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WHAT'S INSIDE

Routine breast health screening save lives	6
Help reduce your risk of cancer	8
Don't forget routine eye care during pandemic	10
COVID-19 surge on the coast	12
Thyroid Eye Disease	14
LIGHTen up your pain	16
Treatment options for arthritis	17

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Routine breast health screenings save lives

By Bryan Jordan, M.D., with
Alabama Coastal Radiology
Diagnostic Radiologist & Sub Specialist
in Breast Imaging/Interventions

The American College of Radiology and the Society of Breast Imagers recommend that women 40 years and older, with no additional risk factors for breast health, receive a yearly routine screening mammogram. A person who has elevated risk factors may want to consider start screening mammograms at an earlier age. Risk factors can include multiple first-degree family members with breast cancer or known genetic mutations. For women with high risk factors for breast cancer, routine screening now includes an MRI and ultrasound. A detailed conversation and risk assessment intake from a referring provider can shed light on appropriate individually tailored screening(s).

The most important factor is early detection. Early detection of breast cancer is the best chance for an excellent prognosis, if not a cure! After the life-saving invention of routine screening mammography, there was a sharp decline throughout the world in deaths secondary to breast cancer. The goal is to catch cancers at the earliest stage (stage zero, or stage one) which has near 100%



SUBMITTED PHOTO

Dr. Bryan Jordan stands next to the GE 3D Pristina mammography system that provides superior diagnostic accuracy for the detection of breast cancer during a mammogram. With this new system, 83% of patients say that having a mammogram is a better experience. Screening with the GE 3D Pristina mammogram is now available at The Breast Center at Thomas Hospital and at Thomas Medical Center. For more information, call 251-279-1633.

survival. These facts are based upon the American Cancer Society's decades of research into breast imaging interventions and outcomes.

Women 40 years and older do not need an order from a referring provider to schedule their screening mammogram. So schedule your screening mammogram today!

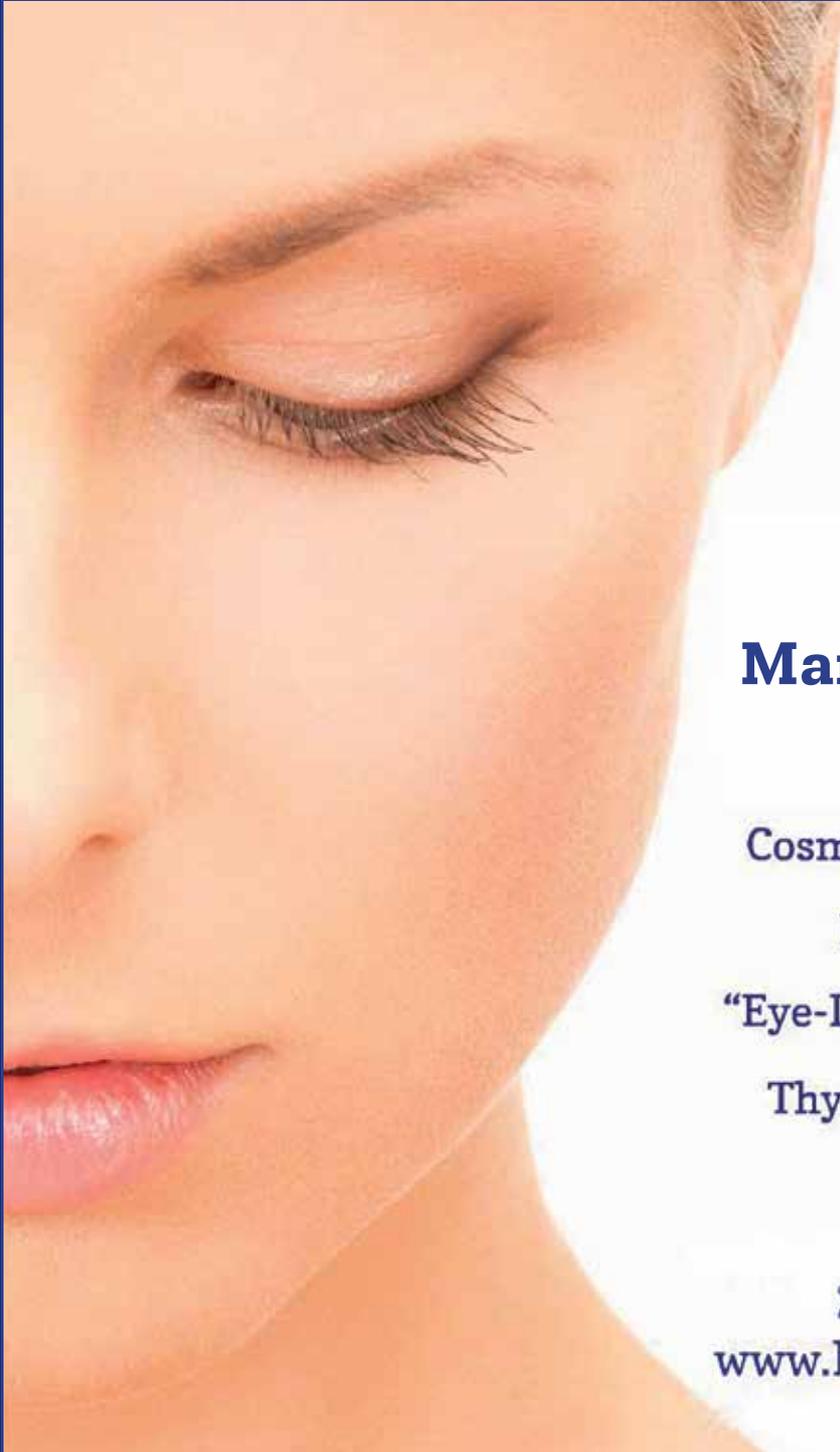
About Bryant Jordan, M.D.

