NEW ORTHOPAEDIC PROCEDURES
WE’VE GOT YOUR BACK

By Mele Pochereva

Do orthopaedic problems have you down? ✦ Then you’ll be glad to know that recent advances in orthopaedic procedures have produced new, and often less invasive, surgical treatments to relieve pain from arthritis, to repair spine and joint disorders and fractures, and to address other degenerative or chronic bone and joint issues.

Castle Medical Center recently welcomed two orthopaedic surgeons, who bring many of these new, leading-edge procedures to the Windward Oahu community. They join the team of more than 250 physicians who are now affiliated with the hospital and provide a full range of medical and surgical care.

GETTING TO KNOW THE DOCTORS

Darin J. Awaya, MD, a specialist in spine surgery, and Galen S. Kam, MD—who specializes in shoulder and elbow reconstruction and endoscopic carpal tunnel and shoulder replacement surgery—both grew up on Oahu and, after completing their surgical training on the mainland, have now returned to the island.

“Castle prides itself on its leadership in medical technology and innovation, so we’re very excited that these two outstanding physicians have opened offices in Windward Oahu to grow their practices and partner with us in offering the very best medical practices and skills for our community,” says Joanne Reid, Castle’s director of business development and physician recruitment.

SPINE SPECIALIST

Having recently moved back to Kailua with his family, Dr. Awaya treats patients with all types of spine disorders, including arthritis, osteoporosis, trauma and sports injuries.

“Spine surgery is a field that fills a need in Windward Oahu,” Dr. Awaya says. “With MRI services and other state-of-the-art technology available right at Castle and an excellent nursing and technical staff to provide support services, my patients are able to receive the full care they need without having to make a trip into town.”

Dr. Awaya lists six medical disorders that are most common among his patients: scoliosis, compression fractures, spinal stenosis, sciatica, cervical radiculopathy and herniated disks. While some of these medical terms may not be familiar to those outside the profession, the problems they address are painfully familiar to many.

Scoliosis is the abnormal curvature of the spine. It usually becomes apparent at a young age among children who either are born with the curvature or who develop scoliosis as a result of a neuromuscular disorder, such as cerebral palsy. Severe cases, which can be disabling, may be corrected with surgery.

A surgical procedure called kyphoplasty addresses a more common spine issue at the other end of the age spectrum: compression fractures caused by bone-weakening osteoporosis in older patients. This relatively new, minimally invasive procedure uses a tiny balloon device, inserted through a small incision in the back, to inject gluelike bone cement into a collapsed vertebra. The procedure relieves pain while helping to restore the damaged vertebra to a more normal shape.

Older people also are more susceptible to another spine problem: spinal stenosis. This narrowing of the bony canal in the recent advances in orthopaedic procedures have produced new, and often less invasive, surgical treatments. —Continued on page 2

OCT. 25 & 26
SAVE THE DATES

PO‘OKELA: AN ‘AHA MELE—see page 5. Help us celebrate Castle’s 45 years of healing.
the back or neck compresses the nerve roots or spinal cord, resulting in pain and numbness. It can be caused by disease, injury, osteoarthritis, osteoporosis or the natural degeneration that occurs with aging. Surgical treatment opens up the spinal canal to ease the pressure on the nerves.

A ruptured or herniated disk is another frequent cause of back pain. When nonsurgical treatments are no longer effective, surgery can help by removing the protruding portion of the disk that puts pressure on the nerves or spinal cord. Microdiscectomy is a newer, less invasive alternative to the traditional discectomy. Using a special magnifying instrument that is inserted in a small incision in the back, the surgeon can view the disk and nerves and use the same incision to remove the damaged part of the disk or any disk fragments.

Anterior cervical disectomy and fusion is a procedure that removes pressure on the spinal cord in the neck area—or cervical spine—caused by a tumor or infection, bone spurs or fragments, or a herniated disk. After removing the cause of pressure, the open space between vertebrae is filled with a bone graft, or fusion, to stabilize the area and prevent the vertebrae from collapsing and rubbing together.

