

D | Accent HEALTHY LIVING

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Cleveland Clinic
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THIS WEEK'S
TOPIC:
**LEAKY
HEART
VALVES**

HEALTHY LIVING

Learn how mitral regurgitation affects your heartbeat. Q & A, D4

Seniors need refresher in sex-ed



Steve Dorfman
Boomer Health

Last week, I drove past an upscale retirement community adorned with Valentine's Day decorations.

There was once a time when my immediate reaction would've been a quick "isn't-that-sweet?" smile.

Unfortunately, not anymore.

Thanks to some recently released Centers for Disease Control data about sexually transmitted diseases, now I couldn't help but wonder how many of the widowed, divorced or otherwise newly single seniors would be partaking in the kind of behavior that would put them at risk for being yet another CDC statistic.

Last month, the CDC reported that, between 2007 and 2011, the incidences of syphilis and chlamydia among seniors increased by 52 percent and 31 percent, respectively.

Those statistics mean that folks over the age of 65 are now at greater risk for sexually transmitted diseases than any other demographic.

What's more, the numbers reconfirmed that an alarming trend – first noticed in 2010 when the CDC said STDs in seniors had doubled between 2000 and 2010 – had not only continued unabated, but had picked up steam.

Experts cite a confluence of factors contributing to these developments, which are particularly – yet not surprisingly – prevalent in Florida, one of the states with the highest incidence of senior STDs:

- Increased late-life divorce rates. Increased emphasis on senior fitness (a case of "unintended consequences," if there ever was one).

- Increased availability of erectile-dysfunction medications, many of which are now covered by Medicare plans.

- What's more, folks in their 60s, 70s and 80s who are re-entering the dating/sexual scene came of age in an era when condom use was employed primarily to prevent pregnancy.



Jordana Perlman

"Having a more casual lifestyle with diminished responsibilities, better medications, ample free time, and living in close proximity to other seniors seems to be the formula for reworked conventions and a rampant increase in sexual activity," says psychotherapist Jordana Perlman, founder of Psychotherapy of the Palm Beaches (psyphb.com).

Often living in what a recent New York Times article described as quasi "dormlike"

Dorfman continued on D7

Q&A WITH A CARDIOLOGIST

ARE YOU A HEART ATTACK WAITING TO HAPPEN?



Dr. Michael Metzger specializes in heart catheterizations accessed through an artery in the wrist. CONTRIBUTED



CONTRIBUTED

DR. MICHAEL METZGER

■ Metzger's group, South Palm Cardiovascular Associates, is in Boynton Beach. He's also part of the "Cardiac Alert" service at two community hospitals, which provide fast attention for patients entering the ER with heart attacks.

■ He specializes in doing heart catheterizations by running a stent through an artery in the wrist rather than the traditional procedure that uses an artery in the groin. "Approximately 90 percent of cardiac catheterization procedures are done from the groin ... by accessing the femoral artery and advancing to the heart through the aorta in the abdomen and chest. I, however, use the radial artery ... access. The advantages include patient safety and comfort."

New tests can pinpoint your personal risk.

By Lois Cahall
Special to The Palm Beach Post

It was more than a decade ago that I phoned my just-retired, 65-years-young mother in Florida and began revving her up with the highs and lows of my life in Manhattan.

She interrupted, joking: "Stop ... or you'll give me a heart attack!"

Moments later, as she hung up the phone, my mother collapsed to the floor.

She died, just like that, from a massive heart attack. The No. 1 killer of women.

After reading her autopsy report, I saw her cholesterol reading was close to 300 – too high. Anyone with cholesterol over 240 has more than twice the risk of coronary heart disease as someone whose cholesterol is below 200.

My mother was afraid of taking the newly FDA-approved cholesterol-controlling medicines because of potential side effects like liver damage.

I'd give anything to have my mother alive today ... with any side effect.

So with partial guilt and a longing to see how heart disease treatments may have changed since then – and because February is American Heart Month – I found Dr. Michael L. Metzger, a cardiologist who offers a lot more than just being the man in a white lab coat and stethoscope.

Actually he's young and dressed in a crisp shirt and

Heart continued on D5

2014 WALK TO DEFEAT ALS

Walking for Susan

Susan Spencer-Wendel aims to raise 'boatload of money' to beat the disease.

By Jane Smith
Special to The Palm Beach Post

The honors keep piling up for former Palm Beach Post courts reporter Susan Spencer-Wendel.

She and her husband, John Wendel, will be honorary chairs of the 2014 Walk to Defeat ALS/Palm Beach on March 22.

"Susan and John deserve to be honored," said walk chairwoman Dorothy Bradshaw. "Susan made a concerted effort to not let ALS keep her from continuing to live life and to continue to do the things that she enjoys for as long as

she can. Having experienced the effect ALS has on the caregiver, I admire John for all that he is and continues to do for Susan. He gives true meaning to the words 'until death do us part.'"

