Family Medicine’s cornerstone is an ongoing, personal patient-physician relationship focused on integrated care.

Our members are board-certified family physicians who care for children, parents, grandparents, aunts, uncles and neighbors of all ages.

Whether it is a health concern, a physical exam, a vaccination or a chronic condition, it brings you to our office, our conversation often unveils the additional personal and community-wide stressors that impact your health.
**Advice for Healthy Weight Loss**

Andrea Baxter, MD

On paper, weight loss is easy. Eat more calories than you burn, you gain weight. Eat fewer calories than you burn, you lose weight.

**So why is it so hard to lose weight?**

Our bodies are genetically engineered to store fat. For cave men, there was a long wait between meals. Those who survived were most efficient at storing fat and all the skinny people died off.

In modern times, we no longer have to chase our food or dig in the ground to harvest it, nor process it by hand. We can stay in our cars, order high calorie foods via speaker box and use no more energy than reaching out the car window.

Here are some tips to help you focus on changing to a healthier lifestyle and create healthier habits.

**Think about Healthy Lifestyle Changes**

- Lose weight slowly and your body will be more likely to keep it off.
- Replace high-calorie foods with healthier, lower calorie choices.
- Exercise regularly.
- Set small, realistic goals to keep you motivated.
- Reinforce your healthy habits with small non-food rewards.
- Keep track of your weight loss by weighing once a week.
- Use tools such as journals, phone notes or apps to keep track of exercise, food consumed, pounds lost and accomplishments. Phone alarms are valuable reminders.

**Choose Healthier Foods**

- Pick 1-2 unhealthy foods per week to replace with healthier options.
- Decrease bad fats in your diet. Eliminate fried foods. Try baked or grilled foods. Use small amounts of olive oil for cooking.
- Eat lean meats. Remove the skin from poultry. Eliminate most red meat. Eat more fish.
- Eliminate food with high fructose corn syrup. Substitute water (add flavoring, if needed) for sweet drinks.
- Eliminate desserts with processed sugar. Try frozen berries covered with skim milk, frozen peeled bananas or grapes for dessert.

**Exercise**

Pick an exercise that you enjoy, or like most people, you’ll fall off the exercise wagon. Try to make exercise a habit. Start slowly, 2x weekly for 15 minutes. Gradually increase the time to 30-45 minutes. After 6-8 weeks, increase to 3x weekly. Continue to add exercise time building to 45-60 minutes 4-5 days a week.

**Additional Tips**

- Boost your metabolism. Start the day with breakfast.
- Eat 4-6 small meals INSTEAD of 3 large ones.
- Drink a large glass of water before each meal to make yourself feel fuller. Try to consume 64 oz. of water daily.
- Eat slowly -- put down your fork or spoon between bites.
- Eat until you are no longer hungry, but not until you are “full” or “stuffed.”
- Do not take second helpings. Wait a bit, then ask yourself if you are still hungry.
- Learn what a portion size looks like.
- When dining out, put half of your food in a “to go” box at the start of your meal.

**Become aware of “mindless” snacking.**

Remember, the weight did not appear overnight. Permanent weight loss is best achieved by focusing on healthy lifestyle changes to lose weight slowly. There are many diet options. Pick one that will help change your habits to healthier ones in the long run.

Always discuss weight loss and exercise with your doctor first. There are also medications, medically managed weight loss programs and surgeries that can help some people. Your doctor can advise if one of these programs is right for you.

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**A Message from The President**

**“What’s Playing On Your Headphones?”**

Has anyone ever asked their child what’s playing on the headphones? In today’s age of technology, our children can listen to their favorite music through a variety of smart devices. Not only are they designed to play music, but also they have the capacity to stream video, play online games alone or with others and allow for chatting through social media. Our children attend “smart schools”, equipped with smart boards and laptop-ready work stations, that further emphasize the need to have smart devices. So, after the homework is finished, hopefully the chores too, they tune in to the media of their choosing. What's playing on the headphones? What messages are they receiving? Are they being told how to act, what to do and wear? Are they being influenced on who to like and dislike and how to treat others? How will their behavior change because of the media’s influence? All of these concerns make it imperative that we as parents are aware of the media to which our children are exposed.

