

# Discover Health

WEST CHESTER CAMPUS

2018 Issue 1

When is a Headache  
Something More?  
Pg. 1

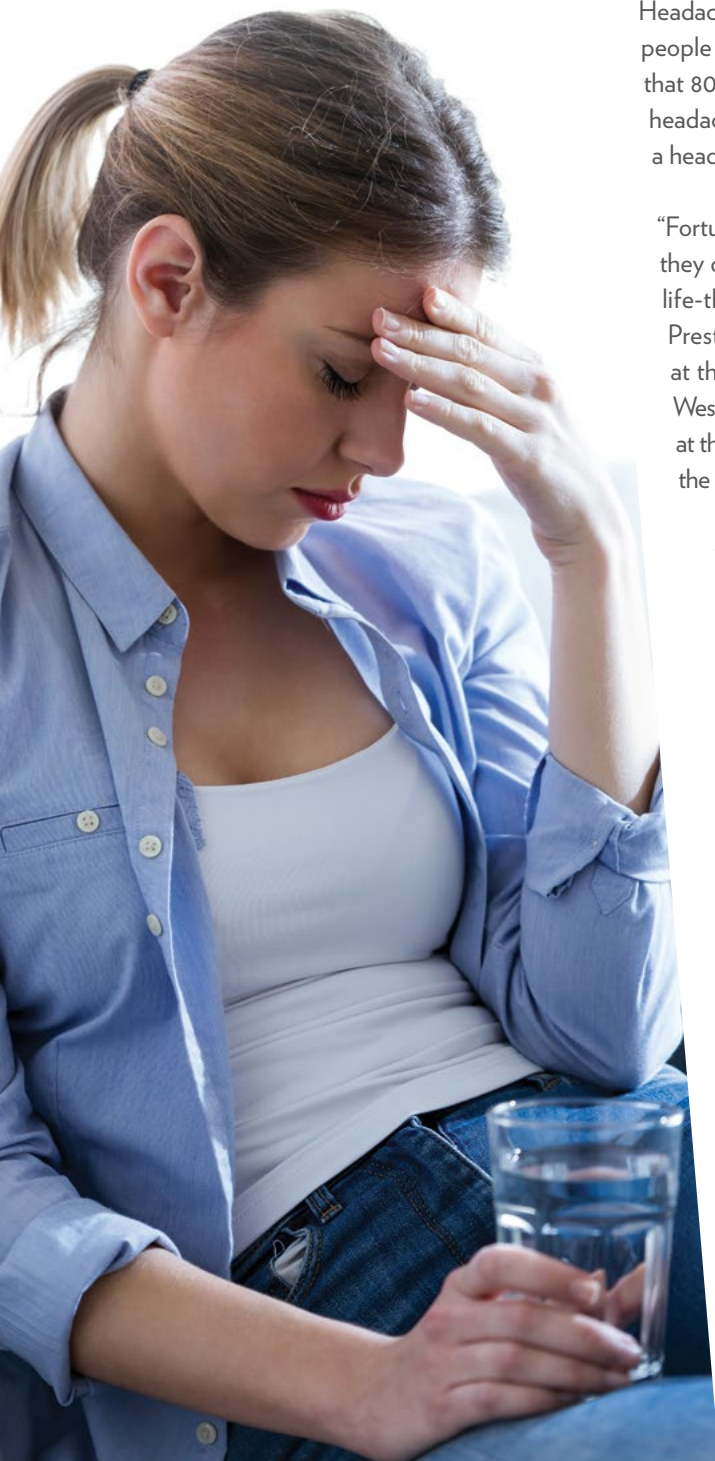
Maintaining a Healthy  
Weight for Your Age  
Pg. 3

Autoimmune  
Disorders  
Pg. 5

The Connection  
Between Vision  
& Stroke  
Pg. 6



# TENSION, CLUSTER, MIGRAINE, SINUS, ALLERGY... WHEN IS A HEADACHE THE SIGN OF SOMETHING MORE?



Headaches are one of the most common symptoms people experience, with some reports suggesting that 80 to 90 percent of the population experience headaches at some point in their lives. But when is a headache a sign of something serious?

