Hay fever is here
See what’s causing your seasonal allergies

Ready for school?
Help your child have a healthy and rewarding year
You’re sneezing and coughing. And your eyes are watery, red and itchy. Then there’s that runny, stuffy nose. Maybe you remember having the same miserable symptoms last year when the seasons changed.

What gives? You may have seasonal allergies—or what’s commonly called hay fever.

Pollen could be your problem
A variety of airborne pollens can set off allergy symptoms, depending on your location and the time of year. And one thing you’ll notice is that those symptoms arrive with the seasons.

According to the American Academy of Allergy, Asthma & Immunology, hay fever is often triggered by:

- Tree pollen in early spring.
- Grasses during late spring and early summer.
- Weeds in late summer and fall.

“Pollen is usually harmless,” says Dr. Lionel V. Bonini, a board-certified allergy specialist at Watson Clinic Main in Lakeland. “But if you have hay fever, your immune system mistakes pollen for an invader, triggering the release of chemicals (such as histamine) that lead to those uncomfortable symptoms.”

Finding relief
If you think you might have allergies, tell your doctor. You may need a skin test or blood test to learn what you’re allergic to. Then your doctor can recommend a treatment plan, which may include:

- Avoiding your allergy triggers. Try to spend less time outdoors when pollen counts are high. You can find pollen counts online or get them through apps on your smartphone.
- Taking over-the-counter or prescription medicines. Options include nasal steroid sprays and antihistamine pills. These medications generally work best when you start them just before allergy season begins.

What about allergy shots?
Allergy shots (immunotherapy) might be another option.

“It takes time, but the shots can build up your body’s tolerance and resistance to specific allergen triggers such as pollen, dust and pet dander,” says Dr. G. Weyman Price, a board-certified allergy specialist at Watson Clinic South in Lakeland. “Many people who get allergy shots see their symptoms improve or even disappear.”
Responding to your needs

FROM THE DESK OF DR. STEVEN ACHINGER

Throughout our history, Watson Clinic has worked to create a more efficient, effective and pleasing healthcare experience for all. This mission is largely driven by our ability to recognize the services, locations and technologies that will prove most beneficial to the patients we serve.

Within the pages of this issue, you’ll find many examples of how we continue to evolve and grow to meet your needs.

On page 4, you can learn about the coming expansion of one of our most popular services—Urgent Care—at our long-beloved Watson Clinic South location in Lakeland. These facilities allow our community access to quality care for minor illnesses and injuries on their schedule without the need for an appointment, and they’re a convenient alternative to the high costs and burdens associated with a traditional emergency room visit.

Our center spread feature, starting on page 8, shines a spotlight on the obesity epidemic and what we’re doing to combat it. Through her newly instituted Metabolic & Weight Center, Watson Clinic internal medicine specialist Dr. Lilliam Chiques is tackling this issue head-on, and helping patients lead more productive lives in the process.

Of course, none of our efforts would be possible without the expertise of our more than 220 board-certified physicians and additional care team members. Watson Clinic consistently recruits the brightest medical talents who have much to offer to patients in our community. Our latest recruits are introduced on page 5.

Additional articles in this issue call upon the expertise of our board-certified physicians to explore prevention techniques for colorectal cancer, available treatments for urinary incontinence, the risk factors and symptoms of Parkinson’s disease, and much more.

We hope the information in this issue helps you feel empowered to live your healthiest life.

Yours in good health,
Steven G. Achinger, MD, FASN
Watson Clinic Managing Partner

SUMMER 2019
President, Watson Clinic Foundation, Inc.
Galina Vugman, MD

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Information in HEALTH SCENE comes from a wide range of medical experts. Models may be used in photos and illustrations. If you have any concerns or questions about specific content that may affect your health, please contact your Watson Clinic healthcare provider at 863-680-7190.

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WatsonClinic.com
Sometimes it’s obvious when a trip to the emergency department is needed. Problems such as chest pain or heavy bleeding are clearly serious situations that need help and need it fast.

