

Life & Health

WINTER 2015 A SPECIAL ISSUE FOR OUR SENIORS 106 YEARS | SHARONHOSPITAL.COM

**SPECIAL
ISSUE**
Dedicated to
aging well

Stay in top form

Healthy New Year's tips can help you be more fit after 50

IF you've hit the half-century mark, there's something you should know: The ball truly is in your court when it comes to staying healthy. Simply making good basic lifestyle choices can help you stay on top of your game—at 50 and beyond.

According to the National Institute on Aging and other experts, you can help protect your health by:

▶ **Staying active.** People who get regular exercise reduce their risk for many diseases. Exercise can also improve your balance and help you avoid falls. Try to get in 150 minutes of moderate-intensity aerobic activity a week. Be sure to follow

through with some strengthening activities that work all major muscle groups on two or more days of the week.

▶ **Eating a healthy diet.**

Serving up a diet rich in fruits, vegetables and whole grains is key to avoiding many of the health problems that often occur in older adults. It's also important to avoid saturated fats and to go easy on salt.

▶ **Not smoking.** If you're a smoker, it's really important that you try to quit. Quitting will reduce your risks for cancer, stroke, heart attack and lung disease. In fact, quitting will likely add years to your life. You can find resources to help at smokefree.gov.

▶ **Watching your weight.** Being too thin or too heavy can increase your risk for a number of diseases or even premature death. Ask a pro—your healthcare provider—about your ideal weight and how to maintain it.

Remember: It's never too late to rally for a comeback. Even if you haven't practiced good healthcare routines recently, you can improve your approach and regain your form.

Join Our Sharon Seniors
Lecture Series. FREE Monthly
Lunch & Learn. Beginning in
February. Call 877.364.4202
for more information.

Third Wednesdays
at 10:30 a.m.

Playing to win: Take the best shots, tests and screenings

To stay on course for good health, you'll need to keep in touch with your healthcare provider. All adults should have their blood pressure checked at least every two years. It's also important

to have your cholesterol checked regularly—ask your healthcare provider how often you need this test.

Depending on your sex, age and health risks, you may need some of these

additional screenings or preventive measures:

- ▶ Mammogram.
- ▶ Flu vaccination.
- ▶ Colonoscopy.
- ▶ Mental health screening.
- ▶ Pneumonia vaccination.

- ▶ Diabetes screening.
- ▶ Shingles vaccination.
- ▶ Bone density scan to screen for osteoporosis.

*Ask your healthcare provider which of these screenings and preventive measures are right for you.

Source: National Institute on Aging



Healing with
oxygen

3



Joint replacement:
Right for you?

6



Stroke:
Minutes matter

8

Get rid of that **PAIN** in the **NECK**

Drew Matsen, PT, DPT, OCS
Advanced Therapy at Sharon Hospital



NECK (cervical) pain is the second most common problem seen in the physical therapy setting. Morning stiffness, pain with rotation, decreased range of motion and headaches can all be radiating from your cervical spine. Cervical spine dysfunction can also be the cause of a shooting pain that goes up into your shoulder blades and/or upper extremities.

What do we do about this pain in the neck? Neutral spine posture is key to success when thinking of cervical spine health.

We sit at computers all day and read books or watch TV at night in bed, but we rarely check to be sure we are doing those activities in a way that is comfortable. Is our computer screen directly in front of us and level with our eyes or a little lower? Are we holding our book above waist level and looking down with our eyes so we aren't causing mass flexion? Is the TV screen in front



Drew Matsen, PT,
DPT, OCS

of us or slightly off to one side, causing rotation of the cervical spine?

Alignment is vital to the health and mobility of your spine. Avoid positions that cause mass flexion and mass extension (looking up); just doing that can greatly reduce the incidence of neck pain.

Another tip: Keep your chin tucked in so it remains in the same plane without dropping or lifting while you perform everyday tasks. It helps relieve pain and can prevent future problems.

Shoulder blade position is crucial to protecting your cervical spine. Performing a shoulder shrug by squeezing the shoulder blades together and then dropping the blades back down is a great resting position for muscles. This alignment takes weight off the muscles that attach to the cervical spine, reducing stress.

Contact your local physical therapist for an evaluation if your pain persists.



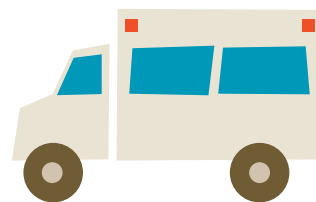
Ready for relief?

The therapists at Advanced Therapy at Sharon Hospital take into account the underlying causes of your condition and movement patterns. We use manual therapy techniques, such as joint and soft tissue mobilization, along with therapeutic exercise and modalities to relieve pain and restore function.

