



Grant Regional Health Center

507 S. Monroe St. • Lancaster, WI 53813 • 608-723-2143

You're the Center of Everything We Do.



THE DOCTOR IS IN
Grant Regional Health Center brings the specialists you need to our facility—no need to travel.
SEE PAGE 3 ►

HEALTH SCENE®

JOURNAL OF WELLNESS AND GOOD HEALTH CARE • WINTER 2013

The **HOLIDAY SOLUTION**

If you've ever felt sluggish—or stepped on the scale—after a big holiday meal, then you know that overindulging on food doesn't make the season any more special. ♦ You

don't have to completely avoid the pie and stuffing, however, to look and feel better. The solution is to enjoy your favorite holiday foods in moderation. Smart dietary choices—and some exercise every day—can give you the energy and stamina you need to carry you through the holidays and into a healthy new year without a bigger waistline.

Here are a few suggestions:

PARTY TIPS ● Before you go to a party, eat a healthful snack. High-fiber foods, such as fruit or whole-grain crackers, can help take the edge off your hunger and reinforce your willpower at the buffet table. Also consider bringing a low-calorie, nutritious side dish to share.

● At the buffet, opt for a small plate if it's available and keep portion sizes reasonable. Fill half your plate with fruits and vegetables, and take bite-sized samples of the rich foods and desserts.

● Alternate high-calorie drinks

with glasses of water to help fill your stomach and stay hydrated. Dilute eggnog with low-fat milk to get the flavor with fewer calories.

● After eating, focus on nonfood activities, such as conversation or games. Encourage the tradition of taking a walk after a holiday meal.

BAKING TIPS What are the holidays without at least a few sweet treats?

To help keep calories and fat at reasonable levels, try substituting healthful ingredients in dessert recipes. For example:

● In place of butter, try cinnamon-flavored applesauce.

● Replace chocolate chips or candies with dried fruit, such as blueberries, raisins or cherries.

● Use vanilla, almond or peppermint extract to replace some sugar.

After pies or cookies are prepared (and sampled!), put them out of sight to help deter impulse snacking.

Sources: Academy of Nutrition and Dietetics; American Institute for Cancer Research; American Heart Association

At the buffet, opt for a small plate and keep portion sizes reasonable.



'Tis the season for weight goals

An upcoming wedding. A looming high school reunion. Swim-suit season. All are powerful motivators if you're trying to lose some weight.

Holiday parties, rich desserts and heaping buffet tables, on the other hand, can seriously undermine your willpower to shed extra pounds. In fact,

most Americans gain a couple of pounds during the holidays—and, unfortunately, don't lose it after the season passes. Over the years, these pounds can add up.

A good weight goal for the holiday season: Stay at the same weight you were before the festivities began. Although it's not a great time to try to

lose weight, you don't want to gain either.

To help stay steady, keep to a regular eating schedule. Don't skip meals in anticipation of a large meal later—it's a recipe for overeating. It's especially important to eat breakfast. Doing so will help you eat less throughout the day.

Source: Academy of Nutrition and Dietetics

HEALTH BITS



SPICE WITH LIFE To store fresh basil or oregano for a few days, put cut stems in water and keep on a cool kitchen counter, out of direct sunlight.

American Diabetes Association

METER MATCH Anemia, having too few red blood cells in the body, can affect blood glucose readings in people with diabetes. If you have anemia and diabetes, talk with your health care provider about treatment and what kind of glucose meter you should use.

