

Fight diabetes with diet and exercise



Diabetes is the number one cause of blindness, kidney failure and the amputation of feet and toes. It's also a major risk factor for heart disease and stroke, and the number one killer of diabetic patients is heart disease.

Diet, exercise and maintaining a normal weight are the best defense against developing the most common type of diabetes. But Dr. Tim Hayden, a board-certified family practice physician at Northside Medical Clinic, said he's seeing more cases as more people neglect their health.

"The numbers keep going up, mainly because of obesity," Dr. Hayden said. "It's a major risk factor."

Type 2 diabetes is the most common form, accounting for 93 percent of the cases in the country. It's also genetic, but people do not contract the disease until later in life.

Patients with the genes to develop diabetes can delay the onset of the disease with weight loss, diet and exercise. Conversely, patients who eat unhealthy foods and do not exercise or lose weight can develop the disease earlier in life, Dr. Hayden said.

"Their weight has a lot to do with that gene expressing itself," Dr. Hayden said. African Americans, Native Americans and Hispanic Americans are genetically twice as likely than others to have the disease, but weight is a common factor for everyone – 80 percent of type 2 diabetics are overweight.

One of the most alarming trends, Dr. Hayden said, is the growing number of patients under 20 who are developing type 2 diabetes. The trend is linked to obesity and inactivity during childhood.

"When I first went into practice, I never saw a type 2 under 20," he said.

People with type 2 diabetes can take steps to control the disease by eating right, exercising and losing weight, which can reduce the amount of medication they need. "They can make a huge impact on their disease," Dr. Hayden said.

One-third of adults in the United States are prediabetic – a variable length of time that patients undergo before they are officially diagnosed as diabetic. Of those, 25 percent will develop diabetes in just three to five years if they take no action.

During the prediabetic phase, patients who lose 7 percent of their body weight – about 15 pounds – and exercise for 30 minutes, five days a week, will lower their chances of developing diabetes by 58 percent. Because age is a factor, Dr. Hayden said, exercise is more important for people over 40 – and anyone over 50 should be doing it for sure.

Treatment for type 2 diabetes has evolved with new medications in two new classes of drugs during the past five years. The disease

Diabetes facts

- ▶ 29 million people in the United States (9.3 percent of the population) have diabetes.
- ▶ 21 million people in the United States have been diagnosed with diabetes.
- ▶ Eight million people have diabetes but have not been diagnosed yet.
- ▶ One in four people above the age of 65 in the United States has diabetes.
- ▶ The economic impact of diabetes is \$245 billion per year in medical costs and lost wages due to illness.

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Physicians Quality Care expands OCCMed, physical therapy treatment areas

Since Physicians Quality Care opened in 2008, the urgent care clinic has seen an increase in patients every month.

With a focus on providing urgent care in a unique, patient-centered environment, Physicians Quality Care also increased the numbers of primary care, physical therapy and occupational medicine patients it serves.

In response, the Milan urgent care site opened in 2013. The Jackson site has expanded twice; the most recent was August 17 when it opened its new OCCMed, Physical Therapy and primary care treatment areas.

Patients coming to the clinic for physical therapy, occupational medicine and primary care appointments now have their own entrances, waiting areas and treatment rooms; they no longer will be sitting next to patients needing treatment for the flu, infections and other urgent care needs.

Staying ahead of the growth has been a challenge, said Dr. Hoppers. "It seems that every time we add on, we find ourselves outgrowing the new addition even before we get into it. This time we hope it is different. We converted about 5,500 square feet of existing space and added an additional 500 square feet for physical therapy, occupational medicine, primary care and some much needed office space."

Three dedicated therapy rooms, as well as a spacious exercise area with state-of-the-art TechnoGym equipment and the latest treatment modalities, has made Physicians Quality Care the most spacious physical therapy office in West Tennessee, said Dr. Hoppers.

"The benefits to our occupational medicine clientele also are numerous," Dr. Hoppers explained. "We are now the only company practicing industrial medicine in the Mid-South that has an area dedicated exclusively to the needs of area companies and their employees. Whether it's work comp, DOT physicals, audiometry or drug testing, our industrial patients have their own waiting room and exam rooms completely separate from acutely ill patients. And whatever they need, we're here for them



JT Hatcher, OCCMed Technician, checks the heart rate of a patient in Physicians Quality Care's OCCMed treatment area.