SHOULDER SPECIALIST Established in 1997 as the first center in Hawaii dedicated to hip and knee replacement procedures, Castle’s Joint Care Center is pleased to partner with Dr. Kam in expanding its services to include shoulder and elbow reconstruction surgery.

‘As a shoulder and elbow reconstruction specialist, my main area of interest involves simple and complex shoulder replacements,’ Dr. Kam says. ‘I completed a year of intensive fellowship training in shoulder replacements for arthritis and trauma, as well as shoulder fracture repair.’

Dr. Kam is one of very few surgeons in Hawaii capable of performing the new reversed total shoulder replacement surgery, a complex procedure that has only been available in the United States since 2004. This new joint implant, made of titanium and chrome alloy, is specifically designed for patients who are 70 or older and have significant shoulder pain due to arthritis and irreparable tears in the surrounding rotator cuff tendons.

The replacement procedure removes the damaged cartilage on the shoulder bone and top of the upper arm. A new, rounded joint piece is attached to the shoulder and fits into a cup-shaped piece implanted in the upper arm bone. The implant design allows the shoulder to function again with greatly reduced pain.

For Bette Wendin, of Honolulu, reverse shoulder replacement surgery has provided long-awaited relief for a rotator cuff injury she received several years ago. Despite a previous surgery, she continued to have unbearable pain in her shoulder over the years.

“It was so debilitating,” she recalls. But after the new procedure, the pain was gone. “It was like night and day. I was just so pleased with everything. I never thought it would be like this again.”

While shoulder replacement patients generally spend fewer days in the hospital than those with hip or knee replacements, they enjoy the same specialized nursing care, as well as the gourmet “aloha” dinner and fresh flowers that are part of the Joint Care Center experience.

RELEIVING CARPAL TUNNEL PAIN Another specialty that Dr. Kam brings to Castle is endoscopic carpal tunnel surgery, a new way to relieve the chronic numbness, weakness and pain caused by repetitive hand or finger motion.

Performed as an outpatient procedure, usually under local anesthesia, this endoscopic surgery offers a number of advantages over the traditional open procedure. Instead of making a two- to five-inch incision to reach the carpal ligament, one small incision is made in the wrist. A thin camera, called an endoscope, is used to see the ligaments that must be released in the wrist while a small blade is used to cut the ligament and ease pressure on the nerve.

Patients usually find there is less postoperative pain and a quicker recovery time with this new surgical treatment.
**QUITTING SMOKING**

You don’t have to go it alone

You’ve decided to quit smoking. Congratulations! Coming to that decision is, in itself, a success. Now it’s time to figure out how you’re going to do it.

Some people quit cold turkey. Others need help weaning themselves from nicotine, the addictive substance in tobacco products that makes quitting so hard.

The U.S. Food and Drug Administration (FDA) has approved a variety of products to help people stop smoking.

Five of them provide nicotine replacement therapy. These deliver doses of the drug without the carbon monoxide, tar and carcinogens that accompany cigarette smoking. Two other products are non-nicotine medications.

**Nicotine replacement** Nicotine replacement products can both help lessen the symptoms of withdrawal and curb your urge to smoke.

Three forms are available without a prescription: nicotine gum, skin patches and lozenges. You’ll need a prescription for nicotine inhalers or sprays.

Each form has advantages and disadvantages, according to the American Lung Association. The gum delivers nicotine to the brain quicker than the patch. The gum, however, comes with more instructions than the patch and therefore may be more complicated to use.

The spray is not recommended for people with asthma. And the gum can be difficult on dentures.

Studies show that nicotine replacement works best when combined with some type of stop-smoking support.

**Non-nicotine medications** For more than 10 years, bupropion hydrochloride (brand name Zyban) was the only non-nicotine medication approved by the FDA to help quit smoking.

Bupropion is an antidepressant that can also help smokers through withdrawal. It’s available only by prescription.

The newest medication to gain FDA approval is varenicline tartrate (brand name Chantix). It also requires a prescription and helps ease withdrawal symptoms.

But varenicline also blocks the effects of nicotine if smokers light up again, according to the FDA. That sets it apart from other quitting aids.

Both medications have side effects. And bupropion isn’t recommended if you are pregnant, have a seizure or eating disorder, or abuse alcohol.