I am constantly upgrading my devices to keep up with the technology that my teenage daughters use. I need to understand their exposure so we can have conversations to deal with the content. Violence and additional negative behaviors have regularly become part of many video games, television shows, movies and unfortunately part of society today, especially affecting youth.

According to The American Academy of Family Physician’s September 2015 Position Paper, “Violence in the Media and Entertainment,” The Federal Communications Commission (FCC) issued a 2007 report on violent programming on television, and noted that there is ‘strong evidence’ that exposure to violence through the media can increase aggressive behavior in children.” Was there as much violence when television had happy endings or exposed personality flaws that were self-corrected in thirty minutes on television sit-coms such as Happy Days, Good Times, Laverne and Shirley and The Jeffersons?

Parents were also role models. No matter how hard the job and how long the day at work, smiles greeted the family at the door and families sat down at the dinner table and discussed the day. As parents, it is time to become those positive role models for our children. It’s time to become the “Superhero” in your child’s life. Be attentive to and available for your child. Sit and eat dinner together every night. Dinner time is a great opportunity to talk about events of the day and review what’s happening in the media. Once a week, carve out some family fun time (i.e., play a board game or card game at the kitchen table).

Let your child know that they are important to you and make sure they feel loved. One way to help prevent the negative effects of the media on our children is to limit their exposure and to be involved. So put on your “Super Gear” every morning, your positive attitude, and show your child how to have a great day.

Remember, your child learns in many ways, mostly by watching you!

Joule N. Stevenson, M.D.
President, SLAFP
Tips to Stay Healthy While Trying to Become Pregnant
By Lauren Wilfling, DO

Take a prenatal vitamin daily, even before you become pregnant! Prenatal vitamins contain many vitamins and nutrients that are essential for growing a healthy baby. Having appropriate levels of important vitamins, even before the pregnancy begins, can give you a head start for a healthy pregnancy. There are many types and brands of prenatal vitamins available. Pick one that contains at least 400 mcg folic acid (to prevent neural tube defects) and at least 300 mg DHA (to support healthy brain development). Some prenatal vitamins also contain iron, which is an important nutrient, especially if you are at risk for low blood counts (anemia).

Be your healthiest you! Pregnancy is hard work; it takes lots of energy to grow a baby!
• Be as close to a normal body weight as able; obesity is a risk factor for complications during a pregnancy and at delivery time.
• Get exercise: 150 minutes weekly exercise is recommended. Exercise can continue once a woman becomes pregnant, but avoid activities that put her at risk for falling onto or getting hit in the belly.
• Tobacco, alcohol, and drugs should be avoided in pregnancy. If any of these are an issue for you, consider stopping before you become pregnant, or simplifying their intake.
• Discuss your current medications with your doctor to make sure they are safe to be taking in the early parts of pregnancy, before you may know you are pregnant. In some cases, there may be safer alternatives.

Support your immune system and protect yourself from illnesses.
A healthy baby needs a healthy mom!
• Preservative-free influenza vaccines are safe in pregnancy and should be given when it is flu season (September–March).
• Get plenty of rest, stay well hydrated, and avoid people who are ill.
• If you have any infections (especially any pelvic infections), talk to your doctor about getting them treated before you conceive.
• Avoid traveling to areas where the Zika virus is present, and avoid unprotected intercourse with people who have traveled there recently. This virus is known to cause severe birth defects in babies when the mother or father is exposed during (or just before) pregnancy. Zika is transmitted by some mosquito bites, so avoid bites by wearing long pants and sleeves, applying DEET-containing insect repellants, and removing standing bodies of water when able. Because the outbreak and spread of the virus is so new, the Center for Disease Control (CDC) is putting out weekly updates on their website, www.cdc.gov, to help learn more about avoiding this high-risk disease.