Dr. Jimmy Hoppers

16 hours a day, seven days a week."

Primary care patients – those patients who see Physicians Quality Care providers by appointment and consider that provider their "regular doctor" – also are benefitting from the renovated surroundings.

One benefit is eliminating long wait times. "The biggest complaint through the years about scheduled appointments is that while the appointment may be for 1 p.m., most often there is a substantial wait between the time the patient arrives and the time he is seen," said Dr. Hoppers. "Our goal is that if you can arrive 15 minutes early to make sure the necessary paperwork is complete, you will actually be seen at your scheduled time."

"While it sounds simple and obvious, we think actually seeing patients when we say we will see them will revolutionize how patients see going to the doctor. You don't have to lose a whole day simply because you need to see your physician."

Urgent care patients also are benefitting as more exam rooms in their part of the clinic are open. In short, the wait times will be less, though the patient volume continues to increase.

Along with the state-of-the-art facility, Physicians Quality Care is striving to bring back the old-fashioned house call atmosphere by a friendly smile, a kind word, a hot cup of coffee, magazines or a movie to reassure the patients that they care, said Dr. Hoppers.

"We understand that nobody likes to see the doctor and that everyone who walks through our door is either hurting or worried. Our new addition will allow us to better fulfill our vision of excellent medical care – urgent care, primary care, physical therapy, occupational medicine – in an environment that not only helps heal your body, but also lifts your spirit."

Drs. Jimmy and Melanie Hoppers opened Physicians Quality Care to bring a unique experience to urgent care medicine. The clinic, with locations in Jackson and Milan, is open from 7 a.m. to 11 p.m. seven days a week. For more information, visit www.physiciansqualitycare.com.

Abnormal uterine bleeding shouldn't change your life

Many women experience abnormal uterine bleeding, and without realizing what it is, delay a visit to their doctor. Instead of treatment, they make changes to their lifestyle. Women shouldn't do that, said Dr. Lane Williams, a board-certified obstetrician and gynecologist at Jackson Regional Women's Center. "If it gets to the point where it alters your life, by altering your daily activities or your wardrobe, you need to be evaluated."

The average menstrual cycle is 21-35 days with bleeding lasting an average of five to seven days. Anything outside of that – or very heavy bleeding during menstruation – is abnormal.

Abnormal uterine bleeding can have several causes: hormonal abnormalities, uterine masses such as fibroids or polyps, a coagulation defect that prevents blood from clotting properly, overgrowth of normal cells, or cancerous cells.

Acute cases of abnormal bleeding can be an emergency – when patients arrive at the hospital with heavy bleeding and dizziness. Doctors will determine whether they need intravenous fluids or a blood transfusion, said Dr. Williams. "You want to make sure they're stable."

Chronic cases are more common. Women shouldn't be concerned if they have infrequent or isolated cases of abnormal bleeding. However, they should see their doctor if they've noticed a pattern.

"If you have abnormal bleeding that persists at least six months, you would consider it a chronic issue," Dr. Williams said.

Physicians will evaluate women with chronic abnormal bleeding to find the cause through a process of elimination, he said.

Knowledge of a patient's history could show evidence of a coagulation defect – a previous nosebleed that wouldn't stop, for example. A physical exam will determine if a patient has any cervical or vaginal abnormalities. Doctors will also test for pregnancy and perform a blood count to check for anemia.

Part of the initial evaluation is to perform a sonogram or a sonohysterogram, which is an infusion of fluid into the

uterus during a sonogram to further evaluate the uterine lining.

An evaluation of the thyroid will check for hypothyroidism or hyperthyroidism – hormone production issues that can cause abnormal bleeding. Doctors will evaluate the lining of the womb in patients 45 and older to check for abnormal cells, such as overgrowth of normal cells or cancer.

Depending on the cause, there are several options for treatment. Doctors can manage hormone levels through prescription medication or an intrauterine device that delivers hormones. They can also prescribe Lysteda, which does not contain hormones, but does reduce bleeding during a woman's period.

Surgical options include a dilatation and curettage to lightly scrape the uterine lining to remove uterine tissue. A hysteroscopy can also be performed where doctors use a thin, lighted tube to examine the uterus. Any growths that are found can be removed during the procedure.