American Diabetes Association

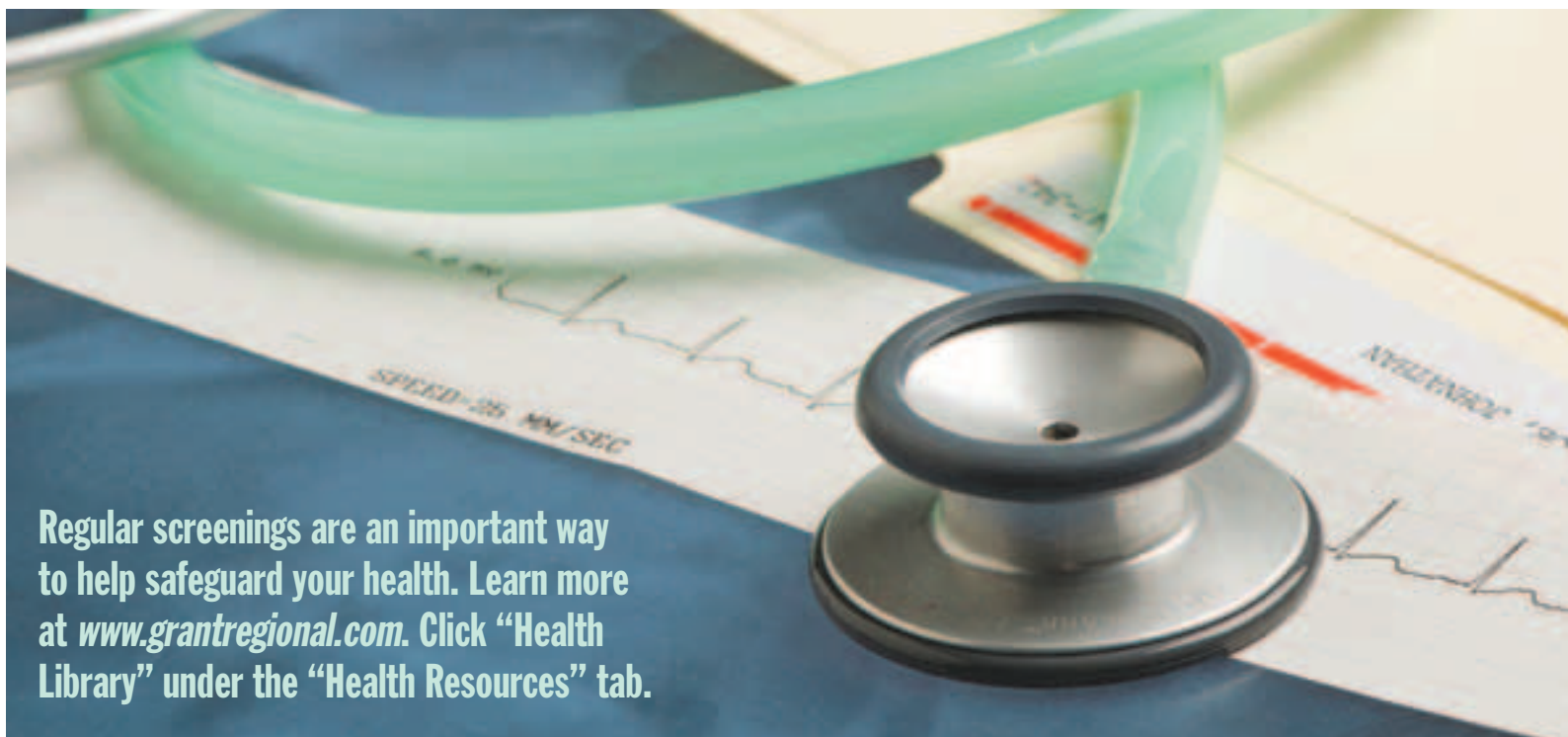


SMOOTH MOVES If you have dry skin, change razor blades after five to seven shaves. A dull blade can nick and irritate dry skin.

American Academy of Dermatology

FEATURE

SCREENINGS



Regular screenings are an important way to help safeguard your health. Learn more at www.grantregional.com. Click “Health Library” under the “Health Resources” tab.

EVERYONE	AGES 18–39	AGES 40–49	AGES 50–64	AGES 65 AND OLDER
Blood pressure	At least every 2 years	At least every 2 years	At least every 2 years	At least every 2 years
Cholesterol	Every 5 years starting at age 20	Every 5 years	Every 5 years	Every 5 years
Colorectal health: one of three methods				
High-sensitivity fecal occult blood test (FOBT)			Yearly	Yearly until age 75; after that, discuss with your doctor
Flexible sigmoidoscopy			Every 5 years	Every 5 years until age 75; after that, discuss with your doctor
Colonoscopy			Every 10 years	Every 10 years until age 75; after that, discuss with your doctor
Diabetes	Discuss with your doctor	Start at age 45; then every 3 years	Every 3 years	Every 3 years
Skin exam (for cancer)	Monthly self-exam; by a doctor as part of a routine full checkup starting at age 20	Monthly self-exam; by a doctor as part of a routine full checkup	Monthly self-exam; by a doctor as part of a routine full checkup	Monthly self-exam; by a doctor as part of a routine full checkup

