When you stub your toe or have a headache, it’s easy to reach for over-the-counter medication or a compress to chase the pain away. But what if pain affects your entire body, lingers for months and never truly disappears?

This is what chronic pain sufferers experience on a continuing basis. Left untreated, chronic pain can affect your daily life and lead to frustration, depression and fatigue.

Experts advise that the key to managing pain successfully is to seek the help of a health care professional to help you determine the likely source of your pain, and give you treatment options tailored to your needs.

Common causes
Chronic pain can stem from a wide variety of diseases or conditions. Arthritis and fibromyalgia are among the most common sources of persistent pain, affecting millions nationwide.

Rheumatoid arthritis is a form of inflammatory arthritis. It is an autoimmune disease, meaning that for reasons not fully understood, the immune system – which is designed to protect our health – attacks the body’s own tissues, causing pain in the joints and inflammation throughout the body.

Osteoarthritis is characterized by the breakdown of cartilage that cushions the ends of the bones, causing pain as bones rub against one another. Primary osteoarthritis is generally associated with aging and the “wear and tear” of life. Secondary osteoarthritis develops relatively early in life, often after an injury or due to obesity.

Fibromyalgia is described as a persistent all-over pain which can mimic the symptoms of other diseases or exist alongside other health conditions. The exact cause remains a mystery, but many experts believe it has to do with the way the brain processes pain signals. Fibromyalgia is now widely accepted as a medical condition by the National Institutes of Health and the American Medical Association.

Continuum of care
No matter the source, chronic pain may be relieved with a combination of approaches that range from medication and physical therapy to lifestyle changes and visualization. Holland Hospital offers a full continuum of care that includes physical and occupational therapy to help patients regain strength and mobility, and behavioral health treatment to help them manage their chronic conditions.

“Psychologists, therapists and social workers can help people avoid depression and cope effectively to perform at their best,” says Jeff Carroll, PhD, a psychologist with Holland Hospital Behavioral Health Services. “A skilled counselor can help an individual deal with a chronic condition and make important lifestyle changes for long-term success.”

Find out more
Learn more about your condition and how chronic pain can best be treated by attending our free Arthritis and Fibromyalgia Conference (information on this page). For information about rehabilitation and behavioral health services, or related classes and events, visit hollandhospital.org.
BEATING BREAST CANCER

Holland Hospital Offers Breast MRI for At-Risk Patients

One in eight women will develop breast cancer over her lifetime. The good news is that improvements in treatment and early detection mean millions of women survive breast cancer today. In fact, the five-year survival rate is 97% when detected early.

The key to early detection is to follow screening guidelines, which for most women means getting an annual mammogram beginning at age 40, according to the American Cancer Society (ACS). In addition, the ACS recommends that certain women who are at high risk for developing breast cancer undergo a more sensitive screening test – magnetic resonance imaging, or breast MRI.

Holland Hospital now offers breast MRI on its state-of-the-art 3T MRI unit. “Lakeshore area women are fortunate to have this sophisticated imaging equipment available at Holland Hospital,” notes radiologist Susan Ervine, MD, of Advanced Radiology Services. “Our patients can conveniently have their breast MRI and follow-up care done right here in our community.”

As medical director of Holland Hospital’s Breast and Bone Health Services, Dr. Ervine is an active proponent of breast health. Here she answers your questions about breast MRI:

What is breast MRI?

Rather than X-rays used in mammography, MRI uses a magnetic field to produce very detailed cross-sectional and three-dimensional images. In addition to showing detailed characteristics such as the size and shape of a breast lesion, MRI can show increased or abnormal blood flow in the breast – which can be a sign of early cancer – and provide clearer images of dense breast tissue.

Who should get a breast MRI?

The ACS recommends that women at high risk for breast cancer get tested with yearly MRIs and mammograms beginning at age 30. Patients are considered high risk if they have a 20 percent or greater lifetime risk based on such factors as a strong family history of breast and/or ovarian cancer, a genetic mutation for breast cancer, and, in some cases, a prior diagnosis of breast or ovarian cancer. Physicians or genetic counselors can help calculate your risk by using a nationally accepted risk-assessment model.

In women who have been recently diagnosed with breast cancer, breast MRI is used to determine if the cancer involves more than one area of the same breast, or the opposite breast. This information can help the patient and her doctors make more informed decisions regarding treatment of the cancer. It is also used to evaluate the effect of chemotherapy, and to check breast implants for leakage. In some cases, breast MRI can be used to further evaluate inconclusive mammographic and sonographic findings.

Does breast MRI replace mammography?