For example, if you have osteoarthritis, your therapist may treat you with joint and soft tissue mobilization to improve your joint movement. Educating the muscles is the next step in returning to normal function. Exercise is commonly prescribed to improve coordination and promote ease of movement. If a patient is in acute discomfort, a therapist may use modalities such as electrical stimulation, ultrasound, heat and ice as well as the above techniques.

Do you need assistance getting to your medical appointments?

For a list of transportation options, please visit sharonhospital.com, click on the "Patients & Guests" navigation bar, and then click on "Transportation." Or call 877.364.4202.



The healing power of

oxygen

THERE'S a long history of hospital patients being treated with oxygen. Today, oxygen therapy is not just a tool of lung healthcare providers and respiratory therapists.

A unique type of oxygen treatment known as hyperbaric oxygen therapy (HBOT) is also playing an important role in helping people get well.

Optimal oxygen

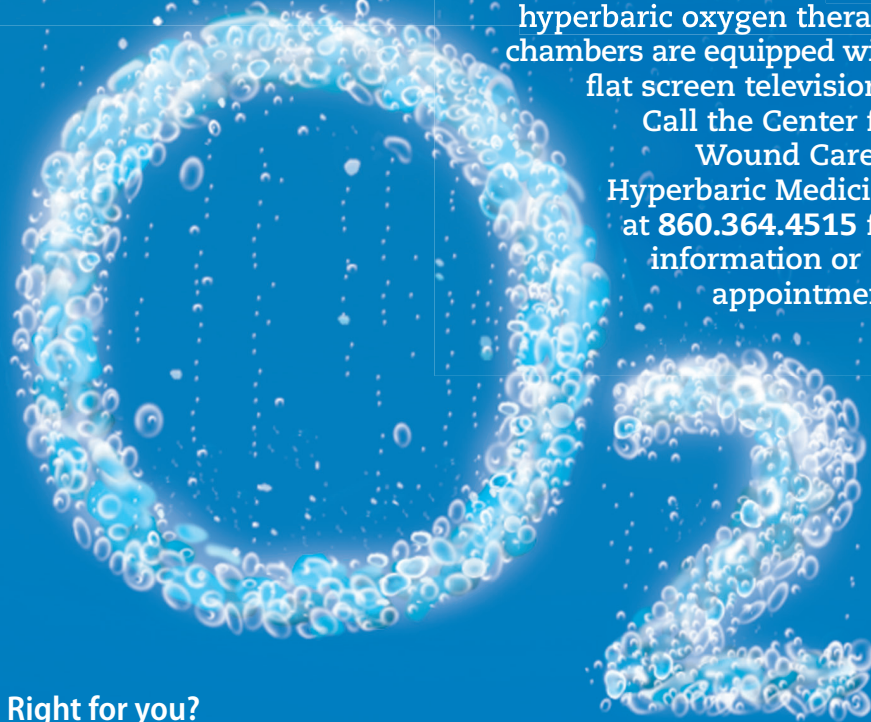
HBOT involves breathing in pure oxygen. This takes place while you are in a sealed chamber pressurized at up to three times the normal atmospheric pressure. Under these conditions, oxygen levels in your blood increase while concentrations of nitrogen and carbon monoxide go down.

At the Center for Wound Care & Hyperbaric Medicine at Sharon Hospital, our wound care patients can benefit from HBOT to treat:

- ▶ Certain types of wounds, injuries and infections.
- ▶ Skin grafts that aren't healing.

Our comfortable, clear-sided hyperbaric oxygen therapy chambers are equipped with flat screen televisions.

Call the Center for Wound Care & Hyperbaric Medicine at **860.364.4515** for information or an appointment.



Right for you?

At Sharon Hospital we have two single chambers in which you lie on a padded table that slides into a clear, plastic tube. Then you simply relax and breathe normally.

Treatment typically lasts from 30 minutes to a few hours.

Your individual circumstances determine how many treatments are needed.

Some people—including women who are pregnant and people with severe heart failure or certain lung conditions—may not be good candidates for HBOT.

As with any treatment, complications are possible. This makes discussing the potential benefits and risks of HBOT with your healthcare provider important.

1

Number of times each day that people with diabetes should check their feet for sores. If you find problems, such as red spots, cuts or blisters, see a healthcare provider immediately.

Source: American Diabetes Association

1940s

Decade in which the U.S. military developed hyperbaric oxygen therapy chambers to treat deep-sea divers experiencing decompression sickness.

Source: American Cancer Society



INSOMNIA

In search of sleep?

