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Maryland’s Health Matters is published by the Corporate Communications & Marketing office at University of Maryland Medical Center Midtown Campus. This publication is not intended to provide professional medical advice. It is to provide general health and wellness information.

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Please send us your comments, requests for more information or change of address to ummidtown@umm.edu; or University of Maryland Medical Center Midtown Campus, c/o Marketing, 827 Linden Ave., Baltimore, MD 21201; or call 410-225-8000.
Protect Your Vision

Your eyesight is an important component of your health. Lola Idowu, MD, associate professor of ophthalmology at the University of Maryland School of Medicine and a glaucoma specialist at UMMC’s Midtown and Redwood campuses, answers a few common questions.

**Do eye problems run in families?**
Just as we inherit our physical traits from our parents, we also inherit the way our eyes are built. So short-sightedness and farsightedness, which we correct by wearing glasses, tend to occur in more than one member of the family. Similarly, some eye diseases, such as glaucoma and macular degeneration, can often run in families. That is why it is very important to share your eye health with your family and with your doctor. Knowing what to look for can lead to earlier diagnosis and treatment that can save your vision.

**My job requires me to be on my computer regularly. By the end of the day, my eyes feel very dry and I sometimes have headaches. Am I damaging my vision, and is there something I can do?**
Staring at a screen for long periods of time can cause eyestrain. Luckily, eyestrain does not lead to any permanent damage on your vision, even though it may feel that way. I recommend the 20-20-20 rule; take a 20-second break from screens every 20 minutes and look at something at least 20 feet away. This can help reduce the uncomfortable effects of eyestrain.

**Does my diet affect my vision?**
Diet plays a big role in maintaining good eyesight. Carrots contain vitamin A, which plays a key role in keeping your eyes healthy. Leafy green vegetables and fresh fruits are actually even better for eyesight because they contain vitamins C and E. Other foods high in vitamins A and C include bell peppers, spinach, broccoli, Brussels sprouts and sweet potatoes. Keep in mind that eyesight is also affected by your family history, age and environmental factors.

**5 WAYS TO STAY HEALTHY DURING COLD AND FLU SEASON**

What can you do to avoid getting sick this time of year? Here’s what our experts at the Midtown Health Center recommend.

1. **Get the flu shot**
The flu vaccine is the best protection against the flu. It is recommended that everyone 6 months and older receive a flu vaccination every year, ideally before the end of October. There is also a higher-dose vaccine that’s more effective for those 65 and older.

2. **Wash hands frequently**
It’s a quick and easy step that can stop the spread of germs, especially after using the bathroom; after coughing, sneezing, or wiping or blowing your nose; before and after eating; and after touching doorknobs and other objects that have been in contact with many people. When hand-washing isn’t possible, use an alcohol-based hand sanitizer.

3. **Minimize rubbing eyes and touching your mouth**
We don’t realize how many times we touch our faces throughout the day. Our hands come into contact with a lot of objects that multiple people have touched.

4. **Wipe down everything**
Make it a habit to clean items and surfaces that other people often touch, such as counters, keyboards, phones, remotes and doorknobs.

5. **Schedule a wellness visit**
People who are 35 and older should see their primary care provider every year for a wellness exam, which is primarily focused on keeping you healthy.

MAKE AN APPOINTMENT

To schedule an appointment at the Friedenwald Eye Institute at UMMC Midtown Campus, call 410-225-8070.

SCHEDULE YOUR FLU SHOT

The Midtown Health Center offers primary care services on-site. To schedule your flu shot or wellness visit, call 410-856-3660.
Bridging the Gap in Mental Health Care

Many people living with mental illness are not required to stay in the hospital overnight for treatment, while others may need more specialized care that is not offered in an outpatient setting. That’s where a psychiatric day hospital comes in. It’s a place where patients are treated for mental illness during the day and then return home.

The new Adult Psychiatry Day Hospital on the UMMC Midtown Campus serves as a short-term “step-up” program for people in outpatient programs who need more intensive treatment. It also functions as a “step-down” program for patients who have been discharged from inpatient units.

“Understanding that our patients deal with a variety of physical, social, emotional and financial challenges, our goal is to make access to mental health care as seamless as possible,” says Stephanie Knight, MD, assistant professor of psychiatry at the University of Maryland School of Medicine and chief of psychiatry at UMMC Midtown Campus.

