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Meg Boyce of the Alzheimer's Association
works with caregivers.

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Caregivers share hardships of Alzheimer's

By Rich Flaherty

"I was aware five years ago," said Arthur Sack, that his wife, Marytheresa, had symptoms of Alzheimer's disease. She was 76 at the time. Symptoms of the disease claimed her life in March.

"It was tolerable for a year or so," he said. "I undertook to be her caregiver." He did not want to place his wife in a nursing home.

His story is all too common.

Alzheimer's Disease is the sixth leading cause of death in the United States, according to statistics from the Alzheimer's Association. Ten million American baby boomers will develop Alzheimer's. There are approximately 5.2 million Americans living with Alzheimer's today and that number is expected to increase to as many as 16 million by 2050. One out of eight people age 65 and older have Alzheimer's and nearly one out of every two over age 85 has it. Every 71 seconds, someone in America develops Alzheimer's disease; by mid-century someone will develop Alzheimer's every 33 seconds. The plaques and tangles associated with the disease act as weeds that literally choke the healthy brain tissue causing it to die: Alzheimer's brains actually shrink due to cell loss.

Sack said he challenged a lot of areas in the medical community regarding drugs for the disease. "I ran into stone walls on medication." He was interested in having his wife take part in clinical drug trials to find a cure, or at least find some hope in dealing with the disease. She took part and was having some progress. He also discovered there are many in the medical community that fear litigation for experimenting with new drugs.

While caring for his wife, Sack was looking for daycare for seniors, because the burden was becoming too great. Adding to the difficulty of the care-giving, Marytheresa broke a hip. Plus, she was in the hospital twice with pneumonia.

"I did get some help with daycare, which was a big help," he said. He credited DayBreak in Poughkeepsie with providing the assistance and expert help during



Advocates for Alzheimer's: (L to R) Elaine Sproat, Bonnie Hammer, Michele Muir, Marilynn Garzione, Andy Cahn, Art Widman, Jane Cahn, Nanette Virgilio, and Arthur Sack were on Capitol Hill recently for research funding for early detection, more effective treatments and prevention strategies for Alzheimer's disease, and ending the Medicare 2-year wait for people under 65 with Alzheimer's.

Photo by Michele Muir, Alzheimer's Association.

his time of need. It was five to seven hours a day, five days a week.

As the chief caregiver for his wife, Sack was learning more about the disease. "There are people who chemically change inside. They no longer can communicate, can't read and can't write. A personality change." Marytheresa's personality did not change. "She was always sweet," he said. "You establish a rapport. You don't need words to communicate a lot of things."

"Society is doing the best it can. There are many wonderful people, but it's overwhelming," he said about the disease. He emphasized that caregivers number in the hundreds of thousands across the country. He mentioned a number of cases in which caregiver spouses have died after the patients died.

"I was asked to join the board of clinical trials in Chicago." He's pushing for more funding for research to perform more clinical drug trials to end the progressive disease.

When the illness advanced, he placed his wife in a care facility, but officials there did not want to continue with the drug trial medication that was working. "I kept my temper in check and met with the doctor," he said. "People have been told they have five months and they live several more years. We all cling to hope."

When Marytheresa died, Sack gave a memorial dinner for her. "She was loved by many people. A testimonial celebration of life. Fifty-one great years together. I miss her very much." He remains active and stays in shape. His father lived to the age of 96. "My request is to be carried off the squash or tennis court."

He's now on a mission to "get people enrolled" in clinical trials. "If you think back on progress made with various diseases, like Polio, clinical trials were necessary." He said medications were developed and are still working to combat AIDS. "It can make your life better." It's the same with cancer. "Living longer for a better quality of life."

The Bailey family

Eileen Colacino and her sister, Barbara Lenci were the primary caregivers in taking care of their mother, Rose Bailey, who was diagnosed with Alzheimer's disease in her early 60s. "We tried to have her at home. We tried to have in-home health care at night, so my Dad could get some rest," said Colacino. "I took a personal leave (from work). We all pitched in."

Colacino remembers speaking with her mother on the phone one time and her father would come into the house and her mother would say, "There's a stranger here." She said her father would go in and out of the apartment and finally her mother would say, "Oh good, your father's home now." Colacino said the family helped take care of her mother for about two years. After that point, "we couldn't help her."

