

MARYLAND'S

HEALTH MATTERS



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LOOKING OUT FOR YOUR LUNGS

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CAPITAL REGION HEALTH



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LOOKING OUT FOR YOUR LUNGS

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HOPE FOR HEADACHE PAIN

A conversation with expert Patricia Scripko, MD.



Note: This photo was taken prior to the emergence of the COVID-19 Omicron variant. All providers in this photo are fully vaccinated.



UNIVERSITY of MARYLAND CAPITAL REGION HEALTH

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Maryland's Health Matters is published by the Communications & Marketing Office at University of Maryland Capital Region Health. This publication is not intended to provide professional medical advice. It is to provide general health and wellness information.

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WE WOULD LIKE TO HEAR FROM YOU

Please send us your comments, information requests or change of address to: nikkie.perry@umm.edu

or **University of Maryland Capital Region Health, c/o Marketing, 901 Harry S. Truman Drive North Largo, MD 20774.**

CHIQUITA LANE'S *Bariatric Surgery Journey—* **TWO YEARS LATER**

A FOLLOW UP TO OUR WINTER 2021 ISSUE

AS FEATURED IN OUR WINTER 2021 issue on bariatric surgery, Chiquita Lane has completed the final stage of her surgical journey. Her plastic and reconstructive surgeon removed 21 pounds of excess skin from Chiquita's torso in March 2021.

"All my surgeons were amazing. I'm so blessed to have had the surgeons I had throughout this process," Lane shared. "They don't do this work just for a paycheck; you can tell."

When asked how much weight she has now lost, Lane commented that she no longer looks at the scale.

"It's a mind thing. I used to be obsessed with the number, but now it's about my overall health," she said.

Lane decided to have bariatric surgery after suffering a stroke at the age of 35 and was concerned that she wouldn't be able to watch her son, then 9, grow up. Marc Rickford, MD, general surgeon and bariatric specialist at UM Capital Region Health, performed her vertical sleeve gastrectomy in October 2019 and now, two years later, she is the healthiest she has ever been.

"I only take vitamins now. No more high blood pressure or cholesterol medication. No more runs to the pharmacy," Lane said. And she is enjoying being able to be with her son and watch him grow up. "My son is now a sophomore in high school and a football player. We exercise together, and I can keep up! I feel so blessed."



For more information on the Bariatric Program at UM Capital Region Health, visit umcapitalregion.org/bariatrics or call **240-677-0777** to schedule a consultation.

LICENSED TO SERVE

After earning their degrees, the hard work isn't over for MDs, DOs, NPs and PAs. They must be licensed in their specific state and must take advantage of educational opportunities to maintain their licenses.

MD, DO, NP & PA: What's the Difference?

YOUR HEALTH CARE PROVIDERS' CREDENTIALS SAY A LOT ABOUT THEIR EDUCATIONAL BACKGROUND AND PREPARATION FOR THE WORK THEY DO.

YOU PROBABLY RECOGNIZE that when you make an appointment with a health care provider, you don't always see a physician. Sometimes, you see a nurse practitioner or physician assistant.

What do various credential abbreviations like "MD," "DO," "NP" and "PA" indicate about how differently medical professionals are trained for what they do? You're about to find out.

MEDICAL DOCTOR

The road to becoming a medical doctor (MD), also called a physician, is long and rigorous, taking between 7 and 15 years. No matter what specialty a doctor chooses, the journey begins with four years of medical school. This is followed by three to seven years of residency. During this time, future doctors undergo a kind of apprenticeship. Working under the watchful eye of experienced doctors, residents provide real care to real patients.

Following residency, many physicians begin their careers. Others undergo fellowship training. This adds another one to three years of study. However, this additional time is necessary to master certain disciplines.

Physicians who earn a doctor of osteopathy (DO) degree undergo similar training as MDs. They have the same licensing and capabilities as their MD peers. The primary difference between a DO and an MD is that DOs practice medicine that is more traditional and holistic in nature, focusing on mind-body-spirit. DOs undergo extensive hands-on training on the musculoskeletal system. As with MDs, DOs include surgeons and other specialists.

NURSE PRACTITIONER

Nurse practitioners (NPs) are experienced registered nurses who have earned a bachelor's degree and go on to complete an additional three to five years of advanced education at the master's or doctoral level. NPs must pass a national examination to be certified to practice.

In Maryland, NPs are licensed to practice independently, provide primary and acute care to patients and prescribe medicine. Their specialties can focus on adult or pediatric care or on specific medical areas such as oncology, critical care, psychiatry and many others.

Other advanced practice registered nurse roles include certified registered nurse anesthetists (CRNAs), certified nurse midwives (CNMs) and clinical nurse specialists (CNSs).

PHYSICIAN ASSISTANT

Also known as PAs, physician assistants undergo rigorous, master's-level education. Because health care experience is required prior to acceptance into a PA program, many PAs begin their careers as paramedics, athletic trainers and other caregivers.