Patients are first invited for a walk-through of the program to learn more about the services offered and meet members of the mental health team.

Admission to the Adult Psychiatry Day Hospital is usually through an inpatient unit transfer, the emergency department or a community-based outpatient mental health program. Patients attend daily sessions from 8 a.m. to 3 p.m. Monday through Friday for an average of two to five weeks. The day hospital offers free continental breakfast and lunch in addition to transportation assistance to ensure that patients get to and from their sessions safely.

Back-to-school Health Tips

Back-to-school season is an exciting time, but it can also mean the start of runny noses and sore throats. These tips can help keep your child out of the doctor’s office and inside the classroom:

Keep up to date with appointments

“Preventive care—keeping kids healthy rather than only treating them when they’re ill—is the key to maintaining good health,” says Adam Spanier, MD, associate professor of pediatrics at the University of Maryland School of Medicine and medical director of UM Pediatrics at Midtown. Your child should have a physical exam by a pediatrician once a year. This gives the doctor a chance to physically examine your child and to address any emotional or developmental concerns.

Develop a good sleep routine

Transitioning from an activity-filled summer into a more normal routine can be hard. Not getting enough sleep or sleeping poorly can lead to problems with memory and concentration. That is why it is important to set an appropriate bedtime and do your best to stick with it, even on the weekends.

Too sick for school?

Knowing whether to keep a child home from school can be tricky. “There are two general categories that parents can use to determine if a child is too sick to go to school. The first category is if they are infectious. Vomiting, diarrhea or having a fever are immediate signs that a child should stay home. The other category is if the child does not feel well enough to participate in school,” Dr. Spanier says. You know your child the best, so take note if he or she has a change in mood or lower energy than usual. If your child has not slowed down at home, odds are that he or she will be able to function fine in a classroom.

To make an appointment with a pediatrician at UMMC Midtown, call 410-225-8780.
Is It My **Thyroid**?

Thyroid disease can be tricky to diagnose, since it can cause a variety of symptoms that many people mistake for signs of another disease or aging. According to the American Thyroid Association, more than 20 million Americans have thyroid disease, many of whom don’t realize it. Thyroid disease can result from the thyroid producing too much or too little hormone. When the thyroid produces too much hormone, it is called hyperthyroidism. When the thyroid produces too little hormone, it is called hypothyroidism.

In addition to problems related to hormone levels, other thyroid conditions involve benign and malignant tumors (cancers) that can cause swelling of the thyroid gland or lumps (nodules) within the gland. The University of Maryland Center for Diabetes and Endocrinology (UM CDE) specializes in treating all thyroid disorders, including hyperthyroidism, hypothyroidism, thyroid nodules and thyroid cancer.

**A SMALL GLAND WITH HUGE SIGNIFICANCE**

Your thyroid is a small, butterfly-shaped hormone-producing gland in the lower part of the neck. It is responsible for producing necessary hormones that help your body control heart rate, blood pressure, metabolism and temperature. There are a variety of symptoms associated with thyroid disease.

**Hyperthyroidism symptoms can include:**
- Irritability or anxiety
- Tremors (shakiness)
- Racing heartbeat
- Sweating
- Increased appetite
- Reduced menstrual blood flow in women

**Hypothyroidism symptoms can include:**
- Mental fogginess
- Weight gain
- Constipation
- Thinning hair or hair loss
- Fluid retention, feeling bloated, puffiness in the face
- Excessive or prolonged menstrual bleeding in women

**WHEN IN DOUBT, GET TESTED AND TREATED**

Thyroid disease may be overlooked because many symptoms are easily confused with other conditions. UM CDE provides comprehensive diagnosis to determine if you have hyperthyroidism or hypothyroidism. “UM CDE provides hormone tests to help diagnose and manage all thyroid disorders. Our team considers your particular diagnosis as well as your age, general health and past medical issues,” says Kashif Munir, MD, director of the UM CDE.

Thyroid diseases are lifelong conditions. With careful management, people with thyroid disease can live healthy lives.

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**LEARN MORE**

For more information or to be tested for thyroid disease, contact the UM CDE at 443-682-6800.
Jenna Anderson has both Hashimoto's thyroiditis and Type 1 diabetes, which is not uncommon, according to her physician, Dr. Paula Newton.
The symptoms of hypothyroidism in children can be different than in adults.

