

Healthy Lifestyles

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Image is Everything

Introducing 3D Mammography at the Oak Ridge Breast Center

Advancements in mammography screening technology have brought about the evolution of 3D mammography, also known as digital breast tomosynthesis. With standard mammography - or 2D mammography - the detection of breast cancer can be made more difficult by the limits of the "flat" imagery. These limitations allow for some breast cancers to hide behind healthy tissue, while normal tissues, stacked on top of each other, may create a shadowy or cloudy image which can appear to be cancer.

With 3D mammography, the images of the breast are taken in slices which present a more three-dimensional visual of the breast. The radiologist can see all around and between the breast tissues with greater clarity than ever before.



Digital breast tomosynthesis uses a low-dose, short x-ray sweep around the compressed breast with only nine low-dose exposures. This technique is designed to provide crisp and distinct images

that do not overlap one another, which represents a limiting factor in standard 2D mammography. However, the dosing of this unique technique is equivalent to that of the 2D mammography while provid-

ing a higher level of quality imaging.

Similarly, the screening routine for 3D mammography is no different than for 2D. Preparation tasks such as not wearing deodorant or jewelry

are the same, as is the positioning of the breast during the actual exam. The differences relate only to the quality of the finished images.

Because of this higher quality imaging, 3D mammography is also beneficial for women with dense breasts. Women with dense breasts are between four to six times more likely to develop breast cancer; however, for these women, cancer detection can be more challenging - especially with the limitations of traditional mammography. Now, this unique three-dimensional screening provides the same clinical applications as traditional mammography for any type of breast, including women with dense breasts, but with more defined images which may help to detect cancer earlier.

Currently, 3D mammography is covered by Medicare and many other insurances - but not all. To ensure coverage, you should check with your insurance provider. If insurance coverage is not available, the upfront cost is \$80 - split as two separate fees: a \$35 fee from Methodist Medical Center and a \$45 radiology fee. However, you have a choice between choosing 3D or 2D mammography for your screening.

A referral is not required for tomosynthesis. To schedule an appointment, call the Oak Ridge Breast Center at (865) 835-3760.

Oak Ridge Breast Center is one of several Covenant Health Breast Centers of Excellence to begin offering this advanced screening tool.

Breast Health: Three-Step Plan for Preventive Care

The thought of having breast cancer is frightening to everyone, and especially devastating to women. However, ignoring the possibility that you may develop breast cancer or avoiding the processes to detect cancer can be dangerous.

Although there are some women who are at higher risk, the fact is that all women are at risk for breast cancer. That's why it's so important to follow this three-step plan for preventive care. Although breast cancer can't be prevented at the present time, early detection of problems provides the greatest possibility of successful treatment.

What is the three-step plan?

Routine care is the best way to keep you and your breasts healthy. Although detecting breast cancer at its earliest stages is the main goal of routine breast care, other benign conditions, such as fibrocystic breasts, are often discovered through routine care.

Step 1. Breast Self-Examination

The American Cancer Society says that breast self-exams are an option for women ages 20 and older as a means of familiarizing themselves with their breasts so they can notice changes more easily. Breast self-exams should be done regularly at the same time every month. Talk with your doctor about the benefits and limitations of self-exams. Regular breast self-exam teaches you to

know how your breasts normally feel so that you can more readily detect any change. Changes may include:

- Development of a lump
- A discharge other than breast milk
- Swelling of the breast
- Skin irritation or dimpling
- Nipple abnormalities (such as, pain, redness, scaliness, turning inward)

If you notice any of these changes, see your health care provider as soon as possible for evaluation.

Step 2. Clinical Examination

A breast examination by a physician or nurse trained to evaluate breast problems should be part of a woman's physical examination. The American Cancer Society recommends:

- Between ages 20 and 39, women should have a clinical breast examination by a health professional every three years.
- After age 40, women should have a breast examination by a health professional every year.

Women should talk with their doctors/health care providers about their personal risk factors and make a decision about whether they should have a clinical breast exam.