PA-specific training takes approximately three years. As with MDs, DOs and NPs, PAs must pass a national certification test after graduation. This ensures they have the knowledge necessary to care for patients.

PAs practice with a physician, who is responsible for outlining what aspects of patient care the PA may provide. Examples include prescribing medication and assisting during surgery.



Learn more about what different credentials mean in our Live Greater podcast at umms.com/MDvNP. To find a primary care provider to help you manage your health, visit umms.org/find-a-doctor.

Front row: Heather Lee, MD;
Van Kim Holden, MD; Faria Nasim, MD;
Ellen Manlucu, MD; Sarwat Siddiqui, MD.
Back row: Ashutosh Sachdeva, MBBS;
Edward Pickering, MD; Eric Krause, MD;
Gurdeep Chhabra, MD; Sunil Swami, MD;
Uday Nanavaty, MD; Atabak Parsa, MD.



Looking Out for Your
LUNGS

UNIVERSITY OF MARYLAND CAPITAL REGION HEALTH'S COMPREHENSIVE LUNG HEALTH PROGRAM BRINGS TOGETHER EXPERTS IN PULMONOLOGY, INTERVENTIONAL PULMONOLOGY AND THORACIC SURGERY TO PROVIDE CUSTOMIZED CARE THAT HELPS PATIENTS IN PRINCE GEORGE'S COUNTY BREATHE EASIER.

FOR RAHIMA FAYED, a 63-year-old researcher from Beltsville, lung problems have weighed on her quality of life since childhood.

"I always struggled with asthma," Fayed said. "I couldn't do the things I love, such as walking and running. When my husband and I hiked long trails, I would get tired quickly. I was always out of breath."

Oral steroids didn't always provide the control Fayed sought. She needed a more effective solution.

A SHOT AT CONTROL

Career and family took Fayed to cities around the country, where several physicians tried to help her manage her asthma. Finally, Fayed moved to Maryland and had a severe asthma attack in 2013 that required intubation for breathing support at University of Maryland Laurel Medical Center. When she was well enough to be discharged, the team referred her to Uday Nanavaty, MD, MHSc, pulmonologist and critical care medicine specialist and medical director of respiratory care at University of Maryland Capital Region Health.

"I'm thankful that I saw Dr. Nanavaty," Fayed said. "He didn't jump in and say take this or that medication. He referred me to pulmonary rehabilitation at UM Laurel Medical Center. I did that for several months, and it helped me learn how to breathe while exercising. I started running on my treadmill at home, and I felt much better."

Gradually, Fayed could stop taking the oral steroids she'd been relying on to manage asthma for years. Dr. Nanavaty diagnosed her with a severe condition called eosinophilic asthma and recommended a monthly injection of monoclonal antibodies, which are laboratory-made proteins that fight infection. Fayed has gotten these injections at Dr. Nanavaty's office ever since, though some patients can administer the treatment at home. She credits the injections, her new pulmonary rehabilitation skills and Dr. Nanavaty's support for the excellent asthma control she's enjoyed for the past several years. Staying active isn't a struggle now.

"I go for long walks and play games with my four grandchildren," Fayed said. "I'm able to exercise, and I run almost a mile every day."

FROM DIAGNOSIS TO TREATMENT

Fayed is one of the millions of Americans afflicted with lung disease, a term that encompasses conditions from breathing problems, such as asthma and chronic obstructive pulmonary disease (COPD), to lung cancer. According to the American Lung Association, there are almost 20,000 children under the age of 18 and nearly 65,000 adults with asthma and more than 500 cases of lung cancer. For so many Prince George's County residents, shortness of breath is drastically impacting their quality of life. That's why our multidisciplinary team works together to provide them the lung health care they deserve.

"Ongoing cough and shortness of breath are the two main reasons that patients see a pulmonologist," Dr. Nanavaty said. "The most common conditions we treat are asthma and COPD, along with interstitial lung disease, which is inflammation and scarring of the lungs."

Identifying the cause of respiratory symptoms requires a multistep diagnostic process. First is medical history, where the pulmonologist asks if you smoke or might be exposed to harmful substances or chemicals at home or work. Next is a physical exam, and some patients undergo imaging exams, such as a CT scan or chest X-ray. Finally, another key part of the process is pulmonary function testing, which is a group of tests measuring indicators of how well your lungs are working. Spirometry, for example, requires you to blow into a machine to measure airflow.

Asthma and allergies can be connected—the same triggers may cause symptoms for both conditions—and the former is common in the Mid-Atlantic area, according to Sunil Swami, MD, pulmonologist and critical care medicine specialist at UM Capital Region Health Medical Group.

"Asthma seems to have a high prevalence in our area due to excessive pollen, which contributes to allergic asthma," Dr. Swami said. "Traffic and construction also play a role, as pollution and dust contribute to the poor air quality in the area."