However, many times the situation is less clear. That accidental cut might seem deep—but not life-threatening. Your child’s fever is high enough to concern you, but your pediatrician’s office is closed. You’ve been sidelined by a cold, flu or upper respiratory infection, but you don’t want to wait for an appointment with your regular physician.

In these circumstances and many others, Watson Clinic’s Urgent Care department can provide the level of care you need without the hassle of emergency room fees. Staffed by board-certified physicians and highly professional care team members, the Urgent Care department specializes in the treatment of minor illnesses or injuries, including flu, fever, earaches, rashes, small cuts that need stitches and minor fractures.

In addition to the convenience of after-hours and weekend availability, the department offers x-ray, laboratory and diagnostic testing on-site for faster results and more effective care.

**Feel better quicker**

**Watson Clinic Urgent Care Main**
West Entrance (off of Morrell Drive)
• 1600 Lakeland Hills Blvd.
  Lakeland, FL 33805
• Monday through Friday: 7 am to 10 pm
• Saturday and Sunday: 8 am to 6 pm
• Phone: 863-680-7271

**Watson Clinic Urgent Care South (Opening January 2020)**
• 1033 N. Parkway Frontage Road
  Lakeland, FL 33803

Visit WatsonClinic.com/UrgentCare for more details.

**Laboratories earn prestigious accreditations**

The laboratories at Watson Clinic Main, Watson Clinic Dermatology at the Bella Vista Building and Watson Clinic Dermatology at Sun City Center have received accreditations by the American College of Pathologists (CAP), the industry leader in affirming excellence among laboratory testing facilities.

This accreditation confirms that the laboratories are in full compliance with the highest possible standards in practice and that they produce accurate test results that inform more effective diagnoses. The lab teams at the above three locations underwent a lengthy evaluation process that required complete compliance with a scientifically rigorous, customized checklist.

“This accreditation recognizes the Clinic’s strong commitment in providing accurate and reliable laboratory testing for our patients at all of our Clinic locations,” says Michelle Preston, Watson Clinic Director of Laboratory Services.

The College of Pathologists Laboratory Accreditation Program accredits the entire spectrum of laboratory test disciplines in a variety of settings, from complex university medical centers to physician offices. For more information on this prestigious organization, visit CAP.org.

Watson Clinic Main laboratory conducts over 3.5 million tests a year. For more information on all Watson Clinic’s laboratory services, visit WatsonClinic.com/Lab.

4 HEALTH SCENE
Say ‘hello’ to our new physicians and providers

THE FOLLOWING PHYSICIANS AND PROVIDERS are the latest additions to our team. Each nurse practitioner works alongside the physicians listed in their credential information. Appointments with each of these specialists are now available.

MARA CVEJIC, DO
SLEEP MEDICINE
Medical school: Midwestern University, Downers Grove, IL, DO
Internship & Residency: University of Florida, Jacksonville, FL, Internship, Pediatrics; Mayo Clinic, Jacksonville, FL, Residency, Child Neurology
Fellowship: Stanford University, Stanford, CA
Sleep Medicine
Location: Watson Clinic Main
Appointments: 863-680-7627

DAVID M. EPSTEIN, MD
RADIOLOGY
Medical school: New York University School of Medicine, New York, NY
Internship: Lenox Hill Hospital, New York, NY, Internal Medicine
Residency: Saint Luke’s Roosevelt Hospital Center, New York, NY, Diagnostic Radiology
Fellowship: Columbia University, Columbia Presbyterian Medical Center, New York, NY, Vascular and Interventional Radiology
Board certification: Diagnostic, Vascular and Interventional Radiology
Location: Watson Clinic Main

FOLAYAN B. FATADE, MD
RADIOLOGY
Medical school: Ohio State University College of Medicine, Columbus, OH, MD
Residency: Stony Brook University Hospital, Stony Brook, NY, Diagnostic Radiology
Fellowship: University of Maryland Medical Center, Baltimore, MD, Interventional Radiology
Location: Watson Clinic Main