A physical breast examination by a physician or nurse is very similar to the procedures used for breast self-examination. Women who routinely practice self-exams will be prepared to ask questions and have their con-

cerns addressed during this time.

Step 3. Mammography

Mammography is a low-dose X-ray of the breasts to find changes that may occur. It's the most common imaging technique. Mammography can detect cancer or other problems before a lump becomes large enough to be felt, as well as assist in the diagnosis of other breast problems. However, a biopsy is required to confirm the presence of cancer.

Experts have different recommendations for mammography. Current American College of Radiology Guidelines recommend screening mammograms every year beginning at age 40 for women at average risk for breast cancer. The National Comprehensive Cancer Network and the American College of Obstetricians and Gynecologists also recommend annual clinical breast exams. Women should talk with their doctors/health care providers about their personal risk factors before making a decision about when to start getting mammograms or how often they should get them.

A diagnostic mammogram may be required when a questionable area is found during a screening mammogram.

Women who may be at increased risk for breast cancer should talk with their physicians/health care providers about whether to begin having mammograms at an earlier age.

High-Tech Care. Hometown Service. National Recognition.

Oak Ridge Breast Center offers excellence in breast health

Your 40th birthday is an important milestone in your health journey. If you have no personal or family history of breast cancer, American College of Radiology Guidelines recommend you begin having annual screening mammograms at this age.

Your yearly mammogram is too important to entrust to anyone other than a nationally recognized practice devoted to your breast health - and that's precisely what you'll find at the Oak Ridge Breast Center. Located on the third floor of the Cheyenne Ambulatory Center at 944 Oak Ridge Turnpike, the Oak Ridge Breast Center is one of a few select centers in Tennessee to be named a Breast Imaging Center of Excellence by the American College of Radiology's (ACR) Commission on Quality and Safety and Commission on Breast Imaging.

Thomas Lemond, MD, breast radiologist and medical director of the Oak Ridge Breast Center, leads a team that includes an all-female staff of sonographers, technologists, and other personnel. A patient navigator is available around the clock to help educate women who are diagnosed with breast cancer about what to expect throughout their journey with the disease.

"Having a mammogram is a vulnerable, often emotional experience for women; we do everything we can to make the exam comfortable and quick, with the x-ray machine only briefly compressing the breasts as it obtains images of them," says Shari Blattner, RT (M), manager at the Oak Ridge Breast Center. "We know waiting for the results of a mammogram can be



stressful, so the radiologists interpret all images within 48 hours of the exam and send reports to patients' physicians within 72 hours. If a mammogram reveals a lump or other abnormality, we notify the patient's referring physician the same day."

New cancer patients can depend on the expertise and services of the Oak Ridge Breast Center's partner institutions: the Comprehensive Breast Clinic at Methodist Medical Center of Oak Ridge and Thompson Cancer Survival Center at Methodist.

More than Mammography

The Oak Ridge Breast Center is certified by the ACR for digital mammography and all other imaging services it offers, including:

- **Ultrasound** is a type of imaging that can be used to better examine an abnormality detected during a clinical breast exam or mammogram.
- **Cyst aspiration** is an image-guided procedure performed to drain fluid from a breast cyst.
- **Ultrasound-guided core biopsy**, directed by ultrasound, removes core samples from an abnormal area of the breast using a needle.
- **Stereotactic core biopsy**, directed by mammography, removes a small sam-

ple of breast tissue without surgery.

• **Breast magnetic resonance imaging (MRI)**, a type of imaging test that can reveal more details of the breast's anatomy than other imaging exams, is conveniently performed on the lower level of the Cheyenne Ambulatory Center at the Methodist Outpatient Diagnostic Center.

• **MRI-guided breast biopsy** is one of several types of breast biopsy providers can perform to extract a sample of breast tissue to check for the presence of cancer.

The Breast Center also offers dual-energy x-ray absorptiometry, a radiological exam that measures bone density and is used to diagnose osteoporosis.

Don't Delay

If you're age 40 or older and haven't had your first screening mammogram, don't wait another day to schedule. Breast cancer is easiest to treat when detected in its early stages. By taking time to be proactive about your health, you won't just be helping yourself—you'll be helping the people who love and depend on you, too.