Breast MRI is an important supplemental tool in breast imaging, not a replacement for mammography or ultrasound. Although it is more sensitive in detecting cancers than mammograms, it is not currently recommended for breast cancer screening in women of average risk. One potential drawback of any screening test is the possibility of a false positive result (a positive finding that turns out not to represent cancer).

Mammography remains the mainstay for breast cancer screening. The impact of mammography on the reduction in breast cancer mortality is well established. All women should continue to follow the ACS’s recommendation for yearly mammograms beginning at age 40 (or earlier; see next question).

ALL WOMEN age 40 and older should get an annual mammogram.

WOMEN AT HIGH RISK for breast cancer should get tested with yearly mammograms and breast MRIs beginning at age 30.

– AMERICAN CANCER SOCIETY

What happens during a breast MRI?

During a breast MRI, the patient lies still on her stomach and her breasts are positioned through two holes in the exam table. The exam may include injection of a contrast agent into the patient’s arm to further enhance the images. The patient is moved in and out of the MRI machine as it creates hundreds of images that are processed on a computer and interpreted by a radiologist. The procedure typically takes about 45 minutes.

If your MRI or other screening test reveals a suspicious area on your breast, your doctor may request a biopsy to make an accurate diagnosis. For this reason, the ACS recommends that breast MRI be performed at facilities that have the capability to follow up with MRI-guided breast biopsy. With its new, dedicated breast MRI technology, Holland Hospital offers the advanced equipment necessary to perform these procedures as well as experts skilled in MRI-guided biopsy.

For more information

Breast MRIs are typically scheduled upon referral from your doctor. For more information, or to schedule a digital mammogram at any Holland Hospital location, call Breast and Bone Health Services at (616) 355-3865 or visit hollandhospital.org.


ABOUT THE DOCTOR

Susan Ervine, MD
Radiologist and Medical Director
Holland Hospital Breast and Bone Health Services
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FROM HIGH CHAIR TO DINNER TABLE

START EARLY TO TEACH
HEALTHY EATING HABITS

Good nutrition at a young age is crucial – it sets the stage for a lifetime of healthy eating. But for many youngsters, their preferred vegetable is French fries.* So, how can you ensure that your child gets proper nutrition and develops healthy eating habits?

Offer variety, and keep trying
Toddlers are known for being extremely picky eaters. If all they want to eat is junk food, parents should be vigilant in consistently offering a variety of healthy food options. If given small quantities of many healthy choices, toddlers will usually pick and choose what they want.

Familiarity is important to young children. It can often take as many as 10 introductions to a new food for a child to finally try it, but toddlers can learn to like vegetables. Try serving a few pieces of the rejected broccoli next to the mashed potatoes he or she loves; kids will sometimes eat things that are near their favorite foods. Also, children will be more likely to eat that broccoli if they see you enjoying it. (Hint hint!)

Finally, avoid making deals. Teaching children that if they choke down some vegetables they get a sugary treat, or that they must clean their plate even if they are no longer hungry, can create bad eating patterns for life.

Tips for toddlers
Following are some guidelines for infants and toddlers from the American Heart Association:

- Don't go overboard on calories. Babies need a large amount of food to keep up with their growth, but by their first birthday they need only about 1,000 calories per day.
- Serve whole grains instead of refined grain products. A 1-year-old should eat about 2 oz. of whole grains a day.
- Make sure fruits and vegetables are available at every meal. Children ages 1 to 3 should eat one cup of fruit a day and ¾ cup to three cups of vegetables.
- Keep fat intake between 25 percent and 30 percent of calories for children 2 to 3 years old.

* Source: National Health and Nutrition Examination Survey.

Continued on page 5
May is Digestive Disease Disorders Month

Endoscopy Center Recognized for High Quality

If you seek top-quality care, Holland Hospital’s Endoscopy Center is the right place to go, according to the American Society of Gastrointestinal Endoscopy (ASGE). The ASGE recently honored the unit with its Certificate of Recognition for superior practices and adherence to quality guidelines. Holland Hospital is the only hospital in the Lakeshore area and one of only 11 Michigan hospitals to receive this award.

“The recognition lets patients and physicians know that we are dedicated to delivering high-quality endoscopy care and have received special training in these principles,” says Mary Ratliff, RN, Endoscopy Center manager. May is National Digestive Disease Disorders Month, and an excellent time to speak with your physician about routine testing or any digestive concerns you may be experiencing.

Endoscopy uses a flexible, lighted fiber-optic or video endoscope to visually examine your digestive system from top to bottom—from esophagus to colon. Working closely with the Endoscopy Center staff, our physicians treat patients with digestive disorders of the stomach, intestines, liver, gallbladder, pancreas and esophagus.

