This angel sculpture is part of the newest addition to Advocate Christ Medical Center – a baptismal that was a gift from St. Philippus United Church of Christ in Chicago. It represents our faith-based mission at Advocate Christ Medical Center and can be found near the hospital’s Mission and Spiritual Care Office.

In this issue:
1. Greetings from Wendell Oman
2. Grace Notes
3. Advocate Christ Medical Center’s Bone and Joint Institute
4. Hospice Corner
5. Helping those with chronic illness

Office for Mission & Spiritual Care
The Office for Mission & Spiritual Care provides spiritual care for patients, their families and associates 24 hours a day every day of the year. The office is open Monday through Friday from 8:30 a.m. to 5 p.m. To contact us, call 708.684.5175. Evenings and weekends, ask for the paging operator and request #2296 for the house chaplain or #2299 for the emergency department chaplain.


Problems with our bones and chronic illness are aspects of life many of us must face at some time. This issue of Connections focuses on them by giving you detailed information about Advocate Christ Medical Center’s Bone and Joint Institute and a special feature on chronic illness.

But you may be addressing these challenges from a different vantage point – as someone who helps the person facing such challenges. For that reason, as always, we provide resources geared specifically for the needs of those who minister to others – books, websites, articles, tips and more.

September is a transition month. It bridges summer and winter, and it also offers ample opportunities for both wellness and injury/illness. The 2012 Health & Wellness Observances Calendar for the month of September emphasizes that point by highlighting several activities that apply to bones, joints and chronic illnesses.

As the summer winds down and autumn takes hold, may God bless you and those you tend. May you experience a safe and healthy season, knowing all the while that we at Christ Medical Center are here for you if help and support are needed.

Rev. Wendell Oman, Vice President
Office for Mission & Spiritual Care

Grace Notes
Perhaps our eyes need to be washed by our tears once in a while, so we can see life with a clearer view again.

Alex Tan

Grace Notes are readings, poems or quotes from a variety of faith traditions and writers. Each reflection tries to touch on the heart of being human in this world. To receive Grace Notes five or seven days a week, please click here or contact AHC.gracenotes@advocatehealth.com.
Advocate Christ Medical Center’s Bone and Joint Institute

The Bone and Joint Institute at Advocate Christ Medical Center provides comprehensive orthopedic care to its patients. As a Level I trauma center, Advocate Christ Medical Center has extensive experience in treating acute bone and joint injuries, but it also provides ongoing care and rehabilitation services to individuals living with conditions such as arthritis and cancer.

Established in 2011, the Bone and Joint Institute represents the medical center’s fourth such organization. The campus established three other institutes – Cancer, Heart and Vascular and Neurosciences – in 2007.

Credentials

The orthopedic surgeons at Advocate Christ Medical Center’s Bone and Joint Institute perform over 5,000 surgeries each year, giving them experience virtually unmatched at other hospitals across the state. BlueCross BlueShield of Illinois has designated the Institute as a Blue Distinction Center for Spine Surgery® and a Blue Distinction Center for Knee and Hip Replacement®. These credentials are a testimony to the high level of care available to bone and joint patients at Advocate Christ Medical Center.

Services available

Surgeons at the Institute are experts in performing both routine and complex orthopedic surgeries and have access to one of the few computer-assisted navigation surgical suites in Chicago. In addition to joint replacement, joint repair and cartilage restoration surgeries, surgeons at our Bone and Joint Institute perform over 250 arthroscopic shoulder surgeries each year, as well as spinal surgeries such as disc replacement, disc fusion and spinal reconstruction.

In addition to trauma and surgical care, patients at the Bone and Joint Institute can receive treatment for many other conditions:

❖ The Institute coordinates the care of bone cancer patients with the specialists at Advocate Christ Medical Center’s Cancer Institute.

❖ Those with sports-related injuries receive care from physicians, physical therapists and athletic trainers so that they can return to training and competing.

❖ Individuals living with chronic conditions, such as arthritis, receive ongoing care from the Institute’s medical specialists.