Your doctor can help you choose which smoking cessation product is best for you.

In response, the U.S. Food and Drug Administration ordered that all enriched grain products be fortified with folic acid, a synthetic form of folate.

Since then, Americans have been getting more folate in their diet—but researchers say many of us still aren’t getting enough.

**The importance of folate** Folate helps our bodies produce and maintain new cells, says the National Institutes of Health.

That comes in especially handy when cells are quickly dividing and growing, as they are in a fetus in the womb.

Women who increase their intake of folate early in pregnancy can significantly lower the risk that their children will be born with neural tube defects—major problems in the spine or brain.

Folate isn’t just a pregnancy vitamin, though.

Everyone needs folate to produce normal red blood cells and prevent anemia.

Studies suggest it also might help prevent heart disease and some cancers.

**Where to find folate** You can get folate from foods such as spinach, broccoli, oranges, peas and beans.

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You can also get folic acid through fortified rolls, cornmeal, flour, rice and breakfast cereals.

Most daily vitamins sold in the U.S. contain the minimum daily requirement of 400 micrograms.

If you are breastfeeding or pregnant, ask your doctor how much folate you need and how best to get it.

Additional source: National Women’s Health Information Center
A message from Kevin A. Roberts, president and CEO

In 1963 Castle Memorial Hospital opened with 72 beds and 14 bassinets, bringing much-welcomed hospital and emergency room services to the Windward Oahu community. Named after Harold K. L. Castle, who donated the land, the hospital was renamed Castle Medical Center in 1983.

Today—with a 160-bed state-of-the-art facility and a full range of exemplary medical and surgical services—Castle celebrates 45 years of healing. Our dedicated staff of more than 1,000 employees and a medical staff of more than 250 physicians in 33 specialties and subspecialties serve nearly 6,500 inpatients each year, along with more than 52,000 outpatients and more than 22,000 emergency room patients. And our beautiful Birth Center now welcomes nearly 800 new arrivals each year.

Faith-Based Medical Care Castle is the only faith-based medical center in Hawaii. As a member of Adventist Health’s network of hospital and health care organizations, Castle is dedicated to excellence in clinical and service quality and to the compassionate healing ministry of the Seventh-day Adventist Church, a heritage that is reflected in our mission statement: “Caring for the community. Sharing God’s love.”

Our 45th year of service is highlighted by the remarkable number of quality awards that we’ve received in recent months. They recognize the work of our medical staff and associates at many levels—literally from the “grounds” up. Here is a sampling of the accolades received:

● An Achievement in Excellence in Health Care Quality award from Mountain-Pacific Quality Health Foundation distinguished Castle as the top performing hospital in Hawaii from 2005 to 2008.

● Professional Research Consultants recognized Castle’s Emergency Room physicians with a Four-Star Excellence Award based on a survey of our other physicians’ satisfaction with the emergency services their patients received, including medical care, efficiency and diagnostic expertise. This award puts Castle in the top 25 percent of hospitals nationwide.

● Castle’s groundskeepers and beautifully landscaped campus were awarded Scenic Hawaii’s 2008 Betty Crocker Landscape Award, thanks to a nomination by the Lani-Kaihau Outdoor Circle.

● As reported in the Honolulu Advertiser in June, Castle is the top hospital for value in the state of Hawaii, according to the mainland information management company Data Advantage LLC. Their composite score was based on patient satisfaction, quality, affordability and efficiency.

● The American Heart Association recognized Castle with its annual achievement award for 2008 for management of heart attack patients.

● The Public Relations Society of America awarded Castle Medical Center’s Marketing Department one of Hawaii’s coveted Roa Hammer Awards for the 2006 to 2007 Annual Quality Report.

Most recently, Castle Medical Center appeared in U.S. News & World Report magazine’s 100 Best Hospitals issue as a recipient of the American Heart Association’s Performance Achievement Award, earned for 12 consecutive months of achieving 85 percent or higher performance in managing patients with coronary artery disease.