SMITHA SONNI, MD
RADIOLOGY
Medical school: Georgetown University School of Medicine, Washington, DC
Internship: Mount Sinai Medical Center, Miami, FL, Internal Medicine
Residency: Montefiore Medical Center Albert Einstein College of Medicine, Diagnostic Radiology
Fellowship: Diversified Radiology, Lakewood, CO, Musculoskeletal Magnetic Resonance Imaging
Board certification: Diagnostic Radiology
Location: Watson Clinic Main

MICHNITZA BRUTUS, APRN
UROLOGY
Education: South University, Tampa, FL, BSN, MSN
Memberships: American Association of Nurse Practitioners
Location: Watson Clinic Main
Appointments: 863-680-7300

ANISSA HOHNSTREITER, APRN
OTOLARYNGOLOGY (ENT)
Education: University of South Florida, Tampa, FL, BSN; Florida Southern College, Lakeland, FL, MSN
Memberships: American Academy of Nurse Practitioners, Florida Association of Nurse Practitioners
Supervising Physician: Dr. Jeffrey Paffrath
Location: Watson Clinic Bella Vista Building & Highlands
Appointments: 863-680-7486

REBECCA PAFFENROTH, APRN
DERMATOLOGY
Education: University of Central Florida, Orlando, FL, BSN; University of South Florida, Tampa, FL, MSN
Memberships: American Association of Nurse Practitioners, Dermatology Nurses Association
Supervising Physician: Dr. Richard Moore
Location: Watson Clinic Dermatology at Zephyrhills
Appointments: 813-788-7867

AMANDA HIDALGO, AuD, CCC-A
AUDIOLOGY
Education: West Virginia University, Morgantown, WV, BS, AuD
Memberships: American Speech and Language Hearing Association, American Academy of Audiology
Locations: Watson Clinic Bella Vista Building & Highlands
Appointments: 863-680-7486
NEARLY a million people in the U.S. are living with Parkinson’s disease—a disorder that affects movement and gets worse over time. Here are five key facts to know about this all-too-common illness.

1. **Parkinson’s is a brain disorder.** It occurs when nerve cells in the brain that produce a chemical called dopamine either don’t work properly or die. As a result, the cells make less dopamine, which helps coordinate movement. That decrease in dopamine hinders the ability to control movement. Scientists still don’t know what causes these cells to stop working or die.

2. **One risk factor is age.** Parkinson’s usually develops at about age 60, but up to 10 percent of those with it have early-onset Parkinson’s, which begins before age 50 and is often inherited. Parkinson’s also affects about 50 percent more men than women.

3. **Symptoms begin gradually.** Often, Parkinson’s symptoms start on one side of the body and then later affect both sides. Symptoms include:
   - Trembling of the legs, hands, arms, jaw and face.
   - Stiffness of the arms, legs and trunk.
   - Slowed movements.
   - Poor balance and coordination.
   As symptoms get worse, Parkinson’s may make it difficult to walk, talk or accomplish simple tasks.

   “People with the disease may also experience depression, sleep problems, constipation, and trouble chewing or swallowing,” says Dr. Gabriel Pantol, a board-certified neurologist at Watson Clinic Main in Lakeland. “Some people also have problems with memory. It’s not unusual for physical abilities to change from one day to the next.”

4. **There is no blood test for Parkinson’s.** That means it can be difficult to diagnose. Doctors use a person’s medical history, a neurologic exam and perhaps a new imaging test known as a DaT scan to identify it.

5. **While there’s no cure, treatment can help.** It’s common to take a variety of medicines to manage symptoms, including ones that increase levels of dopamine in the brain. Surgery and deep brain stimulation (DBS) can also help in severe cases. With DBS, doctors implant electrodes in the brain, which stimulate the parts of the brain that control movement.
How can I minimize my discomfort from rheumatoid arthritis?

If you’re one of the 1.5 million people in the U.S. living with rheumatoid arthritis (RA), your immune system is mistakenly attacking your joints—usually many of them at once.

Symptoms of RA may go away and then return. The following steps can help you better manage RA every day.

When your RA is active, taking breaks throughout the day can help you conserve energy and protect your joints. Still, gentle exercise is also a mainstay of treatment. Talk with your doctor about an exercise program that is best for you.