To make an appointment for a mammogram at the Oak Ridge Breast Center, call (865) 835-3760.



You probably have a million reasons not to schedule a mammogram today.
AND ONLY ONE REASON YOU SHOULD.

Early detection saves lives.

Get a mammogram for yourself and for the ones who love you.



865-835-3760
 www.orbreastcenter.com

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 HEALTH

ER Manager Offers Advice for Preventing Heat-related Emergencies

The full-blown heat of summer is fast approaching, and knowing how to help a person suffering from heat exhaustion or heat stroke can save a life, according to Barbara Riggs, R.N., manager of the Emergency Department at Methodist Medical Center of Oak Ridge.

"Heat-related illnesses are a special concern for older adults, young children, and people who work in hot environments, have a chronic illness, take certain medications, or are overweight," Riggs said. "It's important to identify heat hazards, prevent overheating when possible, and react promptly and properly when problems arise."

In most cases, people can avoid problems by drinking plenty of water, staying in an air-conditioned area during the hottest part of the day, wearing lightweight clothing, and watching for signs of heat exhaustion such as heavy sweating, a weak pulse, pale and clammy skin, fainting and vomiting, she noted.

Take Care with Certain Medications

"A number of medications create problems on hot summer days. Antihistamines and drugs such as Cystospaz, Thorazine, Serenil, and Cogentin, for



example, reduce your body's ability to regulate temperature. Antidepressants such as Elavil and the thyroid hormone, Synthroid, may make you less tolerant of heat," Riggs explained.

Drugs such as Donnatal, Levsin, Dyazide, Inderal, Cardizem, and Sinemet limit blood flow to the skin and affect your body's ability to sweat. Haldol and Nembutal may affect your sense of

thirst, and tetracycline, sulfa and certain other antibiotics may cause rashes on areas of skin exposed to the sun.

Prevent Sunburns

Overexposure to ultraviolet rays in sunlight, sun lamps and tanning beds cause sunburns. In the short-term, sunburns may cause pain, swelling, redness and blistering. In the long-term, they may lead to premature

aging of the skin, development of scaly red patches that are sometimes precancerous, and skin cancer, Riggs said.

To prevent sunburns, the emergency department manager suggests that people avoid being in the sun between 10 a.m. and 4 p.m., if possible, because the sun's rays are the strongest during those hours. She also encourages people to use a sunscreen of SPF 15 or higher when they are in the sun, to switch to waterproof sunscreens when they swim, and to apply sunscreen often. In addition, people should take precautions on cloudy days because sunburns are still possible.

"People can treat most sunburns at home with cool wet compresses, cool oatmeal baths, and aloe during the first 48 hours," according to Riggs. "Avoid lotions and petroleum jelly during that time period, and do not use ice. When fever, fluid-filled blisters, dizziness, or visual problems accompany the sunburn, call the doctor."

Treat Minor Heat Problems at Home

"Home remedies are generally effective for heat rashes, muscle cramps, swelling and minor heat exhaustion. Fatigue, headache,

dizziness, weakness, nausea and cool, moist skin are signs of heat exhaustion," she added.

For minor symptoms, Riggs suggests the following:

- Help the person to an air-conditioned space or shady area to rest.
- Help them lie down, elevate their feet, and remove unnecessary clothing.
- Apply ice bags under the arms and the groin area to quickly cool the large blood vessels located near the skin's surface.
- Encourage the person to drink water, sports drinks or juice. It's a good idea for them to consume two quarts of these liquids within two to four hours after heat-related symptoms began.
- Encourage the person to avoid strenuous activities and to continue drinking plenty of fluids for 24 hours.

Call 911 for Heat Emergencies

"Heat exhaustion can lead to a heat stroke, which is a life-threatening emergency," Riggs emphasized. Someone who is suffering from a heat stroke may experience:

- Seizures
- Confusion
- Fainting that lasts longer than one minute

Moderate to severe trouble breathing

- Rapid heartbeat
- Severe vomiting and diarrhea

Hot, dry and flushed skin with either no sweating or with excessive sweating

"When someone has one or more symptoms of heat stroke, call 911 immediately and then start first aid," she said. "Do not give that person Tylenol-type products or aspirin to reduce fever."