Our Mission Is Your Care Castle isn’t in the business of accumulating awards, of course, but external recognition gives us good reason to boast “exceptional medicine by exceptional people.” And, more importantly, such acknowledgment from patients and peer reviews lets us know that we are successfully fulfilling our mission.
Po‘okela

An ‘aha mele
to benefit Castle Medical Center’s
Patient Care Services.
Hawaii’s top musical groups
join together to celebrate Castle’s
45 years of healing!

Richard T. Mamiya Theatre
Oct. 25 and 26

Na Palapalai
Saturday, Oct. 25, 7:30 p.m.
Appearing with
Halau I Ka Wekiu and Maunalua.

Maunalua

Na Leo Pilimehana
Sunday, Oct. 26, 3 p.m.
Appearing with
Jeff Peterson and Kaukahi.

Tickets: $95
Tickets available through Ticketmasters.
Tickets for CMC associates: $65

For more information, call the
Community Relations Department at 263-5371.
TAKE CARE OF YOUR FEET IF YOU HAVE DIABETES

DIABETES AFFECTS VIRTUALLY every part of your body, but especially your feet.

First, high blood sugar reduces the ability of nerves to carry messages to your lower limbs. As a result, you may lose feeling in your feet, which means you can injure yourself without realizing it.

Second, if you do get hurt, a cut or sore on your foot may heal slowly—or not at all. That’s because diabetes also limits blood flow to your feet, which can so impair healing that healthy tissue may develop gangrene.

A DAILY CHECK Fortunately, some fairly simple steps can help you avoid these complications of diabetes. And perhaps the most essential is to check your feet every day.

This daily inspection is crucial, since you can easily develop serious problems in your feet yet feel no pain. Look for any cuts, blisters, red spots or swelling, and be thorough.

Always examine between your toes and the bottoms of your feet. If you have trouble seeing your feet, ask a family member or friend to help. You might also use a mirror to view the bottoms of your feet more easily.

Polymyalgia

WHEN JOINTS SUDDENLY BECOME STIFF

ACHES AND PAINS can seem inevitable as we age, and arthritis usually gets the blame.

But if you wake up one morning and your neck, shoulders or hips are suddenly so stiff you can barely move, you may have a different problem—polymyalgia rheumatica.

This condition, also called PMR, triggers inflammation of the muscles and tissues around joints. The cause is not known.

OVERNIGHT SENSATION Although PMR sometimes starts slowly, it’s more likely to develop quickly over just a few days or weeks. In fact, according to the Arthritis Foundation (AF), people may feel fine one day and have the full effects of the disease the next.

People with PMR often have arthritis as well. But unlike arthritis, PMR does not cause damage to the joints. And according to Scott Zashin, MD, speaking for the American College of Rheumatology, PMR has another reassuring aspect—it usually goes away on its own in a year or two.

You’re not likely to get PMR if you’re under age 50. But after that it becomes increasingly common, especially among women 70 and older.

According to the AF, pain and stiffness from PMR:

- Occur most often in the neck, shoulders and hips. The lower back, buttocks and thighs may also be affected, but lower arms and legs usually are not.
- Are usually worse in the morning and may make it hard to get out of bed.
- Make it difficult to get dressed, especially to put on a sweater or jacket.
- Get worse when you’re inactive for a while, such as during a long car ride.

Along with these symptoms, people with PMR may have numbness or tingling in the fingers, fatigue, weight loss or a slight fever. These symptoms can make it tough to get through the day, and some people become depressed.

GETTING BETTER There is no single imaging or laboratory test that can identify PMR with certainty. And it may resemble other diseases with similar symptoms, such as rheumatoid arthritis, fibromyalgia, lupus or the flu.

To make the diagnosis, your doctor will consider your symptoms and do a physical exam. Two blood tests can help confirm the diagnosis—one checks your erythrocyte sedimentation rate, or sed rate, and the other checks your levels of C-reactive protein. Both measure inflammation in the body.

The treatment for PMR is the prescription medicine prednisone, which is meant to relieve symptoms while the disease runs its course. And according to Dr. Zashin, this treatment doubles as a diagnostic tool.

“For most people, symptoms completely resolve in about three days with treatment,” he says. “If symptoms aren’t relieved by prednisone, they may not have polymyalgia.”