“Fortunately, most headaches are benign in that they do not suggest the presence of a potentially life-threatening problem,” says Charles J. Prestigiaco, MD, UC Health neurosurgeon at the UC Gardner Neuroscience Institute and West Chester Hospital, and professor of neurosurgery at the University of Cincinnati College of Medicine. Some characteristics of the headache, however, may suggest a more serious underlying problem:



**Charles Prestigiaco, MD**  
Neurosurgeon

- A headache whose qualities are suddenly different than prior headaches might suggest a new problem may be arising. This is not necessarily suggesting a life-threatening problem, but if the headache has different qualities (such as throbbing versus sharp, knife-like, or burning), it might be worth discussing with your doctor.
- A headache of sudden onset that is sharp in quality (like a “knife-stabbing” or a “lightning bolt”) that is described as “the worst headache of my life” needs to be immediately evaluated. These headaches may be associated with the bleeding of an aneurysm. This is a medical emergency and the individual should be taken to the nearest hospital.
- A headache that awakens someone from sleep with nausea and vomiting or early morning headaches with nausea and vomiting may be a result of a tumor of the brain or surrounding structures that require physician evaluation.

Dr. Prestigiaco emphasizes that the above symptoms are not a definitive diagnosis of a potentially life-threatening problem. However, if they occur, it is important that the individual seeks formal evaluation to ensure that no underlying problem exists.

The neurosurgery team at West Chester Hospital is comprised of four physician specialists. “In our practice, it’s not one person who makes the ultimate decision for a patient,” says Dr. Prestigiaco. “It’s a blend of experts who make the best decision, together. The team of specialists perform a comprehensive review of the condition and provide a detailed plan of care.”

Find a West Chester Hospital neurosurgeon or a headache/migraine specialist by calling 513-298-DOCS (3627). Learn more by visiting [uchealth.com/brain-tumor](http://uchealth.com/brain-tumor).

## BRINGING CRANIAL SURGERY TO OUR COMMUNITY

Doctors are now performing cranial surgery at West Chester Hospital. Nicholas Marko, MD, a UC Health neurosurgeon at West Chester Hospital, director of the UC Brain Tumor Center within the UC Gardner Neuroscience Institute, and associate professor of neurosurgery for the University of Cincinnati College of Medicine, has spearheaded the introduction of these procedures.



**Nicholas Marko, MD**  
Neurosurgeon

“When a person needs cranial surgery, it is an incredibly stressful time for not only them, but also their families. We know that optimal brain tumor treatment can be a logistical challenge as well,” says Dr. Marko. “Ensuring the best possible treatment often requires the involvement of neurosurgeons, neuro-oncologists and radiation oncologists on the front line and numerous other subspecialized physicians behind the scenes. Our goal is to provide specialized care from a carefully coordinated team of brain tumor specialists.”

“We offer comprehensive brain tumor care delivery and we bring physician specialists within a convenient community setting.”

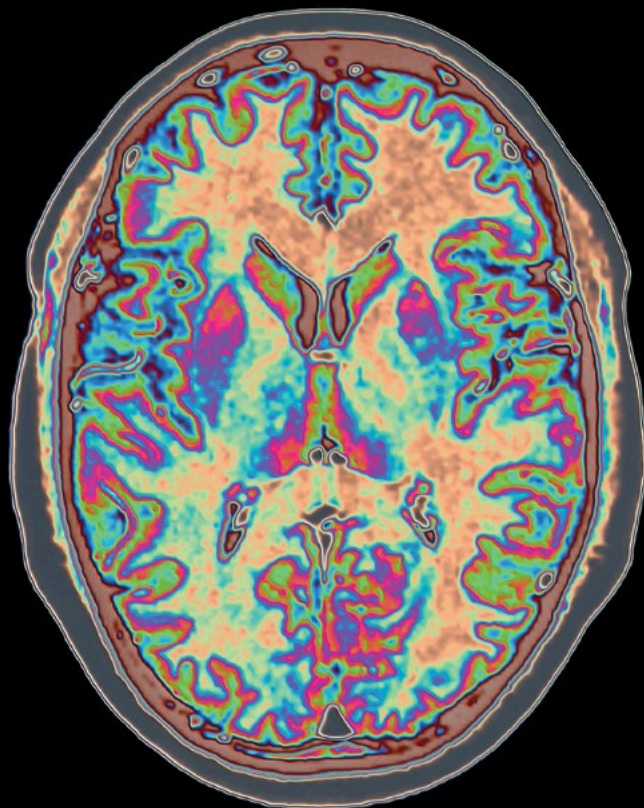
When surgery is necessary, we are able to perform complex brain tumor surgery and provide comprehensive inpatient care after surgery,” states Dr. Marko.

