

seniorclass

Baystate  Health

ADVANCING CARE. ENHANCING LIVES.



The Bridge of Flowers in Shelburne Falls, MA

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Virtual Events

Weight Loss Seminar

Tuesday, July 13, 6-7 pm



Dr. Romanelli

There are a lot of us struggling with weight control. More than a third of adults in America are obese and obesity is linked to more than 60 chronic diseases. Join Dr. John Romanelli, general and bariatric surgeon, medical director, bariatric and robotic surgery, Baystate Medical Center, for a discussion about obesity, BMI, the multidisciplinary steps for a weight management program such as diet plans, lifestyle, behavioral treatment, medications as well as when and how bariatric surgery is performed. There will be plenty of time for questions and answers.



Medicare Made Easy Upcoming Webinars, Pop-Up and Drive-In Events

Health New England understands the impact COVID-19 has had on every single person who lives and works in our community. Our thoughts are with you, your loved ones and the local health care professionals that have worked tirelessly over the past year to help those in need. We hope we will be together again soon, but in the meantime, please take advantage of our online member webinars and upcoming pop-up/drive-in events. Visit healthnewengland.org/medicare/sessions for dates.



The Balancing Act

Wednesday, July 28, 11 am - 12 Noon

Do you have a fear of falling? Have you ever been told you are slightly off balance? Learn how to prevent falls from our experts at Baystate Rehabilitation Care, Nancy Densmore, PTA, Michelle Lantaigne, OT, Baystate Medical Center Injury Prevention Program's Ida Konderwicz, RN, BSN and Dangel Adams, PharmD, Clinical Pharmacy Specialist, Baystate Medical Center. The discussion will include instructions for safe exercises to improve balance, information about the injuries that can result from a fall, modifications for the home, and common medications that can impact falls, as the many strategies to prevent falls.



Nancy Densmore, PTA



Ida Konderwicz, RN



Michelle Lantaigne, OT



Dangel Adams,
PharmD

Missed a Virtual Event?



Watch recorded events anytime at BaystateHealth.org/SeniorClass.



Susan M. Fontaine
Loyalty Programs Senior Coordinator

Email: sue.fontaine@baystatehealth.org

Baystate Medical Center
413-794-5200

Baystate Mary Lane Outpatient Center
413-967-2200

Baystate Franklin Medical Center
413-773-2433

Baystate Wing Hospital
413-967-2200

Baystate Noble Hospital
413-794-5200

Baystate Health Senior Class is a FREE loyalty program dedicated to health and wellness. The program is open to men and women ages 55 and over.

Find us on the web at baystatehealth.org/seniorclass | Like Baystate Health on Facebook

Go to [Youtube.com/baystatehealth](https://www.youtube.com/baystatehealth) to see all the latest videos | Follow us on Instagram @Baystate_Health

Baystate Health is a leading not-for-profit health system with the charitable mission of improving the health of the people in our communities every day, with quality and compassion.



ADVANCING CARE.
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To register

for any of the virtual events visit [BaystateHealth.org/SeniorClass](https://www.baystatehealth.org/SeniorClass) and scroll to the bottom of the page or visit [BaystateHealth.org/Events](https://www.baystatehealth.org/Events).



Questions?

Email Sue.Fontaine@BaystateHealth.org or call 413-794-5200.

The Burning Facts About Skin Cancer and Melanoma

Thursday, August 12, 6-7 pm



Dr. Arenas

A beautiful sunny day lying on the beach, being outside while gardening, hiking, swimming and more is time well spent and so good for our health. But when is it too much? Join Dr. Richard Arenas, Chief, Division of Surgical Oncology, Baystate Surgical Oncology & Breast Specialists, for a discussion about skin cancer facts,

myths debunked, how to reduce risk, the different types of skin cancers and symptoms, with focus on melanoma and how skin cancers are diagnosed and treated. There will be time for questions and answers.

Not a member? **Join us!**

Visit [BaystateHealth.org/SeniorClass](https://www.baystatehealth.org/SeniorClass) to receive monthly email updates and the quarterly publication. It's Free!

Already a member and would like to receive the monthly email or need to make changes to your membership, visit [BaystateHealth.org/SeniorClass](https://www.baystatehealth.org/SeniorClass)

Beyond Sugar: Diabetes Solutions

Tuesday, August 24, 3-4 pm



Dr. Gordner

About 1 in 3 Americans have prediabetes and 1 in 10 have diabetes. There is a lot to know about diabetes such as blood sugar levels and hormones, the role of the pancreas, when things go awry, and what to do when diagnosed. Join Dr. Chelsea Gordner, endocrinologist, Baystate Endocrinology, for a discussion about diabetes Type 1, Type 2, Insulin Resistance and the many treatments to keep sugars in check. There will be time for questions and answers.