First aid should include:

- Moving the person out of direct sunlight and to a cooler place

- Removing all unnecessary clothing

- Taking the person's rectal temperature frequently, if possible, and trying to keep it below 102.3 degrees Fahrenheit.

- Using cool water and fanning the person to lower the body temperature.

- Applying ice packs to the person's groin, neck and armpits

- Giving the person fluids if he or she is alert (most people suffering heat stroke are not).

- Beginning CPR only if the patient stops breathing and the person trying to help has CPR training. Do not attempt CPR, otherwise, because it may result in serious injury.

Registration Now Open for Babysitting Education Class



Register now for Methodist's 2016 Safe Sitters Babysitting Camp, which will take place at the Children's Museum of Oak Ridge on Thursday, June 16, 2016, from 8:30 a.m. to 4 p.m. This one-day class is open to 11 to 13-year-old girls and boys who want to learn safe babysitting techniques and how to handle emergencies when caring for children. Participants will learn how to perform CPR on infants and toddlers, calm fussy or upset children, change diapers, learn games and crafts, and other skills they can use when they babysit.

Safe Sitters is a medically-accurate program that teaches boys and girls ages 11 to 13 how to handle

emergencies when caring for children. This class teaches safe and nurturing child care techniques, behavior management skills, and appropriate responses to medical emergencies. Instructors are members of Methodist Medical Center's staff.

The cost is \$45 for Children's Museum members or \$50 for non-members and includes all materials. Participants should bring a sack lunch or order a lunch through the museum when registering.

Space is limited, so register early! To register or for more information, please contact the Children's Museum at (865) 482-1074.

Your Sweet Tooth May be Harming More Than Your Smile

You can't sugarcoat this fact: Americans are eating too much sugar. We eat about 18 teaspoons of the sweetener every day. Although it tastes good, sugar isn't very nutritious. What's more, your sweet tooth may be bad for your heart.

A sugar surplus

In a study, researchers linked the amount of sugar eaten to a risk for death from heart disease. They looked at three national health surveys spanning more than 20 years. From the surveys, they were able to estimate how much sugar

more than 31,000 people ate. They then cross-referenced those results with a database that tracked who died and their cause of death.

For 7 out of 10 adults, more than 10% of their daily calories came from sugar. These people had a 30% greater risk of dying from heart disease. That chance tripled for those who ate the most sugar, which was more than 25% of daily calories. The main dietary culprit: sugar-sweetened drinks like soda.

How might too much sugar bring about heart

problems? Past studies have connected a sugar surplus to diabetes, high blood pressure, and obesity. These conditions are leading causes of heart disease.

Sugar sources

Sugar can be found naturally in fruit and milk. In these foods, it fuels the body. But most of the sugar you eat is added. It's the white crystals you stir into your coffee. Or the sweet stuff put in foods like brownies and soda when they are made.

These so-called added sugars give you lots of

calories. But they don't deliver any nutrition. The main sources of sugar in the American diet are soda, candy, baked goods, fruit drinks, and dairy desserts like ice cream.

Health experts don't agree on an upper sugar limit. The national dietary guidelines recommend cutting added sugars and fats to no more than 5% to 15% of your diet. The American Heart Association is more precise. It says: No more than 100 calories—or 6 teaspoons—a day for women and 150 calories—or 9 teaspoons—for men.

Cutting Back on Added Sugars

You'll protect more than your heart if you cut down on added sugars. You'll prevent tooth decay and weight gain. Below are some tips that may help:

- Put away all types of the sweet stuff. Don't leave tempting sugar or honey out on your counter.
- Stunt your sweet tooth. Gradually lower the amount of sweeteners you add to your coffee, tea, and other foods.
- Change up your recipe. Swap out sugar for other spices or ingredients. Try us-

ing cinnamon, nutmeg, vanilla extract, or unsweetened applesauce. When baking, cut the amount of recommended sugar by up to half.