WOMEN	AGES 18–39	AGES 40–49	AGES 50–64	AGES 65 AND OLDER
Breast health				
Mammogram		Yearly*	Yearly*	Yearly*
Clinical breast exam	At least every 3 years starting in your 20s	Yearly	Yearly	Yearly
Bone density (osteoporosis screening)			Get a bone density test if you're at increased risk; discuss with your doctor	Get a bone density test at least once; discuss repeat testing with your doctor
Pap test	Every 3 years starting at age 21. From 30 to 39, every 3 years, or every 5 years if combined with an HPV test	Every 3 years, or every 5 years if combined with an HPV test	Every 3 years, or every 5 years if combined with an HPV test	
Pelvic exam	Yearly starting at age 21; discuss with your doctor if you're younger than 21 and sexually active	Yearly	Yearly	Yearly
Sexually transmitted infections (STIs)	Get screened for chlamydia if you're 24 or younger and sexually active; discuss screenings for other STIs with your doctor	Discuss with your doctor	Discuss with your doctor	Discuss with your doctor

MEN	AGES 18–39	AGES 40–49	AGES 50–64	AGES 65 AND OLDER
Abdominal aortic aneurysm				Once between ages 65 and 75 if you've ever smoked
PSA blood test (prostate-specific antigen; not routinely recommended)			Discuss pros and cons with your doctor starting at age 50	Discuss pros and cons with your doctor
Sexually transmitted infections	Discuss with your doctor	Discuss with your doctor	Discuss with your doctor	Discuss with your doctor

A schedule worth keeping

It's easy to think you can skip regular health screenings if you're in good health or your results have always been normal. But screening tests can help find diseases early—often before they cause symptoms. And usually the earlier a disease is found, the easier it is to treat.

Here are some of the major screening tests recommended for most healthy adults at average risk. Be sure to check with your doctor to see if these schedules work for you.

If you're at increased risk for certain diseases, such as cancer or heart disease, you may need to be tested earlier or more often.

Sources: Agency for Healthcare Research and Quality; American Cancer Society; American Diabetes Association; Centers for Disease Control and Prevention; U.S. Preventive Services Task Force
*Mammography screening recommendation from the American Cancer Society

FEATURE

MEET OUR SPECIALISTS

Choosing a specialist for you and your family is an important decision. You want someone you can trust—someone you're comfortable with and who is available when you need care.

At Grant Regional Health Center, we bring medical specialists right to our facility to meet our patients' specialized health care needs. We currently partner with 20 medical providers to offer a variety of care to our community.

ALLERGY



John Moore, MD
Medical Associates

AUDIOLOGY



Emily Patterson
Rural Wis. Health Coop.

CARDIOLOGY



Tom Johnson, MD
Medical Associates



Roberta Kurtz, MD
Dean Clinic



R.S. Ramabadran, MD
Medical Associates

CARDIOVASCULAR



Warren Gall, MD
Medical Associates

DERMATOLOGY



Jennifer Peterson, MD
Dean Clinic

OTOLARYNGOLOGY



Timothy King, MD
Medical Associates

NEUROLOGY



Michael Frucht, MD
Dean Clinic

NEUROLOGY



Bassel Kazkaz, MD
Dean Clinic

ONCOLOGY



Christian Schultheis, MD
Medical Associates

OPHTHALMOLOGY



Kent Baumann, MD
Medical Associates

OPTOMETRY



Marian Walker, OD
Medical Associates

ORTHOPEDIC SURGERY



Ronald Reschly, MD
Dean Clinic

PODIATRY



William Chubb, MD
Associated Podiatry

RHEUMATOLOGY



Virginia Wilson, MD
Dean Clinic

UROLOGY



Richard Graf, MD
Physicians Plus



Sanjeev Gupta, MD
Grant Regional Health Center

FEATURE



Alake frozen hard as glass and shimmering in the sun. A hillside frosted like a cake from top to bottom in deep layers of packed white snow. ♦ Your first thought? “Beautiful.” And then, “Let’s go out and play.” ♦ The snow and ice of winter are tailor-made for sports. They’re slick. They’re slippery. They’re perfect for sliding, gliding, skating and jumping—all at high speeds.