Lenci said you realize things have changed for a person. "My mother would say, 'I'm just so wacky lately.'" "

Continued on pg 6

Audiologists handle wide variety of tests, hearing issues

By Dr. Lori Biasotti

October is Audiology Awareness Month. When I tell people what I do for a living about half the time people have no idea of the role of audiologist. So in honor of Audiology Awareness Month, I will answer the question, "What on earth is an audiologist?"

An audiologist (au-di-ol-o-gist) is a professional who specializes in evaluating and treating people with hearing loss and balance difficulties. An audiologist will have either an Au.D., a clinical doctorate degree, or a Master's degree. Anyone entering the field of audiology today will need to get the Au.D. degree, as this has become the standard.

Audiologists are trained to administer tests that determine the amount and type of hearing loss present, help to diagnose middle ear disease or balance disorders, and quantify difficulties such as tinnitus or auditory processing difficulty. These tests (to name a few) include, pure tone air and bone conduction testing,

HEARING HELP



Dr. Lori Biasotti

speech reception testing, word discrimination testing, middle ear (impedance) testing, tinnitus evaluation, site of lesion testing, auditory brainstem

testing, vestibular testing and auditory processing testing. If you see an audiologist for an evaluation you may have some or all of these evaluations done. Audiologists are trained to evaluate the hearing of infants and children as well.

Audiologists work in a variety of settings. Some work in hospital clinics or even do hearing monitoring during certain surgical procedures. Some work in ENT (ear nose and throat physicians) offices. There are educational

audiologists that spend much of their day in schools, or special education meetings. Some are involved in hearing conservation in industry. There are audiologists that choose to teach and do research. Last, but not least, there are audiologists in private practice.

In addition to diagnostic testing, many audiologists specialize in the dispensing of hearing aids. The most important step in fitting a hearing aid is a thorough audiological diagnostic evaluation. The audiologist is trained to determine whether medical intervention or clearance is needed prior to fitting a hearing aid and will make that medical referral. After fitting the hearing aids, the audiologist is trained to do testing to verify the benefit of the hearing aids. Some

audiologists are also involved in cochlear implant fittings.

As a matter of fact, Audiology has been recognized by U.S. News and World Report as one of the "Best Careers" in 2006, 2007 and 2008. So, if a young person is trying to decide on a career choice, encourage them to consider audiology. They can start by contacting an audiologist, as many are willing to talk to students. If you think you may have a hearing loss, visit www.audiology.org and click on "Find an Audiologist" to set up an appointment.

Lori Biasotti, Au.D. is a NY State Licensed Audiologist. She has a private practice audiology/hearing aid dispensing office called Family Hearing Center at 18 Westage Business Center Drive in Fishkill, NY. Call with any questions or to schedule an appointment (845) 897-3059. Visit us on the web at www.familyhearing.org.



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It's not your husband's heart attack: Confronting the elephant in the room

By Dr. Jack Tighe

Just about all of us are aware of one of the classic and most dramatic signs of a heart attack: crushing chest pain, "like an elephant standing on my chest" as many survivors have described it.

Severe chest pain is just one of a number of possible symptoms of a heart attack in progress and in many cases, especially for women, the elephant has left the room.

Symptoms of a heart attack in women are often more subtle and, as a result, more likely to be dismissed, especially in the early stages when medical intervention can be most effective.

A heart attack (myocardial infarction) occurs when the blood supply to the heart is compromised, usually because a clot in a coronary artery blocks blood flow to an area of the heart. Restoring blood flow as quickly as possible is essential to saving the patient's life and preserving heart function.

DOCTOR IN THE HOUSE

The five primary symptoms of a heart attack are:

1. Chest pain or discomfort
2. Pain in the jaw, neck, arm or back
3. Pain or discomfort in the arm or shoulder
4. Shortness of breath
5. Feeling lightheaded, dizzy or faint

Less typical symptoms that are often reported by women are:

1. Mild or no chest pain with other symptoms
2. Nausea or heartburn-like sensations
3. Unusual fatigue or sleep disturbances

In studies of heart attack survivors, half of women and up to one third of men reported no chest pain at all. When women did report chest pain, it was often mild. Dizziness, heartburn and nausea were also seen more often in women. Women were more likely to report overwhelming fatigue, breathlessness, and sleep

disturbances, often for up to a month before the heart attack.