— Paula Newton, MD, pediatric endocrinologist

Jenna Anderson was diagnosed with Hashimoto’s thyroiditis at age 6. Hashimoto’s is a condition in which the immune system attacks the thyroid gland. Hashimoto’s typically progresses slowly over years and causes chronic thyroid damage, leading to a significant drop in thyroid hormone levels in the blood—also known as hypothyroidism.

Jenna had minimal thyroid hormone levels before she started seeing Paula Newton, MD, assistant professor of pediatrics at the University of Maryland School of Medicine and pediatric endocrinologist at the University of Maryland Center for Diabetes and Endocrinology (UM CDE). “The symptoms of hypothyroidism in children can be different than in adults. Each child may experience only some of the symptoms, and often the symptoms are not seen at all,” Dr. Newton says.

The fatigue caused by hypothyroidism can disrupt performance at school and leave kids with little energy for sports and other activities. Jenna’s hypothyroidism is managed by taking a daily pill to restore her thyroid levels to normal and improve her symptoms. With her hypothyroidism well managed, Jenna can play softball and rugby with her classmates and leads an active lifestyle.

“Most children will require thyroid hormone replacement therapy for the rest of their lives, while others may outgrow the need for medication depending on their age, levels at diagnosis and immune system activity,” Dr. Newton says.

The connection between thyroid disease and diabetes

In 2017, at age 14, after experiencing symptoms of excessive thirst, frequent urination and weight loss, Jenna was admitted to the pediatric intensive care unit at the University of Maryland Center for Diabetes and Endocrinology (UM CDE). The symptoms of hypothyroidism in children can be different than in adults. Each child may experience only some of the symptoms, and often the symptoms are not seen at all,” Dr. Newton says. Some of the common symptoms of hypothyroidism in children include slow growth, delayed tooth development, a delay in developing at puberty, and for girls, irregular menstrual periods. “If parents are worried—especially if their child is not growing well, is not going through puberty when they should be, or if their child develops unexplained and consistent signs of fatigue—it’s worth mentioning to the doctor," Dr. Newton says.

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THE CONNECTION BETWEEN THYROID DISEASE AND DIABETES

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“Most children will require thyroid hormone replacement therapy for the rest of their lives, while others may outgrow the need for medication depending on their age, levels at diagnosis and immune system activity,” Dr. Newton says.
Maryland Children’s Hospital on the University of Maryland Medical Center’s Downtown Campus, where she was diagnosed with Type 1 diabetes. It is not uncommon for someone to have both hypothyroidism and diabetes. “Because a thyroid disease like Hashimoto’s thyroiditis and Type 1 diabetes are both autoimmune conditions, having one can increase the chance that a second condition will develop,” Dr. Newton says.

“I blamed the symptoms on everything else except diabetes,” says Jenna’s mother, Andrea Anderson.

Jenna was initially discouraged by her diagnosis, but after meeting with UM CDE certified diabetes educator Sara Fitzgerald, RN, her outlook changed and she was more proactive about taking care of herself.

**DIABETES MANAGEMENT AT YOUR FINGERTIPS**

People with Type 1 diabetes do not produce insulin, a hormone that helps the body use sugar (glucose), a key source of energy that comes from carbohydrates. People with Type 1 diabetes must make up for the lack of insulin by replacing insulin by injection, pen or pump. UM CDE offers classes for beginning and continuing insulin pump therapy. A continuous insulin pump works through a tiny tube that is placed under the skin, usually the arm or stomach, that delivers insulin to the body throughout the day to help keep blood sugar levels in the target range.

There are many advantages to using an insulin pump, including increased flexibility in lifestyle and accurate, predictable insulin administration without the need for daily injections. Patients and families interested in this program work closely with the pediatric diabetes team with the goal of increasing knowledge and self-management skills, and ultimately decreasing the risk of complications.

At first, Jenna was not excited about the idea of continuous insulin pump therapy, but after a conversation with Sara Fitzgerald, she agreed to use the insulin pump to help manage her diabetes while giving her the freedom to continue to play sports and participate in other activities. By using an insulin pump in combination with a continuous glucose monitoring system, Jenna and her parents can also monitor her blood sugar levels throughout the day on their smart devices.