Hot treatments, such as a heating pad or a warm bath, tend to work best for soothing stiff joints. They can help you stay limber. Cold treatments, such as a wrapped bag of ice, numb nerve endings and can dull pain.

If you’re overweight, extra pounds add stress to your joints. So do your best to get to—or stay at—a healthy weight.

Your tobacco habit can make RA worse and cause other medical problems.

Should I get vaccinated for shingles?

No one likes getting a shot, but no one likes getting a painful disease like shingles either.

Shingles is a blistery rash triggered by the same virus that causes chickenpox. So if you’ve ever had chickenpox, you’re at risk for shingles. Getting older also raises your risk.

Shingles usually starts with a burning or tingling feeling, followed by a rash, on one side of the body or face. The rash may turn into blisters, which may start to crust over in about 10 days.

While some people with shingles have only mild symptoms, others may experience intense pain. Sometimes the pain lingers even after the rash goes away. The blisters can cause scars too. Shingles can even spread to the eyes and cause vision loss. See your doctor immediately if you notice blisters on your face.

You can reduce your risk for shingles by getting two doses of the shingles vaccine. You should do that if you’re 50 or older. It’s also good to know that many insurance plans cover the shingles vaccine.

How can I help my child lose weight?

If your child is carrying too many pounds, it could have serious implications for both their short- and long-term health.

Your first step: Talk with your child’s doctor. He or she can help determine the most appropriate weight for your child, along with a plan for reaching it.

Make their health a group effort. Involve your whole family in eating healthy foods and being more active so your child won’t feel singled out. As your child’s primary role model, it’s important for you to eat well and get plenty of exercise too.

Stock your kitchen with nutritious foods, such as fruits and vegetables; whole grains; fat-free or low-fat milk products; and lean sources of protein such as eggs and lean types of meat, poultry and fish.

Help your child discover physical activities he or she enjoys. That might be biking, a team sport, walking the family dog or doing a similar activity.

Limit TV and video games to no more than two hours a day. Screen time can keep kids from getting the hour of daily exercise most need.
Tips for taking off

POUNDS have a way of creeping on and settling in all too comfortably on our tummies, hips and thighs—and staying there. While losing weight is anything but easy, there are a few insider tricks that are worth trying.

Shedding even a few pounds—as little as 5 to 10 percent of your total body weight, in fact—can help your health in many ways. Among other things, it can lower your risk of heart disease, stroke and type 2 diabetes.

So if you’re carrying extra pounds, check out these weight-loss tips. One or more of them may just move the scale in the right direction.

Start smart

Pick a good time to focus on your weight. If you’re in the midst of a big or stressful change—say, you’re moving, starting a new job, or getting married or divorced—then you may want to give your life a chance to calm down. Adding the challenge of trimming down is a lot to ask of yourself right now.

Don’t overreach. Set a realistic, measurable goal of losing a pound or two a week. You increase your chances of success if you lose weight slowly.

Play detective. Keep a food diary for a few days. Jot down every food you eat (even a handful of chips) and when you ate it. It’s also a good idea to note your feelings when you ate—for example, did you reach for food when you were anxious or tired?

Now look for patterns in your eating habits and try to come up with ways to change unhealthy ones. If you grab fast food on your way home from work, could you find another route home that doesn’t include tempting fast food options? If you eat as a pick-me-up when you’re anxious, could you call a friend instead?

Lilliam S. Chiques, MD, an internal medicine specialist at Watson Clinic Main in Lakeland, is board-certified in obesity medicine. Dr. Chiques has added a Metabolic & Weight Center to her practice to combat the epidemic among patients in our community. This program is designed to empower adults to conquer the condition through sensible, manageable and health-based means. Call 863-680-7190 to schedule an appointment.
**Tips for taking off the weight**

**Eat for success**

**Make one change at a time.** Settle on one small healthy eating goal at a time—maybe swapping full-fat dairy products for low-fat ones. Once that’s a habit, move on to the next modest change.