WE all know the effects of poor sleep: drowsiness, headaches, irritability, difficulty concentrating and other daytime issues. It is estimated that from 15 to 20 percent of Americans live with chronic insomnia. Because not all cases are the same and not all remedies successful, it bears taking a look at some common misconceptions about insomnia—and the need for sleep in general.

First, keep in mind that symptoms such as snoring, irregular breathing or pauses in breathing, gasping, or plain old nonrestorative sleep may be harbingers of obstructive sleep apnea. Obstructive sleep apnea is a serious sleep disorder, with deleterious effects on the heart and brain that can lead to hypertension, heart attack, stroke, and neurocognitive and metabolic disturbances.

Don't fret the numbers

While it is generally true that adults need approximately eight hours of sleep (children and adolescents need more for proper brain development), some people do fine on six and others need nine or 10. Regardless of how much you need for optimal performance, it is important not to fixate on a specific number—this can lead to anxiety and actually worsen insomnia.

It is unnecessary and possibly even counterproductive to force yourself to sleep if it isn't happening naturally. Clock-watching can worsen insomnia, too, by provoking anxiety and fostering an association in the mind between sleep and frustration. Better to consider leaving the bedroom if sleep doesn't come and go to another room to read something light or listen to light music until sleep resumes.

Talk to your physician about your sleep, and if you have a problem, contact our sleep center at **860.364.4525**. Help is available.

Insomnia has many causes

These include sudden life changes, such as the death of a loved one or the loss of a job. Medical diagnoses and interpersonal stress are other common precipitants. What started out as something temporary can become chronic with the wrong habits.



Irving S. Smith, DO
Internal Medicine
and Sleep Medicine

How it's treated

Medications may help in the short term but are best not turned to automatically, as they rarely enhance the quality of sleep and carry the risk of dependence. There are natural ways to increase and consolidate restful sleep, including cognitive behavioral therapy, sleep hygiene, sleep diaries and stimulus control. In fact, not only are these methods natural, they are the most proven effective ways to get past insomnia and are recognized as such by the American Academy of Sleep Medicine.



Have your
lab draw at
home

Sharon Hospital Laboratory is pleased to introduce the **new Homestick Lab Draw program** for non-homebound patients. For a nominal fee, you can have your bloodwork collected in the comfort of your own home. Please call **860.364.4267** for details and to set up an appointment.



The Senior Behavioral Health team at Sharon Hospital is available for patients 55 and older to discuss your concerns and needs. For a free, confidential intake assessment, please call **860.364.4288**. The comfort and care of your loved one is our top priority.

MENTAL HEALTH ISSUES

Who can help?

MENTAL health problems like depression and anxiety are very common. Yet many people hesitate to get professional help for them.

This is unfortunate, because most mental illnesses—even serious ones—are treatable.

To find the best treatment, start by describing the problem to your primary care physician. He or she can suggest one of these mental health professionals:

Psychiatrists

Psychiatrists are medical doctors with special training in the diagnosis

and treatment of mental illnesses. Psychiatrists can prescribe medicine; treat emotional, behavioral and mental disorders; and provide psychotherapy.

Psychologists

Psychologists help people with mental or emotional problems adjust to life, often in times of crisis, such as a divorce or death of a loved one. They may also work with patients who



Saboo
Mubbashar, MD
Medical Director
of Senior and
Behavioral Health

have physical diseases or injuries—in a rehab center, for example.

Social workers

Social workers provide individual and group therapy, often in hospitals, mental health clinics or substance abuse treatment centers. They may help with crisis intervention and provide support to people facing challenges and changes in their lives.

Mental health counselors

Mental health counselors are trained to help people with problems such as anxiety, depression, grief, low self-esteem and stress. They also help with other mental and emotional health issues, along with relationship problems.



Alive Inside

A Story of Music & Memory

As dementia continues to affect millions of elderly Americans, *Alive Inside: A Story of Music & Memory* reveals a remarkable, music-based breakthrough that has already transformed lives. Join us for this joyous cinematic exploration, and learn how Sharon Hospital's Senior Behavioral Team is using music in their daily care plan.

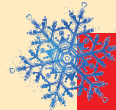
Tune in to healing

Music in our daily lives helps us relax, be stimulated and connect. Music is shown to have a powerful link—it has the ability to neurologically connect us to memory. It has the power to transform the lives of people with

Alzheimer's disease and dementia (there are more than 1.6 million) by soothing the soul and awakening the individual's life and experiences.