Sleep Apnea Treatments: Freedom From Gear

Tuesday, September 14, 4-5 pm



Dr. Lee



Dr. Plosky

Imagine you are dreaming and the muscles in your throat relax enough that tissues block the airway. This is a common form of sleep apnea called obstructive sleep apnea (OSA). One in 15 people in the U.S. have OSA and 80% of them are undiagnosed. If you have tried the CPAP machine, without success, there is a treatment available called Inspire. Join Dr. Jonathan Lee, plastic surgeon, Baystate Plastic Surgery, and Dr. Daniel Plosky, otolaryngologist, Ear, Nose, & Throat Surgeons of Western New England, for a discussion about the technology that you may not have heard of which has decreased snoring, and reduced sleep apnea events. Topics will include an overview of OSA, how it is diagnosed, and the various surgical treatments options including Inspire. There will be time for questions and answers.



Need to go to the doctor, but don't have primary care?

Primary care is not only the best way to prevent illness – it's also the first place you should turn in urgent care situations. Learn more about primary care and find a provider today.

Visit [BaystateHealth.org](https://www.baystatehealth.org) or call 413-794-5412.



HOW TO SAFELY STORE MEDICINE IN THE HEAT

Capsules, tablets, inhalers, liquids, injectables, and more. Medicine comes in many forms and serves many purposes. But one thing they all have in common is they do not do well in extreme temperatures.

Both excessive heat and cold can have significant impact on how well medications — both prescription and over-the-counter — do their job. While that might not be a big deal for a daily vitamin, the impact of a less-than-effective heart medication or asthma inhaler has the potential to be fatal.



Baystate Health's Medication Safety Officer, Mark Heelon, explain the facts and offer safety guidelines.

Mark Heelon, PharmD

WHY SAFE STORAGE MATTERS

All medicine comes with label instructions regarding safe storage. Most medicines should be stored at 59 to 77°F in a cool, dry place. That degree range is important. The chemicals and components of some drugs can be changed when exposed to different temperatures. For example, drugs that contain hormones (think birth control, chemotherapy drugs, anti-seizure medications, and antibiotics) don't work as well when exposed to temperatures outside their recommended storage range.

In addition, moisture, like that found in most bathrooms, can cause some medicines to stop working as intended. Case in point, when blood glucose strips are exposed to humidity, they can actually give inaccurate readings. That means the less-than-aptly-named medicine chest in your bathroom should not actually be used to store medicine.

"The less talked about impact of medications that are improperly stored and their potential to lose potency is that infections may not be cleared up and disease may linger longer if antibiotics are involved.

Also, medicine should never be stored in the sun. "Medications do not tolerate sunlight

very well and can lose their potency if stored on a windowsill," says Heelon.

HOW TO STORE MEDICINE SAFELY

Simply put, medicines that are stored correctly last longer and work better. Here are six simple steps that can help preserve the integrity of your medication.

Extreme temperatures (both hot and cold) can physically change your medications and affect their potency (how well they work), which can be harmful to your health, says Mark Heelon, the pharmacist who serves as medication safety officer for Baystate Health.

Store most at room temperature. Most medicines should be stored at room temperature between 59 to 77 °F, in a cool, dry place. If you are unsure, check the label or ask your pharmacist for advice. In addition, always store medicine out of the reach of children.

Keep medicine with you when traveling. When traveling, never leave medications in a very hot or cold car, and don't store them in your trunk. Ideally, all medicines should be kept in the cabin of your car while traveling. Medications that require refrigeration, such as insulin and EpiPens, should be kept in a cooler with a cool-pack. If traveling by air, keep medications in your carry-on luggage to avoid the extreme temperatures of the cargo hold.

Know how your specific medicine should be stored. If you do not have air conditioning at home, experts recommend storing your medicine in the refrigerator (depending on the medicine). Check with your pharmacist for storage recommendations.

Be prepared. Have a plan in case the power goes out. Some injectable medications, for example, need to be stored in the refrigerator. You may have a short window of time before the warmth makes them unsafe.

Ship medicine overnight. If you order medication, always, choose overnight



shipping and make sure someone will be around to pick them up. If you work, have the medication shipped to your office to avoid it sitting on your porch in a hot mail box.

Look for changes. Always inspect medication before taking. If medication is stuck together, appears "runny," is harder or softer than normal, shows changes in color, or has a different odor than usual when opening the bottle, it may be compromised and should not be taken. But remember, just because a medication looks normal, it still could have been damaged by extreme temperatures. If you have concerns, consult your pharmacist.

"As always, be sure to ask your pharmacist when picking up new medicines about the best way to store them, and also ask about other medications you may have at home that you are unsure about," said Heelon.