Doctors know that half of heart attack deaths occur in the first hour after symptoms begin, before the patient ever gets to a hospital. Getting to the ER promptly saves lives, so why the delay? The reality that heart disease tends to occur later in life for women can lead to a false sense of security. This can be compounded by the fact that standard tests to diagnose heart disease that are effective for men don't seem to work as well in identifying high-risk women.

Although a heart attack is a sudden event, heart disease is not. It is the result of many factors – some within, and some beyond our control. Age and heredity, and choices we make related to diet, smoking, exercise, health care, weight control and blood pressure

all figure into the equation. Making lifestyle changes such as quitting smoking, getting at least a half hour of exercise most days, keeping weight and blood pressure under control and eating a healthy diet can dramatically lower a woman's risk of heart disease. For women over the age of 65, the AHA now recommends low-dose aspirin therapy of 81mg daily or 100mg every other day.

While the threat of heart disease is real, women can lower their chances by making healthy lifestyle choices. These choices include eating meals that are well-balanced with low sodium, low fat and low cholesterol; following a moderate exercise regimen and visiting their physician or cardiologist for regular check-ups. Following these guidelines and those provided by a doctor can help women stay healthy and active.

Cardiologist Dr. Jack Tighe is Medical Director of the St. Luke's Cornwall Hospital Cardiac Catheterization Lab.



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Overcoming challenges is a way of life

Continued from page 3

Lenci said her mother knew she knew her, but she didn't know who she was. Lenci and Colacino have three brothers and they all realized that their mother needed medical care.

"What you wind up doing is saying, that you can't take her home. There's nobody to take care of her." Their father could no longer help with the care because he was so tired.

Lenci said her dad tried to keep her at home as long as possible, but realized he could do no more. "Just do what you have to do," he said.

Going to the hospital proved to be a challenge. "We were there one day and she (mother) escaped from the hospital," said Colacino. Lenci said that episode happened around 10 to 12 years ago and the hospital wasn't very well equipped to deal with Alzheimer's patients. "They figured they put them in the bed and they'd be fine." She said her mother had no clothes, just a nightgown, but that didn't stop her from roaming. "She went next store and got someone else's clothes, and she left," said Colacino.

Colacino said the family had some added stressful moments with the hospital stay. She said when the family was looking for nursing homes, her 17-year-old nephew commented that when he gets older, they'll probably find a cure. "It's in all of our minds, going right down to the youngest, to the grandchildren. It's just a heartbreaking disease."

Family members looked at daycare and nursing homes and determined that a nursing home would better suit the need. Colacino said her mother was placed in an excellent facility and her father would visit everyday. She said visiting on a regular basis was important, to maintain that important contact with a loved one. "We all ended (the visit) with I love you."

Colacino said patience can't be stressed enough. "When they ask you the same question 50 times and it is stressful at times, you have to answer them as if it was the first time they asked." She

said the situation can easily become argumentative and you want to avoid that scenario. "You can see in their face that they know something's not right."

Lenci said, as a caregiver, you need to remain compassionate and not let frustration consume your efforts. "Once they're worked up, it's going to be a long time before you can calm them down again." After the experience with her mother, she sometimes wonders if she might succumb to the illness. "Every time you don't remember something, right off the bat you think, is that it? It's always in your head." Two aunts and an uncle in the family also had Alzheimer's disease.

Tracy Krawitt and Mom

"My mother was a very productive woman," said Tracy Krawitt, who is caring for her mother in the middle stages of Alzheimer's disease. "She sat on every board, did all kinds of things at the hospitals." It was about 10 years ago that Krawitt noticed some changes in her mother.

"Just forgetfulness, not wanting to take the lead in doing anything. She started to become more in a passive role with certain issues." She would have someone else drive, or have the other person go first into a store and she would follow. Not wanting to take the initiative in her daily activities.

Krawitt was not living in the area at the time and became concerned with her behavior. Krawitt had her mother examined by a physician. "They gave her the beginning stages of Alzheimer's as her diagnosis." Krawitt decided to move into her mother's home to help provide needed care.

"She's progressed from a moderate, early stage into a medium state of Alzheimers," Krawitt said. Modifications were made to the home to protect Krawitt's mother from potential hazards or accidents.

The circuit breakers were altered, for example. "So I can shut my stove off when I leave the house." There are sliding doors in the house that automatically close, if her mother decides to open one. "So we don't lose the air-conditioning in the summer



Tracy Krawitt runs her business "Spacey Tracy Pickles" out of the Foodworks building in Poughkeepsie.