“Each patient is at the center of everything we do, and we are offering world-class care in a familiar, convenient environment at West Chester Hospital.”

## THE ABCS OF NEUROVASCULAR DISORDERS

At West Chester Hospital, the team of neurosurgery specialists provide advanced care to treat illnesses and conditions that involve the blood vessels of the brain and the spine, including:

- **Aneurysms**, weaknesses in the blood vessel wall.
- **Brain Arteriovenous Malformation (AVM)**, a tangle of abnormal blood vessels connecting arteries and veins in the brain.
- **Atherosclerosis, or Intracranial Artery Stenosis**, narrowing of arteries due to plaque buildup.
- **Acute Ischemic Stroke**, lodging of a blockage-causing piece of material within the cerebral artery.



# DECADE TO DECADE: HOW TO ACHIEVE A HEALTHY WEIGHT

*Why is it so difficult to keep our weight under control as we age?*

According to experts at the UC Health Weight Loss Center, from an evolutionary perspective, it used to be good for us to become heavier as we grew older because we had to survive the winter. In modern times, we have the luxury of not worrying about survival. However, biologically and physiologically speaking, we continue to store energy as fat and lose lean muscle mass if we don't regularly use our muscles.

## DESIGNED TO EAT

Humans are designed to eat every 3 to 4 hours to fuel their bodies and metabolism, as well as to reserve a standard time period in which we do not eat. Over time, people are no longer getting the proper amount of sleep, which often takes a back seat to screen time, working longer hours, etc. Our bodies need to be fuel free for a certain period of time and fasting for 12 hours can have benefits to our physical health. Therefore, it's important to have at least 7.5 hours of sleep, and use this time to not eat.

## 20S & 30S

Dr. Vij advises to eat planned portions of plants and protein, and fuel your body with good nutrition 80 percent of the time. No one is expected to eat perfectly healthy 100 percent of the time, but if we try to embrace the 80/20 rule, then 20 percent of your diet can be those foods you want. Moderate intensity exercise can set the stage for maintaining a healthy weight in future years.

“Maintaining a healthy weight early in life lays the groundwork for keeping a healthy weight later in life – and especially during the 40s to 60s when most chronic diseases emerge.”

## 40S TO 60S

Metabolic changes tend to happen most prominently. Focus on nutrient-dense foods, such as lean proteins, vegetables, fruits and whole grains. Brain-healthy fats are extremely important, such as avocados, olive oil, nuts and seeds. Avoid overly processed carbohydrates, such as refined grains, white bread, seeds, candy and foods with added sugars. These foods can contribute to excess calories, promoting weight gain.



**Malti Vij, MD**  
Internist & Medical  
Weight Loss Specialist

Embrace weight training. At age 50, you have about 20 percent less muscle mass than you did when you were 20. Since muscle is metabolically active, more lean muscle mass equals increased weight loss.

“Many women gain weight during menopause, which occurs during this age range,” says Dr. Vij. “Scientific studies have proven



# JUST THE FACTS ABOUT WEIGHT LOSS SURGERY

neither menopause nor hormone therapy is responsible for the added pounds—weight gain during menopause is mostly related to aging and lifestyle. Sleep deprivation is another significant factor which affects our physiology by increasing levels of the hormone “Ghrelin,” which tells your brain to become hungry and seek out food,” she adds.

Many people begin taking new medications for management of chronic ailments. “It’s important to discuss weight gain as a side effect of certain medications with your doctor,” says Dr. Vij.

## 60S & ABOVE

During our 60s and beyond, more focus should be on physical activity. The goal is to keep muscles strong. It’s about using muscles every day, throughout the day. Exercises that are easy on the joints are recommended, such as walking and water exercises, as well as low-impact cardiovascular activities including biking, dancing and yoga.