We look forward to sharing this special story and the use of music in our unit. Join us for a free community event sponsored by Senior Behavioral Health at Sharon Hospital, on Sunday, Feb. 15, at 2 p.m. at the Warner Theatre in Torrington, Connecticut. See you at the Warner.

Wondering how the Music & Memory program could help your loved one? Call Jenny Cox or Jen Tatro at **860.364.4288**.



**Join us Sunday, Feb. 15, at 2 p.m.
at the Warner Theatre. It's free!**



Say goodbye to hip and knee pain

WHETHER you're walking down the street or climbing up some stairs, moving your knee or hip shouldn't make you wince in pain. That's exactly what can happen when arthritis wears away the shock-absorbing cartilage at the ends of bones in a hip or knee joint. It's no way to live.

If hip or knee pain has become a part of your life, here's welcome news. There are more ways to ease your pain than you might realize. Here are some of the most effective strategies:

Trim down. If you're overweight, those extra pounds place extra stress on weight-bearing joints, like the hip and knee. Losing weight reduces that stress and can curb pain.

Give your hip and knee some TLC. Rest your joints and do your

best to avoid any activity that makes your pain worse. Applying heat or cold to your joint—for example, by using warm towels or cold packs—can also ease pain. Check with your healthcare provider to see whether you should try heat, cold or both.

Make all the right moves. Appropriate exercise—specifically, physical activity that strengthens the muscles that support your hip or knee but doesn't stress them—can help you move more comfortably and freely. For a customized exercise program that can help you improve range of motion and relieve pain, your healthcare provider may refer you to a physical therapist.

Partner with your healthcare provider for pain relief. Many different medicines ease arthritis

pain, and your healthcare provider can help find the right match for you. You might be able to control your pain with over-the-counter or prescription pain relievers. If not, your healthcare provider may recommend a corticosteroid injection into your joint, which can reduce inflammation and pain.

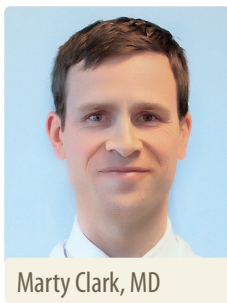
Is it time for surgery?

If steps like these don't help—and your pain is severe—your healthcare provider may advise surgery to replace your damaged knee or hip with an artificial one. As many as 4 out of 5 people who undergo replacement surgery are completely pain-free within a year, the American Association of Hip and Knee Surgeons reports. Even with an increasingly speedy recovery, it is still major surgery. So be sure to carefully explore its pros and cons with your healthcare provider.

Additional sources: American Academy of Family Physicians; American Academy of Orthopaedic Surgeons; National Institutes of Health



Evan Rashkoff, MD



Marty Clark, MD

To schedule an orthopedic consultation, call **877.364.4202.**

Jumping for a new joint?

If you are considering a total joint replacement, we invite you to join us for our comprehensive, multidisciplinary program, Total Joint Camp. It is designed to assist patients by educating and preparing them for their total joint replacement surgery.

The Total Joint Camp team is made up of nurses, physical therapists, nutritionists and case managers. Together, they make it easy for orthopedic patients to get ready for their surgery. From preadmission testing and equipment needs to medication and rehabilitation, patients will come away with knowledge and confidence—prepared for their total joint replacement surgery. The class is held on the fourth Tuesday of each month at 2 p.m. in BCR2 at Sharon Hospital. For more information or to register, please call Jim Hutchison, Health & Wellness Concierge, at **877.364.4202.**



Enhancing quality of life -- one patient at a time.

Orthopedic excellence, close to home.

When you choose The Center for Orthopedics at Sharon Hospital, you're choosing experts in Sports Medicine, Joint Replacement, Hip, Knee, Shoulder, Spine & Hand Surgery. Comprised of a team of highly trained board-certified surgeons, physician assistants, surgical nurses, & technicians with excellent quality & high patient satisfaction – together in a caring, patient-centered, healing environment.

Call 877.364.4202 today
to schedule an appointment
with a member of our Orthopedic Team:

Evan S. Rashkoff, MD, Orthopedic Surgeon, Chief of Surgery
Alexander M. Clark, MD, Orthopedic Surgeon
Dan George, MD, Orthopedic Surgeon
Robert Yaghoubian, MD, Orthopedic Surgeon
Christine Lowell, Orthopedic PA



Sharon
HOSPITAL

Our hospital family cares for our community family every day.

Considering a total joint replacement?