Pick a prenatal care provider. Some Family Medicine doctors take care of pregnancies and deliver babies as well as taking care of adults and children. Family Medicine doctors are in a unique position to care for your whole family, the mother, the newborn, the child as it gets older, and any other family members in the household. Ask your Family Medicine doctor about providing these services or if they can recommend a doctor who does. Obstetricians and midwives are other options for prenatal care and delivery in the event your family physician does not deliver babies. It is important to choose a provider who you trust; you will be spending a lot of time together over the next 9 months and you will be inviting them to share in a very special time in your life!

What to know about Influenza Vaccines
By Tonya Little, MD

Influenza is a viral illness most prominent between December and March in our area. It causes high fever, muscle pains, tiredness, cough, sore throat, vomiting or diarrhea. The course is generally 5-7 days. However, severe complications can occur – pneumonia, worsening of lung disease, cardiovascular disease, hospitalization and death. The complications can be worse for infants, people age 65 and older, and persons with chronic diseases or low immune systems.

Who Should Get A Flu Shot?
Influenza vaccine is recommended for anyone 6 months of age and older who has depressed immune system by chronic illness or cancer; who has pulmonary, cardiovascular disease, diabetes, or extreme obesity (BMI of 40 or greater); who is pregnant, working in health care, or living in a nursing home. In addition, household members of these persons should strongly consider getting the vaccine to decrease chances of exposure for those at risk.

The most common concern and reason for not wanting the vaccine is that “I will get flu from it.” The flu vaccines (shots, tri- or quadravalent) contain only a few proteins from the viruses that your body will learn to attack if you are exposed to the flu later. The shots do not contain complete viruses and cannot infect you. There is even a version of the flu vaccine that is safe for people 18 years and older who have a true egg allergy.

The vaccine is made based on the trend of influenza around the globe. It follows a certain pattern that allows prediction of the most likely strains for the season. The vaccine for each season is generally available by mid- to late-September. Even if you were vaccinated in the early months of a year, you still need a vaccine for the next fall. A review of 34 randomized trials showed that for the virus strains that the vaccine matches, the vaccine was effective in 61-77% ; for virus strains not matching the vaccine it was 52-64% effective.

Side effects can be soreness at the site of the shot, mild achiness, headache, fatigue, and low grade fever. There is a very low risk of a serious side effect called Guillain-Barre syndrome (1 in 1,000,000 persons); most cases were with a specific vaccine strain that is no longer used.

For more information, contact your Family Doctor or the Centers for Disease Control and Prevention (CDC) at www.cdc.gov/vaccines/flu.

All About Cholesterol
By Christine Jacobs, MD

DO I NEED MY LIPIDS (CHOLESTEROL) CHECKED?
The United States Preventive Services Task Force strongly recommends lipid screening for men 35 or older and women 45 or older (every 5 years, or more often if your last screen was borderline). Lipid screening is also recommended if you are 20 or older and at risk for cardiovascular disease because of diabetes, tobacco use, high blood pressure, obesity, a history of previous vascular or heart disease, or a family history of early heart disease (before age 50 in men / age 60 in women).

WHAT IS IN A LIPID TEST?
There are good and bad cholesterol:
• LDL is a bad cholesterol that causes atherosclerosis (hardening of the arteries) that leads to heart disease. Lower is better. Less than 100 is best, 100–130 near optimal.
• HDL is a good cholesterol that protects against heart disease. Higher is better. Greater than 60 protects against heart disease, 40–60 is acceptable, lower than 40 raises risk of heart disease.
• Triglycerides (TG) are a bad fat in the blood that are sometimes related to heart disease. TG should be less than 150 if you haven’t eaten in at least 8 hours.
• Total cholesterol (TC) may be high for many reasons, including a high HDL (good cholesterol); so it is less helpful, but generally TC less than 200 is normal, and greater than 240 is high.