Resources for clergy

General resources for bone and joint health

Arthritis Foundation: The Arthritis Foundation offers comprehensive information on arthritis, its prevention and treatment as well as resources for caregivers. [arthitis.org]

The National Spinal Cord Injury Association: Information and resources on spinal cord injuries. [spinalcord.org]

Caregiver resources

Christopher & Dana Reeve Foundation, Caregivers: Numerous resources for caregivers, including first person stories, a directory of other organizations that support caregivers of those who have spinal cord injuries as well as information on caregiver respite and self-care. [christopherreeve.org]

Today’s Caregiver, Mobility Channel: Resources and information for caregivers of individuals with impaired mobility. [caregiver.com/channels/mobility/index.htm]

Spiritual and pastoral resources

Faith Ability: A listing of online resources on faith and disability issues. [faithability.org]


Advocate Christ Medical Center Office for Mission and Spiritual Care Fall 2012 - Page 2
Hospice Corner

Daybreak Bereavement Programs
Advocate Hospice
1441 Branding Lane #220 • Downers Grove, IL 60515

Widow to Widow
Ongoing support group
Meets 3rd Saturday of each month, 10 a.m. to 12 noon
Women who have lost a partner are welcome to attend this monthly support group, held in the Advocate Hospice Downers Grove office. In addition to sharing healthy self-care and coping skills, attendees will learn about the grief process and discover ways to adjust and reinvest in life. There is no charge, but registration is required. Call Penelope Gabriele at 630.829.1753.

Additional programs and support groups
The Daybreak Bereavement Program offered by Advocate Hospice offers programs and workshops for those dealing with the loss of a loved one. Second Year Grief Workshop; seasonal workshops, such as Thanksgiving Grief Workshop and Christmas Grief Workshop; special movies followed by discussion – these are some of the offerings. Call Penelope Gabriele at 630.829.1753.

Service of Remembrance
Siemers Chapel
Advocate Christ Medical Center

Special Memorial Service for Recently Bereaved
Sun., Nov. 18, 4 p.m.
A special memorial service will be held for the hospice and patient families of Christ Medical Center and Hope Children’s Hospital who have recently lost a loved one. Christ Mission & Spiritual Care and Advocate Hospice join together in leading this service of prayers and readings as a comfort for the families they serve. For more information, contact Penelope Gabriele at 630.829.1753.

In the Winter 2012 Issue

ACMC/s Neurosciences Institute
Grief at all ages

Advocate Christ Medical Center • Advocate Hope Children’s Hospital
4440 West 95th Street, Oak Lawn, IL 60453 708.684.8000

Grief at all ages

Staff Chaplains:
Refat Abukhdeir, Moslem Ministries
Cathy Arsenault, Mennonite
Fr. Bill Browne, Roman Catholic
Mary Anne Cannon, Roman Catholic
P.V. Chandy, Quaker
Fr. Casimir Eke, Roman Catholic
Christy Howard-Steele, Christian
Richard James, Southern Baptist
Stacey Jutila, Evangelical Lutheran Church
Marjorie Kooy, Christian Reformed
Eliza Leatherberry, United Church of Christ
Sr. Peggy Nau, Roman Catholic
David Safeblade, United Church of Christ
Tyron Smith, Baptist

Clinical Pastoral Education Supervisors
Angie Keith, Pentecostal ACPE Supervisory Candidate/Chaplain
Janet MacLean, United Church of Christ
ACPE Supervisory Candidate/Chaplain
Phyllis Toback, Jewish ACPE Supervisor/Chaplain

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Kathryn Cook, Baptist

Carla Powell, Evangelical Lutheran Church
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Manager of Spiritual Services, ACPE Supervisor
Wendell Oman, Evangelical Free Church of America
Vice-President, Mission & Spiritual Care

To subscribe to Connections, call 708.684.5175 or email Christ-Mission-SpiritualCare@advocatehealth.com with your name and email address. You’ll receive an electronic edition of Connections every three months.

To continue receiving Connections, your email address must be current. Please inform us of any changes of email address or other contact information. Email Christ-Mission-SpiritualCare@advocatehealth.com or call 708.684.5175.
Helping those with chronic illness

Chronic illness disrupts lives. It's more than having frequent pain or being tired all the time. Life plans change. Ordinary decisions require new considerations. Abilities, appearance, independence – all may be altered. Furthermore, anger, fear, stress, anxiety and depression often compound an already difficult situation.

Today nearly 1 in 2 Americans (133 million) suffer from a chronic condition. The most common are heart disease, cancer, stroke, COPD and diabetes – which together cause more than two-thirds of all deaths. When hypertension, asthma and kidney disease are included, 21% of Americans in the 45- to 64-year age group have two or more chronic conditions.

Chronic illnesses know few bounds, certainly none dictated by age. While 90% of seniors have at least one chronic illness, 60% of those suffering with daily pain or illness are between the ages of 18 and 64. For children, chronic illnesses can be especially frightening, – they may not understand why this is happening to them.