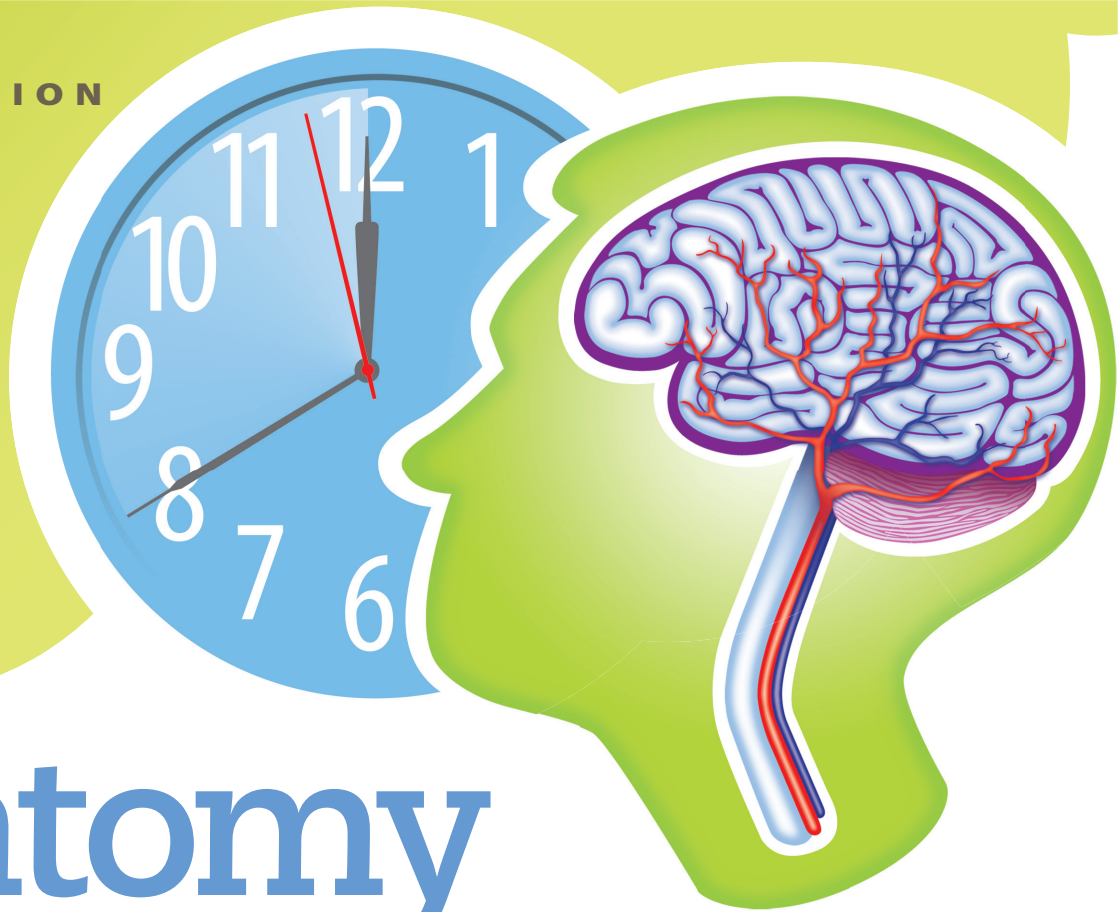
We invite you to attend our Total Joint Camp to learn more about our Orthopedic Excellence.
Call 877.364.4202 | 50 Hospital Hill Road, Sharon CT 06069 | sharonhospital.com

We accept most insurance plans. For a complete list of CT, NY, & MA insurances including ACA exchange insurance plans accepted, visit sharonhospital.com & click "patients & guests" & then click "insurances" or call 877.364.4202 for more information.

PRIMARY
STROKE
CERTIFICATION
AWARDED
TO SHARON
HOSPITAL



Check out the sidebar at the top of page 9.



Anatomy OF A STROKE

Why emergency treatment is vital

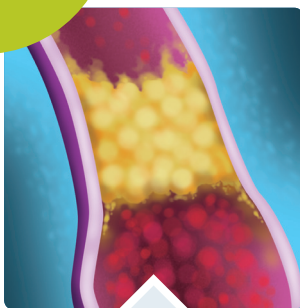
MAYBE you've heard the phrase "Time lost is brain lost." That simple sentence says a lot about the need to treat stroke as an emergency.

The longer you wait to seek help for a stroke, the greater the likelihood of damage to the brain—damage that can lead to

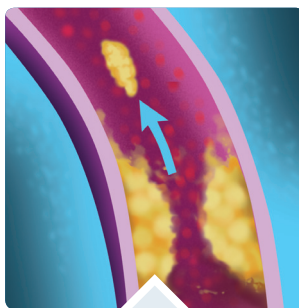
long-term disability or even death. If you act quickly, however, treatment can often stop a stroke and help you or a loved one avoid the devastating consequences of this sudden event. Knowing what happens inside the brain during a stroke is key to understanding why all of this is true.