**Be a questioner.** Before reaching for food, ask yourself, “Am I really hungry?” Or, “Is what I’m about to eat or drink actually worth the calories?”

**Remove temptation.** Store calorie-packed foods (think cookies or candy) somewhere inconvenient, such as on a high, hard-to-reach shelf. (Or better yet, leave them in the store.) For meals, plate your food in the kitchen instead of serving it family style. Then immediately put any leftovers away so you’re not tempted to take a second helping.

**Drink water first.** What you think is hunger might actually be thirst. So try sipping before snacking. It might help you resist eating until it’s mealtime. Likewise, water before meals may also take the edge off hunger.

**Eat more mindfully.** Rather than being a distracted multitasker, make eating your only event. When you eat and do something else—like watch TV or chat on the phone—you’re likely to eat more than you think.

**Watch your pace.** It takes about 20 minutes for your stomach to signal your brain that you’re full. So eat slowly, and savor each bite. Put your fork down between bites and swallow before picking it up for another bite.

**Avoid restaurant pitfalls.** Servings are often supersized, and the foods are high in salt, fat and calories. Share a meal to cut back on calories, or take home half of a meal. And order the small or lower-calorie option whenever you can.

**Indulge—occasionally.** No food has to be off-limits, even decadent desserts. Treats every now and then will help you feel less deprived and more apt to eat well overall.

**Move more**

**Put one foot in front of the other.** There are countless ways to be active and burn calories, but walking has one of the lowest dropout rates of all types of exercise. A reasonable goal: Aim for a 30-minute brisk walk on most days.

**Lift some weights.** Muscle burns more calories than fat. Aim for two to three strength-training sessions a week, but allow a day or so between workouts for your body to rest.

**Keep your hands busy.** Turn your attention away from food by occupying your hands and mind. Knit, read, do a puzzle—you get the idea.

**Turn off the tube.** Time glued to a screen, especially the TV, is tied to weight gain.

**Keep at it**

**Hang in there if you fall off track.** Perhaps the biggest key to weight loss is not giving up.

“You’re not a failure if you slip up— you’re human,” says Dr. Liliam S. Chiques, an internal medicine specialist at Watson Clinic Main in Lakeland who is board-certified in obesity medicine.

“Think of setbacks as a chance to reassess your habits and learn how to make better choices next time.”

**Find inspiration.** Healthy change is easier when you’re motivated. So when you’re tempted to overeat or bail on a workout, remind yourself of why weight loss personally matters to you.

**Try something different.** Trimming down is often a matter of experimenting with different strategies until you discover what works for you. If you’re stumped, reach out. Ask your doctor for help, or talk with a registered dietitian who can help personalize a weight-loss plan for you.

Sources: Academy of Nutrition and Dietetics; Centers for Disease Control and Prevention; Office on Women’s Health

Before reaching for food, ask yourself, “Am I really hungry?” Or, “Is what I’m about to eat or drink actually worth the calories?”
Protect yourself from **Colorectal Cancer**

Colorectal cancer is one of the top cancer killers in the U.S., but experts agree that it is also one of the most preventable through lifestyle changes. According to the American Institute for Cancer Research and the American Cancer Society, you can diminish your risks by adopting these six cancer-fighting strategies:

1. **Slim down.** Those extra pounds, especially around your midsection, are a major risk factor for colorectal cancer. You can lose the gut by exercising frequently and eating fewer high-fat and high-calorie foods. Decrease your intake of sugary drinks, serve smaller portions at mealtimes and improve digestion by eating slower.
   
   If it’s difficult for you to lose weight, ask your doctor about a weight-loss plan that’s right for you.

2. **Get on the move.** If you’re a rookie when it comes to exercise, you can start gradually. Keep in mind that vigorous activities like aerobics and jogging are great for you, but you can also achieve great benefits from more moderate activities, such as swimming or brisk walking.
   
   You should aim for at least 30 minutes of activity every day. As your fitness improves, go for 60 minutes. If you have difficulty meeting your daily goal, work out for 10 to 15 minutes several times a day.