Other options include an endometrial ablation to destroy the lining, which heals by scarring and helps prevent future bleeding. They can also perform a uterine artery embolization, which is a minimally invasive procedure to restrict blood flow to the uterus.

If conservative or minimally invasive procedures are not effective, a hysterectomy is a last option. If cancer cells are detected, patients may be referred to a gynecology cancer specialist for treatment.

"The earlier we can evaluate abnormal bleeding, the quicker the woman can return to a better quality of life," Dr. Williams said.



Dr. Lane Williams practices at Jackson Regional Women's Center with Dr. Keith Micetich, Dr. Sandra Boxell and Dr. Pamela Evans. For more information, visit www.jrwc.com.



Dr. Lane Williams

Experienced, certified providers required ...

Diagnosing nerve and muscle conditions is complex. If done incorrectly, the patient may not get the treatment he or she needs, or they may get surgery that they don't need, said Dr. Ron Bingham, who practices at Bingham Nerve & Muscle.

"Hundreds of nerve and muscle diseases can cause weakness, pain or a sensory disturbance," Dr. Bingham said. "It is very difficult to differentiate one from another."

But patients at Bingham Nerve & Muscle can rest assured knowing that they will receive top-notch care from board-certified physicians and nationally certified technicians in an accredited facility, Dr. Bingham said. He and Dr. Miles Johnson are both dual board-certified physicians by the American Board of Physical Medicine and Rehabilitation and the American Board of Electrodiagnostic Medicine. Dr. Charles Hubbert, who also practices at the clinic, is board certified in neurology and clinical neurophysiology.

"Patients with complaints, such as pain, numbness and tingling in the arms and legs, often require an evaluation by our clinic," Dr. Bingham said. "Patients with unexplained weakness of the face, arms and legs often require a visit as well."

Bingham Nerve & Muscle specializes in electromyography (EMG/NCS) – an accurate test that evaluates the health of nerves and muscles. The clinic has become an industry standard for accurate and comprehensive evaluations of the peripheral nervous system – the "electrical system" of the body, Dr. Bingham said.

"We are like electricians. An electrician checks the wires in your house; we check the wires in your body – the peripheral nerves."

During an EMG, doctors evaluate various muscles to determine if they are functioning properly. They place a small electrode inside the muscle to record the electrical activity.

A Nerve Conduction Study (NCS) measures the time required for a small stimulus to travel across a nerve. With new technology and the special techniques developed by Dr. Bingham, this test can be performed with very little discomfort.

"We routinely perform this test on adults and children," Dr. Bingham said. "The procedure takes about 30 minutes. No premedication is re-



Dr. Ron Bingham diagnoses nerve and muscle conditions at his clinic.

quired, and you will be able to return to usual activities immediately."

The test helps doctors isolate the source of the problem. If a patient feels tingling or weakness in their arm, leg or face, it can be a problem with their nerves (the wires) or their brain, Dr. Bingham said.

"If we test the wires, and the wires are all normal, then by exclusion we can determine the patient has a problem with the brain," he said. "Typically, our patients are referred by doctors who want to know if there is a problem with the nerves."

The exam process for patients at Bingham Nerve & Muscle is easy. They are referred by another provider who wants to know why a patient has pain, weakness or numbness in a particular part of the body, typically in the arm or leg.

Dr. Bingham starts the visit with a physical exam of the patient and the patient's medical history. A physical exam tests the strength, range of motion and reflexes. He looks for atrophy and signs that a muscle might be weak. He also looks for abnormal twitching.

Dr. Bingham then tells one of his certified technicians what nerves to test based on his evaluation and the patient's symptoms. He then reviews the nerve conduction test and follows up with an electromyography test, which involves placing an electrode under the skin into the muscle. This test measures how well the muscle works.

A report is then sent to the referring physician. Patients go back to the referring provider for treatment.

Doctors refer patients to Bingham Nerve & Muscle because of the clinic's experience. It's one of the busiest EMG clinics in the country, performing 150 procedures a week. It's also been in business for 26 years.

Dr. Bingham and Dr. Johnson, as well as their technicians, are certified through the American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM). This new credential for the technicians is tailored to capture the specialized knowledge, skills and abilities of professional electroneurodiagnostic technologists trained and educated in nerve conduction studies.