Not everyone with asthma experiences wheezing or shortness of breath. For some patients, a persistent cough is their only symptom. Many patients are able to treat asthma by taking inhaled corticosteroids and using a rescue inhaler when necessary. Some patients are candidates for injectable medications.

"Asthma is serious but treatable. If managed appropriately, we can reduce the dosage of asthma medications over time, and patients can take them only on an as-needed basis."

—SUNIL SWAMI, MD, PULMONOLOGIST AND CRITICAL CARE MEDICINE SPECIALIST AT UM CAPITAL REGION HEALTH MEDICAL GROUP

“Creating an asthma action plan with your health care provider is extremely important,” Dr. Swami said. “This involves identifying and avoiding your triggers, recognizing symptoms, and knowing when to use your rescue inhaler and how to measure your lung function at home.”

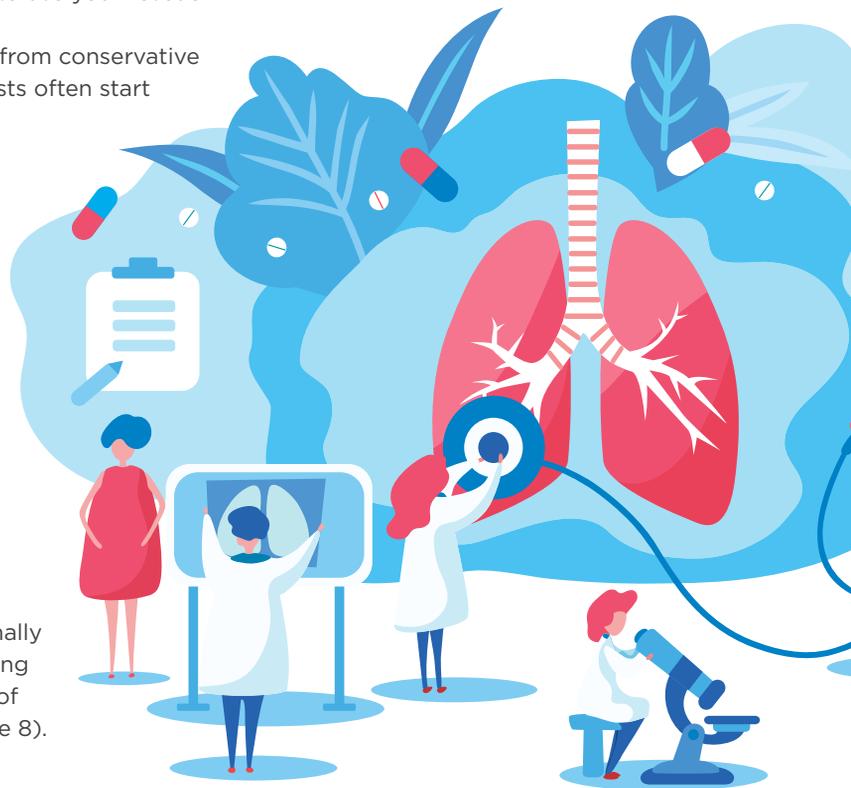
Treatments for other forms of lung disease may range from conservative options to surgery. With COPD, for example, pulmonologists often start by investigating whether a specific therapy might help.

“A condition called alpha-1 antitrypsin deficiency [AAT] can cause COPD, even if a patient doesn’t smoke or have environmental risk factors,” Dr. Nanavaty said. “We screen almost all patients with COPD for AAT because we can provide a replacement therapy for that condition.”

Other treatments for COPD include:

- Inhaler therapy
- Non-invasive ventilation, an advanced treatment that patients can receive at home
- Pulmonary rehabilitation
- Smoking cessation
- Supplemental oxygen
- Treatment of reflux and other exacerbating factors

Some patients with COPD may need lung volume reduction surgery to remove damaged lung tissue. At UM Capital, an interventional pulmonologist performs a minimally invasive version of this procedure called bronchoscopic lung volume reduction, which involves no incisions or removal of tissue (see “What Is Interventional Pulmonology?” on Page 8).



SHAPING LUNG CANCER CARE

Pulmonologists play an important role in the diagnosis and treatment of lung cancer. They refer appropriate patients for low-dose CT screening for lung nodules that could be cancerous. If nodules are found, interventional pulmonologists can take samples using minimally invasive methods. These include robotic bronchoscopy, when an interventional pulmonologist sends a robotic scope down the throat to the lungs for a nodule sample.

“In addition to playing a role in lung cancer screening, pulmonologists help evaluate abnormalities found on CT scans,” Dr. Nanavaty said. “If cancer is likely, we help diagnose and stage it. Pulmonologists also work with medical oncologists, radiation oncologists, thoracic surgeons and other team members to plan treatment. This may include surgery, chemotherapy, radiation therapy or other approaches. Finally, pulmonologists help treat and prevent treatment-related complications, such as fluid accumulation in the chest.”