- Choose sugar-free foods and beverages. Or look for products with a sugar substitute, such as aspartame.

- Check the food label. Limit foods that list added sugars at the top of the ingredient list. Take note, though: The sweetener has many names, including cane juice, molasses, and high fructose corn syrup. Many words that end in "ose"—such as dextrose and sucrose—are also sugars.

NOW HEAL THIS!

Celebrating the



of the Methodist Wound Treatment Center and Wound Care Awareness Week

Open House and Wound Care Education Event

Wednesday, June 8
3:00 - 6:00 p.m.

Methodist Wound Treatment Center - 160A West Tennessee Ave., Oak Ridge, TN

The Methodist Wound Treatment Center is celebrating 10 years of healing wounds and changing lives! Join us as we celebrate our successes and look to the future of wound care with an open house and wound care education event.

Enjoy a tour of the Methodist Wound Treatment Center, learn about the variety of wound care services and products offered at the center, meet our expert staff and enjoy lights refreshments.

Call (865) 835-3743 for more information.



SPECIAL DELIVERIES: April Births at Methodist's Family Birthing Center



Tasha and Jonathan Corbin, Kingston, a girl, **Charlie Elizabeth**. Born April 3, 7 lbs. 8 oz. Siblings: Arabella and Kenadee. Grandparents: Mike and Bonnie Dixon; Brandi and Charles Matheson.

Kelsea and Brandon Huseman, Sunbright, a boy, **Caydon Scott**. Born April 4, 7 lbs. 8 oz. Sibling: Braydon Darin. Grandparents: Wanda Burch, Gary Stewart, Brenda Squire and Scott Huseman.

Natalie May and Robin Hensley, Wartburg, a boy, **Ryland Glen Carter**. Born April 5, 6 lbs. 14 oz. Siblings: Kane, Coltyne and Bentley. Grandparents: Melodie and Wayne Redmon; Kenny May, Gail Buckley; Carol and Wayne Hensley.

Nadia Rios and Daniel Molina, Oak Ridge, a boy, **Derek**. Born April 5, 8 lbs. 9 oz. Grandparents: Lily Avitia, Fernando Rios; Esther Rios and Daniel Molina.

Autumn and Matthew Rose, Oak Ridge, a girl, **Hadley Parker**. Born April 5, 7 lbs. 10 oz. Siblings: Sophia and Kaden. Grandparents: Shelia Chesney, Jim Chesney; Tim Rose and Sharon Rose; Teri Reese and Tony Reese.

Lauren B. and David C. Fouche, Oak Ridge, a boy, **Elliot Robert**. Born April 6, 8 lbs. 12 oz. Siblings: Jacob, Olivia, Adam and D.J. Grandparents: Molly and Olin Brewer; Robert and Helen Fouche.

Morgan Leann Mathes and Christopher Zane Smith, Clinton, a boy, **Jackson Eli**. Born April 8, 7 lbs. 2 oz. Siblings: Haley and Carson. Grandparents: Brian and Tracy Souder; Mike and Kim Smith.

Brittney Hall and Reyes Rodriguez III, Harriman, a girl, **Harper Marie**. Born April 8, 4 lbs. 14 oz. Grandparents: Debbie and Doug Langley, Terry and Becky Hall; Mark and Crystle Gibson.

Whitney and Franklin Shelley, Coalfield, a boy, **Gabriel Jacob**. Born April 11, 9 lbs. 14 oz. Sibling: Xander. Grandparents: Jenina Maples and the late Allen "Sonny" Carlisle Cox, III; Robertta Shelley.

Donna Davis, Oak Ridge, a boy, **Gavin Andrew**. Born April 12, 7 lbs. 12 oz. Sibling: Delilah Juliet. Grandparents: Shelly Crandall and William Futrell.

Alicia S. and Vinh Ba Vu, Norris, a boy, **Isaac Alexander**. Born April 12, 8 lbs. 3 oz. Sibling: Ana Victoria. Grandparents: Marcia Jones, Jerry Swanson; DoVu and Mai Nguyen.