Types of stroke

ISCHEMIC

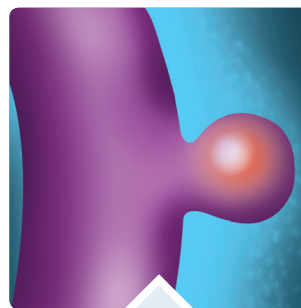


Thrombotic stroke: A blood vessel leading to the brain is blocked, usually by a blood clot (thrombus). Clots can form in arteries narrowed by plaque.



Embolic stroke: A blood clot or other substance (embolus) travels to the brain from other parts of the body, such as the heart.

HEMORRHAGIC



Subarachnoid hemorrhage: A section of blood vessel weakens, balloons and then ruptures. Blood fills the space between the brain and skull.



Intracerebral hemorrhage: A blood vessel weakened by age or disease can break—spilling blood deep into the brain.

Coffey infographic with information from the National Heart, Lung, and Blood Institute

Committed to quality

Sharon Hospital was awarded Primary Stroke Certification from the Healthcare Facilities Accreditation Program (HFAP), an independent accreditation organization recognized by the Centers for Medicare & Medicaid Services. Sharon Hospital earned this distinction after HFAP conducted an extensive review of our emergency care, lab, radiology, quality and safety standards.

To care for stroke patients at the highest possible level, Sharon Hospital's stroke team is composed of physicians, nurse practitioners, nurses, laboratory technologists, computed tomography scan technologists and the rehabilitation team. We partner with Yale New Haven Hospital's telestroke program to provide around-the-clock neurological services. Sharon Hospital has been an accredited Primary Stroke Center from the Connecticut Department of Public Health since July 2008 (until the state discontinued the program in 2013). For more information about the Primary Stroke Center at Sharon Hospital, call Melissa Braislin, Stroke Coordinator, at 860.364.4446.

Inside a stroke

A stroke occurs when blood flow to the brain is suddenly disrupted. This can happen in two ways:

Ischemic stroke. In more than 80 percent of strokes, a blood vessel leading to the brain is blocked, usually by a blood clot.

Blood clots can form in arteries narrowed by plaque deposits. Clots also can travel to the brain from other parts of the body, such as the heart. An irregular heartbeat called atrial fibrillation is a common cause of these traveling clots.

Hemorrhagic stroke.

Less commonly, a weakened blood vessel breaks, spilling blood into or around the brain.

One common cause is an aneurysm, which occurs when a section of blood vessel weakens and balloons out. Untreated, it can rupture, leaking blood into the brain. Blood vessels weakened by high blood pressure may also be prone to rupture.

Brain cells quickly die when they are starved of oxygen and nutrients because of a clot or when they are damaged by bleeding, notes the National Institute of Neurological Disorders and Stroke (NINDS).

Stroke can affect any area of the body, depending on which area of the brain is damaged. Stroke can cause paralysis or weakness on one side of the body; problems with speech, memory or thinking; loss of feeling; or chronic pain.

Why minutes matter

Stopping a stroke is key to limiting the damage. At the hospital, doctors work to quickly determine what caused the stroke.

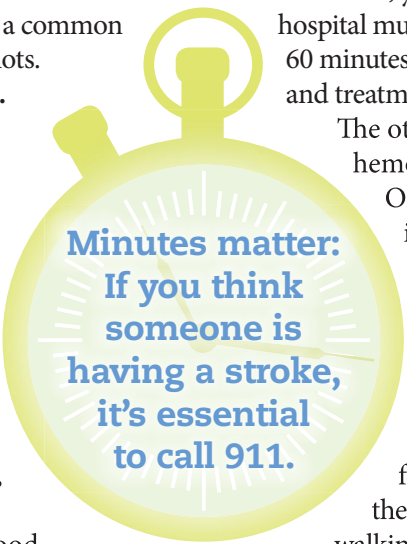
For ischemic strokes, they can use a drug called tissue plasminogen activator (t-PA) to dissolve the clot and restore blood flow to the brain. To do the most good, t-PA must be given within a 4½-hour window after symptoms start.

However, you should arrive at the hospital much sooner than that—within 60 minutes—in order to receive evaluation and treatment, urges NINDS.

The other type of stroke, hemorrhagic, is treated differently.

One way to stop the bleeding is with surgery to place a metal clip at the base of the aneurysm.

If you think someone is having a stroke, it's essential to call 911. Sudden signs of stroke include confusion; feeling numb or weak in the face, arm or leg; or trouble walking. (See story at right for more.)