The Certified Nerve Conduction Technologists at Bingham Nerve & Muscle are Suzanne Bingham, Melonie Brasher and Amanda Casey. To

“We are like electricians. An electrician checks the wires in your house; we check the wires in your body – the peripheral nerves.”

— Ron Bingham, M.D.

... for accurate nerve and muscle testing

be certified to do a nerve conduction study, the technicians took written and practical exams, were supervised by a physiatrist or a neurologist experienced in electrodiagnostic medicine for a year, and worked with at least 250 patients.

The clinic also received the Electrodiagnostic (EDX) Laboratory Accreditation with Exemplary Status from AANEM. This accreditation is a voluntary, peer-reviewed process that identifies and acknowledges EDX laboratories for achieving and maintaining the highest level of quality, performance and integrity based on professional standards developed by AANEM.

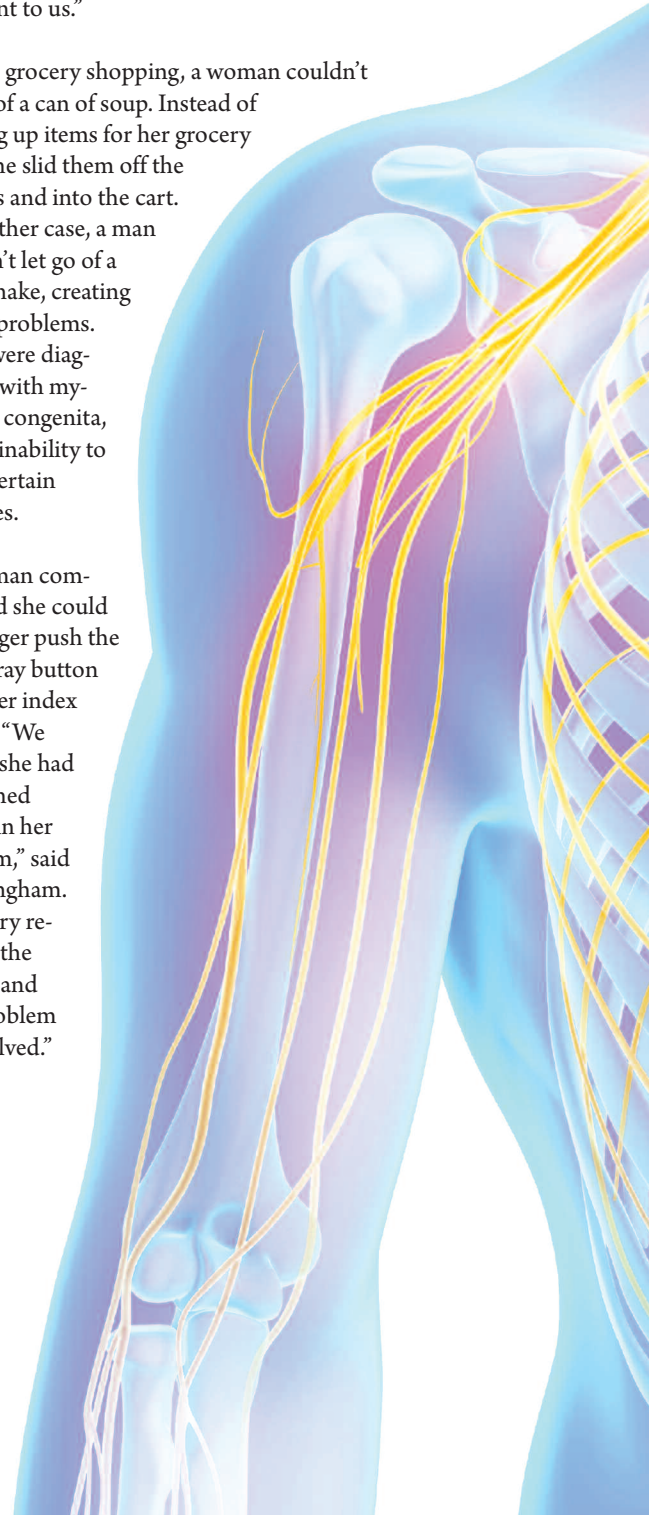
"We think it's important that the doctors and technicians be board-certified to increase the accuracy of the diagnosis," Dr. Bingham said. "No one except a neurologist or a doctor certified in physical medicine and rehabilitation should perform the test. It's important that an EMG is done correctly. Things worth doing are worth doing right."