Photo by Rich Flaherty



Tracy Krawitt, left, is the main caregiver for her mother, Terry Plant Krawitt.

Photo by Rich Flaherty

and lose the heat in the winter."

Krawitt's mother, Terry Plant Krawitt was a successful model in the 1960s and early 1970s, appearing in magazine advertisements for Revlon cosmetics. She appeared in *Cosmopolitan*, *Vogue*, *Gimbles* and *Sears* catalogs and other publications. "She had all of everything together and could do everything on her own and just manage life beautifully. She was a woman that had the world, and one day this disease took charge of her."

Krawitt is taking care of her

mother and managing her two-year old business, "Spacey Tracy Pickles." "It's extremely hard to keep going every day." She has a pickle bottling business, plus Spacey Tracy's Deep Fried Pickles, which is a concession. Plus, she obviously has to take care of the house with related expenses and bills.

In starting up the pickle business, Krawitt's mother helped design the labels for the jars. The business venture has taken off and has become successful, but it's bittersweet. On the days that Tracy isn't home, she has to pay to

provide care for her mother. "She (mother) needs supervision, but she's not at a stage where she needs to be in a facility. There's nobody to help me. All my money goes directly to paying somebody to come into my home."

She said the sad part about her dilemma, there is no insurance coverage to pay for the care. "My mother worked her entire life." Her mother has a medical plan, but it doesn't cover her current need. Krawitt is an only child, with no extended family to help her. She's juggling a house, a mortgage, business loans, a business and paying for her mother's care. "It's a 24 hour illness," said Krawitt, with tears in her eyes.

"Every day I lose her." She wonders when the day will come when her mother won't be able to recognize her.

With Krawitt's hectic, busy life, she doesn't have enough hours in the day to spend with her mother. "I don't have any time to be with her. That's what gets me too!" She said the Dutchess County Office for the Aging and the Alzheimer's Association of the Hudson Valley "have helped so much with my mother."

She said a Rhinebeck support group at Northern Dutchess Hospital has helped her to cope and manage her situation. "You can talk and go through all the problems that you have, and that's so important." She recommends anyone that has a loved one affected with Alzheimer's, to get involved with a support group.

Krawitt wants to give back when her financial position changes. "I will donate a portion of my pickles to the Alzheimer's Association. I want to do something to help. I'm passionate about this."

The Alzheimer's Association has a variety of services and programs to help caregivers and families in the seven counties it serves. Meg Boyce, Director of



10-year-old Maddy Murphy of Hastings holds close the memory of a grandmother who watched musicals and played in the leaves with her when she was younger. She now sees firsthand the devastating effects of Alzheimer's each time she visits her grandmother at her nursing home. Maddy gladly joins in Memory Walk and was excited to be honored for her fundraising in 2007.

Photo by Michele Muir, Alzheimer's Association.

Programs and Services, says there is a 24-hour help line for people to call. "Caregiving isn't just a 9 to 5, Monday through Friday activity." The number can be reached seven days a week, 24 hours a day at 1-800-272-3900. Master Level social workers are available to provide help and information around the clock.

Boyce said caregiver and family support groups are available in each of the seven counties, including help for the primary caregiver, long-distance caregiving, support and guidance. The association also provides Early Stage groups for families with a loved one in the beginning stages of Alzheimer's in Dutchess, Rockland and Westchester counties. Each office in the seven county region has a library open weekdays from 9 to 5. Boyce said the association has

Care Consultations, in which families can meet with a professional one-on-one. "Families can access guidance and seek assistance for their needs."

For more information, or to volunteer, call the Alzheimer's Association at 845-471-2655.

Memory Walks on tap

The Alzheimer's Association Hudson Valley/Rockland/Westchester Chapter is sponsoring two upcoming area Memory Walks to raise money for Alzheimer's research.

A Walk will be held on Saturday, October 11, 2008 at Dutchess Community College, 53 Pendell Road, Poughkeepsie, N.Y. 12601. Registration: 9:00am, Walk: 10:30am. Contact: Pamela Perkins-Dwyer 845-471-2655. Another Walk will be held on Saturday, October 18, 2008 at Ulster County Community College, 491 Cottekill Road, Stone Ridge, N.Y. 12484. Registration: 9:30am, Walk: 11:00am. Contact: Pamela Perkins-Dwyer 845-471-2655. For more information, go to www.alz.org/memorywalk.

