

life AND HEALTH

Your snore could mean something more

People complain that your snoring drives them crazy. But it isn't doing you any good either.

Loud snoring is one of the hallmark symptoms of a potentially serious condition called obstructive sleep apnea. While there are a variety of sleep disorders, Jakdej Nikomborirak, MD, Sleep Medicine specialist, says sleep apnea is by far the most common reason patients are referred to him.

With sleep apnea, the soft tissue in the back of your throat collapses and blocks your breathing. Usually the only way to start breathing again is to wake up—which is typically accompanied by some gasping-type sounds. These interruptions in breathing can occur multiple times during the night, depriving you of sound sleep. Sleep apnea can lead to daytime fatigue. It's also been linked to a higher risk for car crashes and work-related accidents—as well as health problems such as high blood pressure, heart attack and stroke. For those reasons, primary care providers refer their patients suspected of having the disorder to sleep medicine specialists.

Dr. Nikomborirak, affectionately known as “Dr. Jak” around Morton



If you believe you have a sleep disorder, see your primary care provider for a referral to the MGH Sleep Center.

General Hospital (MGH), is the newest member of the medical staff. He and nurse practitioner Jennifer Montoure, ARNP, are the providers for the MGH Sleep Center. Between the two of them, they evaluate all new patients and, if appropriate, order sleep studies.

Sleep studies: What to expect

Sleep studies at the MGH Sleep Center are conducted between 7:30 p.m. and 6 a.m. Patients are greeted by staff sleep technologists, who hook up the monitoring equipment and then monitor the patient's vital signs, breathing, blood oxygen level and body movements while they sleep.

Once the study is completed, the patient returns to Dr. Jak or Montoure

for their results and a treatment plan.

One of the advantages of having the test conducted at MGH is the short turnaround time, Dr. Jak says.

“We don't have long waiting lists,” he says, adding that this isn't the case in Centralia, Olympia or Longview. “I had one patient tell me that she was told there would be a six-month wait elsewhere.”

Dr. Jak reassures patients that there is nothing to be afraid of from sleep studies. “The technologist takes care of you all night,” he says.

“And the study is conducted in a hotel-like room,” Montoure adds. “It's not even in a hospital bed.”

“We are taking care of all sleep disorders,” Dr. Jak says. “We can accommodate patients very quickly.”



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Robin Rice, PA-C
(right), confers
with a patient
at Riffe Medical
Center.

Women: Don't keep it a secret

Sneezing should make you reach for tissues. But if you find yourself grabbing toilet paper instead because you leaked some urine, you're not alone.

Many women struggle with stress incontinence—a loss of bladder control triggered by activities that can put pressure on the bladder, such as sneezing, laughing or exercising.

Why does it happen?

Pelvic muscles weakened by childbirth are often to blame. Menopause may also play a role. Some doctors suspect that dropping estrogen levels weaken pelvic muscles, which could explain why more older women have stress incontinence than younger ones.

Stress incontinence is the most common type of incontinence in women—but it's not the only one. Women may also have:

- Urge incontinence. Here, the need to urinate comes on suddenly, before you can get to the bathroom.
- Mixed incontinence. This is a combination, often of both stress and urge incontinence.

Speak up

"Yes, admitting to accidents can be embarrassing," acknowledges physician assistant Robin Rice, PA-C. "But don't keep

a treatable problem a secret. Incontinence can often be controlled or cured."

Rice, who works out of Riffe Medical Center in Mossyrock, reports that the first step in managing incontinence is to tell your primary care provider that you're having problems. Your provider may advise:

Keegel exercises. You do them by squeezing the muscles you use to stop or slow urination.

Lifestyle changes. If you're overweight, dropping pounds may make urine leaks less frequent. So can stopping smoking, drinking less caffeine and eating enough fiber to avoid constipation.

Bladder training. You may regain bladder control by going to the bathroom at set times—before you get the urge—and slowly increasing the time between trips.

Medications. Estrogen cream may help if you have mild stress incontinence. And certain medicines can also prevent the bladder spasms that cause urge incontinence.

Surgery. When more conservative measures fail, surgery may be helpful for stress incontinence.

Sources: American Academy of Family Physicians; American College of Obstetricians and Gynecologists; American Urological Association; U.S. Department of Health and Human Services



How can I stay well as I get older?



The family doctor says: Watch your weight

Your metabolism changes as you age, which means you burn fewer calories. As a result, your weight can creep up and raise your risk of heart disease, high blood pressure and diabetes. To avoid extra pounds, you'll probably need fewer calories as you move beyond your 50s. And exercise regularly.



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The family doctor says: Avoid falls

Your chance of a serious fall rises with age. Still, most falls don't just happen, which means you can often prevent them. Stand up slowly—getting up quickly can make you feel wobbly. Keep floors clutter-free and your home well-lighted. And get enough shut-eye. If you're sleepy, you're more likely to stumble.



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The internist says: Preventive medicine is the best medicine

Preventing medical problems from occurring in the first place may improve both quality and quantity of life. This can be achieved by smoking cessation and keeping up-to-date with vaccinations and health screening tests such as bone density testing.



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The gynecologist says: Focus on healthy foods

Eat from the rainbow—enjoy plenty of produce in different colors. Also build your diet around whole grains, fruits and vegetables, and nuts and legumes. Go easy on sugary or salty foods and ones that have saturated and trans fats.



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COMMUNITY

Your health is our goal

Striving to meet the health needs of the community is an important job bestowed on public hospital districts. First up, though, is the task of identifying those needs. In 2017, Morton General Hospital (MGH) used various data sources—ranging from health behaviors and mortality data to our very own community focus groups—to identify nine areas of health concerns for our community.

- Obesity and nutrition.
- Diabetes.
- Past heart attack.
- Mental health.
- Access to health care.
- Alcohol and drug use and addiction.
- Smoking.
- Poverty.
- Aging population.

We take all of these issues seriously, and our goal is to address the health needs of the community we serve. With a two-year window for progress, we selected five of the nine to pursue first. Here's how:

Obesity and nutrition.

- Employ a full-time registered dietitian by the end of 2019 with the goal of meeting the needs of each patient.
- Offer a prevention T2 program to all patients with prediabetes—with nutrition and exercise as components of the program.
- Develop a corporate wellness program to promote weight loss for hospital and clinic staff.

Diabetes.

- The prevention T2 program is offered to all patients with prediabetes. Our goal: 50 percent of all participants getting at least 90 minutes of exercise each week of the program.
- MGH offers a Type 2 Diabetes Basics class, with a goal of helping at least 75 percent of all patients who complete the four-session curriculum improve glucose control as measured by HbA1c.

Mental health.

- Continue to explore avenues in which to provide mental health services to hospital district residents, including providing social services to clinic patients.

Smoking.

- Continue offering free smoking-cessation opportunities to district residents.

Aging population.

- Continue to offer the free Aging Mastery program annually.