SAFETY BEYOND STORAGE

There's more to drug safety than proper handling. Here are a few additional tips for medicine safety:

Use one pharmacy for all your medications.

Always carry a list of your current medications, including herbal supplements and over-the-counter drugs.

When you are prescribed a new drug, know when and how to take it. Repeat the instructions you have been given back to the nurse, physician or pharmacist who is helping you.

Always speak with your doctor before stopping any medications, changing the amount you take, or adding herbal supplements.

If you have questions about your medication or safe handling, talk to your pharmacist.

Should You Take Aspirin To Prevent A Stroke?



Dr. Flores

Inexpensive and widely available without a prescription, aspirin has long been a go-to for millions of people looking to relieve pain, reduce inflammation, fight fever, and more. But for some people, the risks associated with aspirin far outweigh its benefits. This is especially true when it comes to strokes.

THE ROLE OF ASPIRIN IN TREATING STROKES

According to Dr. Heydi Podadera Flores, a neurology specialist with Baystate Health, “When it comes to treating strokes, aspirin has its role but only for a specific type of stroke.”

She explains, “There are two primary types of strokes: ischemic and hemorrhagic. Ischemic strokes occur when a clot blocks an artery, keeping oxygen from reaching the brain. Hemorrhagic strokes occur when a weakened blood vessel in the brain ruptures. The leaking blood accumulates puts pressure on the surrounding brain tissue.

“While the symptoms of both types of stroke can be very similar, the treatments are not; the key difference being what’s causing the stroke: a blockage or a bleed.”

Often referred to as an anti-platelet, aspirin keeps cells in the blood (a.k.a platelets) from sticking together to form a clot. “That’s extremely important and helpful in the earliest stages of treating an ischemic stroke where re-establishing blood flow to the brain is the first priority,” says Dr. Flores, “However, in the case of hemorrhagic stroke, the initial goal is to stop the bleeding into the brain. And given how aspirin works, aspirin can lead to more bleeding, actually making the stroke worse.”

ASSESSING PATIENTS FOR TREATMENT

One of the keys to reducing the risk of permanent damage to the brain due to a stroke is determining what kind of stroke is occurring.

“The first thing we do when someone comes in with a suspect stroke is get a picture of their brain,” says Dr. Flores. “If we’re able to see that there’s no bleeding in the brain, we’ll give them aspirin—ideally in the first 24 hours after the event. If we see bleeding,” she notes, “we’ll skip aspirin and look at other interventions such as controlling blood pressure or, in some cases, surgery.”

THE ROLE OF ASPIRIN AFTER A STROKE

Unfortunately, no one is more at risk of a stroke than a person who has already experienced one. In fact, in the United States, about one-fourth of the nearly 800,000 strokes that occur each year are recurrent events.

“In terms of preventing a stroke, the benefits of aspirin are most apparent at this stage,” says Dr. Flores. “Regularly taking aspirin after a stroke can reduce risk of another stroke by 15-20%. There is no evidence to support taking aspirin as a preventative measure against a stroke if one has not been experienced before. It could, actually, be

harmful on other fronts as aspirin has side effects—bleeding in the stomach, heart burn, cramps, rash, etc.”

Dr. Flores advises patients to consult with their doctor before taking any medication, including aspirin.

“The risks and benefits vary for each person and their health history,” she says. “If you suspect you or someone else is having a stroke, instead of reaching for aspirin, reach for the phone. Prompt assessment and treatment is the best way to reduce the risk of permanent damage.”

Learn More About Comprehensive Stroke Care at Baystate Health

When it comes to strokes, knowledge is power. Learn more about recognizing and preventing a stroke.

Visit [BaystateHealth.org/Stroke](https://www.baystatehealth.org/stroke) or call Baystate Neurology at 413-794-5600.





Surgery-Free Treatment For The Hand

When the unthinkable happened and Elizabeth Carr fell and broke her wrist, it temporarily put a stop to her active lifestyle that included golfing and strength training.

While she underwent surgery to her wrist to install a stabilizing plate, her doctor recommended that soon after she return to playing golf. She did, then, just about a year later, she felt a bump inside the palm of the same hand.

After visiting with her primary care provider, Carr, 61, learned she had a condition called Dupuytren's contracture.

Dupuytren's contracture affects about 5% of Americans who can't completely straighten some of their fingers, complicating everyday activities such as writing, throwing a baseball, golfing, or even preparing your own meal.

The disease is a condition in which thickened, scar-like tissue forces several fingers to flex forward, caused by the development of a fibrous connection between the finger tendons and the skin of the palm. It mainly affects the ring and pink finger, but can affect the thumb and middle finger. Dupuytren's contracture often first occurs in only one hand, affecting the right

hand twice as often as the left. About 80 percent of affected individuals eventually develop features of the condition in both hands.