10 Warning signs of Alzheimer's Disease

1. Memory loss

Forgetting recently learned information is one of the most common early signs of dementia. A person begins to forget more often and is unable to recall the information later.

What's normal? Forgetting names or appointments occasionally.

2. Difficulty performing familiar tasks

People with dementia often find it hard to plan or complete everyday tasks. Individuals may lose track of the steps to prepare a meal, place a telephone call or play a game.

What's normal? Occasionally forgetting why you came into a room or what you planned to say.

3. Problems with language

People with Alzheimer's disease often forget simple words or substitute unusual words, making their speech or writing hard to understand. They may be unable to find their toothbrush, for example, and instead ask for "that thing for my mouth."

What's normal? Sometimes having trouble finding the right word.

4. Disorientation to time and place

People with Alzheimer's disease can become lost in their own neighborhoods, forget where they are and how they got there, and not know how to get back home.

What's normal? Forgetting the day of the week or where you were going.

5. Poor or decreased judgment

Those with Alzheimer's may dress inappropriately, wearing several layers on a warm day or little clothing in the cold. They may show poor judgment about money, like giving away large sums to telemarketers.

What's normal? Making a questionable or debatable decision from time to time.

6. Problems with abstract thinking

Someone with Alzheimer's disease may have unusual difficulty performing complex mental tasks, like forgetting what numbers are and how they should be used.

What's normal? Finding it challenging to balance a checkbook.

7. Misplacing things

A person with Alzheimer's disease may put things in unusual places: an iron in the freezer or a wristwatch in the sugar bowl.

What's normal? Misplacing keys or a wallet temporarily.

8. Changes in mood or behavior

Someone with Alzheimer's disease may show rapid mood swings – from calm to tears to anger – for no apparent reason.

What's normal? Occasionally feeling sad or moody.

9. Changes in personality

The personalities of people with dementia can change dramatically. They may become extremely confused, suspicious, fearful or dependent on a family member.

What's normal? People's personalities do change somewhat with age.

10. Loss of initiative

A person with Alzheimer's disease may become very passive, sitting in front of the TV for hours, sleeping more than usual or not wanting to do usual activities.

What's normal? Sometimes feeling weary of work or social obligations.



The Alzheimer's Association provides Medic Alert bracelets to include the patient's vital information.

Fellowship-trained cancer specialists are here in Hudson Valley

In 2007, more than 1.4 million people across the U.S. heard the most dreaded words: "You have cancer."

A diagnosis of cancer is never good news but neither is it necessarily the "death sentence" that it used to be. Detected early, many forms of cancer can be effectively treated. A wide range of treatment modalities are available to patients today that not only increase the chances of survival, but also allow a patient to return to active, healthy, cancer-free living.

Many of us have seen the ad that notes that where you're treated first for cancer makes an enormous difference in how a patient lives with cancer. That is

PATIENTS FIRST



Dr. Daniel Aronzon

true. Having access to the experts and a wide-range of treatment options are vital in treating cancer; having access to these options close to home is

priceless – not only for the patient, but also for the support network of family and friends who the patient may rely on for transportation, company during treatments, and simple morale-boosting.

Patients in the Hudson Valley have benefited tremendously from the expansion of options available for cancer treatment. The recruitment of fellowship-trained physicians for treatment of the various forms of cancer is a must if the residents of the valley will be able to seek state-of-the-art care close to home.

In this regard, Vassar Brothers Medical Center has been fortunate in attracting a contingent of superbly trained specialists in cancer treatment.

For breast cancer, joining Dr. Angela Keleher, who trained at MD Anderson in Houston, is Dr. Hank Schmidt, who completed his fellowship at the University of Chicago. Dr. Darrell Carpenter, from Cedars Sinai and the City of Hope in Los Angeles, is leading the advanced laparoscopic program, especially important for colon cancer. Our lung cancer program is led by Dr. Peter Zakow from NYU, and Dr. Shahani from Mount Sinai. Dr. Naeem Raman and Dr. Paul Pietrow specialize in cancers of the kidney and prostate and have trained in Virginia, Vanderbilt and Duke University respectively. Their talent coupled with our Davinci Robot makes cancer surgery less traumatic and far less painful!

Finally, Dr. Anne Kim from Albert Einstein and Downstate in New York City has joined our radiation oncology group.