Not surprisingly, there are consequences beyond the physical:
✦ The divorce rate is 75% when one or both partners are chronically ill.
✦ Depression is 15 to 20% higher for the chronically ill.
✦ Physical illness and uncontrollable physical pain are major factors in up to 70% of suicides.

Those dealing with chronic illness often turn to their faith leaders for comfort and hope. This is wise. Those who rely on their religious faith to cope are significantly less depressed, even when taking into account the severity of their physical illness. In fact, those with severe physical disability showed the strongest benefit from faith-based coping, and patients with a deep, internalized faith recover faster from the depression, even when their physical condition isn’t improving.

A relentlessly ailing body can lead to a broken spirit. But finding understanding from family and experiencing support from a faith community often result in a greater feeling of gratitude and hope – even for the chronically ill.

Make Me Brave for Life

God, make me brave for life; oh, braver than this.
Let me straighten after pain
As a tree straightens after the rain,
Shining and lovely again.

God, make me brave for life;
much braver than this.
As the blown grass lifts, let me rise
From sorrow with quiet eyes,
Knowing Thy way is wise.

God, make me brave;
life brings such blinding things.
Help me to keep my sight;
Help me to see aright
That out of dark comes light.

– Author Unknown

Chronic illness takes many forms:
- Addison's disease
- AIDS
- Anemia
- Ankylosing Spondylitis
- Asthma
- Cancer
- Celiac disease
- Chronic fatigue and immune dysfunction syndrome (CFIDS)
- Coronary heart disease
- Crohn's disease
- Cystic fibrosis
- Diabetes
- Ehlers-Danlos Syndrome
- Fibromyalgia
- Grave's disease
- Guillain Barre Syndrome
- Hashimoto's Syndrome
- Headache
- Interstitial cystitis
- Lupus
- Lyme disease
- Ménieère's disease
- Multiple sclerosis
- Muscular dystrophy
- Myasthenia Gravis
- Osteoarthritis
- Parkinson's disease
- Reflex sympathetic dystrophy syndrome (RSD)
- Rheumatoid arthritis
- Scleroderma
- Sjogren's syndrome
- Tay-Sachs and allied diseases
- Ulcerative colitis

Books for those with chronic illness and their families:
Living Well with Chronic Pain by Jude Willhoff
Why Can’t I Make People Understand? by Lisa Copen
How to Be Sick: A Buddhist-Inspired Guide for the Chronically Ill and Their Caregivers by Toni Bernhard and Sylvia Boorstein
In the Shadow of Illness by Myra Bluebond-Langner (for parents with children with fatal chronic illnesses)
When God Weeps by Joni Eareckson Tada

God, make me brave for life;
oh, braver than this.
Let me straighten after pain
As a tree straightens after the rain,
Shining and lovely again.

God, make me brave for life;
much braver than this.
As the blown grass lifts, let me rise
From sorrow with quiet eyes,
Knowing Thy way is wise.

God, make me brave;
life brings such blinding things.
Help me to keep my sight;
Help me to see aright
That out of dark comes light.

– Author Unknown
Clergy are not exempt

Faith leaders who regularly put the needs of others ahead of their own may find it takes a toll on their health, and chronic health problems may result.

When examining data from eighty-eight clergy in North Carolina, Duke University researchers found they had increased rates of obesity (40% compared to the average of 29%) and higher rates of diabetes, asthma, arthritis and hypertension. The study also found that clergy members show signs of depression at nearly double the national average (10.5% versus 5.5%).

Ironically, clergy perceive themselves to be healthier than they are, don’t recognize that they need help and believe their health doesn’t affect their ability to serve others.

Perhaps they equate self-care with selfishness. Whatever the reason, a solution needs to address the barriers to wellness for faith leaders: health care costs, unpredictable work schedules and the fear of the stigma associated with mental health issues.

When faith leaders accept the link between physical and mental and spiritual health, they are likely to take better care of themselves and, in turn, members of their congregations.

For further reading, go to nlm.nih.gov/medlineplus/news/fullstory_127087.html.