Minutes matter:
If you think
someone is
having a stroke,
it's essential
to call 911.

Lower your risk

Talk with your healthcare provider about your personal risk for stroke.

Not all risk factors can be changed, such as age or having a family history of stroke. However, you can prevent or treat any risk factors that are within your control, such as high blood pressure, diabetes, smoking, being overweight or not exercising.

Lifestyle changes and medicines are some ways you can address your risk.

Additional source: American Stroke Association

Signs of a stroke: Time to move quickly

It might happen like this: A loved one suddenly looks confused and has trouble walking. When you ask what's wrong, the reply is slurred and hard to understand.

It might be a stroke—a medical emergency. Treatment can save lives and boost the chances of a successful recovery, but it must be given within a few hours after stroke symptoms begin. Don't waste a minute of time.

Call 911 right away if you notice stroke signs in yourself or someone else.

You must first be able to recognize the signs; they come on suddenly and include:

- ▶ Numbness or weakness of the face, arm or leg, especially on one side of the body.
- ▶ Confusion or trouble speaking or understanding speech.
- ▶ Trouble seeing.
- ▶ Trouble walking, dizziness, or loss of balance or coordination.
- ▶ Severe headache with no obvious cause.

You might be tempted to wait and see if symptoms improve—don't take that chance. Remember, the longer a stroke goes untreated, the greater the damage can be.

Source: National Institute of Neurological Disorders and Stroke



What can you expect in an emergency? Find out at sharonhospital.com.

What to know in an emergency

A hospital emergency department probably isn't on your top 10 list of travel destinations, but at some point in your life, an injury or illness will most likely land you or someone you love in one.

Knowing what to expect can help you be prepared and make

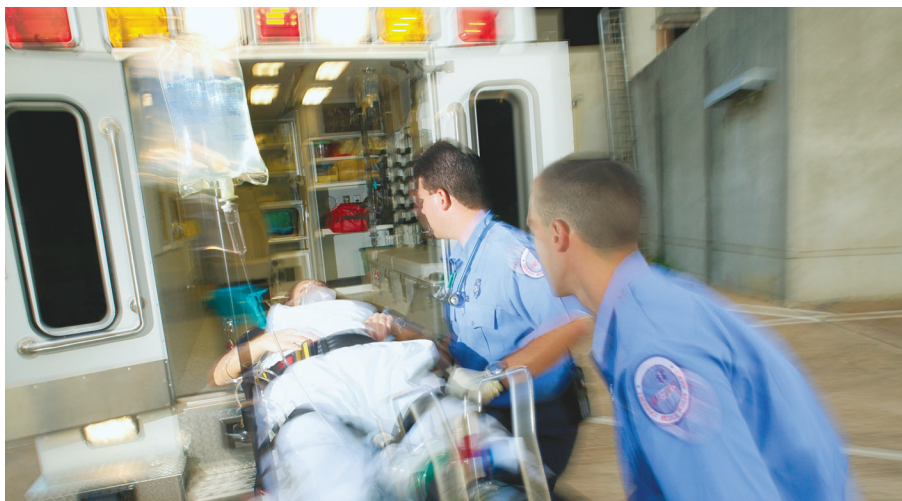
your visit less stressful.

Is it an emergency? Not every illness or injury requires a trip to the emergency department. Some less serious medical problems can be treated by your primary care provider or at an urgent care center.

There are some conditions, however, that require instant attention and an immediate trip to the hospital. Some common signs and symptoms of an emergency include:

- ▶ Chest pain or upper abdominal pain or pressure that lasts two minutes or more.
- ▶ Sudden changes in vision.
- ▶ Uncontrolled bleeding.
- ▶ Sudden or severe pain.
- ▶ Difficulty breathing or speaking.
- ▶ Sudden dizziness or weakness.
- ▶ Severe or persistent vomiting or diarrhea.
- ▶ Coughing or vomiting blood.
- ▶ Suicidal or homicidal feelings.

Could you tell if you or a loved one was having a heart attack? Visit morehealth.org/911 to find out what to watch for.



FAMILY MATTERS

Taking your parent to the ER

IF you ever went to the emergency room (ER) as a kid, chances are mom or dad was by your side, answering doctors' questions and providing comfort. Now that they're older, you may find yourself doing the same things for your parents if you accompany them on a trip to the ER.

Before that time comes, it's a good idea to go over your parents' medical histories and put that information in writing. Include allergies, surgeries, past and current health problems, and all medications that each parent takes. Be sure you also include contact information for all of your parents'

healthcare providers and details about why they're seeing them.