Dr. Jordan was born and raised in Mobile. He

received his undergraduate and medical school degree at the University of South Alabama Medical School where he also did his residency in radiology. He then went on to MD Anderson Cancer Center in Houston, Texas, for further training specifically geared towards women's health, breast imaging and breast cancer interventions. After training at MD Anderson Cancer Center, Dr. Jordan worked in North Carolina for five years, eventually becoming

ing medical director/section head for breast imaging in a large private practice center. He recently had the wonderful opportunity to return home to continue his practice with Alabama Coastal Radiology and Infirmity Health.

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THOMAS MEDICAL CENTER IN DAPHNE



SUBMITTED PHOTO

Infirmity Cancer Care's mobile screening unit is a free community resource for Baldwin and Mobile Counties. To learn more about the unit or to reserve it for your organization or event, call 251-435-2582.

Help reduce your risk of cancer

Submitted by Infirmity Cancer Care at Thomas Hospital and North Baldwin Infirmiry

If you thought you can't control your risk of getting cancer, think again. There are some risk factors that you can control. For instance, smoking is a modifiable risk factor, meaning that if you modify your lifestyle to quit smoking, you may also lower your chance of getting some cancers, including but not limited to esophageal, lung,

pancreatic, bladder and oral cavity cancers. Smoking causes almost 1/3 of the cancer deaths in the United States.

In addition to smoking, there are also other modifiable risk factors. Studies also show that those who drink more than one glass of alcohol per day are at increased risk of breast, esophageal, oral, colorectal and liver cancer. Obesity, as well, puts people at risk for many cancers, including kidney, pancreatic, endometrial and

postmenopausal breast cancer.

There are also ways to reduce your risk of cancer. Stay active. According to studies, there is a link between exercise and a lower risk of colorectal and endometrial cancers, as well as postmenopausal breast cancer. Avoid secondhand tobacco smoke whenever you can and be aware of pesticides that may cause cancer. Your physician can also help. Talk to your doctor about the

numerous other ways to modify your lifestyle to reduce your risk of cancer and about recommended screenings for early detection of cancer.

Infirmity Cancer Care is on the road to detect cancer early and save lives. With its mobile screening unit, Infirmity Cancer Care brings free cancer screenings to your community event or organization. To reserve the mobile screening unit or for more information, call 251-435-2582.



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Don't forget routine eye care during pandemic

Three vision threatening issues patients should know about

By Dr. Michael Wallace

On Jan. 21, 2020, just over one year ago, the very first case of COVID-19 was confirmed in the United States. Over the past year, this pandemic has shaken our country and our world more than any other healthcare crisis in recent memory. Despite our continued struggle as a nation, it is important not to forget all of the other health-threatening conditions that, despite our current focus on COVID-19, continue to affect our health. Here we are going to look at three common, vision-threatening eye conditions seen by eye care providers that, when patients come in for a routine eye exam, they may not know they

have.