3. **Don’t rely solely on pills.** Research indicates that some vitamins and nonsteroidal anti-inflammatory medicines, or NSAIDs (such as aspirin and ibuprofen), may help prevent colorectal cancer.
   
   Be sure to check with your doctor before taking anti-inflammatory medicines regularly. They can cause side effects, such as gastrointestinal bleeding. Keep in mind that they’re not recommended for people at average risk for the disease.

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Meet Watson Clinic’s Gastroenterology team

**Robert D. Lamport, MD, FACP**
**Victor C. Nwakakwa, MD**
**Joffre R. Rivera, MD**
**Louis S. Saco, MD, FACP, MBA**
**Elizabeth B. Brown, APRN**
4 Adopt a healthier diet. Which diet regimen works best against cancer? Eat mostly fiber-rich plant foods, including vegetables, fruits, beans, and whole grains in products like cereals and breads. Some research suggests aiming for at least 30 grams of fiber a day. Check nutrition labels on packaged products for fiber content.

Eating fresh foods? A half-cup of chopped vegetables can give you 2 to 4 grams of fiber.

Set a goal to limit yourself to no more than 18 ounces of red meat a week. For reference, remember that a 3-ounce portion is about the size of a deck of playing cards. Avoid meats that are smoked, cured or salted or that contain chemical preservatives.

5 Lighten up on the liquor. Evidence suggests that regular alcohol consumption can contribute to colorectal cancer in men and probably in women.

6 Put yourself to the test. Ultimately, you need to be tested if you want to ensure that you stay cancer-free.

Testing may be recommended beginning at the age of 40, but your doctor may want to test you at an earlier age or more frequently if you are at high risk for colorectal cancer. Screening tests can find cancer early and when it is most treatable. In fact, screenings can help prevent cancer by allowing doctors to find and remove polyps—growths that are not yet cancerous.

Tests that are likely to find both cancer and precancerous polyps include flexible sigmoidoscopy, colonoscopy, and CT colonography (virtual colonoscopy).

Stool tests are also available, but they are less likely to find polyps. Your doctor can help you decide which test is appropriate for you.

You should make your doctor aware of rectal bleeding, prolonged diarrhea or constipation, stools that are thinner than usual, abnormal fatigue, unexplained weight loss, or frequent gas pains, bloating or cramps.

Gastroenterology Hospitalist
Lakeland Regional Health Medical Center, 1324 Lakeland Hills Blvd., Lakeland, FL 33805

Lijian Wang, MD, D.Sc.
Angina: A signal from a heart in distress

Is your heart sending you an SOS? If you’ve been feeling pain in your chest, it might be. Pain in your chest—and also in your shoulders, arms, neck, jaw or back—can be angina, a symptom of heart disease.

In most cases, angina is your heart’s way of telling you that one or more of your coronary arteries, the blood vessels that feed your heart, are blocked. When your heart doesn’t get enough blood, it also doesn’t get enough oxygen. That makes your heart work harder, which in turn causes pain.

There are multiple types of angina, some of which are more serious than others. But anytime you have chest pain, it’s a good idea to see your doctor.

The different types of angina
There are four main types of angina pectoris:
• Stable angina.
• Unstable angina.
• Variant, or Prinzmetal’s, angina.
• Microvascular angina.

Stable angina doesn’t usually last long. It generally occurs at predictable times—such as with exertion or mental stress—and disappears when you rest or take medicine.

Unstable angina isn’t predictable. It might not go away when you rest or take medicine. Unstable angina is an emergency signal. It means that you’re in danger of having a heart attack.

Variant angina is rare. It’s caused by a spasm in a coronary artery. It usually is treated with medicine.

Microvascular angina can last longer than other kinds of angina—and it is usually treated with medicines. Women are more likely than men to have microvascular angina.

What can help
Treatments for angina include lifestyle changes, such as eating a healthy diet, controlling stress and not smoking, taking medicines, participating in a cardiac rehab program, and undergoing a medical procedure to open blocked arteries.