Though it can be difficult to talk about, it's wise to discuss a living will with your mom and dad. A living will specifies a person's wishes for medical care in case he or she becomes unable to communicate them. It can help ensure that those wishes are carried out.

Call **860.364.4444** for a copy of Sharon Hospital's medical history cards.

During a visit to the ER, keep in mind that you know your parent best. It's important to let the ER doctor know about things that don't seem right and to fill in details in the information your parent shares. It's also important to make sure your



parent understands what's going on and participates in decisions, if possible.

Because hospital admission may be a possibility, consider packing a bag for your parent. Bring yourself some reading material to help pass the time and lower your stress.

Source: American College of Emergency Physicians



Mark Marshall, DO,
MA, FACP, FHM
Chief of Staff,
Hospitalist,
Palliative Medicine

PALLIATIVE CARE

Comfort when you need it most

COMFORT. Support. Symptom relief.

These are the hallmarks of good health care. For people with a serious illness, there's a type of medical care devoted specifically to giving such help: palliative care.

Unique from hospice

Hospice, which addresses the needs of people at the end of their lives, provides palliative care. However, not all palliative care is hospice-related.

A person receiving hospice care generally is not expected to live more than six months and is not trying to cure the condition.

Palliative care, by comparison, is available to anyone with a serious illness, regardless of life expectancy. It's possible to receive palliative care

and treatment at the same time.

If you are an inpatient at Sharon Hospital, ask your nurse for a palliative care consult.

Team help

A multidisciplinary team is available through palliative care. Physical or occupational therapists, for instance, can help you regain function. Healthcare providers and nurses work to prevent or relieve physical symptoms of disease, such as fatigue and pain.

A psychologist might help you and your family handle the stress and emotional aspects of an illness. A social worker can often identify community resources that could help.

Chaplains may be involved too. They can help with spiritual issues

To learn more, visit the National Hospice and Palliative Care Organization website at caringinfo.org.

that your condition might raise.

When you're the person who is ill, you can help set treatment goals. Ultimately, the aim is to improve quality of life and to support you and your family throughout treatment.

Getting care

Medicare, Medicaid and private insurance may cover some treatments and medications, but there may be limits. It's best to check coverage before treatment starts.

If you have questions about palliative care, talk to your healthcare provider.

LIFE AND HEALTH is published as a community service for the friends and patrons of SHARON HOSPITAL, 50 Hospital Hill Road, Sharon, CT 06069, telephone 860.364.4000, website sharonhospital.com.



Email Jill Musselman, Business Development & Communications Officer, at lifeandhealth@sharonhospital.com, or call 860.364.4444. We'd love to hear from you!

Information in LIFE AND HEALTH comes from a wide range of medical experts. If you have any concerns or questions about specific content that may affect your health, please contact your healthcare provider.

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WOMEN'S HEALTH

When your heart is under attack



WHAT is the most important hour of your life? Maybe it's the hour you gave birth—or the hour you met the love of your life.

Or it could be the first hour after you have a heart attack.

Women are more likely than men to delay seeking medical care for a heart attack. In fact, women are more likely to die of a heart attack than men—possibly because they often wait longer to call for help.

If you recognize the symptoms and seek treatment within one hour of having a heart attack, you have a better chance of getting lifesaving care. Some heart attack medications are most effective at limiting or preventing heart attack damage if taken soon after the onset of symptoms.

For more information about our cardiac rehab program, please call 860.364.4237.

What it feels like

Women may hesitate to call 911 because they don't think they're having a heart attack. So it's important to recognize heart attack warning signs.

Signs of a heart attack aren't the same for everyone. However, chest pain or discomfort that lasts more than a few minutes or that goes away and comes back is the most common symptom for both men and women.

Women are slightly more likely than men to have other symptoms of a heart attack, such as shortness of breath, nausea, vomiting, and back or jaw pain.

Keep in mind that symptoms can be mild or come on slowly. Also, know that if you've had a heart attack before, your symptoms may not be the same as the last time you had an attack.

Source: American Heart Association



For more information about our February Heart Month events and screenings, please call Jill Musselman at 860.364.4444.

FastER 

Leave the driving to us: Call 911

The best way to get care for a heart attack is to call 911. Calling 911 brings emergency medicine to your door, so you receive treatment even before you get to the hospital.

Don't delay—call 911 immediately after you notice any symptoms of a heart attack, advises the National Institutes of Health. Even if your symptoms stopped completely, developed over a few days, or

went away and returned later, you should call 911 right away. Once you arrive at the hospital, don't be embarrassed to let healthcare providers know what you need. You are not overreacting. You have the right to ask for tests to determine if you've had a heart attack.