WINTER SPORTS

KEEP IT SAFE ON SNOW AND ICE

Which also makes them perfect for getting hurt.

Winter sports injuries send hundreds of thousands of people in the U.S. to hospitals and doctors' offices every year, according to the American Academy of Orthopaedic Surgeons (AAOS). Many, if not most, of those injuries are avoidable.

The following advice for winter play without pain comes from the AAOS and the American College of Emergency Physicians (ACEP), as well as other experts in sports medicine and safety. Some tips are general enough to apply to almost any seasonal sport. Others are more specific to one or two activities.

It's always a good idea to talk to your doctor before the start of a new sports season—especially if you're older than 50, have any health concerns or have been inactive for awhile.

STAY SAFE IN ANY SPORT Warm up before you set out. Cold muscles, tendons and ligaments are ripe for injury.

Wear the right stuff. That means protecting yourself with the appropriate safety gear, such as goggles, helmets and padding. It also means dressing in layers to keep your body warm and dry as you sweat in the cold.

Check your equipment beforehand. This is especially important if the equipment has been in storage all summer.

Get trained. If you're new to a sport, consider taking lessons from a qualified instructor, particularly for sports like skiing and snowboarding. Learn and follow the rules of the sport too.

Buddy up. Don't set out solo on your snowboard or skis or go skating alone. Go with a buddy or a group.

Also, take the time to meet beforehand to talk about what to do in case of an emergency. Does everyone know where the nearest medical center is? Have you let someone know where your group is heading and when you plan to return? Take a cellphone or radio transmitter with you in case you need to call for emergency help.

Stay hydrated. Drink water—before, during and after exercise.

Keep an eye on the weather forecast. Be aware of any upcoming storms or sharp drops in temperature.

SKIING AND SNOWBOARDING Both of these popular winter sports require strength, endurance, balance and coordination. If you're not physically fit before you hit the slopes, you might end up hurting yourself. The American Council on Exercise recommends starting a training program well in advance of opening day.

Other safety tips include:

- Make sure the bindings on your ski or board are adjusted correctly.

- Consider having your ski boots and bindings tested by a shop that adheres to American Society of Testing and Materials standards.

- Learn how to get on, ride and get off a ski lift.

- Keep your eyes open and yield to others before heading downhill or merging onto a trail.



Grant Regional Health Center's emergency department is available 24 hours a day, 7 days a week. We also offer Walk-In Care. Call 608-723-2143.

- Don't push yourself to keep going if you're tired. "One more run" is the preamble to many accidents, reports the AAOS.

- If you're a snowboarder, resist the urge to try fancy stunts and maneuvers without proper instruction.

SLEDDING The majority of those hurt while sledding are kids 14 and younger. That's probably because sledding is often a child's pastime. Adults might enjoy it, too, but their presence is most important as a supervisor.

Here's what the grownups should do:

Provide a safe sled. It should have runners and steering control. Sleds with those features are safer than snow disks. Don't let your kids slide on plastic sheets or other materials that can't be steered or that can be pierced by sharp objects on the ground.

Take kids to a hill designated for sledding. It's not safe for kids to zip down a slope peppered with trees, lined by fences or that opens onto a street.

Check the hill first. Clear it of any rocks, sticks or other debris.

Teach safety. Be sure your kids know how to steer and stop their sled and how to bail out safely in an emergency.

Tell them to always look out for others and to never head downhill if someone is

in the path. Also, make it clear they should never ride head-first—they should sit facing forward, and steer with their feet or a rope tied to the handles of the sled.

Never pull a sled with a motor vehicle. No exceptions.

ICE-SKATING It's hard to think of a more wholesome family activity than ice skating. And it is also one of the safest winter sports. Still, accidents on the ice do happen. The National Safety Council offers these tips for safe skating:

- Wear skates that fit comfortably and give good support to your ankles.

- Have your skate's blades sharpened by a professional at the start of every season.

- Skate only on ice that is prepared for skating and where you know the ice is thick and strong enough to support your weight.

- Always check the surface for cracks, holes or debris.

SNOWMOBILING With big engines that can hit speeds in excess of 100 miles per

hour, snowmobiles are powerful machines that can cause powerful injury.