First, we will look at glaucoma. Glaucoma can be thought of as a group of diseases that all affect the nerve in the back of our eyes responsible for vision: the optic nerve. There are many different types of glaucoma but the main one we are going to evaluate today is called open angle glaucoma. As you can probably guess from the terminology, there is also a closed angle glaucoma, but closed angle glaucoma is typically painful and patients have an earlier awareness that something is wrong. With open angle glaucoma, on the other hand, it can be a slow-moving disease process and it is painless. Furthermore, the

vision loss with glaucoma typically begins in the peripheral vision, off to the side where patients do not notice it, and then it progresses towards the center of their vision. This is dangerous because a great deal of vision loss can occur before it is very noticeable. It is also important to mention that vision loss from glaucoma cannot be cured or brought back. All of the treatments for glaucoma center around trying to stop it and keep it from getting worse thus it is important to be screened for glaucoma. In terms of risk factors for glaucoma, some of the biggest ones are being the age over 40; a family history of glaucoma; African American, Hispanic

or Asian heritage; history of an eye injury; long-term use of steroids; diabetes; high blood pressure; migraines and high eye pressure. Notice that this last one is the only one that is modifiable, meaning that it can be treated. We know from studies that high eye pressure worsens glaucoma and the various treatments for glaucoma work by lowering eye pressure. We try to lower the eye pressure to the point that the glaucoma is no longer worsening and that specific pressure is different for every eye that has glaucoma.

The second condition is diabetic retinopathy. Diabetic retinopathy occurs, of course, in patients who have diabe-

tes. High blood sugar from diabetes is harmful for blood vessels all over the body including the blood vessels in the back of the eye. Diabetic retinopathy has a wide range of severity varying from mild changes with little to no effect on vision to severe vision loss or blindness. It is thus very important for patients with diabetes to be screened for diabetic retinopathy. In general, the earlier it can be caught the better. For Type 1 diabetes, it is important to be screened annually for diabetic retinopathy beginning five years after onset. Type 2 diabetics should be screened when they are initially diagnosed and then annually thenceforth.

The third condition we will look at is macular degeneration, otherwise known as age-related macular degeneration. This condition can be thought of as a condition in which plaque-like deposits form on the macula, which is the center of the retina. The retina can be thought of as the film in back of the eye responsible for vision. Regarding macular degeneration, you might hear people talking about

'...vision loss with [open angle] glaucoma typically begins in the peripheral vision, off to the side where patients do not notice it, and then it progresses towards the center of their vision. This is dangerous because a great deal of vision loss can occur before it is very noticeable. It is also important to mention that vision loss from glaucoma cannot be cured or brought back.'

DR. MICHAEL WALLACE

Ophthalmologist with Diagnostic and Medical Clinic

dry versus wet macular degeneration. Dry macular degeneration is what we have already described and is characterized by those plaque-like deposits called drusen depositing in the back of the eye. Wet macular degeneration is more advanced and is caused when those drusen deposits damage the back of the eye so much that new, abnormal and leaky blood vessels grow into the back of the eye and further cause vision loss. One risk factor is age. Studies have shown that the risk of macular degeneration is much higher in patients 75 years of age and older. Cigarette smok-

ing also increases the risk for macular degeneration. It is important to tell your doctor that, even if you do not currently smoke, if you have smoked in the past. This might increase your risk for macular degeneration but less so than if you currently smoke. It has also been documented that having a family history of macular degeneration increases your risk of getting it. Macular degeneration is also more common in Caucasians and is seen in females more than males. A history of high blood pressure, obesity, high cholesterol, cardiovascular disease and being far-sighted increases one's

risk for macular degeneration as well.

Often with these conditions and the treatments we have now, we cannot get vision back once it is gone. The treatments are largely only able to slow down or hopefully stop the progression of the condition. Thus, it is very important for patients, especially those with risk factors for these conditions, to be established with an eye care provider and to be screened.