Interesting cases at Bingham Nerve & Muscle

Dr. Bingham, Dr. Johnson, Dr. Hubbert and the certified technicians at Bingham Nerve & Muscle do much more than evaluate neuropathy, carpal tunnel syndrome, or other common nerve and muscle problems.

"We find ourselves seeing more and more complex cases and serving a wider geographic area," said Dr. Bingham. "We see a lot of interesting cases."

- ▶ A woman couldn't put her makeup on well. Her hand was numb, and it felt like it wouldn't do what she wanted it to do. Her doctor thought she had carpal tunnel syndrome. But after her exam at Bingham Nerve & Muscle, she was diagnosed with a pinched nerve in her spinal cord. She underwent surgery to resolve the problem.
- ▶ A man had a water skiing accident and dislocated his shoulder. His shoulder muscle became weak. "We tested and determined that the nerve to the deltoid muscle had been injured, but not severed," said Dr. Bingham. "The outlook was good; no surgery was needed."
- ▶ A patient was unable to shrug or raise his right shoulder. He got a lump in his throat when trying to swallow. During the physical exam, Dr. Bingham noticed that the shoulder muscle was smaller on the right side of the patient's body. "Based on the patient's history and the exam, we found that the man had a pinched nerve in the base of his skull. We recommended special X-ray studies; a cancerous tumor was found and surgically removed."
- ▶ An elderly man came in with weakness; he couldn't raise his leg to get into the car. "Our testing determined he had a muscle disease called inclusion body myositis, which was treatable with steroids. He had been suffering for two years, seeing numerous physicians before he was sent to us."
- ▶ While grocery shopping, a woman couldn't let go of a can of soup. Instead of picking up items for her grocery cart, she slid them off the shelves and into the cart. In another case, a man couldn't let go of a handshake, creating social problems. Both were diagnosed with myotonia congenita, or the inability to relax certain muscles.
- ▶ A woman complained she could no longer push the hairspray button with her index finger. "We found she had a pinched nerve in her forearm," said Dr. Bingham. "Surgery released the nerve, and her problem was solved."



Dr. Ron Bingham, Dr. Miles Johnson and Dr. Charles Hubbert practice at Bingham Nerve & Muscle. The administrative office is at 3035 N. Highland Avenue. In addition to Jackson, the clinic has satellite offices at seven locations throughout West Tennessee and northern Mississippi. For more information, visit www.nerveandmuscle.com.

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The times, they are a-changin'

In 1964, 22-year-old Bob Dylan sang/croaked the lyrics “the times they are a-changing” hundreds of times as he made his way across the country to folk festivals, civil rights rallies and college campuses.

The song was intended to serve as an anthem heralding the retirement of old ways and the welcoming of a new day coupled with all of the apprehension and uncertainty that change often brings.

In the last 50 years, the song has been employed to signify the end of something and the start of something. It simultaneously draws upon misty-eyed nostalgia and resignation that change is inevitable – as it did when I first encountered it at the end of an episode of “The Wonder Years” when Kevin Arnold’s hippy sister, Karen, ran off to San Francisco with Ross from “Friends.”

I’d be misty-eyed, too, if I was leaving home to live in a dirty commune with Ross from “Friends.”

In health care, the times are always a-changing (and the sky is always a-falling). Usually, changes in health care are in a broad, general sense.

Our health care system is like a massive, oftentimes cumbersome, barge. It doesn’t change course quickly or sharply, and it often takes an act of Congress (literally) to generate any movement.

In many ways, for better or worse, this is by design and ideally serves to stabilize the health care environment.

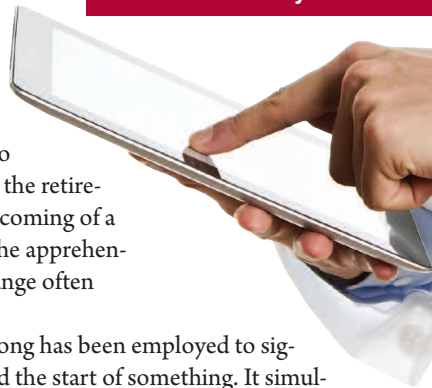
However, a real, tangible, measured change to the health care world is coming later this fall. ICD-10 coding has been the chicken-little-sky-is-falling, boy-who-cried-wolf moment all wrapped into one for the last year ... five years ... decade ... millennium.