Heather Patterson and Kevin Hensley, Briceville, a boy, **Bentley Camden**. Born April 15, 7 lbs. 12 oz. Siblings: Kevin, Alex, Abi, Andrew and Aiden. Grandparents: Sonya and Kenny Patterson; Gwen Carroll.

Mary Beth and Jonathan Preston Waschevski, Oliver Springs, a girl, **Bella Kadence**. Born April 15, 7 lbs. 7 oz. Sibling: Jaxon Gage. Grandparents: Gary and Kay Armen; John and Tracy Waschevski.

Heather Vespie and Jonathan Lee Daugherty, Briceville, a boy, **Jonas Christian Allen**. Born April 17, 4 lbs. 6 oz. Sibling: Natalya.

Megan and Brett Grizzard, Harriman, a girl, **Morgan Hope**. Born April 20, 7 lbs. 12 oz. Grandparents: Randy and Rebecca Morgan; Mike Grizzard and Lisa Grizzard.

Melanie and Samuel Seiber, Oliver Springs, a boy, **Knox Adler**. Born April 21, 6 lbs. 14 oz. Sibling: Kyler Seiber. Grandparents: Rick Burgess and Julie Burgess; Benny Seiber and Kathy Seiber.

Alyssa and Ricky Hooks, Oliver Springs, a boy, **Kolten Lee**. Born April 22, 8 lbs. 5 oz. Sibling: Kenslee. Grandparents: Becki Russell, Brian Russell, Christi Hooks and George Hooks.

Brittany R. Taylor and Austin D. Idles, Clinton, a girl, **Caelyn Grace**. Born April 22, 8 lbs. 7 oz. Grandparents: Katrina Taylor, April Idles and Allen Bullock.

Ashley and Jacob Smith, Briceville, twins, **Sawyer Reid and Grayson Alexander**. Born April 23, 7 lbs. 8 oz. and 6 lbs. 6 oz. respectively. Siblings: Noah, Landon and Colton. Grandparents: Amy Huskey; Melissa and Tim Meadows.

Maria J. and Benjamin K. Bruce, Oneida, a girl, **Athena Maria**. Born April 25, 7 lbs. 9 oz. Siblings: Apollo Benjamin and Atlas Alexander. Grandparents: Paul and Josephine Jones; Curtis and Lorna Bruce.

Danielle and Ryan Casarsaro, Knoxville, a girl, **Kylie Rose**. Born April 27. Siblings: Riley Grace and Corrie Grayson.

Anna England and Clayton Phillips, Harriman, a boy, **Nicholas Kane**. Born April 28, 8 lbs. 13 oz. Sibling: Brooklyn. Grandparents: Hazel Frederick and Rickey England.

Kimberly Turpin and Jack Chesser, Harriman, a boy, **Owen Lee**. Born April 29, 7 lbs. 14 oz. Sibling: Annabella. Grandparents: Junior Turpin, Edna Turpin, Jackie Chesser and Shannon Chesser.

Amber Dummitt and Chad Williams, LaFollette, a boy, **Henry Kamdyn Cole**. Born April 29, 4 lbs. 15 oz. Grandparents: Todd and Michelle Dummitt; Teresa and Chuck Williams.

Jessica Gardner, Knoxville, a boy, **Jonathan Thomas**. Born April 29, 6 lbs. 9 oz. Grandparents: Tammy and Donald Gardner.

Summer's calling your name but is pain stopping you from answering?

If you're experiencing joint pain and a decreased quality of life but are putting off joint replacement surgery, then read on. Today, those with knee and hip problems have some of the best options available for pain relief and a return to active living.

But all joint replacement programs are not the same and it's important to do your research and check that list twice to make sure you'll be happy with your joint replacement experience.

The Methodist Joint Replacement Center has embraced a whole new philosophy toward patient care.