The dose is adjusted to the lowest amount that controls your symptoms. Luckily, most people can stop taking prednisone after one or two years.

Moderate exercise can help you maintain your muscle strength while you’re healing. Your body also needs plenty of rest.

PMR symptoms can change your life overnight. But proper treatment can turn them around—often as fast as they started, says Dr. Zashin.

See your doctor quickly if you think you may have PMR—the sooner you start treatment, the better.

Giant cell arteritis: Know the risks with polymyalgia

If you have polymyalgia, you are at risk for another disease called giant cell arteritis, or GCA. In GCA, arteries in the scalp and head become inflamed.

A new headache, especially near the temples, is the most common symptom of GCA. You may also lose weight or have flu-like symptoms, including fever and unusual fatigue. Pain in the jaw, tongue or throat can signal GCA too.

Five to 15 percent of people with polymyalgia get GCA. A blood test can provide a clue for diagnosis, but the best test is a biopsy of a small piece of temporal artery. This involves an incision that leaves a small scar that is usually hidden in the hairline.

GCA should be treated quickly because it can lead to blindness. The prescription drug prednisone is the treatment of choice for both GCA and polymyalgia.

Source: American College of Rheumatology

About a long life

A comprehensive guide to the best health and wellness practices for seniors.

Sources: American Medical Association; U.S. Centers for Disease Control and Prevention

www.windwardhealth.com

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Windward Health Solutions

1-800-652-4107

947 S. Millikan

Long Beach, CA 90804

www.windwardhealth.com
OUTPATIENT SURGERY

A SHORT STAY AND YOU ARE ON YOUR WAY

NEED YOUR GALLBLADDER removed? How about a hernia operation? You could have either procedure in the morning and go home later that day. That’s the ever-more-frequent script in hospitals and clinics where outpatient surgeries—also called same-day or ambulatory surgeries—are performed.

According to the American Society of Anesthesiologists (ASA), nearly 8 percent of all surgeries in the U.S. are performed on an outpatient basis. Some of the most common outpatient procedures are lens and cataract surgery, tonsillectomy and arthroscopy.

Because the average cost of an outpatient surgical procedure is less than one-fourth the cost of the average inpatient surgical stay, both private and government-based insurance (Medicare and Medicaid) will often pay for outpatient surgery.

But not all procedures are covered, so check with your insurance provider to make sure the procedure you are considering is covered.

WHAT SHOULD I KNOW? Before an outpatient procedure, your anesthesiologist and surgeon will review your medical history and give you any special instructions you’ll need about your diet and medications.

Nearly 80 percent of all surgeries in the U.S. are performed on an outpatient basis.

In most cases, you should not eat or drink anything after midnight on the night before your procedure.

Following surgery, you’ll go to a recovery room. Nurses will monitor you there until it’s time to go home. Most people can return home within a few hours.

But before you go home, you should receive both written and verbal instructions about how to take care of yourself. You should also get phone numbers to call in case of complications or if you have questions. It’s important that you follow your physician’s instructions to make sure your recovery is as fast, safe and pleasant as possible.

You will need to arrange for someone to give you a ride home from your surgery. That’s because it takes time for the effects of anesthesia to wear off. In general, you shouldn’t drive, operate dangerous machinery or make important decisions for 24 hours following your procedure, the ASA advises.

It’s normal to feel some minor aftereffects following anesthesia for outpatient surgery. Drowsiness, occasional dizziness or headaches, nausea, and muscle aches are not uncommon.

You should plan to take it easy for a few days after surgery until you feel completely back to normal. Just because you’re at home doesn’t mean you have fully recovered.

If you have questions before or during your recovery, be sure to talk with your doctor.
Celebrate the coming of fall by taking steps toward better health. Check out the opportunities at Castle Medical Center. We invite you to register for a health-promoting class or seminar or call for a physician referral. Take charge of your health. Call 263-5400 or visit our website at www.castlemed.org.