Originally designed in 1992, ICD-10 is an updated medical coding initiative designed to provide a greater degree of detail in regard to medical intervention. Until now, when a patient would go to the doctor for a potentially broken arm, for example, that procedure might be billed as code #812.00. Under the new ICD-10 coding, the same procedure might be billed as code #S52.001A.

More numbers, more details, more headaches.

However, once mastered, the ICD-10 coding system will allow

By Dustin Summers
Executive Director,
West Tennessee Physicians’ Alliance



Dustin Summers

doctors, nurses and their administrative staff to more effectively manage diseases and specific medical episodes.

With an October 1, 2015, transition date, the learning curve will be steep and will consequently generate a great deal of unease amongst members of the medical community.

However, the West Tennessee Physicians’ Alliance (WTPA), in conjunction with West Tennessee Healthcare, West Tennessee Primary Care and West Tennessee Medical Group Management Association, recently partnered with the Tennessee Medical Association to directly address this problem.

On August 12, those groups hosted a hands-on, instructional workshop designed to address specialty-specific issues regarding the ICD-10 transition. More than 100 doctors, administrators and staff representatives from the WTPA attended this educational opportunity so that they will be better prepared to serve their patients and to weather the changes that are a-coming.

This commitment to better, more efficient care is an underlying characteristic of the service and clinically sound approach to medicine that patients can expect from WTPA members.

Changing landscapes and changing times are no excuse for complacency, and the members of the WTPA remain committed to continuously working towards improving clinical quality and overall patient care.

This column was originally published in the August 2015 issue of VIP Jackson Magazine.

Fight diabetes with diet and exercise

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can usually be controlled for many years before insulin shots are necessary.

"Now we have a lot of good oral medications that we can treat patients with," Dr. Hayden said. "Medicine has really come a long way in treating diabetes in the last decade."

Other types of diabetes

Type 1 diabetes, which typically afflicts children, is caused by an autoimmune disease that attacks the pancreas. It's mostly genetic, with some environmental factors as well, and it accounts for 7 percent of all cases of diabetes.

When the pancreas can no longer produce insulin, patients have to take three or four shots a day. Insulin can also be administered continuously through the needle of an insulin pump, which must be changed every three or four days.

Other than the need for insulin, patients can lead normal lives. You wouldn't know they had type 1 diabetes unless they told you, Dr. Hayden said.

The third form of diabetes afflicts pregnant women. Gestational diabetes is linked to genet-

ics and weight gain. Pregnant women can decrease their likelihood of developing it through diet and exercise.

Most women lose all traces of the disease after pregnancy. However, they retain the genes to develop type 2 diabetes later in life; up to 50 percent of them develop it within 10 years.



Tim Hayden, M.D.

Symptoms and diagnosis

The symptoms are universal for all types of diabetes. They include thirst, hunger, frequent urination, blurry vision and fatigue. "Get your sugar checked if you're experiencing any of those symptoms," Dr. Hayden said.

The normal fasting sugar level after eight hours of not eating should be below 100. Anyone with a fasting level of 126 or above is diagnosed as diabetic, and any one between 100 and 126 is prediabetic.

If a patient has eaten recently, sugar levels should be under 140. Anyone with levels above 200 is diabetic, and anyone between

140 and 200 is prediabetic.

"When we treat diabetics, I try to get my patients to check their sugar at home, and I give them guidelines of where I want them to be," Dr. Hayden said. "Their fasting level should be below 120, and their level should be below 160 when they are not fasting."

He also administers an A1C hemoglobin test in the clinic, which tells him what the average sugar intake has been for a patient over two to three months and gives good insight into the patient's diet. Patients who score 5.7 and below on the specialized A1C test are normal, prediabetic patients score between 5.7 and 6.4, and patients with a 6.5 and above have overt diabetes.

"Patients with well-controlled diabetes will have a result below 7, while patients who score above 7 have poorly controlled diabetes," he said.

Dr. Tim Hayden and Dr. Elizabeth Londino are board-certified family medicine physicians. Their primary care clinic – Northside Medical – is at 31 Hughes Drive. Visit www.nsmcpc.com.

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