According to the American Orthopaedic Society for Sports Medicine (AOSSM), the most common cause of death in snowmobile accidents is blunt trauma to the head—even for those wearing a helmet.

Alcohol, high speeds and poor judgment often feed into the mix of injuries, notes the AOSSM. Many states don't put limits on how fast snowmobilers can go, and some don't require that adults or children wear helmets.

ACEP suggests the following to help prevent injuries when riding a snowmobile:

- First, know the vehicle you're going to drive. Read the manual thoroughly before starting it up.

- Conduct a safety check on the snowmobile before every trip. And be sure the gas tank is full before you head out.

- Wear a helmet with a chin strap, goggles and protective clothing.

- Know the terrain you'll be traveling. Are there fences? Gullies? Rocky areas or open bodies of water?

- Keep your eyes moving and alert to danger. Your ears may not be able to hear warning sounds over the roar of the snowmobile's engine.

WHEN IS A WINTER SPORTS INJURY AN EMERGENCY?

You or someone in your family slipped while ice-skating or fell while skiing, but your doctor's office is closed.

Is the injury serious enough to warrant a trip to the hospital emergency department? Or can it be treated at an urgent care center?

The information that follows might help answer those questions.

Get emergency help

Seek care at an emergency department for any injury that causes uncontrolled bleeding or severe pain. Other reasons to get emergency care include:

A serious head injury. Signs and symptoms to look for include: ■ Loss of consciousness or coordination. ■ A headache that won't go away after taking over-the-counter medications. ■ Confusion. ■ Slurred speech. ■ Pupils of unequal size.

A neck or back injury. An oddly contorted head or body. Weakness in the back, neck or limbs. An inability to move the arms or legs. These all may be signs of trauma to the neck or back. Don't move the person; that could cause further injury. Call 911 instead.

A broken bone. Fractures of major bones—like an arm or a leg—can result in shock or loss of circulation.

Urgent care is fine

Treatment at an urgent care clinic is often sufficient for injuries such as:

- Minor cuts.
- Minor fractures, such as a broken finger.
- Minor head bumps.
- Sprains and strains—such as in the ankle, knee or shoulder.

Be safe rather than sorry

If you think you or someone else has a medical emergency—or you're just not certain how serious the injury is—seek emergency care.

Going to an urgent care clinic first could prove a dangerous delay in getting the necessary treatment.

Source: American College of Emergency Physicians



TAKING CARE OF YOU: MEET THE NEUROLOGIST

HEAR THE TERM *neurologist*, and many people think about the brain.

But a neurologist's area of expertise goes beyond that, extending from the brain to include the spinal cord and the whole nervous system. Consequently, neurologists help diagnose, treat and manage a wide variety of conditions.

WHY SEE A NEUROLOGIST Your regular doctor may refer you to a neurologist for headaches, sleep problems, or evaluation after a concussion or stroke.

Neurologists can also help people with cognitive or movement disorders, such as Alzheimer's disease, epilepsy, Parkinson's disease, multiple sclerosis or ALS (Lou Gehrig's disease). In fact, people with chronic disorders such as these may see a neurologist as their primary doctor.

And, while you may not associate neurology with the back, neurologists also diagnose and treat injuries and disorders of the spine.

In fact, after headaches, back pain is the most common neurological ailment in the U.S., reports the National Institute of Neurological Disorders and Stroke.

According to the American Academy of Neurology, a neurologist must complete four years of medical school, a one-year internship and at least three years of additional specialized training.



FINDING THE PROBLEM Neurologists use a number of methods to help diagnose brain, spine and other nervous system problems. These methods can include simple tests for mental status, coordination and reflexes; sleep studies; analysis of spinal fluid; and sophisticated imaging tests. The tests used are determined by a person's symptoms and the suspected disorder.

Neurology services are available through our Outpatient Specialty Clinic. Call 608-723-3249.

Depending on the specific condition, a neurologist may recommend medications, physical therapy or other treatments for a disorder.

And while neurologists may recommend surgery for brain or spine disorders or other conditions, they do not perform the actual procedures. These are done by neurosurgeons—physicians with special training in performing specific types of surgeries on the brain, spine and nerves.