How faith leaders can help those with chronic illness

❖ Offer prayers with or for someone with chronic illness.
❖ As much as you are able, listen whenever and wherever your comfort is sought.
❖ Comfort their families.
❖ While talk may center around loss and uncertainty, elicit comments about what is satisfying and joyful in their lives.
❖ Celebrate even the smallest of victories.
❖ Acknowledge and affirm their statements of gratitude.
❖ Strive to tailor your responses to the particular emotional and spiritual needs of each person; avoid platitudes, overworked phrases and generalizations.
❖ Ask how you can serve them better.
❖ Offer CDs or tapes of services in order to strengthen their faith even if they are unable to attend worship.
❖ Ask what they wish people knew about their illness.
❖ Provide helpful pamphlets and website listings.
❖ Find opportunities for them to serve others.
❖ Reprint topical articles in your newsletters; post them on a bulletin board.
❖ Hold classes on chronic illness and depression.
❖ Initiate support groups.
❖ Deliver sermons that normalize chronic illness.
❖ Invite speakers to discuss illness or tell their personal stories of living with chronic illness.
❖ Give special attention to the elderly and caregivers, two groups more vulnerable to depression.
❖ Learn about the parish nurse program, and consider it for your congregation.

Resources for faith leaders

The Centers for Disease Control (CDC). Site provides resources on several chronic illnesses. cdc.gov/chronicdisease

Psych Central: 5 Rules for Living with Chronic Illness and Depression: An Interview with Elvira Aletta. This therapist, who also has a chronic illness, provides excellent advice for individuals striving to care for themselves and their families while dealing with health challenges. psychcentral.com/blog/archives/2009/06/16/5-rules-for-living-with-chronic-illness-and-depression-an-interview-with-elvira-aletta

TeensHealth: Dealing With A Health Condition. Site provides help and information for teenagers. kidshealth.org/teen/your_mind/problems/deal_chronic_illness.html

HelpStartsHere.org: Living With Illness Tip Sheet – Living With Chronic Illness. Tips, support and opportunities that a “life changing” illness can bring. helpstartshere.org/health-wellness/living-with-a-chronic-illness.html

Advocate Health Care

Advocate Health Care Facilities:
Advocate BroMenn Medical Center, Normal
Advocate Christ Medical Center, Oak Lawn
Advocate Condell Medical Center, Libertyville
Advocate Eureka Hospital, Eureka
Advocate Good Samaritan Hospital, Downers Grove
Advocate Good Shepherd Hospital, Barrington
Advocate Illinois Masonic Medical Center, Chicago
Advocate Lutheran General Hospital, Park Ridge
Advocate South Suburban Hospital, Hazel Crest
Advocate Trinity Hospital, Chicago

Children’s hospitals:
Advocate Hope Children’s Hospital, Oak Lawn
Advocate Lutheran General Children’s Hospital, Park Ridge

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Looking for a previous issue? To read back issues of Connections, please go to: advocatehealth.com/newsletters
Maintaining a healthy prostate

In a man’s body, the prostate is the number-one cancer spot, but the problems of prostate enlargement, infection and even malignancy can often be avoided. Healthy eating is the way.

Foods can strongly influence sex hormones, including testosterone which impacts the prostate. Eating less meat and dairy products and more vegetables reduces the hormonal stimulation of the prostate and in turn problems with it.

✦ Eating meat daily triples the risk of prostate enlargement.
✦ Regular milk consumption doubles the risk.
✦ Failing to eat enough vegetables nearly quadruples the risk.

Two diets associated with reduced risk for prostate cancer are the traditional Japanese diet and a Mediterranean diet. The Japanese diet is high in green tea, soy, vegetables and fish and low in calories and fat. The Mediterranean diet is high in fresh fruits and vegetables, garlic, tomatoes, red wine, olive oil and fish. Both are low in red meat – and delicious!

Tomatoes in particular are very healthy for men. A study at Harvard University showed that men who had two servings of tomato sauce per week had 23 percent less prostate cancer risk, compared to those who rarely had tomato products.

Warnings of prostate trouble are clear: pain, a burning sensation or blood while urinating. Any of these requires an immediate visit to the doctor. Of course, seeing a doctor regularly is always wise – being proactive is better than being reactive.

Prayer: Dear God, each of the men in my life is so important. Guard their well-being. Help them make healthy choices, and help me support them in living in healthy ways. Amen.

Resources: advocatehealth.com • prostatehealthed.org – PHEN: Learn special Chicago-area events focusing on prostate health and support groups • menshealthweek.org • pcf.org – Prostate Cancer Foundation

Practical Guide to the Health Care System: Who’s who in the hospital

Today’s health care system has many specialists, each with a special title. This can be confusing to someone unfamiliar with hospital language. Here is a guide to help you know who’s who and who does what in the health care setting.

Care manager: Coordinates patient care with a special focus on the discharge plan. This care coordination helps ensure that the patient and caregivers will have the equipment and medications in place for care at home.