Additionally, the hospital was recently granted a three-year accreditation with commendation by the American College of Surgeons. Nationwide, only 66 oncology programs received this award out of 500 programs surveyed each year. Vassar Brothers Medical Center is one of only 22 Comprehensive Cancer Centers in New York State and the only Comprehensive Center in the mid-Hudson Valley.

Similarly, Vassar Brothers Radiation Oncology program received a three-year accreditation by the American College of Radiology (ACR) for its three sites throughout the Hudson Valley - Vassar Brothers, Ulster Radiation Oncology Center in Kingston and Fishkill Radiation

Continued on page 11

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PHARMACY Corner

by Ken Balasiano, R.Ph.

BONE DRUG WITH ANTI-CANCER EFFECTS

Researchers have found that a drug used to prevent bone loss during breast cancer treatment substantially reduces the chance that the cancer would return. One of the group of bone-building drugs called bisphosphonates, Zometa is usually used to fortify the bones of breast cancer patients whose tumors have spread to the bone. The study, which involved 1,800 premenopausal women taking hormone treatments for early-stage breast cancer, found that Zometa (known generically as zoledronic acid) cut the risk that the cancer would return to their bones, or anywhere else, by 35%. Researchers are not sure how the drug works, but they think it may inhibit cancer cell growth or prevent cancer cells from sticking to the targeted organ.

When you have questions about hopeful new drug findings, such as the Zometa research, ask our pharmacist. The friendly staff at our pharmacy keeps up to date with all the latest developments in our industry, and looks forward to meeting the complete pharmaceutical needs of every member of your family. For accurate, sound, and safe advice, you will find us located at 8 Church St., Fishkill, 845-897-0636. We're open M-F 9-6, Sat. 9-3. *We'll Always Make Time for You.* Ask about a senior citizen discount on prescriptions. Convenient parking is always available.

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HINT: If another ongoing study also finds a benefit, it is predicted that Zometa will be tested against other cancers that tend to spread to bones, such as prostate and kidney cancers.

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Manual or automatic: Which toothbrush is best for you?

Many times people ask me what I think of a particular electric toothbrush. My response is the same for all people: If it works for



Dr. Edward Prus, DDS

you, I like it. If it does not work, then something has to change. The more appropriate question is, "Is it the toothbrush style that has to be changed or is it the style of

using the toothbrush that needs change." Jokingly, if a wet mop will clean your teeth and keep your gums totally healthy, then so be it.

I have seen certain automatic models work quite effectively in the mouths of some patients, yet, for some, the same brand may leave a lot to be desired when it comes to having clean teeth and gums. Here is the reason.

Effective brushing means ALL the plaque is removed from ALL the surfaces of the teeth. The Dental Consumer covered toothbrush techniques and other devices in an earlier column, but, to repeat, it is

DENTAL CONSUMER

important to note the most important part of the equation is the manner in which a brush is used. A manual brush or electric brush will clean equally effectively if they are used properly. If a brush is being manipulated properly to clean ALL the surfaces (notice, I did not say "teeth"), then the added motion of an electric brush can offer just a marginal benefit of giving added massage to the soft gingival tissues.

I have found most people are capable of cleaning their teeth totally with a manual brush. If they switch the technique to an electric brush that allows for the same cleaning patterns, then they will have even more excellent results (but they will both be healthy). It is important to note that if a particular brush, properly used, makes you feel your teeth are cleaner and healthier, then it is a good motivational tool, and you should use it.

A brief explanation of proper

brushing technique is in order here. First, the most important factor in tooth brushing is thinking about what you are doing. The brain is the missing tool in most patient homecare. Scattershot brushing, flip-flopping the brush around the mouth won't get the job done well. Even deciding to brush the teeth section by section can leave debris behind.

The next most important aspect of toothbrush technique is to focus on brushing surfaces. The tooth has many different angular surfaces and a brush must effectively contact them all. This requires explicit instructions from your dentist (hygienist). Having achieved that mindset, your technique will automatically improve. Third, you want to

repeat the overall pattern of cleaning that you experience when your teeth are professionally cleaned.

You will notice that most hygiene work is done at or below the gums. That is where you must focus. Bacteria under the gums causes inflammation and tissue destruction that make up periodontal disease. When you get rid of the bacteria, the tissues heal.