Conditions treated through neurosurgery include tumors of the brain or spinal cord, brain hemorrhages, and some types of chronic pain.

Your doctor can tell you whether seeing a neurologist or neurosurgeon is right for you.

EPILEPSY

HOW IT CAN STRIKE ADULTS LATER IN LIFE

WHEN YOU PONDER the various conditions you might face as you get older, epilepsy probably doesn't make the list.

Yet the incidence of epilepsy in this country is rising faster in older adults than in any other segment of the population, according to the Epilepsy Foundation. An estimated 300,000 seniors in the U.S. have epilepsy.

Seizures increase the risk for falls and fractures, among other things. That's why treatment is important.

Seizures are the hallmark symptom of the disorder. But they don't always resemble the dramatic TV stereotype. In fact, seizures in older people are often subtle enough to be dismissed as a sign of age.

A single seizure doesn't mean you have epilepsy. But it does suggest you should see your doctor.

WHAT IS EPILEPSY? Epilepsy is a disorder in the brain's electrical system.

Seizures are like electrical surges. For a short time, they can change your feelings, senses and behavior.

Although some seizures might look frightening, they

don't cause pain. They usually last only a minute or two, according to the Foundation.

Why an older person develops epilepsy isn't always known. Sometimes it is related to a stroke, heart attack or a brain disease, such as Alzheimer's.

SIGNS AND SYMPTOMS Unconsciousness. A fall to the ground. Body stiffening and jerking. That's the classic portrayal of a seizure. Sometimes it's accurate, notes the Foundation. But in older people, it can be a different story.


For instance, you might not lose consciousness. But you might seem to be confused or in a dreamlike state. You might be unable to talk. You may appear agitated. You might feel as if you have lost chunks of time.

Other signs and symptoms of a seizure can include:

- Staring.
- Chewing movements in the mouth.
- Mumbling.
- Wandering.

TREATMENT IS IMPORTANT Seizures increase your risk for falls and fractures, among other things. In most cases, epilepsy can be treated with either medication or surgery.

Talk to your doctor if you experience blank periods in your memory or any other signs or symptoms.

You can also learn more about epilepsy at  www.epilepsyfoundation.org. Or call 800-332-1000.

Epilepsy by the numbers

Epilepsy is a chronic brain disorder that causes recurring seizures.

The disorder has many causes, including illness, brain injury and abnormal brain development. Often, however, the cause is unknown.

Numbers to know:
 ■ About 1 in 26 people in the U.S. will be diagnosed with epilepsy at some point in his or her life.
 ■ About 140,000 new cases of epilepsy are diagnosed each year.

■ At least 300,000 kids age 15 and younger have epilepsy, as do more than 300,000 adults over the age of 65.

■ Roughly 10 percent of Alzheimer's patients and 22 percent of stroke patients develop epilepsy.

■ For about 80 percent of those diagnosed with epilepsy, seizures can be controlled with modern medicines and surgical techniques.

Sources: Centers for Disease Control and Prevention; Epilepsy Foundation; National Institutes of Health



HELP WITH NEW SLEEP APNEA REGULATIONS

Grant Regional offers sleep disorder services to commercial drivers

ATTENTION COMMERCIAL DRIVER'S license (CDL) holders: Are you aware that the Department of Transportation (DOT) is in the process of modifying the regulations concerning screening CDL drivers for sleep apnea?

It will soon become mandatory for the National Registry of Certified Medical Examiners to require sleep testing at the time of the medical physical if a CDL driver has any symptoms of a sleep disorder. Grant Regional Health Center offers services to help your business comply with these new requirements.

There have been many questions lately about DOT sleep apnea regulations and what impact they might have on passing the medical examination. The Federal Motor Carrier Safety Administration (FMCSA) physical examination is required to ensure that a person is medically qualified to safely operate a commercial motor vehicle (CMV). In the interest of public safety, CMV drivers are held to higher physical, mental and emotional standards than passenger car drivers.

WHAT IS SLEEP APNEA? Sleep apnea is a sleep disorder that causes brief interruptions of breathing during sleep. These pauses in breathing can last 10 seconds or more and can occur up to 400 times a night. Sleep apnea is a serious, potentially life-threatening condition that often goes unrecognized and undiagnosed.