## Surgery is less risky than remaining obese.

“Weight loss surgery has shown to be the most effective treatment for obesity, especially for those who need to lose 100 pounds or more. Many people never consider weight loss surgery because they think it is too dangerous, although research shows that new surgical techniques – such as the sleeve gastrectomy performed at West Chester Hospital – result in a high level of weight loss without malabsorption problems. Weight loss surgery can increase your chances of living longer by counteracting diabetes, hypertension and high cholesterol. It can also reduce the risk of cancer, as well as other associated health conditions.”



**Brad Watkins, MD**  
Medical Director,  
UC Health Weight  
Loss Center

## Surgery is an effective tool – and solution.

“Surgery is most successful when patients follow medical advice. On average, sleeve gastrectomy patients lose between 60-80 percent of their excess weight within two years. Surgery makes weight loss and weight maintenance easier because you feel full after small meals and your appetite hormones are greatly reduced. Using the tool correctly by making healthy choices and increasing physical activity can lead to long-term success.”



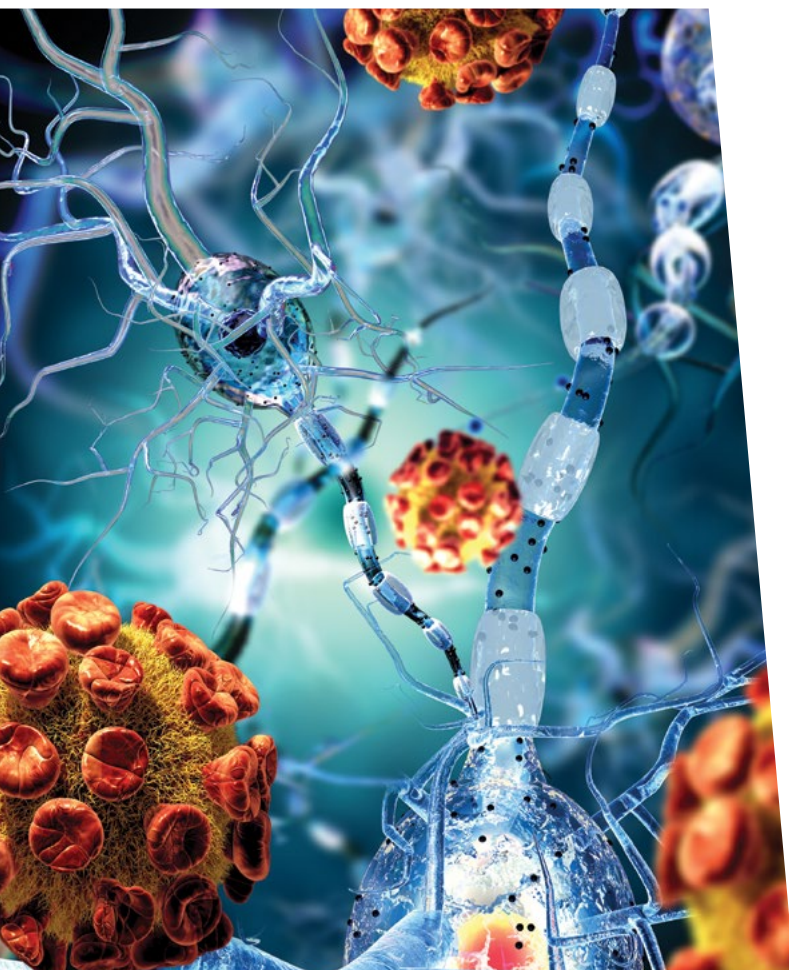
To learn more, visit [uhealth.com/weightloss](http://uhealth.com/weightloss) or call 513-939-2263.

# THE INSIDE STORY ON AUTOIMMUNE DISORDERS

Imagine: your body is attacking itself from the inside. At first, symptoms are infrequent and not specific, but then they become unbearable and interfere with your life. You see doctor after doctor who can't explain why you feel the way you do. When the disease becomes acute and you receive a diagnosis, you learn the truth: you have an autoimmune disorder.

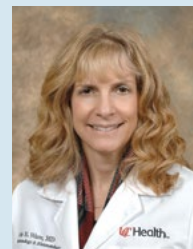
More than 100 autoimmune disorders affect approximately 23.5 million Americans and that number continues to rise, according to the National Institutes of Health (NIH).