Spencer-Wendel was an award-winning courts reporter when she was diagnosed in June 2011. Often referred to as Lou Gehrig's disease, amyotrophic lateral sclerosis is a progressive, fatal neuromuscular disease that slowly robs the body of its ability to walk, speak, swallow and breathe. She took a medical leave from

Susan continued on D7

'Susan made a concerted effort to ... continue to do the things she enjoys....' — Dorothy Bradshaw, walk chairwoman



Susan Spencer-Wendel gets a kiss on the forehead from her husband, John, at the start of an October football game at Forest Hill High School in Lake Worth. BRUCE BENNETT / THE PALM BEACH POST

IF YOU GO

What: 2014 Walk to Defeat ALS
Where: Okeechelie Park, suburban West Palm Beach
When: 10 a.m., Saturday, March 22
Info: walkfl.alsa.org or 813-637-9000, ext. 126.
After-walk activities: Live music, hot food and cold drinks, and bounce house and face painting for kids. A Barnes & Noble representative will sell the paperback version of "Until I Say Good-Bye," which Susan Spencer-Wendel will sign with the help of her husband, John.
To donate to a cure for ALS: Go walkfl.alsa.org, and click on Palm Beach walk

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Heart

continued from D1

khakis, with an eager depth, a sweetheart demeanor and a passion for what wakes him up at all hours of the night.

Why do some people survive heart attacks and some people die instantly?

Dr. Metzger explains with his innate energy – since he’s had only two hours of sleep from being “on call” last night: “My phone rang at 3 o’clock this morning. It was the Delray Medical Center. The ER told me they had a 64-year-old man that was having chest pain on and off since Sunday. After the paramedics stabilized him and brought him to the hospital, he suffered a cardiac arrest in the Emergency Room.

His heart actually stopped, requiring emergency resuscitation (done successfully with prompt use of the electrical paddles and chest compressions). We were then called to bring him for an emergency angiogram and stent to treat his culprit vessel and its ruptured plaque.”

But was the good doctor too late? No. The patient was out of surgery and recovering an hour later – the blood clot gone and a stent put in.

Why did he survive? Was it just timing?

“There’s a difference between a heart attack and a cardiac arrest – which is also known as sudden cardiac death. ... A heart attack is when a cholesterol plaque that has been steadily accumulating through one’s adult life suddenly ruptures, and a blood clot forms at the site. This leads to an abrupt cessation of blood flow in the vessel, which causes the typical chest pain we associate with heart attacks.

Very often, despite the intense chest pain or shortness of breath, pa-



Michael Metzger provides attention to patients with heart-related emergencies at two community hospitals. CONTRIBUTED

MOST COMMON SYMPTOMS OF HEART ATTACK IN WOMEN ARE THE ABC’S

- Angina:** Chest pain, back pain or deep aching and throbbing in the left or right bicep or forearm
- Breathlessness:** Or having difficulty catching one’s breath
- Clammy perspiration**
- Dizziness:** Lightheadedness or even blackouts
- Edema:** Swelling, particularly of the ankles or lower legs
- Fluttering:** Or rapid heartbeat
- Gastric:** Upset stomach or nausea
- Heavy fullness:** Or pressure-like chest pain between breasts and radiating to left arm or shoulder.

tients are able to remain stable enough to get to the emergency room with a normal heart rate and blood pressure, and can calmly discuss what is happening to them.

“A heart attack can present with several additional complications, depending on the size and location within the heart, as well as the time delay until treatment. Among the most potentially fatal complications is an electrical ‘short circuit,’ which can produce an arrhythmia called ventricular fibrillation. This is an unstable electrical rhythm of the heart, and people will collapse or pass out when this occurs – and without prompt treatment (external shocks from a defibrillator), will nearly invariably die.

“Ventricular fibrillation is therefore a common cause of a cardiac arrest and is likely the major reason people die of a heart attack at home. However, please understand that not all heart attacks cause this electrical complication, and not all cardiac arrest is from a ‘heart attack.’ This is a common misconception.”

Is heart disease still the No. 1 killer of women?

“Cardiovascular disease is the most common cause of death in women. This encompasses more than just heart attacks - it includes stroke, heart failure, valvular heart disease, etc.”

How has heart care changed?

There are new ways to

assess what somebody’s individual cardiovascular risk is. For example, Metzger says, a patient may have normal cholesterol levels but still have a heart attack. This is because not all cholesterol is equal.

“Some people make big fluffy pieces of LDL (‘bad’ cholesterol), while others make small, dense pieces. We know that small dense LDL is more likely to form cholesterol plaque in an artery wall.”

With new tests, identifying people with the small dense LDL should reduce deaths.

So what is a typical day in a matter of life and death job?

“It is a lot of hard work - I am up by 5 or 6 a.m. every day, going to hospitals for procedures and rounds in the mornings, followed by a busy office schedule in the afternoons, and often back to the hospitals at night to see more patients. It is taxing from a physical perspective with all the running around, and there is also a lot of emotional strain and stress as every single thing we do, all day long, and often in the middle of the night is a decision.

Metzger exudes a real passion for his office and his practice. Was it similar to an artist’s calling? “In medical school I found myself listening to a cardiac lecture only once and completely understanding it and didn’t have to memorize anything. It made practical sense to me – that is how I know found the perfect specialty for me.”

What’s your top advice to preserve heart health?

“My one tip would be to see a physician who can assess risk. We have ways to assess risks include metabolic factors and advanced lipid testing. This is not ‘cookie-cutter’ doctoring. We come up with a personalized plan based on someone’s individual risks.”

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