**COMPREHENSIVE CARE**

Living with hypothyroidism and diabetes can feel like an uphill battle. Diabetes management requires focus, dedication and a diligent care team including endocrinologists, nurse practitioners, nurses, certified diabetes educators, dietitians, social workers and psychiatrists. UM CDE’s educational and
treatment programs have been created especially for children and teens with diabetes and endocrine disorders.

As children are constantly changing, they have unique needs related to growth and development. Additionally, their psychological needs are different from those of adults. Hormone problems affecting growth or pubertal development can have significant effects on a child’s physical and emotional well-being. UM CDE offers support groups in a setting that is appropriate for children and teens.

For diabetes patients, the primary goals are to keep blood sugar under control, reduce long-term complications and promote overall health and well-being. “I focus on helping patients cope with their diabetes, teaching them how to live well and prepare for a healthy future,” Fitzgerald says.

Pediatric diabetes services at UM CDE include:
- Individualized nutrition assistance to teach children and families how to maintain a healthy diet
- Lifestyle education to help with school and leisure activities
- Partnership with schools to help families establish regular blood sugar checks and insulin management
- An easy bridge to the adult UM CDE diabetes program

“I feel like everyone at UM CDE knows me. I’m not just another patient on a list. Sara answers all of my questions, and we have a really great relationship,” Jenna says. In fact, Jenna says she plans to attend college in Florida to study nursing and art therapy after completing high school. “I want Sara’s job. I want to be a diabetes educator,” she says.

Inspired by her relationship with certified diabetes educator Sara Fitzgerald, RN, Jenna Anderson plans to study nursing in college.

Visit umm.edu/diabetes to learn more about UM CDE.

To speak with one of our pediatric endocrinology and diabetes experts, call 443-682-6800.
After giving birth to her first child, Paige Marcus was looking forward to bonding with her newborn son. Instead, she was consumed by debilitating symptoms of ulcerative colitis—a type of inflammatory bowel disease (IBD) caused by ulcers in the colon and rectum.

She identified a shift in her health during her third trimester, and it only got worse after her baby was born. “I was losing weight, having major stomach pain and bleeding, and was going to the bathroom 12 to 15 times a day,” she says.

Prednisone, a steroid used to calm inflammation, kept the disease in check in the past. But then the medication no longer controlled her symptoms.

Paige lost all of her baby weight and more mere weeks after giving birth. She had trouble producing breast milk and switched to formula. “You could physically see that I was withering away,” she says.

Eventually, her IBD was so intense she had trouble caring for her baby.

“My mother and my husband tagged feeding the baby in the middle of the night because I didn’t have the strength to get up,” she says. “I’d be feeding him, then have to pass him off and run to the bathroom.”

For six weeks, Paige could barely leave the house. Despite her condition, her local physician insisted she “stay the course” and continue on prednisone.

Paige and her family weren’t satisfied with this answer. “One night, I heard my mom crying to my husband that something needed to be done. I wasn’t getting better,” she says.

That’s when her husband made an appointment at the Digestive Health Center at University of Maryland Medical Center (UMMC).

**TIMELY INTERVENTION**

Paige met with Raymond Cross, MD, professor of medicine at the University of Maryland School of Medicine (UM SOM), director of the Inflammatory Bowel Disease Program and co-director of UMMC’s Digestive Health Center.

Dr. Cross recognized Paige’s critical condition and admitted her to the hospital, where she stayed for a week.

She began taking Remicade, a biologic drug administered intravenously. The drug eased her symptoms, but it took six months to fully recover.

Today, she receives Remicade infusions every eight weeks. “I haven’t had any symptoms since that flare. I’m in total remission. I feel like I owe Dr. Cross my life,” she says.

**CARE IN ONE LOCATION**

Many IBD patients experience debilitating symptoms. However, the disease’s profile is shockingly diverse.

“IBD has many variables: what kind of patient and the part of the body it affects, what problems it causes, how the patient responds to medications, what side effects people have. No two people are the same,” says Andrea Bafford, MD,
assistant professor at UM SOM and chief of colorectal surgery at UMMC.