The FMCSA says that as many as 28 percent of CDL holders have sleep apnea.

Signs of sleep apnea include daytime sleepiness, falling asleep at inappropriate times, loud snoring, depression, irritability, loss of sex drive, morning headaches, frequent nighttime urination, lack of concentration and memory impairment. For commercial drivers, these symptoms are dangerous and potentially deadly. Research indicates that untreated sleep apnea puts drivers at increased risk for motor vehicle crashes. In fact, one study found that drivers with untreated sleep apnea did worse on performance tests than healthy alert subjects with blood alcohol concentrations above the federal limit for CMV driving.

HOW WE CAN HELP The good news is that sleep apnea is a highly treatable disorder. Grant Regional has a new, expanded sleep lab for your comfort and privacy. And our hospital offers highly trained professionals who provide



SLEEP SAFE: Holli Folmer, sleep technologist at Grant Regional Health Center, helps diagnose and treat sleep apnea—a common but life-threatening condition.

prompt evaluation and accurate treatment.

A continuous positive airway pressure (CPAP) machine is found to be the most effective treatment and is the gold standard in eliminating sleep apnea. The CPAP machine works by fitting a mask that is connected to the machine to the patient's face. The machine then delivers a continuous pressure of air to help hold the patient's airway open. This prevents the airway from collapsing at night and causing the pauses in breathing and snoring during sleep. In addition to using the CPAP machine, people can lose weight, avoid alcohol prior to bedtime

and avoid sleeping on their backs to help control their sleep apnea. Other treatment options for eliminating sleep apnea include wearing oral devices that are fitted by a dentist and surgery to remove enlarged tonsils, adenoids, nasal polyps or other growths. A deviated nasal septum or unusually formed jaws or soft palates can also be corrected surgically.

For more information about our Sleep Lab services, please call Holli Folmer, sleep technologist at Grant Regional, at 608-723-2143, ext. 321, or consult your physician.

Are you at risk for sleep apnea?

Sleep apnea occurs in all groups and both sexes, but here are certain factors that put you at higher risk:

- A family history of sleep apnea.
- Being overweight.
- A large neck size (17 inches or greater for men,

16 inches or greater for women).

- Being age 40 or older.
- Having a small upper airway.
- Having a recessed chin, small jaw or a large overbite.
- Smoking and alcohol use.
- Ethnicity.



THE POWER OF ZZZS: Cindy Hoehne, of Lancaster, feels like a whole new person after her sleep apnea screening at Grant Regional Health Center.

ONE PATIENT'S STORY

CINDY HOEHNE, of Lancaster, didn't realize what she was missing. For about two years, she experienced morning headaches, excessive snoring and the feeling of not being well-rested.

"In other words, I was always tired and frankly quite crabby," Cindy says. "Just ask my husband and three children." But after a sleep apnea screening at Grant Regional Health Center, she feels like a new person. "The more I learned, the more I realized how much this lack of sleep was affecting my whole body," she explains. "Sleep is so important—it impacts your mood, your memory and how you function each day."

Cindy was a little apprehensive about undergoing a sleep study, but now she is so thankful that she did! Grant Regional offers a new, state-of-art sleep lab that seems more like a cozy bedroom.

"With a double bed in a very private setting, plus Holli—the sleep lab tech has such a calming voice—you can really relax and know you're in good hands," Cindy says. "I also appreciated the fact that the hospital is so convenient. I came in my pajamas that night and went home the next morning in my pajamas. I wouldn't have been able to do that if I had to travel 30 or 60 minutes to another hospital."



Expecting?
Find the care you and your baby need. Go to www.grantregional.com and click on "Find a Physician."

FOLIC ACID IQ: TEST YOURS

PERHAPS YOU'VE HEARD of it, seen it on food labels or maybe even been told by your doctor you need more of it. But how much do you really know about folic acid?

The following true or false quiz will help you find out. It's worth a few moments of your time—particularly if you're a woman who may become pregnant.

1 T or F? Folic acid is a vitamin.

Answer: True. Folic acid is from the B vitamin family.

2 T or F? Folic acid is the same thing as folate.

Answer: True. Folic acid is the synthetic or man-made version of folate, a vitamin found naturally in certain foods, such as beans; citrus fruits and juices; and leafy, dark green

vegetables. In the human body, the synthetic version of the vitamin is used more easily than the natural version.