Meet our cardiology team
• Kevin F. Browne, Jr., MD, FACC
• John G. Canto, MD, MSPH, FACC, FACP, FAHA, FASE
• Lazaro A. Diaz, MD
• Douglas G. Ebersole, MD, FACC
• Kathleen H. Galatro, DO, FACC
• Jorge L. Gonzalez, MD, FACC
• Neal G. Kavesh, MD, FACC
• Mark H. Mines, MD, FACC
• Zia Rab, MD
• Patrick J. Reddy, MD, FACP, FACC, FASNC, FAHA
• Diane M. Booth, APRN
• Barb Donley, APRN
• M. Allison Fojtik, APRN
• Candice Hardee, APRN
• Cynthia G. Rodriguez, DNP, APRN
• Jami Sharik, APRN
• Nona Young, APRN

Sources: American Heart Association; National Heart, Lung, and Blood Institute
YOUR children might be in the midst of another fun summer break, but it’s never too early to prepare them for a successful new school year.

As you’re crossing things off your to-do list, there are some healthy back-to-school essentials you should remember.

Check off a checkup
Back-to-school time is a great time for your child’s yearly wellness exam.

“This exam is in addition to any sports exam done at school, which can be helpful but is usually not as thorough,” says Dr. Jeremy M. Katzmann, a board-certified family medicine specialist at Watson Clinic Highlands.

An annual wellness exam gives your child’s doctor a chance to check their overall health, look for any emerging problems, answer questions and offer advice about staying healthy.

In addition, the doctor can make sure that your child’s immunizations are up-to-date. “Immunizations can greatly reduce your child’s risk of serious illness, and schools may require kids to be vaccinated before they can attend,” says Dr. Katzmann.

Kids should also have regular hearing, vision and dental checkups—and back-to-school time is a convenient time to get these done.

Good health can help kids miss fewer days of school and do better on schoolwork. In addition to back-to-school physicals, here are some ways to support kids’ health and help them succeed in school.

Encourage your kids to:

- **Get enough sleep.** Teens need 8 to 10 hours each day, younger kids need 9 to 12 hours, and preschoolers need 10 to 13 hours. Lack of sleep can cause problems with learning, concentration and mood.

- **Eat breakfast.** Studies show that eating breakfast improves students’ physical and mental performance.

- **Build a better backpack.** Your kids should use all of the compartments in their backpacks and pack heavier items closest to the center of their back. And even though it may look cool, a backpack should never be slung over just one shoulder—using both shoulder straps can help prevent strained muscles.

- **Develop good homework and study habits.** Establish a schedule for doing homework. Designate a space at home for studying that is quiet and free of distractions. And make sure the TV and other electronic distractions stay off while your kids are doing homework.

- **Report bullying.** Whether bullying takes place at school, on the playground, or through a computer or cell phone, it’s important that the bad behavior is reported and stopped. Teach your children when and how to ask a trusted adult for help. And do your part by working with school officials to find solutions to any bullying.

Get your child ready for a healthy and rewarding school year. To schedule a checkup with Jeremy M. Katzmann, MD, FAAFP, or any member of Watson Clinic’s Family Medicine department, call 863-680-7190.
A SNEEZE, a cough or a good laugh are all things that shouldn’t lead to a loss of bladder control—but if they do, it could be a sign that you should speak to a doctor. "Losing bladder control, also called urinary incontinence (UI), is a common problem, especially among women,” says Dr. Tarek G. Garas, a board-certified OB-GYN and Female Pelvic Medicine & Reconstructive Surgeon at Watson Clinic Bella Vista Building & Bartow OB-GYN locations. About half of all adult women have had it at some point in their lives, according to the National Institute of Diabetes and Digestive and Kidney Diseases. Overall, women are twice as likely as men to have this condition—and it becomes more prevalent with age. "UI isn’t inevitable; it can often be controlled and sometimes cured,” says Dr. Garas.

The first step is a conversation with your doctor. For some women, that’s the hardest part. While it can be a very personal matter, there’s no need to be embarrassed. Doctors treat many people with UI each year. Your doctor will first determine the source of the problem. Common causes include:

**Pelvic changes.** "Pregnancy and childbirth can weaken pelvic muscles,” says Dr. A. Nicole Sparks, an OB-GYN and female pelvic medicine & reconstructive surgeon at Watson Clinic Highlands in Lakeland. "Hormonal changes linked to menopause may also play a role. For women with this condition, a cough, sneeze or laugh can sometimes lead to UI.”