Dr. Michael Wallace, is an Ophthalmologist with Diagnostic and Medical Clinic. Call 251-435-EYES (3937) for an appointment.



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Patrick L. Garofano, P.T.



COVID-19

Surge on the coast

Submitted by Daren, Scroggie, M.D.

Chief Medical Informatics Officer,
Infirmary Health

The tremendous increase in COVID-19 infections and transmission over the holidays has led to a strain on Gulf Coast area hospitals. Social and family gatherings were more frequent and indoors due to weather leading to increased numbers of cases and transmission. Because family gatherings included vulnerable family members including elderly grandparents, more serious infections have occurred.

This has led to a large increase in the number of seriously ill patients with COVID-19 who not only need to be hospitalized but also need aggressive supportive care such as oxygen therapy and ventilator support. Area hospitals have only a limited supply of some resources and can only accommodate so many patients before running out of space, manpower and medications. In particular, ventilators and ICU level supportive beds are at or over capacity



SUBMITTED PHOTO

Following masking directives, social distancing and hand hygiene can help slow the spread of COVID-19. Wash hands with soap and water for at least 20 seconds.

with some facilities having to use alternative locations to care for these very sick patients.

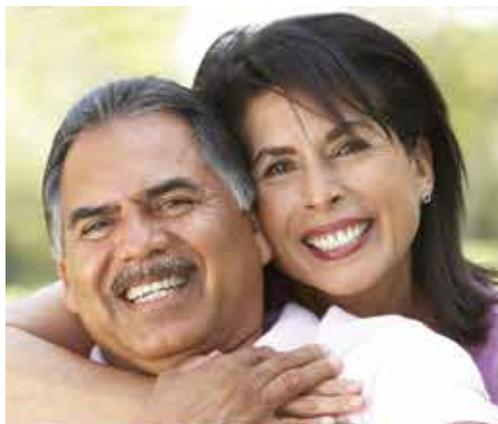
So far, it has not been necessary to ration care or institute severe restrictions on elective procedures and surgeries. However, if hospitals cannot decompress and return to more normal levels of activity, some services will have to be scaled back.

The good news is that there the number of cases

is dropping as we get farther from the holidays and people resume social distancing and masking. In addition, the availability of vaccines should begin to slow transmission as more of the population is vaccinated. The faster we are able to do this, the sooner we can get the pandemic under control and the fewer people will need hospital level care.

There is some concern with some new variants of

the virus that seem to be able to spread faster and can rapidly lead to another surge of cases, if allowed to spread in our area. Following masking directives, social distancing and hand hygiene can slow this. Also, getting the vaccine widely available will help. If we can control this surge soon, we may avoid further virus mutations that could lead to variants that do not respond to the current vaccines.



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- Dementia

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For more information, call
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North Baldwin Infirmary
INFIRMARY HEALTH

Thyroid Eye Disease

By Dr. Mark Brown

The thyroid gland is a small gland that is located in the neck close to the Adam's apple. It is responsible for the secretion of thyroid hormone. When the thyroid gland does not work the way it should, it can lead to several different symptoms.

One of the primary clinical problems associated with thyroid disease is eye disease. This is often seen when the gland is overactive i.e. in hyperthyroidism or Grave's disease.

In Grave's disease, there is development of 'autoantibodies' that are directed against the cells that are present in the thyroid gland. They can also interact with tissue around and behind the eye. Eye problems are seen in nearly 50% of people with Grave's disease within 6 months of onset of symptoms; this is called thyroid eye disease (TED).

Let's take a brief look at the common eye problems seen with an overactive thyroid gland.

Eye Problems in Grave's disease

The primary problem that is seen with the eyes in Grave's disease is the inflammation of fat around the eye and or muscle that control movement of the eye. If the

amount of fat increases, or if the muscles increase in size, the eye is pushed forward, giving the appearance of larger than normal eyes. This is called exophthalmos, or proptosis.

Most patients with Thyroid Eye Disease are hyperthyroid, patients with Hashimoto's thyroiditis and other thyroid abnormalities can also suffer from thyroid eye disease.

Some of the common problems associated with thyroid eye disease (TED) include:

Corneal disease – dry gritty feeling

As the eye is bulged forwards, the upper eyelid fails to cover the entire eye to moisten it with secretions from the lacrimal gland. Due to this, the cornea, which is the part of the eye exposed to the surrounding atmosphere, can get dry.