HOW CAN I IMPROVE MY CHOLESTEROL?
• A diet low in saturated (animal fats) can reduce bad cholesterol. Weight loss helps.
• Exercise can lower bad cholesterol (LDL) and raise good cholesterol (HDL).

DO I NEED TO TAKE CHOLESTEROL MEDICINE?
In 2013, the American College of Cardiology and American Heart Association (ACC/AHA) developed guidelines for who should take statin medication to lower their risk of cardiovascular disease (heart attack or stroke). Statins are recommended for:
1. People without cardiovascular disease who are 40 to 75 years old and have a 7.5 percent or higher risk for having a heart attack or stroke within 10 years. This risk is calculated using age, gender, race, cholesterol, BP, and history of high blood pressure, smoking, diabetes using the ACC/AHA calculator available at http://www.cvriskcalculator.com/.
2. People with a history of atherosclerotic vascular disease: heart attack, coronary bypass or angioplasty, stroke, angina or peripheral artery disease.
3. People 21 and older who have a very high LDL of 190 mg/dL or higher.
4. People with diabetes who are 40 to 70 years old with LDL 70–189.

Learn more about cholesterol at: http://www.cdc.gov/cholesterol/
Car Seat Safety

By Sarah Cole, DO

One of the most important things you can do to keep your child safe is to correctly install the right car seat in your vehicle. The type of car seat your child needs depends on their age and size.

**Infants and toddlers** should ride in a rear-facing car seat until they are at least 2 years old or they reach the highest weight or height allowed by the car seat’s manufacturer. Most rear-facing car seats accommodate up to 40-50 pounds. Even if your child’s feet touch the back of the vehicle seat, s/he can bend his legs easily and will be comfortable in a rear-facing seat.

**Convertible car seats** can be used rear-facing initially then “converted” to face front when the child is older than 2 years old. Convertible car seats often accommodate children up to 40-50 pounds. No child should ride in a forward-facing car seat with a harness for as long as possible, up the highest weight or height allowed by the car seat manufacturer.

**School-aged children** who have outgrown the rear-facing weight or height limit or are older than 2 years should use a forward-facing car seat with a harness for as long as possible. If the height and weight limit allow, then the vehicle seat belt system should be used properly. This is usually when the child is 4 feet, 9 inches tall and between 8 and 12 years of age.

**Booster seats** may be high-back or backless. Booster seats often have a plastic clip or guide to correctly position the vehicle lap and shoulder belts.

**Older children** who have outgrown booster seats should always use the vehicle’s lap and shoulder seat belt.

Car and booster seats should be placed in the middle seat of the rear whenever possible. Children younger than 13 years should sit in the rear seat of the vehicle to prevent injury from air bags.

If you have questions about the correct installation of a car seat, visit healthychildren.org for more information or contact your local fire department.

Get Help through the Struggles to Quit Smoking –

By Kevin King, MD

Whether you’ve been smoking a long time or just during some tough spots over the years, I understand that smoking may seem to be a part of who you are. It may be the first thing you do when you wake up; your routine on the way to work; or away to de-stress from the kids. It gets you going in the morning, calms you down and gives you peace with those first few drags each time. Perhaps you enjoy a post-meal cigar with your family after a Thanksgiving meal or a loved one’s death keeps you smoking.

Some patients say their parents smoked. Evidence clearly shows that when you smoke, it’s very likely that your kids and grandkids will also start smoking.

Other people may remember starting to smoke while in college. Vendors often gave us free samples at the bars. Despite when you started smoking, the good news is that your body will remember how to feel without smoking. It’s not easy. On average, it takes seven to eight times to be successful. And yes, sometimes your spouse or good friend continues to smoke around you. But there are many options to help you quit and you may have already tried several of them. Don’t get discouraged. Every time you try to quit, it’s a step in the right direction. You are learning your own best way to quit, preparing to enjoy life without nicotine…this habit…this addiction…this struggle. Despite our fancy tests, preventative medicine and recommendations for your health, the single most important thing you can do for yourself, your kids and your grandkids is to throw out the tobacco.