To address this, the IBD Program offers services across the full spectrum of care—all in one location. “Patients have access to gastroenterologists, colorectal surgeons, specialized nurses, a dietitian, a pharmacist and a social worker all in one setting,” Dr. Cross says.

This holistic, all-in-one approach is unique among IBD programs. It’s not only convenient, but it has also been shown to improve patient outcomes.

The team meets weekly to discuss people with complex cases. This is especially important for patients considering surgery. “There’s a surgeon and an IBD gastroenterologist having office hours at the same time most days. This facilitates joint appointments and discussing complex cases. It keeps everyone on the same page,” Dr. Bafford says.

**FRIENDLY FACES**
The disease may be individual, but Paige’s hardship isn’t unique. Many IBD patients find it difficult to participate in daily activities while having a flare.

“IBD is unsettling. These symptoms can affect their ability to go to school, work and have families. It affects them psychosocially,” Dr. Cross says.

Keeping this in mind, the team works together on-site to create a convenient and friendly atmosphere for patients. Being located in a single place allows the team to create a comprehensive treatment plan that’s difficult to achieve when working with IBD specialists in different locations.

“We not only find the right therapy for each patient, but also provide them the support they need to get through the process,” Dr. Cross says.

The social worker collaborates with patients to solve problems they might have accessing or paying for care. They also connect patients with a therapist if needed. “This aspect of IBD care is essential, because a patient’s mental health is just as important as their physical health,” says Uni Wong, MD, an assistant professor at UM SOM and a gastroenterologist.

Additionally, the nursing team coordinates care between visits, aiding the transition from the hospital to outpatient care and more.

Each team member, from the secretaries to the surgeons, works together to provide the most comprehensive care possible for patients.

**PREGNANCY PARTNERS**
Reproductive care for IBD patients is another unique service the program offers.

“We educate patients on which medications are contraindicated in pregnancy and how to keep the disease under control during pregnancy,” Dr. Wong says.

“Some non-GI providers perceive the immunosuppressant and biologic medications we use as contraindicated in pregnancy, even when that isn’t the case,” Dr. Wong says.

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**COMBATING “THE SILENT KILLER”**

Randy Beardsley is a living example of how much IBD can vary from person to person.

He was diagnosed with Crohn’s disease after a routine colonoscopy discovered a fistula, an opening in the intestine that creates leakage. Crohn’s is a type of IBD that can cause inflammation anywhere in the digestive tract and usually results in symptoms such as abdominal pain, diarrhea and fatigue.

However, Randy has been largely asymptomatic throughout his life. “If it wasn’t for the colonoscopy, I never would have known I had Crohn’s,” he says.

After his diagnosis, he read about IBD voraciously. His reading taught him that even if he wasn’t having debilitating symptoms, he still needed to be proactive and combat the disease. “Crohn’s can be a silent killer,” says Uni Wong, MD. “Asymptomatic patients might end up in the emergency room with a bowel perforation because an ulcer eroded through the bowel.”

With this knowledge in hand, he was recommended to the IBD Program to get the disease under control.

Randy now takes Humira weekly to ease inflammation. He has the medication delivered to his home and self-injects, easily incorporating treatment into his daily life.

He also altered his diet to keep inflammation down, following recommendations from his reading and the IBD Program’s on-site dietician. “The hardest thing was switching to black coffee,” he says.

Seven years later, he still works with Dr. Raymond Cross to monitor the disease and change the course of treatment as needed.

“We’ve been able to manage the disease pretty effectively. Overall, it’s been a positive experience,” Randy says.
When Paige and her husband decided to have a second child, she partnered with the IBD Program team to determine the best approach for keeping her disease in remission before pregnancy.

“Dr. Cross said it’s better for the baby to have the disease controlled than to risk going off Remicade,” she says. “I stayed on the medication and got monthly ultrasounds to ensure the baby was growing appropriately.”

The team worked with Paige’s OB-GYN to schedule her cesarean section around Remicade infusions, so her symptoms would remain controlled during the first weeks of caring for her newborn.

The result? She had her second child without a flare. “I had no issues at all. It was a huge relief,” she says.

NEW HORIZONS

The IBD Program’s connection to UM SOM allows them to offer research opportunities and innovations for IBD patients who don’t respond to conventional treatments. “We see any type of research that’s going to improve our patients’ lives as critically important, so we participate in many studies and clinical trials,” Dr. Cross says.