A dry cornea can make blinking difficult and patients may experience a gritty sensation. This can lead to either completely dry eyes, or sometimes make the eyes water excessively as a protective mechanism.

A dry and exposed cornea also makes it prone to getting infected. Ulcers may form on the cornea which can sometimes be very painful and can lead to blurred vision.

Increased pressure around the eyes

With the expansion and inflammation of tissues at the back of the eye, the increased pressure that develops pushes the eyeball forward even further.

This can make the eye painful, especially on movement of the eyes. Associated with this is an intense headache which also worsens when the eyes are moved.

The excessive pressure on the eyeball can also lead to blurred vision.

Proptosis

The bulging of the eyeballs is called proptosis. Proptosis can be cosmetically unpleasant and makes patients very wary of how their eyes look.

Proptosis leads to what is called a 'staring' look. This is where the pupils and iris are clearly seen, along with a large portion of the 'white' of the eyeball. Some people compare it to a 'startled' look.

Strabismus and double vision

If the muscles increase in size, or are affected by inflammation, they may become stiff and may prevent both eyes from being aligned.

This restricted movement can lead to seeing two images, of equal clarity or double vision.

Optic neuropathy

The optic nerve is the nerve that is responsible for transmitting images that we see in the form of electrical signals to the brain. It is located at the back of the eye and is surrounded by fat tissue and muscle.

In advanced cases of TED the excessive fat and muscle tissue growth behind the eyeball can place a great deal of pressure on the optic nerve. This compression of the nerve can lead to a condition called optic neuropathy.

Optic neuropathy cause decreased Visual acuity, loss of color vision -and may be permanent.

Diagnosis of Thyroid Eye Disease

Thyroid eye disease can be diagnosed from clinical examination combined with laboratory (blood levels) and imaging of the orbit with either CT or MRI. A CT or MRI scan of the orbit may show inflamed and enlarged tissues around the eye. It is important to have a team-approach to TED, including your primary medical doctor, an ophthalmologist specializing in TED as well as an endocrinologist.

Treatment of Thyroid Eye Disease

There are some simple

measures that can be taken to help treat thyroid eye disease.

Medical treatment

In addition to working to get your thyroid disease controlled, treatment is geared to addressing each of the eye-related problems.

As dryness of eyes is a common problem, ophthalmologists often prescribe lubricating eye drops. These can keep the eyes moist and prevent the grittiness experienced when blinking. Double vision may be helped with prescription glasses with prisms.

Surgical treatment

There are different surgical procedures that can

help patients with thyroid eye disease.

As previously noted, lid lag is a common problem leaving a large part of the cornea exposed. Repositioning the eyelids (to decrease surface area) can prevent over-exposure of the cornea, preventing ulcer formation.

Muscle infiltration that is seen in Grave's ophthalmopathy can lead to scarring as time passes. Scarring makes the eye muscles shorter than normal, prohibiting smooth eye movements. As time passes, this can lead to double vision.

In advanced cases of eye disease when eyesight itself is threatened, orbital decompression surgery is necessary.

Here, the eye socket bone (orbit) is removed so as to allow extra space from the sinuses for eye movements.

Always ensure that all surgical procedures are performed after the risks and benefits have been explained by expert ophthalmologists.

Once thyroid eye disease has been treated, it is important to keep the thyroid function within normal limits. This can be achieved through medical therapy. The long-term prognosis is generally good.

TEPEZZA is a monoclonal antibody for the treatment of thyroid eye disease. TEPEZZA reduces eye bulging and double vision. It also improves the signs and

symptoms of Thyroid Eye Disease (TED), including eye pain, redness, and swelling. TEPEZZA is a prescription medicine used to treat TED.

Prevention

There are no specific preventive measures to avoid thyroid eye disease. However, when treatments are ongoing for Grave's disease, steps may be taken to prevent eye disease from getting any worse.

Smoking cessation is critical. Also, when considering options to treat Hyperthyroidism, consideration for all treatment options including surgical removal of the thyroid or radio-iodine therapy should be a team-based informed decision.

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LIGHTen Up Your Pain

By Dr. Christian Augustin, D.C.

Not all alternative therapies are rooted in ancient origins from the Far East.