My dad smoked until age 60. While he was growing up, everyone smoked. He tried to quit 10 or more times. I saw him struggling to breathe as he climbed stairs, walked hills and worked on projects. I’m proud to say he was finally successful! Today, we are thankful to see him trying to keep up with his young grandchildren.

I, too, smoked for six years. Medical school offered a rude awakening. I saw firsthand the toll on my patients and their families and it reinforced my decision to quit. As a family physician in practice, I care for patients with emphysema and illnesses resulting from long-term smoking. There’s not much that is worse than being unable to catch your breath or have a loved one whose medicine is no longer effective and who becomes terrified to go anywhere.

Many smokers want to quit but don’t know how or worry this time won’t be any different. I want to encourage you. Evidence shows people are more likely to successfully quit smoking and remain smoke free when they combine counseling with a nicotine substitute or medicine. Your friends and family will be there for you. And if not, at the very least, your Family Doctor will.

An Update on Common Adult Immunizations

By Emily D. Dourcette, MD

Immunizations (also called vaccines or shots) are an important way to protect ourselves and our communities against infections that cause serious harm and death. The ACIP (Advisory Committee on Immunization Practices) makes recommendations about when and how vaccines should be given to protect us. Many people are familiar with the benefits of routine immunizations for children, but regular shots for adults are also important to protect against illness, especially as we age. Here are some common vaccine recommendations for non-pregnant adults:

**PNEUMOCOCCAL VACCINE:**
- This vaccine protects against the bacteria Streptococcus pneumoniae which causes serious infections like pneumonia, ear infections, and blood and brain infections.
- A series of 2 “pneumonia shots” is recommended for all adults 65 and is covered by most insurances.
- Adults with chronic health problems, lung problems and conditions that lower the body’s ability to fight infection need an additional “pneumonia shot” once before they turn 65. This includes people with diabetes, kidney failure, asthma or anyone that smokes.

**TETANUS VACCINE:**
- Tetanus is a very serious nerve disease caused by bacteria that enters the body through wounds. It very often leads to disability or death.
- Adults need a tetanus booster every 10 years. The regular booster shot protects against tetanus as well as diphtheria (a bacterial infection that starts with a sore throat but can cause organ damage) and is called Td.
- The tetanus shot can also be given in combination with a vaccine that protects against pertussis (also called whooping cough). Adults need at least 1 of these combination boosters (called Tdap) in their lifetime to protect against all 3 infections.
- It is particularly important for adults who have contact with small children to get the Tdap vaccine to protect their loved ones.

**HERPES ZOSTER (SHINGLES) VACCINE:**
- Shingles is a painful rash caused by a virus, the same virus that causes chickenpox.
- People with a weakened immune system should not get the shingles shot.
- Getting this shot covered by insurance can be a little more complicated than other shots, so talk to your doctor about the best way to get immunized.

**HEPATITIS B VACCINE:**
- This 3 shot series protects against a virus that can cause liver cancer and liver failure.
- We now give this immunization to our children when they are very young, but some adults also need the shot.
- Adults who have chronic diseases like liver disease, kidney disease or diabetes need this immunization to protect their liver.
- Prisoners, those with multiple sexual partners, those who use IV drugs, and those with regular contact with someone with hepatitis B should also get the series.

**HUMAN PAPILLOMAVIRUS (HPV) VACCINE:**
- This 3 shot series protects against a virus that causes cervical cancer and genital warts.
- HPV vaccine is now routinely given to both boys and girls in childhood, but any person age 9 to 26 can get the vaccine to protect themselves against this virus.

If you have questions about adult vaccines and if they are right for you, talk to your Family Doctor. More information about vaccine recommendations is available at: http://www.cdc.gov/vaccines/.