To find a pulmonologist who can pinpoint the cause of respiratory symptoms and help you manage a lung disease, visit umcapitalregion.org/lunghealth and click “Find A Doctor.”

RECOVERY FOR THE LONG HAUL

A new condition has joined the range of lung diseases pulmonologists treat: long COVID-19. Defined by the Centers for Disease Control and Prevention as symptoms that first appear or continue four or more weeks after a coronavirus infection, long COVID-19 can include cough, difficulty breathing and shortness of breath.

Uday Nanavaty, MD, MHSc, pulmonologist and critical care medicine specialist and medical director of respiratory care at University of Maryland Capital Region Health, said he and his colleagues treat a variety of patients affected by COVID-19. These include patients hospitalized with extreme illness or who got sick but recovered quickly, as well as those with long COVID-19.

“For patients with long COVID-19, we evaluate the condition of their lungs and ensure it has improved since initial infection,” Dr. Nanavaty said. “We often refer these patients for pulmonary rehabilitation, which plays a pivotal role in helping them recover, both physically and psychologically.”



From left to right: Faria Nasim, MD, Edward Pickering, MD, Ashutosh Sachdeva, MBBS, Van Kim Holden, MD

WHAT IS INTERVENTIONAL PULMONOLOGY?

INTERVENTIONAL PULMONOLOGY USES CAMERA-EQUIPPED SCOPES TO REVEAL THE HIDDEN WORLD OF THE LUNGS AND DIAGNOSE AND TREAT PULMONARY DISEASE—ALL WITHOUT INCISIONS.

SPECIALLY TRAINED LUNG disease specialists called interventional pulmonologists send flexible tubes, or bronchoscopes, down the windpipe to perform a variety of tasks. Using a camera at the tip of these scopes, interventional pulmonologists can see real-time images inside the lungs on a monitor, allowing them to look for nodules and other abnormal growths.

Interventional pulmonologists can also take tissue samples, diagnose certain conditions and perform minimally invasive treatments, which can help patients avoid surgery.

“We have expertise in diagnosing and treating diseases of the airway, lungs and pleura, the tissue that surrounds the lungs and lines the chest cavity,” said Ashutosh Sachdeva, MBBS, associate professor of medicine, chief, Section of Interventional Pulmonology, Division of Pulmonary and Critical Care, and fellowship director, interventional pulmonology, University of Maryland School of Medicine. “We partner with thoracic surgeons, medical oncologists, radiation oncologists, otolaryngologists and other specialists to care for patients.”

INSIDE LOOKS

Interventional pulmonology procedures take place in the hospital, and most patients go home the same day. Patients commonly see an interventional pulmonologist

to determine whether nodules are cancerous. To do that, specialists may use electromagnetic navigation bronchoscopy or robotic bronchoscopy to take samples from the nodules and nearby lymph nodes. This can allow for a same-day diagnosis, and the information helps other specialists develop a treatment plan if cancer is present.

Other procedures allow interventional pulmonologists to:

- Dilate the windpipe to treat narrowing, known as stenosis
- Drain fluid from the pleural cavity, or the space between the lungs and the inner chest wall
- Look into and take tissue samples from around the airway and lungs using ultrasound guidance

“For certain patients with severe emphysema, we are able to place valves in the airway to block the area of the affected lung, causing that portion to deflate,” Dr. Sachdeva said. “As a result, the rest of the lung functions better, and patients’ breathing is much improved. This treatment is called bronchoscopic lung volume reduction, and we’re excited to offer it.”



To learn more about interventional pulmonology, visit umcapitalregion.org/ip.

“The fact that we can perform interventional pulmonology procedures on an outpatient basis, allowing patients to go home the same day feeling better, is a testament to their safety and how much this subspecialty has evolved.”

—ASHUTOSH SACHDEVA, MBBS, ASSOCIATE PROFESSOR OF MEDICINE, CHIEF, SECTION OF INTERVENTIONAL PULMONOLOGY, DIVISION OF PULMONARY AND CRITICAL CARE, AND FELLOWSHIP DIRECTOR, INTERVENTIONAL PULMONOLOGY, UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE



STOPPING
ONE MAY
PREVENT THE
OTHER

Smoking

AND LUNG CANCER

LUNG CANCER IS the second most common cancer in both men and women in the United States and the deadliest form of cancer in Prince George's County. Almost 25% of all cancer deaths are from lung cancer; that's more than deaths from breast, colon and prostate cancers combined.

Lung cancer is considered a "silent killer" because it often shows no symptoms until it is at an advanced stage, which severely limits treatment options. When symptoms do appear, they are often brushed off as something else, such as a cold or allergies or, in the case of chest pain, even indigestion. Many cases of lung cancer are detected by a chest X-ray that is ordered for a different reason, like to rule out pneumonia. But by the time it shows up on an X-ray, it is generally very advanced. That's because the lungs have very few nerve endings, so a tumor can grow over a long period of time without causing pain or discomfort.