The team has recruited more than a quarter of the patients currently participating in SPARC IBD. This nationwide, long-term study follows IBD patients to identify predictors of severe disease and response to treatment.

The team also explores medical technologies like telemedicine. “We led the largest U.S. trial studying remote monitoring in IBD patients and found that it was associated with decreased hospitalization rates,” Dr. Cross says.

With the telemedicine program, patients can access staff remotely for appointments. This allows the team to provide expertise to people outside state lines.

SUPPORT WHEN YOU NEED IT

The team works together to provide the holistic support that many patients need in one location, setting them apart from other IBD treatment programs.

“We align ourselves to make the patient experience as positive as it can be,” says Dr. Cross.

This holistic approach has produced exceptional results for many patients, including Paige: “I’ve had a 180-degree turnaround, going from the lowest of lows to the highest of highs. I’m so happy.”

LEARN MORE

For more information about UMMC’s IBD Program, please visit umm.edu/IBD or call 410-706-3387.

LISTEN TO YOUR GUT

It’s normal to experience digestive issues such as constipation, gas, bloating and diarrhea from time to time, but these issues can sometimes point to a more serious problem, says Raymond Kim, MD, assistant professor of medicine at the University of Maryland School of Medicine and a gastroenterologist at the University of Maryland Medical Center Midtown Campus. Here’s what could be wrong, and what you can do about it.

Constipation

Occasional constipation is fairly common but should not be a regular occurrence. Make an appointment with your doctor if you experience unusual or continued changes in your bowel habits.

What it could mean: Lack of fiber in your diet, dehydration, lack of exercise, reaction to certain medications, certain diseases and conditions such as stroke.

What to do: Ease constipation by adding more fiber to your regular diet (whole grains, vegetables, fruits, beans), drinking plenty of fluids and exercising regularly.

Gas and Bloating

Getting rid of excess gas is part of the digestion process. Excess gas is usually caused by eating certain foods. Talk with your physician to rule out any food sensitivities, intolerances or digestive disorders.

What it could mean: Digestive disorder, lactose intolerance, celiac disease, infection, irritable bowel syndrome.

What to do: Reduce or stop eating foods that cause excess gas, such as beans, broccoli, cabbage, soda and gum.

MAKE AN APPOINTMENT

Gastroenterologists at UMMC Midtown Campus can diagnose and treat your digestive issue. For an appointment, call 410-225-8000 or 443-552-2539.
70 to 90 percent of cells in the human body are bacterial
- Many researchers consider the gut microbiome a separate human “organ” inside the body
- Microorganisms account for 1 to 3 percent of the body’s mass

SOURCES: AMERICAN MUSEUM OF NATURAL HISTORY; NATIONAL INSTITUTE OF DIABETES AND DIGESTIVE AND KIDNEY DISEASES; NATIONAL INSTITUTES OF HEALTH
Groundbreaking News

The new University of Maryland Medical Center Midtown Campus Outpatient Tower will open in spring 2021

C
hronic diseases continue to be prevalent in West Baltimore and the surrounding region, and the University of Maryland Medical Center Midtown Campus is committed to enhancing patients’ access to care and improving health outcomes. Construction is underway on a new Outpatient Tower that will greatly enhance our ability to provide high-quality care, especially to those with conditions such as diabetes, asthma, obesity, HIV, cardiovascular disease and high blood pressure. With improved access to care, patients will have better health outcomes through effective disease management and robust community health resources.

BENEFIT TO THE COMMUNITY
The Outpatient Tower will provide vital outpatient and care coordination services to address the needs of patients with chronic diseases and meet the long-term health care needs of the community. The new facility will reduce the need for frequent hospital admissions, resulting in lower associated health care costs overall. The facility will also help address significant health care disparities among residents of Baltimore.

FEATURES
The design of the Outpatient Tower is focused on optimizing patient experience and comfort, allowing for visits with multiple chronic disease specialists in one location. The building will have five clinical floors and five floors for parking. It will be a “green” building with a vegetated roof, designed in accordance with Leadership in Energy and Environmental Design (LEED) principles.

