor for heart attack, stroke, diabetes and other serious conditions, says the Cleveland Clinic. That is why symptoms that may begin as mildly agitating snoring sessions should be brought to a doctor's attention. When sleep apnea is identified, one of the more successful treatments is widely referred to as "CPAP."

According to the National Heart, Lung and Blood Institute, CPAP, or continuous positive airway pressure,

is a treatment that uses mild air pressure to keep breathing airways open. A CPAP machine includes a mask or other device that fits over the nose or nose and mouth. The mask is connected to a machine via a tube, through which humidified air is blown.

In cases of obstructive sleep apnea, or OSA, CPAP can reverse the complete blockages or narrowing of upper airways. When used correctly, CPAP may be the only treatment necessary to address OSA. Sleep apnea is usually confirmed by an overnight sleep study known as a polysomnogram, or PSG, conducted in a lab or at home. According to the American Sleep Apnea Society, a PSG is often followed by with a CPAP titration study.

Individuals who will require CPAP can choose among masks and equipment that meet the prescription and maximize comfort levels. Many people become accustomed to using CPAP devices right away, while others may need a month or more to transition. Problems, such as uncomfortable masks or air leakage, can be tweaked until users grow comfortable.

CPAP needs to be employed under the guidance of a sleep specialist. The mask and tube should be cleaned daily and be replaced when necessary for the treatment to work effectively. More information about sleep apnea and CPAP is available at www.amsleep.org.



Sleep apnea very often is treated successfully with the use of a continuous positive airway pressure machine, often referred to as a CPAP.

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Understanding Medicare

Medicare is the federal health insurance program for:

- People who are 65 or older
- Certain younger people with disabilities
- People with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD)

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Medicare Part A (Hospital Insurance)

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Medicare Part B (Medical Insurance)

Part B covers certain doctors' services, outpatient care, medical supplies, and preventive services.

Medicare Part C (Medicare Advantage Plans)

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- Some Medicare Private-Fee-for-Service Plans
- Medicare Medical Savings Account Plans

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