SYMPTOMS OF LUNG CANCER

Symptoms of lung cancer are very similar to other lung conditions. If you have any of these, it's time to see a doctor:

- A cough that lasts longer than a month and gets worse over time
- Chronic chest pain
- Coughing up blood
- Frequent lung infections such as bronchitis or pneumonia
- Hoarseness
- Labored or difficulty breathing
- Unexplained or persistent shortness of breath or wheezing

Other symptoms may seem random and unrelated to lung disease. These include:

- Appetite loss
- Blood clots
- Bone pain or fractures
- Headaches
- Unintended weight loss

SMOKING AND LUNG CANCER: IS IT TIME TO QUIT?

Most cases of lung cancer are directly related to smoking or using other tobacco products. The good news is that research shows that lung health can improve almost as soon as the patient stops smoking, and improvements continue until most damage is corrected or reversed within 15 years of cessation.

The nicotine in cigarettes and other tobacco products is highly addictive, making it really difficult to quit on your own. If you are ready to quit, help is available. Your primary care provider or pulmonologist can prescribe medications to help with the cravings and offer counseling to develop a healthy lifestyle to reinforce good habits. They can also recommend other resources and support groups that can remind you that you are not alone.

 **Talk to your primary care provider or pulmonologist about your lung cancer risk or to obtain a referral for a low-dose CT scan.**

EARLY SCREENING SAVES LIVES

If you are at risk of developing lung cancer, early detection can save your life. Low-dose CT scanning is a painless, non-invasive test that can detect lung cancer early—much earlier than a traditional chest X-ray—increasing treatment options and improving survival rates. Low-dose CT scans are covered by most insurance plans, including Medicare.

GUIDELINES FOR SCREENING CANDIDATES

- ✓ Age 50–80 years
- ✓ Asymptomatic (no signs or symptoms of lung cancer)
- ✓ At least 20 pack year history of smoking (one pack per day for 20 years or two packs per day for 10 years)
- ✓ Current smoker or has quit in the last 15 years

Rewatering THE DESERT



LEARN MORE:

Visit umm.edu/DVA to watch a video about deep vein arterialization.

FOR PATIENTS AT RISK OF FOOT OR LEG AMPUTATION DUE TO LOSS OF BLOOD FLOW, VASCULAR SURGEONS AT THE UNIVERSITY OF MARYLAND MEDICAL CENTER (UMMC) PERFORM A COMPLEX PROCEDURE WITH AN INNOVATIVE TWIST THAT CAN SAVE THE LIMB BY CONVERTING A VEIN TO DO THE WORK OF AN ARTERY. IT'S A PROCESS AKIN TO RESTORING LIFE-GIVING WATER TO A BARREN LANDSCAPE.

ARTERIES AND VEINS perform specific functions in the circulatory system. Arteries carry blood rich in oxygen and nutrients throughout the body. Veins, on the other hand, return blood to the heart after delivery of their important payload. A procedure called deep vein arterialization (DVA) partially shifts these roles by turning certain veins in the lower leg and foot into arteries. That can be limb-saving for people whose original arteries can no longer deliver the blood they need.

At UMMC, the academic medical center of University of Maryland Medical System, Khanjan Nagarsheth, MD, associate professor of surgery and co-director of the Limb Preservation Program at the University of Maryland School of Medicine (UMSOM), was inspired to take a new approach to DVA to help more patients avoid amputation.

"Only a handful of centers around the country perform DVA, and they typically do it using a specific artery and a specific vein," Dr. Nagarsheth said. "We've been using different vessels for the procedure because not every patient has the appropriate anatomy for traditional DVA. When we don't have the luxury of perfect anatomy to use, we work with whatever patients have to try to preserve not only limbs, but also life."

That use of alternative blood vessels combined with a unique, minimally invasive way of employing existing endovascular surgery tools, such as catheters and stents, is what distinguishes UMMC's approach to DVA.

ON THE BRINK OF AMPUTATION

Patients who undergo DVA are at risk for amputation because of severe peripheral

artery disease (PAD), a condition in which plaque builds up in the arteries outside of the heart, typically in the legs and feet. Over time, plaque can narrow the arteries and reduce—or, in the worst cases, stop—blood flow to the legs and feet. In these cases, individuals may develop wounds that are nearly impossible to heal because the limb is not receiving any blood with oxygen and nutrients.

PAD is on the rise in the U.S. because of an aging population—older adults have a higher risk—and widespread Type 2 diabetes, according to Rajabrata Sarkar, MD, PhD, professor of surgery at UMSOM and chief of vascular surgery at UMMC.