"My doctor left it up to me to decide what course of action to take. So, I began to do my research to learn more about the disease and its treatments, of which surgery is just one of the options today. I didn't want surgery again and saw that radiation was being used on some people to stop the disease's progression, so I decided to explore that option," said Carr of Leeds.



Dr. Yunes

treatment, they have often done their own research like Elizabeth did and have firsthand knowledge of the procedure. Most, but not all of them, have been able to avoid any surgery. Several of these patients have already failed surgery and wanted to prevent any further deformity," said Dr. Yunes.

Her doctor referred her to Dr. Michael Yunes, chief of Radiation Oncology at Baystate Medical Center

"When patients come to me for

"I have treated over a dozen patients for Dupuytren's contracture. The process is easy and we now use a 3D printer in conjunction with our advanced planning system to make the setup as accurate and quick as possible," he added.

Low dose radiation therapy for Dupuytren's contracture, more often performed in Europe than America, works by reducing the inflammation and growth component of the process. The goal is to prevent the cording and restriction that occurs in the hand. It is important to understand that not all cases need treatment. A large percentage of patients will have spontaneous resolution of their nodules. However, once cords form they often persist. There is not a great deal of data evaluating different treatment options with only a couple of trials comparing radiation to the natural history of the disease. No treatment is without side effects, so it is important to always understand the potential risks and benefits," noted Dr. Yunes.

The best results occur when the treatment is performed early in the course of the disease both in terms of length of time present and the amount of deformity. With early treatment, up to 85% of patients treated have stability or reduction in the cords or nodules. In terms of side effects, approximately 50% of patients have mild to moderate reactions, mostly redness or peeling of the palms. This usually does not require treatment and resolves on its own.

"At Baystate, we believe in offering radiation for patients with Dupuytren's contracture after they have evaluated all available options. We use a CT scan to determine the true depth of the cords and nodules and we create a three-dimensional 'glove' with varying thicknesses to precisely and

accurately deliver radiation to these structures, while avoiding as much radiation as possible to the joints and skin folds. This limits the side effects as much as possible,” said Dr. Yunes.

Carr noted that Dr. Yunes has “a very calming manner.”

“I felt very comfortable. He told me that I was a good candidate since I was only in the beginning stages of the disease and my fingers weren’t at the point of bending, which is important for the radiation to be effective. After talking with him, I felt that radiation was a good route for me, especially since I’m such an active person. And, Dr. Yunes told me that I could continue to golf and use my hand during my treatment,” said Carr.

“Once I started radiation, the staff there were just wonderful and unbelievably great in making me feel very comfortable,” she added about treatment which was daily for 5 days followed by a 6-8 week break, then another 5 treatments.

Recommendations for other common treatments for Dupuytren’s contracture vary due to the severity of the disease and include steroid shots, enzyme injections, and needle aponeurotomy. Surgery is often used in more advanced cases where patients have limited mobility of their hand, the problem is that eventually the scar tissue and contractures may recur resulting in even more limited mobility. Radiation can be used after surgery, but it is less successful.

More common in men, Dupuytren’s contracture most often occurs after age 50. For women, it tends to appear later and is less severe. However, Dupuytren’s contracture can occur at any time of life, including childhood.

Believed to have a genetic component and to run in families, other risk factors for developing Dupuytren’s contracture may include smoking, excess alcohol use, liver disease, diabetes, high cholesterol, thyroid problems, certain medications such as those used to treat epilepsy, and previous injury to the hand.

“I would highly recommend considering this procedure for those with Dupuytren’s contracture. It was one of the easiest procedures that I have undergone with little discomfort. And, the best part of all was that I was able to continue with all my activities,” said Carr.

Need a primary care provider call 413-794-5412. For more information about Baystate Radiation Oncology call 413-794-9338.



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Want to support lifesaving care and diversify your retirement income? Baystate Health Foundation Charitable Gift Annuities provide you with an immediate tax deduction and steady stream of income for life for yourself and/or a loved one — starting now or in the future. Plus, your gift will support the area of Baystate Health you most love.

How it works: Mary, age 72, would like to receive stable income and support lifesaving cardiac care. If she makes a gift of \$20,000 to Baystate Health Foundation today, she receives an immediate charitable deduction of \$8,323 and \$980 a year for life. Or, if she defers payments until she turns 77 when she anticipates needing increased retirement income, she can receive an immediate charitable deduction of \$10,207 and \$1,320 a year for life.

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We’re here to help! Contact Kylie Johnson at Baystate Health Foundation at 413-794-7789 or Kylie.Johnson@BaystateHealth.org Or visit BaystateHealth.PlanMyGift.org to learn more.



Kylie Johnson
Senior Philanthropy Officer
& Planned Giving Manager

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Please Get Your COVID-19 Vaccine WE DID



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