3 T or F? Only women need folic acid.

Answer: False. Everyone needs some folic acid. It helps the body make new cells, prevents anemia, and may have a role in heart health and cancer prevention.

However, women who may become pregnant have special folic acid needs. When consumed in adequate amounts (400 to 800 micrograms a day), the vitamin may prevent certain birth defects, including spina bifida—a disorder that occurs when an unborn baby's spinal column does not close to protect the spinal cord—and anencephaly—a fatal disorder in which the brain doesn't develop as it should.

4 T or F? A healthful diet is the best way for a woman to get the folic acid she needs.

Answer: False. Even though folic acid is found naturally in some foods and added to others—including certain breakfast cereals, breads and pasta—it can be difficult for a woman to get all of the folic acid needed each day

from diet alone. Taking a vitamin with folic acid, along with eating a healthful diet, ensures women get adequate amounts.

5 T or F? Taking folic acid is only necessary when you're planning to have a baby.

Answer: False. Birth defects of the brain and spine can happen even before a woman realizes she's pregnant. And many pregnancies are unplanned. This means taking folic acid even before pregnancy might occur offers the greatest opportunity to avoid these problems.

6 T or F? Multivitamins typically contain the recommended amounts of folic acid.

Answer: True. You can usually get the folic acid you need through a multivitamin. You can also take a pill containing only folic acid. If you're already taking prenatal vitamins, they're likely providing all of the folic acid that you need.

Sources: Centers for Disease Control and Prevention; Office of Dietary Supplements; Office on Women's Health

PROVIDER LISTING



Grant Regional Emergency Department

507 S. Monroe St.
Lancaster, WI 53813
608-723-2143
■ Eulogio Aguilar, MD
■ Jerry Fushianes, PA-C
■ Liz Hinkley, APNP
■ Les Newhouse, PA-C
■ Robert J. Smith, MD
■ Jolene Ziebart, APNP

Family Medical Center

9177 Old Potosi Road
Lancaster, WI 53813
608-723-4300
■ Liz Hinkley, APNP
■ Brian Quick, PA-C
■ Kate Reuter, APNP
■ Robert Stader, MD

High Point Family Medicine

507 S. Monroe St.
Lancaster, WI 53813
608-723-3100
■ Misty Nemitz, APNP
■ Eric Slane, MD
■ Eric Stader, MD
■ Jessica Varnam, MD

High Point Family Medicine—Fennimore

1255 11th St.
Fennimore, WI 53809
608-822-3363
■ Misty Nemitz, APNP
■ Eric Slane, MD
■ Eric Stader, MD
■ Jessica Varnam, MD

Dean Clinic—Lancaster

500 S. Madison St.
Lancaster, WI 53813
608-723-2131
■ Erin Huebschman, MD
■ Andrew Klann, DO
■ Jason Klovning, MD
■ Sheirle LaMantia, MD
■ Laurie Meighan, APNP
■ Kayte McQuillan, APNP
■ Kelly Muench, PA-C
■ Ronald Reschly, MD
■ James Yurcek, MD

**FIND OUT MORE
ABOUT OUR DOCTORS AT
WWW.GRANTREGIONAL.COM.**
➔ **CLICK ON
"FIND A PHYSICIAN."**

Save lives by donating blood



Mississippi Valley Regional Blood Center is the exclusive provider of blood to Grant Regional Health Center. Donating blood is a safe and simple procedure that only takes about an hour. Blood donation saves lives. It's simple, yet important. For more information or to schedule a donation time, call Janis Waddell at **608-723-2143, ext. 216**.

Donate at a blood drive at Grant Regional Health Center, Monroe Conference Room

■ **Wednesday, Jan. 23:** 9 a.m. to 1 p.m.
■ **Tuesday, Feb. 26:** 2:30 to 6:30 p.m.
■ **Tuesday, March 26:** 9 a.m. to 1 p.m.
■ **Wednesday, April 24:** 2:30 to 6:30 p.m.

HEALTH SCENE is published as a community service for the friends and patrons of GRANT REGIONAL HEALTH CENTER, 507 S. Monroe St., Lancaster, WI 53813, telephone 608-723-2143, www.grantregional.com.

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