"Most cases of PAD don't require anything close to DVA for treatment," Dr. Sarkar said. "They typically either cause no symptoms or lead to difficulty walking. Only the most severe cases result in open wounds that require a number of different treatments. Once there's an open wound in a leg with poor blood flow and the patient is in jeopardy of losing this leg, something has to be done beyond the treatments we use for milder cases of PAD."

Enter DVA.

"Patients who need DVA have what we call a desert foot, which is when blood flow stops in the ankle and doesn't enter the foot," Dr. Nagarsheth said. "In less severe forms of PAD, treatments such as bypass or angioplasty and stenting are more appropriate. DVA is like a Hail Mary pass to heal the wound and avoid amputation for patients with no other option."

TAKE A PASS ON PAD

Not all risk factors for peripheral artery disease (PAD) lie within your control—there's no stopping aging, for example. Still, you can take steps to reduce your likelihood of developing this condition. These include:

- **Calling it quits.** You're more likely to develop PAD if you smoke, so kick the habit.
- **Keep moving.** Regular exercise can reduce your risk for PAD.
- **Managing contributing conditions.** If you have diabetes, high blood pressure or unhealthy cholesterol levels—all of which increase your PAD risk—work with your primary care physician to control them.

Many people who develop PAD do not have symptoms, but it is important to know the signs of this condition so you can seek medical help quickly. Doing so can greatly reduce the risk of amputation. A telltale clue is pain in the legs when you walk or exercise that gets better when you rest. You may also experience pain in your hips or buttocks.

“Amputation is forever. Patients who are told they need an amputation should always seek a second opinion, and I think it should be at a center such as ours where all of the latest treatment options are available. That’s what deep vein arterialization represents.”

—Rajabrata Sarkar, MD, PhD, professor of surgery at the University of Maryland School of Medicine and chief of vascular surgery at the University of Maryland Medical Center

SAVING QUALITY OF LIFE AND LIMB

At UMMC, vascular surgeons use a minimally invasive approach to DVA—they make a few small punctures in the foot or ankle, not a large incision—to accomplish two things: Connect a vein to an artery in the calf and disrupt the valves of the foot veins so they will allow blood to flow into the foot instead of blocking it. The procedure takes about four hours, and vascular surgeons can perform it with the patient receiving general or local anesthesia. Many patients need skilled nursing care afterward to help with wound healing.

After performing their innovative version of DVA for more than a year, Dr. Nagarsheth and colleagues have helped preserve not only patients’ limbs, but also their ability to walk and live independently.

“We’re able to save 40% to 50% of limbs by performing DVA,” Dr. Nagarsheth said. “If we’re able to save the limbs of 40% of people who are referred for amputation, that’s significant because every one of them would need amputation without this procedure.”



Talk with your vascular specialist if you think you may be a candidate for DVA. To find a primary care provider who can help you stay healthy and reduce your risk for PAD, visit umms.org/find-a-doctor.

VASCULAR DISEASE IN Prince George’s County

WHAT RESIDENTS NEED TO CONSIDER

HEART DISEASE CONTINUES to be the leading cause of death for residents of Prince George’s County. In 2019, Prince George’s County Health Department reported 35.8% of residents have high blood pressure, 32.5% have high cholesterol, 11.3% smoke, and an estimated 10% of adults have diabetes.

WHY IS IT IMPORTANT?

High blood pressure, high cholesterol, smoking and diabetes are factors that increase the risk of developing peripheral artery disease (PAD), a chronic disease in which plaque builds up in the arteries to the arms, legs, neck and torso that can restrict or even block blood flow. If left untreated, PAD can lead to an arterial aneurysm, heart attack or stroke.

WHO IS AT RISK?

“Prince George’s County residents have a high prevalence of PAD, and men over the age of 65 who smoke or who have ever smoked are asked to be screened for abdominal aortic aneurysms,” said Charles Fox, MD, vascular surgeon with University of Maryland Capital Region Health. “Aneurysms are a silent disease; most patients don’t know they have it until they get an ultrasound exam.”

HOW IS IT TREATED?

Considering high blood pressure and diabetes are the biggest risk factors for PAD, UM Capital Region Health works hard to control blood pressure and optimize blood glucose levels in both men and women.

“We also prescribe statins to help manage cholesterol and recommend supervised exercise programs and smoking cessation,” Dr. Fox said.

The good news is that PAD is treatable.

“There are surgical and less invasive options to treat PAD, including bypass surgery, angioplasty and stent insertion. If we start treatment early, we can get ahead of the disease,” Dr. Fox said.



Screening exams for PAD are quick, painless and could save your life. For more information, visit umcapitalregion.org/vascularcare.



Leg Vein Health

101



THE VESSELS THAT CARRY BLOOD FROM THE LOWER PORTION OF YOUR BODY BACK TO YOUR HEART ARE NOT ALWAYS VISIBLE, BUT THEY ARE VITALLY IMPORTANT.