What causes autoimmune disorders? "Frankly, we are not completely sure, and no simple answer exists. Many disorders seem to run in families, suggesting an inherited or genetic risk, and a few genes are associated with a higher risk of developing an autoimmune disease," says Avis Ware, MD, a UC Health rheumatologist and immunologist at West Chester Hospital, and professor of medicine for the University of Cincinnati College of Medicine.



“If we can better understand autoimmune diseases and why they occur in the first place, we can then focus on prevention and risk reduction.”

“Multiple unknown factors – and especially environmental factors – are associated with the development of an autoimmune disorder. For example, there appears to be an increased risk of developing rheumatoid arthritis in cigarette smokers.”



**Avis Ware, MD**  
Rheumatologist /  
Immunologist

Multiple autoimmune disorders are found within the field of rheumatology, such as rheumatoid arthritis and related inflammatory arthropathies (diseases of the joints). Other disorders include:

- **Lupus**, a systemic autoimmune disease that occurs when the body's immune system attacks its own tissues and organs.
- **Psoriatic Arthritis**, arthritis affecting people who have the skin condition, psoriasis.
- **Ankylosing Spondylitis**, arthritis of the spine.
- **Vasculitis**, rare diseases that cause inflammation of blood vessels.
- **Polymyositis and Dermatomyositis (PM/DM)**, chronic inflammation of the muscles.
- **Scleroderma**, a chronic connective tissue disease.
- **Mixed connective tissue disease**, a rare autoimmune disorder featuring symptoms of three different disorders: lupus, scleroderma and polymyositis.
- **Sjögren's syndrome**, a disorder that presents as dry eyes and a dry mouth.
- **Gout**, severely painful arthritis.

“In general, a rheumatologist typically suggests a combination of medications to help decrease symptoms, prevent organ damage and slow progression of disease. A few of these diseases are life threatening if the correct medications are not initiated promptly,” says Dr. Ware. “Most of our diseases, however, are chronic and require a multimodality approach, which includes not only medications but also adopting healthier lifestyles.”

Dr. Ware recommends to patients that they get plenty of rest, quit smoking, adopt an anti-inflammatory diet (the Mediterranean diet is optimal), and do moderate amounts of exercise.

Although autoimmune disorders cannot be cured, medicine has come a long way in disease management and helping patients live longer, healthier and active lives.

“It's important that patients find a doctor that they feel comfortable with, as both patient and physician will have to work together – often for several years – to manage their disease correctly,” says Dr. Ware.

Fortunately, researchers are tirelessly working on learning more about these diseases. The NIH states that 80 to 100 autoimmune diseases have been discovered, and they suspect at least 40 additional diseases of having an autoimmune basis.

**Call 513-298-DOCS (3627) for the name of an immunologist or a rheumatologist.**

# THE CONNECTION BETWEEN VISION AND STROKE

Carolyn Benford was at work when she realized something wasn't right. Her vision was distorted – she could not see to her left with either eye. "I could visualize everything as long as I was looking forward, but coming from the left, it was like a gray cloud," says Carolyn.

Since her central vision was fine, Carolyn carried on normal life for about a week before seeking out Michael Prokopius, MD, a UC Health ophthalmologist at West Chester Hospital and associate professor of ophthalmology at the University of Cincinnati College of Medicine.

After performing diagnostic testing, Technician Christina Lopez discovered that Carolyn was not seeing to the left with either eye. "We knew immediately that this issue wasn't associated with the eye, but was actually a neuro-ophthalmology concern," says Dr. Prokopius.

"Carolyn was not exhibiting any other symptoms except for the loss of the left visual field. She experienced no numbness or speech difficulty. The eyes are conduits for what the brain is seeing through the occipital lobe, which is known as the brain's visual process center," says Dr. Prokopius.

Dr. Prokopius examined Carolyn and confirmed that she was not seeing to the left with either eye. He performed a confrontational visual field test in which the patient looks directly at the doctor's nose while the doctor tests each quadrant in the patient's visual field. The patient is asked to count the number of fingers the doctor is showing.

"We performed a full eye exam, and her central vision was perfect. Our suspicion was that about eight days prior to the visual exam, Carolyn had experienced a stroke."