SPECIALTY SERVICES
Here are some of the departments that will move to the Outpatient Tower once construction is complete:

- **The University of Maryland Center for Diabetes and Endocrinology** provides diagnosis, treatment and long-term care for adults and children living with diabetes and other endocrine disorders. For more about the center, see page 6.
- **The THRIVE Program** has made great strides in discovering new ways to prevent and combat infectious diseases. The program provides expert diagnosis and treatment for all infectious diseases, including those caused by bacteria, fungi, parasites and viruses.
- **The Center for Cardiology Services** offers a complete range of care to diagnose and treat cardiovascular disease. We have a national reputation for treating complex heart conditions using the most advanced treatment options and therapies.
- **The University of Maryland Center for Pulmonary Health** provides the highest quality of care to its patients, combining compassion and cutting-edge technology. The team performs internationally recognized research that furthers our understanding of the mechanisms of lung disease and leads to improved treatments.
- **The Community Health Education Center** will provide patients with disease-specific health information and education about lifestyle habits for improved health.

LEARN MORE
Visit ummidtown.org to learn more about the new building as construction continues.
YOU CAN MAKE A CHANGE FOR LIFE

The University of Maryland Center for Diabetes and Endocrinology is offering a free diabetes prevention and lifestyle change program at the UMMC Midtown Campus. The National Diabetes Program is designed to help people reduce their risk of developing Type 2 diabetes and take charge of their health.

Classes will be held every week for 16 weeks, then once a month for six months to help participants maintain healthy lifestyle changes. During each session, lifestyle coaches will teach lessons, offer tips and lead group discussion on various topics. They will help participants set goals and build relationships with other members to help them stay on track. The program is designed to help people learn how to eat healthy, lose weight, get active and change unhealthy eating habits into more healthy ones.

Ready to make a positive change that can add years to your life?

For more information about the Diabetes Prevention Program and how to sign up, call Mariellen Synan, community outreach manager, at 410-328-8402.

Druid Heights Nature Play Space

University of Maryland Medical Center partnered with the Mid-Atlantic National Wildlife Federation and Druid Heights Community Development Corporation to create the Nature Play Space, located on McCulloh Street in West Baltimore. The new space serves as a community gathering area, with gardens, benches and walking paths where children can play and residents can meet their neighbors and enjoy nature. These spaces deliver a number of positive health, social and environmental benefits. The Druid Heights Nature Play Space officially opened Aug. 3. We thank the Chesapeake Bay Trust for funding this welcoming new addition to the community.

A special thank-you to all the UMMC staff and other volunteers who joined us for the Druid Heights Community Event Day in West Baltimore and other community cleanups that helped with the development of this play space. Volunteers cleaned up more than 250 pounds of litter, weeds and garden trimmings and planted more than 30 shrubs and plants.

Upcoming Events in Your Community

NOT ALL WOUNDS ARE VISIBLE: A COMMUNITY CONVERSATION

Adverse Childhood Experiences (ACEs) Plus: Knowing What Works

9 a.m. to 2 p.m.
Wednesday, Nov. 13
UMB Campus Center
621 W. Lombard St., Baltimore

Join the University of Maryland Medical System and the University of Maryland, Baltimore for a FREE community conversation about adverse childhood experiences (ACEs). ACEs are stressful or traumatic events that strongly affect health outcomes throughout a person’s life. Join us as we continue an important discussion about this critical public health issue. Registration is strongly encouraged at umms.org/community/conversations.

DIABETES SELF-LOVE SUMMIT

11 a.m. to 2 p.m.
Saturday, Nov. 16

Join us for a day full of healthy food demonstrations and physical activity stations. Visit umm.edu/SelfLove to register.
Latest Research

Researchers have discovered new findings of the genetic basis of Type 2 diabetes and obesity, resulting in the development of new therapeutic and prevention strategies.

The Center for Diabetes and Endocrinology at the University of Maryland Medical Center Midtown Campus has a national reputation for providing the highest quality of care for adults and children living with diabetes and endocrine disorders. Our team of experts — including physicians, nurses, diabetes educators, ophthalmologists and psychiatrists — have a deep understanding of the physical, mental, and emotional demands of diabetes and endocrine disorders. We teach patients how to manage their condition so that they can live healthy and active lives.

To hear Jackie’s story, visit umm.edu/mystory/diabetes. Call 443-682-6800 to make an appointment.

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