**Special exercises often help.** Your healthcare professional can teach you how to do them correctly.

**Nerve problems.** Nerves control bladder function. If they’re damaged by diabetes, stroke or some other condition, the signal to urinate might come unexpectedly. Medications can often help.

**Side effects of medications.** UI can be a side effect of some drugs. For example, diuretics that increase the amount of urine produced by the kidneys may cause the bladder to overflow. Other drugs that affect muscles or nerves could also lead to UI. Your doctor may be able to prescribe alternate medications.

**Lifestyle issues.** Being overweight tends to increase pressure on the bladder and may lead to UI. Weight loss can help. Also, drinking carbonated beverages, alcoholic beverages, or caffeinated drinks such as coffee or tea contributes to UI. Changing these habits might help improve bladder control.

If UI is interfering with your life, take charge. Ask your doctor for help.

Get on track for better health. For more information and to schedule an appointment, call 863-680-7243 (OB-GYN).
FOR CLOSE TO SIX DECADES
the Watson Clinic Foundation has
worked to elevate the health of our
community by implementing and
supporting research, education and
outreach efforts. None of these efforts
would be possible without people just
like you. Driven by a sense of compas-
sion and duty, the Foundation’s support-
ers play an essential role in transforming
lives in our community and beyond.

Here are just a few of the initiatives
we’ve been able to put in place with
your help:

• **Tools to Quit.** A monthly class that
provides counseling and treatment
options for people who want to
kick their smoking habit for good.
Attendees have access to various
types of nicotine replacements,
product samples and much more.
Visit [WatsonClinic.com/Events](http://WatsonClinic.com/Events) for the most current schedule of
available classes.

• **Arts in Medicine.** Housed at the
Watson Clinic Cancer & Research
Center, this popular program invites
cancer patients and their caregivers
to engage in a variety of creative
activities, including watercolor
painting, origami and jewelry
making. Participating in these en-
deavors has been shown to reduce
stress and anxiety and facilitates an
environment more conducive to
healing.

The program welcomes
volunteers who can facilitate
simple creative activities or play an
instrument. One donor recently
offered a baby grand piano to the
program, a hugely generous gesture
that allows patients many wonderful
moments of calm and inspiration.
Visit [WatsonClinic.com/AIM](http://WatsonClinic.com/AIM) for
more information.

• **Free community health
screenings.** These free events
help residents stay on top of
issues like blood pressure and
cancer risks. Most recently, the
Foundation hosted a series of free
skin cancer screenings for people
who had not yet established a
dermatologist of their own.

• **Speakers Bureau.** Highly trained
medical providers share up-to-date
wellness information to community
groups, businesses, churches and
other organizations.

• **Medical Scholarships.** We’re
proud to offer scholarships to
the brightest young medical and
nursing professionals as they pursue
their education and eventual ca-
reers in the healthcare field.

Recently, the Foundation’s
Chairman of the Board Dr. Steven
Achinger presented such a schol-
arship to a more than deserving
candidate: USF College of Medicine
student Ali-Musa Jaffer.

With a drive to empower a
healthier community, Mr. Jaffer
recently performed a research study
aimed at improving access to clean
water among the homeless popu-
lation in downtown Tampa. These
efforts were designed to curb the
rates of dehydration and infection
within this vulnerable population.

For more information on all of the Foundation’s offerings and to learn how
you can contribute to their efforts, visit [WatsonClinic.com/WCF](http://WatsonClinic.com/WCF) or call
the Program Coordinator at 863-904-2656.
Walk-in medical care for minor illnesses and injuries will soon be closer to home in SOUTH LAKELAND.

- Convenient hours to fit your busy schedule
- Staffed by board-certified physicians and highly professional care team members
- Onsite access to x-ray, CT, ultrasound and laboratory services