IF YOU BEGIN to notice spider or varicose veins in your legs, it may be a clue that the veins in your legs are becoming weak and damaged, compromising their ability to do their job. The good news is you can take action to enhance the health of your leg veins by following a few simple steps.



STEP ONE: MAKE MOVEMENT A PRIORITY.

If you spend a significant amount of time sitting during the day:

- Schedule several short walks every day.
- Take frequent stretch breaks.



STEP TWO: GIVE YOUR VEINS A LITTLE HELP.

Gravity can cause blood to pool in your legs, slowing circulation back to your heart. Your doctor may recommend compression therapy in the form of well-fitting elastic stockings to increase circulation and relieve problems.



STEP THREE: FUEL YOUR BODY WITH NUTRIENTS.

- Drink plenty of water.
- Eat low-fat, high-nutrient fruits and vegetables.



STEP FOUR: KICK THE HABIT.

Smoking compromises your circulatory health in numerous ways by increasing your heart rate and blood pressure, damaging your arteries, and raising bad cholesterol levels. To help, work with your physician to:

- Monitor your health through regular screenings and checkups.
- Manage your blood pressure, cholesterol and other conditions.
- Maintain a healthy lifestyle.
- Get help to stop smoking.



For more information on our vascular services, visit umcapitalregion.org/vascularcare.

HOPE FOR

Headache PAIN



ASK THE EXPERT: PATRICIA SCRIPKO, MD, BOARD-CERTIFIED NEUROLOGIST, TALKS ABOUT HEADACHES.

WHAT IS THE DIFFERENCE BETWEEN A “NORMAL” HEADACHE AND A MIGRAINE HEADACHE?

There really is no such thing as a “normal” headache since there are many different types. There are migraines, cluster headaches, tension headaches, primary headache disorders and headaches due to other medical conditions. The most common type of headache is migraine.

WHAT IS A MIGRAINE?

There is a misperception that a migraine is so severe you cannot function. When I probe people about their headaches, I usually find their typical headache is a less severe migraine. A lot of people think “it’s just a headache,” which has resulted in the lack of attention to headache disorders. I often see patients assuming their migraine headaches are their fault, meaning it’s something they are doing that is causing them. But that’s not the case.

WHAT CAUSES MIGRAINES?

The cause of a migraine is usually genetic. It’s a disorder that affects nearly 40 million Americans. It can be very debilitating and can include mood changes, light and sound sensitivity, motion sensitivity and brain fog in addition to the pain. Treatment can be very effective, but migraines are unfortunately under-treated. My goal is to raise awareness of headache disorders, including migraines, and help patients get accurately diagnosed and set a tailored treatment plan that works for them.

While most people have physiologic triggers such as lack of sleep, poor diet and dehydration, these stressors

simply lower the threshold to get the migraine. Not everyone gets a debilitating headache after a restless night or a stressful event.

HOW DO YOU TREAT MIGRAINES?

There are a number of treatment options for migraines and headaches. The first challenge is to determine what type of headache the patient has. Treatment can include medication, vitamins and supplements, trigger mitigation including dietary counseling, physical therapy, and addressing other comorbid conditions that can exacerbate the headache disorder. We can also perform other interventional treatments, such as trigger point injections and Botox, which have both been proven very effective for some types of migraines.

IF A PERSON SUFFERS FROM HEADACHE, WHO SHOULD THEY SEE?

Any headache disrupting one’s quality of life should be addressed. For chronic headaches, start with a primary care provider or go directly to a neurologist, preferably one who specializes in headache pain. If a headache is sudden, severe and is the worst pain they’ve ever felt, call 911 or go to the emergency room. That kind of pain can mean something very serious like a stroke that requires immediate attention.



If you haven’t found the help you need to manage your headache, it may be time to see an expert. Visit uncapitalregion.org/headacheclinic for more information.

UPCOMING COMMUNITY HEALTH PROGRAMS & EVENTS

VIRTUAL MENTAL HEALTH FIRST AID TRAINING

Just as CPR helps you assist an individual having a heart attack, Mental Health First Aid helps you assist someone experiencing a mental health or substance use-related crisis. Through this course, you learn risk factors and warning signs for mental health and addiction concerns, strategies for how to help someone in both crisis and non-crisis situations, and where to turn for help. **Registration is required. Space is limited. All sessions meet from 9am to noon.**

- Youth Part 1: Thursday, Mar. 17
- Youth Part 2: Friday, Mar. 18
- Adult Part 1: Thursday, May 12
- Adult Part 2: Friday, May 13

For additional information or to register for an upcoming class, call **240-677-1062** or email umcapitalcommunityhealth@umm.edu. You must attend Parts 1 and 2 to receive certification.