Detailed images from the endoscopic procedures help physicians identify tumors, polyps, ulcers and other irregularities. This procedure also is used to remove polyps and gallstones, obtain biopsies, and perform esophageal dilatation or banding.

At Holland Hospital, the Endoscopy Center is equipped with sophisticated technology to perform colonoscopies and a variety of other tests with state-of-the-art procedure rooms, private pre/post-procedure patient rooms and a skilled and caring staff. Amenities include aromatic oils, calming light and music to help enhance the patient experience. Learn more about our Endoscopy Services at hollandhospital.org.

“New Physicians”

Holland Hospital welcomes the following physicians to our Medical Staff.

**Duane C. Berkompas, MD**
Cardiovascular Disease
Spectrum Health Medical Group – Cardiovascular
4100 Lake Dr. SE
Grand Rapids
(616) 267-7567

**Douglas C. Daly, MD**
OB/Gyn & Reproductive Endocrinology/Infertility
Grand Rapids Fertility & IVF
555 Midtowne St., Suite 300
Grand Rapids
(616) 774-2030

**James R. Mlejnek, MD**
Emergency Medicine
Holland Hospital
Emergency Department
602 Michigan Ave., Holland

**Stephen C. Cahill, DO**
Family Medicine & Urgent Care
Lakeshore Health Partners – Family Medicine
8300 Westpark Way
Zeeland
(616) 772-7314

**Jason P. Coles, MD**
Internal Medicine & Sleep Disorders
Spectrum Health Medical Group – Sleep Disorders
4100 Lake Dr. SE
Grand Rapids
(616) 267-8244

**Douglas C. Daly, MD**
OB/Gyn & Reproductive Endocrinology/Infertility
Grand Rapids Fertility & IVF
555 Midtowne St., Suite 300
Grand Rapids
(616) 774-2030

**James R. Mlejnek, MD**
Emergency Medicine
Holland Hospital
Emergency Department
602 Michigan Ave., Holland

**Stephanie C. Cahill, DO**
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Grand Rapids
(616) 774-2030

**James R. Mlejnek, MD**
Emergency Medicine
Holland Hospital
Emergency Department
602 Michigan Ave., Holland

Mary Boeve, a certified nurse assistant with Home Health Services, visits a patient at her Holland home.
What vitamins are in your pillbox? And more important, are you benefiting from them?

Those are the questions Chris Howell, MD, posed before a group of about 90 local residents at Holland Hospital’s inaugural Physician Lecture in January. Dr. Howell, an internist with Lakeshore Health Partners – Internal Medicine, kicked off the new Physician Lecture Series with a discussion of “The Science Behind Supplements: Is that Vitamin Helping or Harming Your Health?”

The average American takes one or two vitamin supplements each day in addition to their prescription medicines, Dr. Howell said. More women than men take supplements, and usage goes up with higher education and income levels. People with healthy lifestyles and diets are also most likely to take vitamins.

“Unfortunately, it’s the people who need nutritional supplements the most who are least likely to be taking them,” he pointed out.

So how can you make an educated decision about whether or not to take vitamins and other supplements? Dr. Howell identified several ways to evaluate whether over-the-counter vitamins are right for you.

Review scientific evidence
Unlike prescription drugs developed by large pharmaceutical companies, there are no federal requirements to demonstrate the safety or effectiveness of vitamins prior to marketing them. Therefore, there is much less scientific evidence to back health-boosting claims made by companies selling vitamins.

Excellent resources for evaluating vitamins and other supplements can be found, however, in the results of peer-reviewed, randomized controlled trials. These are large, unbiased research studies in which experts scrutinize a drug’s effect, compared to a placebo, on thousands of patients. “Randomized trials are the closest thing we have to true answers in medicine,” Dr. Howell said.

For comprehensive, easy-to-read reports on vitamin trials, he recommends MedlinePlus® provided by the National Institutes of Health. View the website at www.nlm.nih.gov/medlineplus and click on Drugs & Supplements.

Weigh costs and benefits
Americans spend about 10 percent of their total drug costs – billions of dollars a year! – on vitamins and dietary supplements, said Dr. Howell. “Ask yourself: what kind of benefit am I getting from them? Is it worth the cost?”

Today, the availability of fresh produce, whole grains and foods fortified with nutrients has made it possible to get all of our essential nutrients from food. So if you’re generally healthy and eat a balanced diet, you might want to question if daily vitamins are worth the expense. It might be more to your advantage

AVOID VITAMIN OVERLOAD

Too much of a good thing can be dangerous when taking vitamins and supplements. That’s why it’s important to use caution and never take more than the recommended daily allowance (RDA) unless instructed by your doctor.