COOKING CLASSES
Eat Bountifully: Fall Harvest Favorites
Thursday, Oct. 23
6:30 p.m.
$20
Preregistration and fee due Oct. 1
Experience the artistry and expertise of local chef Paul Onishi as he prepares enticing fall harvest recipes that will inspire you back to your backyard for the holidays. We’ll show you how a plant-based celebration is not only possible but delicious too! Rich, colorful, savory samples and recipes provided.

DIABETES
Tackle Your Diabetes
Diabetes can raise your risks for getting other diseases. But making a few simple lifestyle changes can help reduce these risks. By eating well-balanced, correctly portioned meals, you can keep your blood glucose level close to normal, or nondiabetes level. Learn which foods are healthy and which aren’t, and work with a registered dietitian to establish a plan for healthy eating. Class fee is covered by many HMSA plans and Medicare Part B. Take steps toward better diabetes care by scheduling a one-on-one or group appointment at 263-5050.

EXERCISE CLASSES
Registration required (may include a medical clearance and physical therapy screening).
- Bone Builder
- Core Strength
- Freedom of Movement
- Interval Training
- Longer Life
- Morning Stretch
- Pilates
- Steady on Your Feet
- Qigong

FAMILY
Call for locations.
Birth Center Tour
Tuesdays, Nov. 4 or Dec. 2
5 to 6 p.m.
Call for reservations.

Breastfeeding
Thursdays, Oct. 9, Nov. 13, Dec. 11
6 to 8:30 p.m.
$25 (or free with Lamaze or Childbirth Basics)
Taught by a certified lactation consultant.

Childbirth Basics Seminar
Tuesday, Nov. 25
5 to 10 p.m.
Delivering at Castle: $45 (single) or $55 (couple); public: $50 (single) or $65 (couple)

General Newborn Care
Tuesdays, Oct. 24, Dec. 16
6 to 9 p.m.
$25 per couple

FAT WARS
Monday, Oct. 20, 6:30 p.m.
Free to HMSA members.
Preregistration required by Oct. 16.
This lecture explores the many controversies surrounding dietary fat and covers the core issues—how much fat people need, how to achieve optimal fatty acid intake and balance, and the best sources of fat intake in the diet. Provides practical guidelines for fine-tuning fat in the diet. Brenda Davis, registered dietitian, is a leader in her field, an internationally acclaimed speaker, co-author of six books and an academic instructor. Presented in partnership with HMSA. Call 263-5400 to register.

JOINT CARE
Joint Care Seminars
■ Day: Nov. 6
10 to 11 a.m.
■ Evening: Oct. 15 or Dec. 4
7 to 8 p.m.
Hospital Auditorium
Learn about the causes of hip and knee pain and how you can reduce pain using diet, exercise, medication or joint replacement surgery. Day and evening seminars available; call for information and registration.

NUTRITION
Nutrition Counseling
Ongoing, by appointment
For weight loss, diabetes (covered by many HMSA plans and Medicare Part B), heart disease, cholesterol reduction, and women’s and men’s wellness.
Call 263-5050 for more information.

SCREENINGS
HMSA HealthPass
Every first Thursday, Oct. 2, Nov. 6, Dec. 4
An in-depth assessment of your current lifestyle and health risks. Body measurements and blood screenings are included to create a personalized health guide. Free to HMSA members. Call 948-6456 for an appointment.

SMOKING CESSATION
Breathe Free
Eight sessions.
■ Nov. 18, 25; Dec. 1 to 4, 9, 16, 7 to 8:30 p.m.
$120 for eight sessions
This dynamic stop-smoking program takes a total life-style approach to quitting smoking, and it can help you quit without gaining weight. Class fee includes all materials and ongoing group support sessions. The fee is covered by HMSA’s Ready, Set, Quit stop-smoking program.

SUPPORT GROUPS
Free and open to anyone needing support.
■ Cancer
■ Parkinson’s
■ Bereavement

WEIGHT LOSS
Individualized Weight Management Program
Ongoing, by appointment
Comprehensive weight-loss program includes one-on-one nutrition counseling with a registered dietitian and personal training sessions with a certified exercise specialist, menu planning, fitness classes, and body composition analysis. Call 263-5050 for more information.

FIND TIME FOR YOUR HEALTH