Dr. Prokopius immediately called the West Chester Hospital Emergency Department and described the issue to them. Carolyn needed to be evaluated immediately. It could be a stroke in evolution, where more damage occurs as time passes.



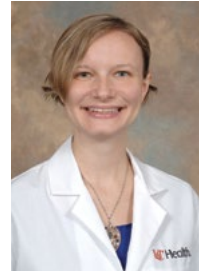
**Michael Prokopius, MD**  
Ophthalmologist

Carolyn was personally escorted to the ER by Dr. Prokopius where she underwent tests including an MRI, which shows intricate neurologic details. The results confirmed Dr. Prokopius' suspicions of a stroke.

"If we catch the stroke early enough (within three hours of symptom onset; four and a half hours for some patients) we can administer TPA, a medication that dissolves clots to help prevent further damage," says Emily Nurre, MD, UC Health neurologist at West Chester Hospital and associate professor of neurology at the UC College of Medicine. "Sometimes we can intervene with other measures within 24 hours of onset and save the area of the brain which is in the process of being damaged but is still salvageable. Afterward we cannot reverse the damage, but we focus on regulation of temperature, hydration and blood pressure to help keep further damage from occurring."

Dr. Nurre also notes that if physical, occupational and speech therapy are implemented early and often, it can help the brain regain abilities that were lost.

Carolyn wants others to know that vision changes can be an early warning sign of a stroke. "I am so grateful because I can still see, I can see the clouds in the morning, I can see the sun," says Carolyn.



**Emily Nurre, MD**  
Neurologist

For the name of an ophthalmologist at West Chester Hospital, call 513-298-DOCS (3627) or visit [uhealth.com/services/ophthalmology](http://uhealth.com/services/ophthalmology). To learn more about stroke care at UC Health, visit [uhealth.com/neuroscience](http://uhealth.com/neuroscience).



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## Health Events Calendar

West Chester Hospital is a health information resource for people in its surrounding communities. Events and activities listed are held within West Chester Hospital, 7700 University Drive, West Chester, Ohio 45069, unless otherwise noted.

### Free Health Seminars

- **Back Pain**  
Sat., Aug. 25 (9-10:30 a.m.) and Wed., Aug. 29 (7-8:30 p.m.)  
Join us at West Chester Hospital for a free educational seminar focused on answering questions about chronic back pain and on providing information about available medical and surgical solutions.
- **Medication Management**  
Thurs., Sept. 27 (7-8:30 p.m.) and Sat., Sept. 29 (9-10:30 a.m.)  
Experts will discuss how medications work, how to avoid/manage side effects and why it is important to follow dosage directions.
- **Sexual Health**  
Sat., Oct. 20 (9-10:30 a.m.) and Wed., Oct. 24 (7-8:30 p.m.)  
Physician specialists will address common problems that affect sexual health during the senior years.
- **Joint Pain**  
Sat., Nov. 10 (9-10:30 a.m.) and Wed., Nov. 14 (7-8:30 p.m.)  
Receive important information from orthopaedic specialists about causes and treatment options for joint pain.

Register for community seminars by visiting [uhealth.com/wchevents](http://uhealth.com/wchevents) or by calling 513-298-3000. Seminars are held in the plaza conference room located on level A of the hospital.

### Education, Support & More

- **Weight Loss Information**  
Free seminars are available for both surgical and non-surgical weight loss programs. Visit [uhealth.com/weightloss](http://uhealth.com/weightloss) to register or call 513-939-2263 to learn more.
- **Diabetes Seminars & Support Groups**  
A free seminar is Sat., Oct. 27, 9 a.m. – Noon, Plaza Conference Room (Level A). To register, visit [uhealth.com/wchevents](http://uhealth.com/wchevents) or call 513-298-FAST (3278). A monthly diabetes support group is available. Registration is not required. Call 513-475-7400 for information.
- **Childbirth Education Classes & Tours**  
Maternity Unit tours are free, and childbirth education and newborn care classes are available at a minimal cost. To register, visit [uhealth.com/wchevents](http://uhealth.com/wchevents). A free Baby Café breastfeeding support group is open every Wednesday at 10 a.m. Learn more at [uhealth.com/babycafe](http://uhealth.com/babycafe).

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is a top company for  
employment in the  
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