DINE, LEARN & MOVE GOES VIRTUAL

Join us each month for 90 minutes of *virtual* fun. Get active, learn simple everyday tips for making healthy choices and engage with a chef while watching a cooking demonstration. Dine, Learn & Move is FREE and presented in partnership with Prince George's County Health Department, University of Maryland Capital Region Health, Suburban Hospital and Maryland-National Capital Park and Planning Commission, Department of Parks and Recreation, Prince George's County. All ages are welcome.

- Wednesday, Feb. 23, 6pm-7:30pm
- Wednesday, Mar. 23, 6pm-7:30pm

For more information, visit wellness.pgparcs.com, email wellness@pgparcs.com, or call **301-446-6833**; TTY **301-699-2544**. To register to attend this program, please email wellnessinfo@co.pg.md.us.

UM CAPITAL REGION DIABETES PREVENTION PROGRAM (DPP)

You're thinking about making healthy changes to prevent Type 2 diabetes. A diabetes prevention program recognized by the Centers for Disease Control and Prevention can help you build new healthy habits that last a lifetime. When you join our lifestyle change program, you'll learn, laugh, share stories, try new things and build new habits—all while lowering your risk of Type 2 diabetes and improving your health. For

more general information regarding the National Diabetes Prevention Program, visit cdc.gov/diabetes/prevention.

- Space is limited. Participants will be accepted on a first come, first served basis.

To discuss eligibility requirements and to register for UM Capital's upcoming Diabetes Prevention class, please call **240-677-1062** or email umcapitalcommunityhealth@umm.edu.

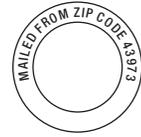
MAMA & BABY MOBILE HEALTH UNIT

Our mobile health unit is provided through a partnership with the March of Dimes and UM Capital Region and is specifically designed to help uninsured and under-insured women throughout Prince George's County receive quality health care for themselves and their babies. We see women of childbearing age and pregnant women. The unit is equipped with two private exam rooms and staffed by an experienced team of certified nurse midwives.

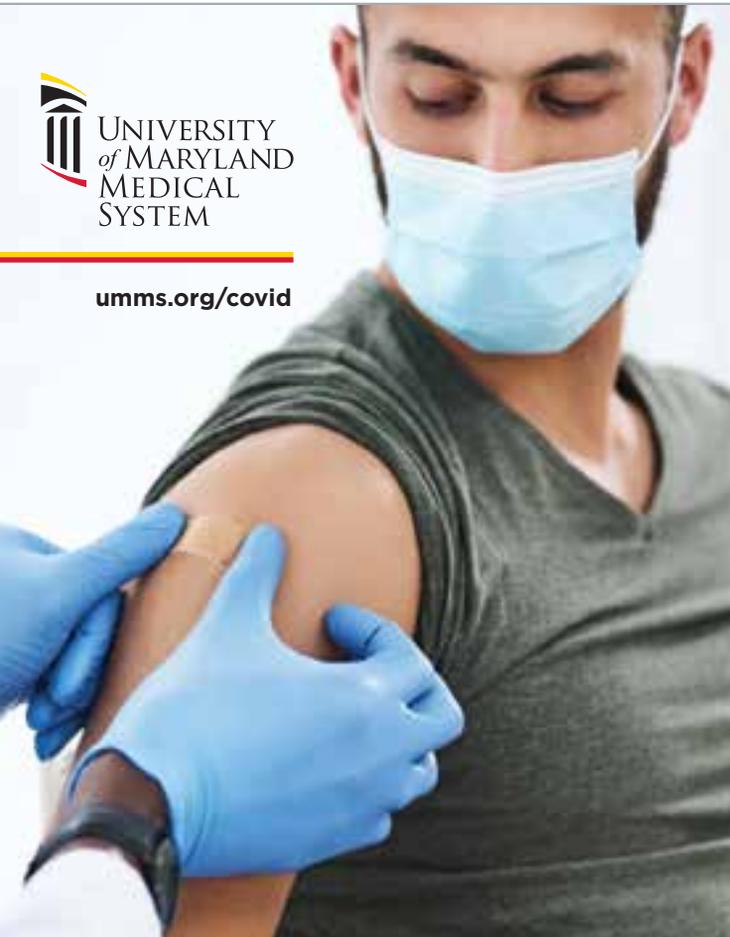
- By appointment only

Please call **301-437-5788**, Monday–Friday from 9am to 4pm to schedule an appointment.





umms.org/covid



THE FIGHT AGAINST COVID IS **NOT OVER.**

An average of **75%** of COVID patients admitted within the University of Maryland Medical System are unvaccinated, while only **2%** are both vaccinated and boosted.*

Hospitals are overwhelmed right now as COVID hospitalizations have more than doubled since the 2021 peak. Non-COVID patients are still in need of care and our staff is stretched thin.

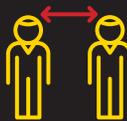
**numbers as of January 7, 2022*



PLEASE TAKE ACTION NOW!

GET
VACCINATED
AND BOOSTED!




SOCIAL DISTANCE!



MASK UP!