The Methodist Joint Replacement Center offers:

- An all board-certified team of eight orthopedic physicians focused on delivering the highest quality care possible
- Nurses, therapists and certified nursing assistants who specialize in the care of joint patients



- Spacious private rooms designed to accommodate special rehab recliners for patients and comfortable sleeper chairs for family members who will be encouraged to "room-in" during the recovery process
- Emphasis on group activities as well as individual care
- Daily newsletters to keep patients and coaches informed and let them know what to expect for the upcoming day
- Education to help family and friends participate

as "coaches" in the recovery process

- A joint care coordinator who works with the patient from beginning with preoperative education through their hospital stay and discharge
- A comprehensive patient guide for patients and family members to follow before and after surgery

For a free DVD and information packet about joint replacement and the award-winning care at the Methodist Joint Replacement Center, call (865) 835-4405.

Health Night on the Town Low Dose CT Screening: A new imaging weapon for those at high risk for lung cancer

Featuring radiologist James Tramontana, MD



Tuesday, May 31 at 7 p.m.

Ridge Conference Room • Methodist Medical Center
990 Oak Ridge Turnpike

This program is free and open to the public. For more information, call (865) 835-4662.



Volunteering May Be Good for the Heart in More Ways Than One

Anyone who has ever been a volunteer knows that it feels good to help others, but researchers have found a less obvious benefit: volunteering can help reduce older adults' risk of high blood pressure.

The study included more than 1,100 adults, aged 51 to 91, who were interviewed about their volunteering and had their blood pressure checked. All of them had normal blood pressure at the time of the first interview.

The investigators found that participants who said during the first interview that they volunteered for at least 200 hours per year were 40 percent less

likely to have high blood pressure four years later than those who did not volunteer.

It didn't matter what type of activity the volunteers performed. Only the amount of time spent helping others as a volunteer was associated with a reduced risk of high blood pressure, according to the study scheduled for publication in the journal *Psychology and Aging*.

The findings suggest that volunteering may be an effective, medicine-free option to help prevent high blood pressure, which is a major contributor to cardiovascular disease -- the leading cause of death in

the United States. High blood pressure, or hypertension, affects about 65 million Americans.

The results of the study give older adults an example of something that they can do to remain healthy and age successfully.

As people get older, social transitions like retirement, bereavement and the departure of children from the home often leave older adults with fewer natural opportunities for social interaction. Participating in volunteer activities may provide older adults with social connections that they might not have otherwise.

Studies show that having good social connections promotes healthy aging and reduces risk for a number of negative health outcomes.

While the study found an association between time spent volunteering and blood pressure levels, it did not prove a cause-and-effect relationship.

Do you hear some good. Join the Methodist Medical Center Volunteer Organization. Volunteers of all ages and from all walks of life bring their unique skills and personalities to Methodist and fill roles such as front desk greeters, gift shop sales, pager station representatives, clerical

support and more. Volunteering is a wonderful way to make a difference in the community, meet new people, and learn new skills.

Join the Methodist Medical Volunteer Organization and see

what a difference volunteering can make. For more information or to become a volunteer, please call (865) 835-4170 or visit mmcoakridge.com/volunteers to apply online.

Looking for a quick and easy way to give back? Donate at the next MEDIC blood drive!

Helping others doesn't have to come with a big time commitment. It can be as easy as giving blood to support MEDIC's need in and around our community. A MEDIC blood drive is scheduled for Monday, June 6 from noon to 6 p.m. in the West Ridge Conference Room of Methodist Medical Center, 990 Oak Ridge Turnpike. All blood types are needed.

SURVIVOR SUNDAE

A Free Community Event Honoring Cancer Survivors

Sunday, June 5

2:00 - 4:30 p.m.

Cheyenne Ambulatory Conference Center
944 Oak Ridge Turnpike, traffic light #4

A free event open to the whole community, featuring:

- Ice cream sundae bar
- Celebration activities
- The Mt. LeConte Jug Band sponsored by CALM
- Cancer prevention & information booths
- Fun for the whole family!

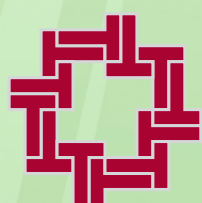
RSVP 865.835.4662

Victory is
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