Vitamin A toxicity can occur when the vitamin is taken in excess as a supplement (consuming too much vitamin A in your diet is rare). The symptoms include headache, dizziness, fatigue, blurry vision and vomiting. Excessive dosing of vitamin A has also been associated with birth defects.
“IF YOUR DIETARY SUPPLEMENT is making you feel better, that’s a valid reason to be taking it.” – Dr. Chris Howell

there are no potential harms.” He suggests testing the supplement’s effect by conducting your own “small but very important non-randomized trial”: stop it for a month and see if you notice a difference.

Be aware of potential harms
Vitamins are essential nutrients your body needs, but overdoing certain vitamin supplements can potentially be harmful. Vitamins are divided into two groups:

- **Water-soluble (B-complex and C)** – are not stored in the body so need to be replaced each day. Excess amounts simply pass out of the body with urine.
- **Fat-soluble (A, D, E and K)** – are stored in the liver and fatty tissues, so may pose a risk for toxicity when taken in excess.

Dr. Howell recommends consulting your doctor if you have questions about vitamins and other dietary supplements. For more information on the science behind specific vitamins, view his Physician Lecture at hollandhospital.org/pls.

Mark your calendar for upcoming Physician Lectures; see our schedule at right.

**ABOUT THE DOCTOR**
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**Vitamin C** is flushed out through the kidneys and needs to be replenished every day. For adults, the recommended upper limit for vitamin C is 2,000 milligrams (mg) a day. Too much vitamin C from supplements can cause nausea, vomiting, abdominal cramps, kidney stones and other symptoms.

**Vitamin D** is at the center of new research saying that Americans may not be as deficient in vitamin D as previously thought. In 2010 the Institute of Medicine released a new, lower recommended daily allowance (RDA) of vitamin D: 600 international units (IU) a day for most healthy adults and up to 800 IU a day for adults age 71 and older. Too much vitamin D from supplements can cause nausea, vomiting, abnormal heart rhythm, kidney stones and other symptoms.

**Vitamin E** overdose can be hazardous to your health. Various reports released in recent years suggest that megadoses of vitamin E may actually raise the risk of death slightly, particularly for smokers and older people with existing vascular disease or diabetes.*

See your doctor if you believe you may be sick or otherwise reacting negatively from taking high doses of vitamins or supplements.

* Source: Mayo Clinic

FREE COMMUNITY TALKS FEATURING LOCAL PHYSICIANS
Open to all. Thursdays, 6-7 p.m., Holland Hospital Conference Center

MAY 12
“Healthy Start: Early Interventions to Combat Childhood Obesity” – Masuma Macfield, MD, Lakeshore Health Partners – Pediatrics

JUNE 9
Orthopedics & Sports Medicine – Carl Wierks, MD, The Bone & Joint Center

JULY 14
Female Incontinence – Robert Bates, MD, Western Michigan Urological Associates

AUG. 11
Back and Spinal Conditions – David Lowry, MD, The Brain + Spine Center

SEPT. 8
Celiac Disease – David Zink, MD, Spectrum Health Medical Group

OCT. 13
Depression – James Dumerauf, MD, Holland Hospital Behavioral Health Services

NOV. 10
Breast Health – Susan Ervine, MD, Holland Hospital Breast & Bone Health Services

DEC. 8
To be announced.

FOR UPDATES ON PRESENTERS OR TOPICS or to register, go to hollandhospital.org/pls or call (616) 394-3344.
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**Laboratory Services**
MON – FRI: 7 a.m. to 3:30 p.m. | SAT: 9 a.m. to 2 p.m.

**Radiology Services**
MON – FRI: 7 a.m. to 7 p.m. | SAT: 9 a.m. to 2 p.m.
Digital mammography and bone density screenings by appointment. Call (616) 355-3865.
hollandhospital.org

Do you suffer from hip or knee pain?
Attend one of Holland Hospital’s free seminars and learn more about the causes of joint pain and available treatment options. Hear orthopedic experts discuss surgical and non-surgical solutions that can help reduce pain, improve mobility and help you enjoy more active living.

**FREE Hip & Knee Pain Seminars**
Offered Bimonthly: 6 to 7 p.m.
Holland Hospital Conference Center
To register, call (616) 394-3344 or visit hollandhospital.org/JRC

**MONDAY, APRIL 18**
Stephen Urbin, MD
Orthopaedic Surgeon
Shoreline Orthopaedics

**MONDAY, JUNE 20**
Jon Hop, MD
Orthopaedic Surgeon
Shoreline Orthopaedics

Scan with your mobile device for driving directions.