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Flexibility in the Fall: To stretch or not

FIT FOR LIFE

By Jason Hutchings, CPT

Now that fall is here, people are beginning to renew their interests in fitness programs.

As you make your return to your gym or health club of choice, you'll see old friends and new faces, but what you may not see are many of them working on their flexibility.

Flexibility, the ability of a joint to move through a full range of motion, is one of the more neglected components of fitness. In today's busy lifestyles, getting resistance training session and some time in for cardio is often hard enough, but staying flexible is equally important to staying fit and healthy. Your body is a very complex system that needs to have all areas of health worked on to run properly. After all, would you only change the oil in your car and never check the tires? Not only do you need to exercise and eat healthy, but you need to stay flexible.

Why stay flexible? With America's sedentary and often repetitive lifestyle, it is very commonplace to have a reduced amount of flexibility in your

muscles. Our daily work routines often lead to a muscular imbalance caused by pattern overload.

Pattern overload, at its basic level, is defined as a consistent repetition of the same patterns of motion. If you are training the same muscle groups at the gym, or using the same muscles at work all the time, you develop a muscular imbalance. Your back may be much stronger than your chest and cause it to pull unevenly on your shoulders. This imbalance can not only make daily activities harder to accomplish and enjoy, but can cause pain, discomfort, and even lead to injury. Staying flexible can help to correct any muscular imbalances you may have.

Who hasn't at one point in their lives strained a muscle? A muscle strain is tearing in the muscle fibers caused by overstretching that muscle. This is mostly due to a sudden movement that stretches a muscle past its fullest length. To

help reduce the risk of this happening you have to work on increasing the ability of that muscle to stretch.


Stretching is described as the deliberate elongation of a skeletal muscle to its fullest length in order to improve its elasticity and reaffirm muscle tone. There are many ways and techniques to accomplish this and reap the benefits of flexibility. Static stretching, PNF (Proprioceptive neuromuscular facilitation), active stretching, passive stretching, active-assisted stretching and yoga are just some of the techniques that can be used.

In addition to correcting muscular imbalance and injury prevention, there are other benefits that come from a regular stretching program.

Improved function, decreased muscle tension, relief of joint stress, and improved daily functions are all benefits of increased flexibility. Stretching has also been known to help reduce both the immediate and the delayed onset muscular soreness that comes from exercise by helping to increase blood and nutrient flow to and through your muscles.

As you get back into the gym this fall, take some time to talk with a fitness professional who can help you integrate flexibility training into your routines. It will be something you certainly will not regret and is another step that you can take to improve the quality of your life.

Jason Hutchings is a NESTA/NFTA Certified Personal Trainer. He has an AS in exercise science and wellness and is currently working on a BS in nutrition. He works as a personal trainer at Sport and Wellness in Hopewell Junction.



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Fellowship-trained cancer specialists

Continued from page 8

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There are many options available to patients who are faced with a diagnosis of cancer. The most important first step is to research programs and

treatments that will give each individual case the best options for success and the highest quality of life.

Dr. Daniel Aronzon is the President and CEO of Vassar Brothers Medical Center, as well as a practicing pediatrician with more than 30 years of experience. He is a fellow of the New York Academy of Medicine, the American Academy of Pediatrics and a member of the American College of Physician Executives.

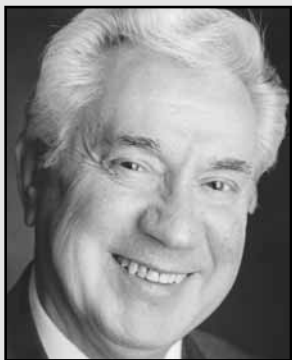
Which toothbrush is best for you?

Continued from page 9

Back to the initial question - how well do electric toothbrushes clean teeth and gums? The motion of the brush must allow for the bristle tips to work their way under the gums and clean that area. If that is accomplished, the brush is fine. Because I find the manual brush is so easily manipulated into corners and tight spots, I like the overall effect it has on maintaining dental health. I actually expect most patients to come into the office with spotless, shiny teeth...and they do.

To repeat, those effectively using electric brushes achieve the same result.

Dr. Edward Prus has had a Manhattan practice in cosmetic and rehabilitative dentistry for over 25 years and is now working in Hopewell Junction. His treatment strongly focuses on preventive therapies to maximize dental health. This Dental Health column explores a wide range of topics of consumer interest to help you make positive dental choices. Email him at info@drprusdds.com.



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