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Cold Laser Therapy accelerates wound healing and decreases inflammation, pain, and scar tissue formation. There is little to no sensation during treatment, but occasionally some may feel a mild soothing warmth or tingling. It promotes the healing process by increasing circulation and drawing the water, oxygen and nutrients contained in the body to the damaged area. This creates an optimal healing environment that reduces pain, swelling, muscle spasms and stiffness. Cold Laser Therapy works at the cellular level to increase



tissue regeneration, promoting the transfer of nutrients across cell membranes, initiating the production of cellular energy (ATP).

The Dual Wavelength and Dual Frequency Cold Laser systems are the most advanced available

and are more efficient than their predecessors as they not only aid in healing but also decrease pain symptoms. Most patients begin to see results after the first treatment. The treatments are cumulative, so healing and symptom relief improve with

each subsequent session. A typical treatment takes only a few minutes and many people with acute injuries receive desired results in less than 10 sessions.

Cold Laser Therapy has also shown beneficial with individuals who suffer from more serious or chronic conditions that require regular sessions to maintain long-term pain and symptom reduction. Extended treatment programs generally begin with 2-3 sessions per week, tapering down to weekly or bi-weekly with improvement.

Many professional, Olympic, and collegiate sports teams have added Cold Laser Therapy to their training regimens for faster recovery from injuries.

If you need pain relief from a chronic condition or desire faster recovery from an injury, but do not want the risks associated with surgery or prescription medications, Cold Laser Therapy may be right for you. It is safe, non-invasive, and clinically proven effective.



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DIAGNOSED WITH ARTHRITIS: What Are My Treatment Options?

By Baldwin Bone & Joint

A diagnosis of arthritis can be a life-changing event. After the initial shock wears off, you might be wondering whether your life will ever be the same with a chronic illness like arthritis. Will the pain keep you from living a full and productive life? How can people with arthritis manage the illness successfully? Here, we'll cover some of the main arthritis treatment options and how they can help you get relief from pain.

What is commonly referred to as "arthritis" is actually an umbrella term for more than 100 different types of joint diseases.

Dr. Michael Chamblee, a fellowship-trained orthopedic surgeon at Baldwin Bone and Joint explains, "Arthritis is caused by the wearing away of the articular cartilage that lets the joints move. When that cartilage is worn down — think of it as wearing down the tread on a car tire — the patient is left with bone rubbing against bone. Major symptoms will be inflammation, swelling, pain, clicking, popping, and grinding."

The degenerative joint condition known as osteoarthritis is the most common form of arthritis,



but the immune system, metabolic processes, and even bacteria and viruses can cause other forms. According to the Arthritis Foundation, joint pain and joint diseases under the umbrella term of "arthritis," affect 50 million adults in the United States and 300,000 children.

What are the treatment options for arthritis?

From simple dietary supplements you can buy over the counter to surgery that completely replaces your joint cartilage, Dr. Chamblee presented a spectrum of arthritis treatment options to relieve the pain and inflammation:

Turmeric: A yellow colored powder ground from

the root of the turmeric plant found commonly in India and Indonesia known to relieve joint pain.

Glucosamine: A supplement derived from the shells of shellfish or vegetables that is a major component of joint cartilage.

Non-steroidal anti-inflammatory drugs: Aspirin, ibuprofen, and other NSAIDs can help reduce the inflammation that comes with arthritis. Some will be available over the counter while others require a prescription from your doctor.

Steroid injections: Corticosteroids resembles the hormone cortisol in your body and can help reduce inflammation and pain in

your joints.

Physical therapy: Physical therapy can strengthen joints that have been weakened by the wearing down of cartilage and the grinding of the bone. In the case of knee arthritis, physical therapists may recommend a low-impact exercise program like biking and swimming.

Surgery: When all other options have been exhausted and the pain persists, a patient may choose to have a partial or total replacement of all the damaged cartilage. Patients can typically expect at two to three month recovery process, but once recovered, they will have normal function and motion with less pain than before.



Left to Right: Doctors Harcourt, Gordon, Park, Hubley, Corbett, Chamblee, Todd, Canale, Goldman

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Baldwin Bone & Joint is a group of board-certified, fellowship-trained orthopaedic physicians, along with an experienced clinical staff.

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