Hospitalist: A physician who is contracted by your physician to provide treatment to patients while they are hospitalized. Many physician practices contract with hospitalists to provide round-the-clock care for patients.

Occupational therapist: Assesses, plans and participates in rehabilitative programs that help build or restore vocational and daily living skills, as well as general independence, to persons with disabilities or developmental delays.

Physical therapist: Assesses, plans, and participates in rehabilitative programs that improve mobility, relieve pain, increase strength and improve or correct disabling conditions resulting from diseases/injuries.

Primary care physician: Physician who diagnoses, treats and helps prevent diseases/injuries that commonly occur. Most often primary care physicians are family practitioners or internal medicine practitioners. Primary care doctors may refer patients to specialists for further diagnosis/treatment.

Registered nurse: Provides nursing care for patients requiring emergency treatment or hospitalization as well as care in medical offices. There are many nursing specialties, including critical care, trauma, psychiatric and medical/surgical.

Coming in July: The 10 questions you should know
Practical Guide to the Health Care System:
Ten questions you should know

Sometimes a trip to the doctor's office is not what we expect it to be. We may feel upsets or unprepared for information the doctor tells us. To make the most of each visit with your health care provider, bring along this list of basic questions developed by AHRQ*. Being prepared will give you a sense of calm. Regardless of what lies ahead, you will feel more in control with these questions answered.

1. What is the test for?
2. How many times have you done this procedure?
3. When will I get the results?
4. Why do I need this treatment?
5. Are there any alternatives?
6. What are the possible complications?
7. Which hospital is best for my needs?
8. How do you spell the name of that drug?
9. Are there any side effects?
10. Will this medicine interact with those I'm already taking?

Purchase a notebook dedicated to your medical needs (or the needs of a loved one you are tending).

At each doctor's visit, write the date and take notes of all important comments from your doctor.

Between visits, jot down questions for your next visit or observations you have between visits.

At the end of each visit, ask your doctor if there is pertinent written information you can take home.

* The Agency for Healthcare Research and Quality's (AHRQ) mission is to improve the quality, safety, efficiency and effectiveness of health care for all Americans. As 1 of 12 agencies within the Department of Health and Human Services, AHRQ supports research that helps people make more informed decisions and improves the quality of health care services. AHRQ was formerly known as the Agency for Health Care Policy and Research.

Prayer:
Everlasting God, help me pay attention to my body and the bodies of my children. When something is not as it should be, remind me to seek help without delay. Amen.

Resources:
- advocatehealth.com
- mystreptothroatmedlies.org/strep-throat-pictures/
- kidshealth.org/parent/infections
- > Bacterial and Viral Infections > Strep
- youtube.com
- Search “strep throat pictures”
- cdc.gov/getsmart/antibiotic-use/URI/sore-throat.html

Come in August: How to talk with a medical professional.
Update on Alzheimer’s disease

This year, the Alzheimer’s Association and the National Institute on Aging jointly issued new guidelines for Alzheimer’s disease (AD), replacing those issued in 1984.

There are three significant changes: These guidelines place greater focus on early detection of this neurological disorder. The list of symptoms now go beyond memory impairment to include spatial cognition problems, impaired reasoning and difficulty expressing oneself with words. Finally, instead of just one, today’s criteria offer three phases of Alzheimer’s:

✦ **Preclinical Alzheimer’s** is the newly recognized and first stage of the disease. In this phase, key biological changes are happening, but the disease hasn’t yet caused any noticeable symptoms. Changes in brain benchmarks (called biomarkers) may occur years before symptoms can be detected by affected individuals or their doctors. These biomarkers can help identify changes and predict a person’s risk of developing AD.

✦ **Mild Cognitive Impairment** is the second stage. Here a person has mild changes in memory and thinking abilities that are noticeable but not severe enough to disrupt day to day life.

✦ **Dementia** is the stage in which impairments decrease a person’s ability to function independently in everyday life.

What do these new guidelines mean to us? Perhaps they remove some of the fear. With a broader acceptance of the importance of early detection, more people will be helped at earlier stages, and disabling consequences can be delayed.

Hope is growing . . .

**Prayer:** Comfort those who live in confusion and who can no longer trust their memories. Be with them and their caregivers each and every day. Amen.

**Resources:** advocatehealth.com • alz.org/alzheimers_disease_what_is_alzheimers.asp • alz.org/alzheimers (Alzheimer’s Disease Research, American Health Assistance Foundation) • act.alz.org/chicago2012 (Walk to End Alzheimer’s, Sunday, Sept. 9, 2012, Montrose Harbor, Chicago, IL and other locations)

Practical Guide to the Health Care System: How to talk to a doctor

Talking with a doctor can be daunting – but it doesn’t have to be. Here are a few tips to help you feel more comfortable and have a more productive conversation with your medical professional:

**Prepare for your visit:**
- Buy a spiral notebook dedicated to doctor visits, date all your entries and always bring the notebook with you.
- Prior to the visit, write down symptoms, questions or concerns as they occur to you.
- Think ahead to what the doctor might want to know so you have answers ready.
- List all your medications, vitamins and supplements.
- Provide the contact information of your other health care professionals.

**During your visit, request what you need:**
- If you are unfamiliar with a medical term or want to know how to spell what is being discussed, simply ask for help.
- If you don’t understand a procedure or treatment, ask for a fuller explanation.
- If the pace is too fast or you need time to process what is being said, ask the doctor to slow down or stop a moment.
- Request written material you can read at home.

**Listen carefully as your doctor speaks to you:**
- Maintain focus on what is being said.
- Jot down key points in your notebook.
- Repeat information back to the doctor to be sure you understand correctly.

**Tell the truth:**
- Set aside your ego, embarrassments and fears.
- Answer all questions as honestly and completely as possible.

**Coming in September:** How to prepare for a hospital stay
Practical Guide to the Health Care System: Preparing for a hospital stay

Being ready for a planned hospital stay decreases anxiety. Here are important aspects to handle in advance:

**List all your medications.** Include all the over-the-counter drugs, vitamins and herbal and dietary supplements you take. Note how long you have been taking each and the dosage. Give your doctor a copy of this list, and keep one for yourself.

**Have a pre-surgery talk with your doctor.** Understand the risks and benefits of the procedure and any pertinent test results. There is usually a lot to absorb at one time; good notes can really help. Ask a friend or family member to accompany you and serve as your advocate, asking questions and taking notes. At the very least, bring a notebook and take notes yourself.

**Gather important papers.** Bring your social security number, a photo ID and your insurance card. If you have advance directives (power of attorney of health care, living will), bring copies. You may want lab work and X-rays as well.

**Pack personal necessities.** You may be able to wear your own pajamas and slippers while in the hospital. Bring loose-fitting underwear and socks, too. A sweater can ward off chills. Don’t forget your eyeglasses. Toiletries are a nice addition as is lip balm. (Leave perfumes and heavily scented products at home.) Include some pleasant pastimes – a book, a magazine, writing paper, pen, small photos or mementos. Bring a small amount of cash; leave credit cards at home. Print out friends’ phone numbers. Check the hospital’s policy about electronic items before you pack your laptop or cell phone. Items like these are often discouraged or even forbidden and are also targets for theft.

**Plan your absence from home.** Pay any household bills that will come due during your stay, water your plants and arrange for pet care while you are gone.

**Coming in October:** Prepare for being discharged

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The ABCs of cholesterol

Cholesterol is the soft, waxy substance found in all parts of the body. While your body needs some of it to work properly, too much can clog your arteries and lead to heart problems.

Experts recommend that you have a cholesterol test starting at age twenty and re-test every five years. High cholesterol levels usually don’t have signs or symptoms, so this test is a really important tool in determining if you are at risk for heart disease.

A complete cholesterol test, called a lipid panel or profile, is a blood test that measures fats (lipids) in your body:

- **LDL (low-density lipoprotein)** – Too much of this “bad cholesterol” causes a buildup of fatty deposits (plaques) in your arteries that reduce blood flow and might lead to a heart attack or stroke. Target LDL numbers vary, depending on your risk of heart disease, but most people should aim for a level below 130.

- **HDL (high-density lipoprotein)** – “Good cholesterol” helps carry away LDL so blood flows freely. 60 or more is best.

- **Triglycerides** – Your body converts any calories it doesn’t need into triglycerides stored in fat cells. Below 150 is desirable.

- **Total cholesterol** is the sum of your blood’s cholesterol content. Below 200 is desirable.

Cholesterol is an important aspect of health. Check with your nearest Advocate hospital for information about screenings, classes and education related to cholesterol.

**Prayer:** Dear Lord, remind me to pause and take a reckoning of my lifestyle and health habits. Help me make those changes necessary to live a long and healthy life. Amen.

**Resources:**
- advocatehealth.com • heart.org >Conditions >Cholesterol