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KEVIN GROENHAGEN PHOTO



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Educating guys
about prostate
cancer.**

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World War II veteran Robert Paulsen, Baldwin City, recently visited war memorials in Washington, D.C., as part of the Kansas Honor Flight program. - page 10

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KAW VALLEY SENIOR MONTHLY

Dresser leads Man to Man Prostate Cancer Support Group

By Kevin Groenhagen

Guy Dresser, Lawrence, knew for quite some time that he was at risk for prostate cancer. For nearly a decade, his yearly physicals showed that his prostate-specific antigen (PSA) levels hovered around 4.0.

PSA is a substance produced by the prostate gland. According to WebMD, "Elevated PSA levels may indicate prostate cancer, a noncancerous condition such as prostatitis, or an enlarged prostate." Further, "Most men have PSA levels under four (ng/mL) and this has traditionally been used as the cutoff for concern about the risk of prostate cancer."

"My PSA would go up to 4.5, then go down to 3.8, and then go up to 4.9," Dresser said. "All of a sudden it spiked up to 6.0 or 7.0. My urologist started to get worried about it, so he scheduled me for a biopsy. By the time I had the biopsy, I think my PSA was up to 12. PSA is a predictor for prostate cancer, but it's not a very accurate predictor. However, PSA velocity can be a more accurate predictor. Velocity means how fast the PSA is rising."

Of the 12 biopsy samples taken at

the end of 2009, three confirmed the presence of cancer, one of which had a high Gleason score. A Gleason score is a system of grading prostate cancer tissue based on how it looks under a microscope. According to the National Cancer Institute, "A low Gleason score means the cancer tissue is similar to normal prostate tissue and the tumor is less likely to spread," while "a high Gleason score means the cancer tissue is very different from normal and the tumor is more likely to spread."

Since Dresser had been at risk for prostate cancer for so long, he had an opportunity to do a lot of research on prostate cancer, including the treatment options.

"One of the options is to do nothing," he said. "That used to be called 'watchful waiting.' They now call it 'active surveillance.' You continue to get biopsies every so often until the doctor feels that the cancer is too aggressive. And then there are a number of treatment options you can choose. You can choose radical prostatectomy, which is removal of the prostate. That's probably the most aggressive treatment you



Guy Dresser

can do." Other treatment options target the cancer cells rather than the whole prostate.

"There are some therapies that are not yet available in the United States, one of which is

"There is cryotherapy, which entails

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Kaw Valley Senior Monthly

Kevin L. Groenhagen
Editor and Publisher

Kaw Valley Senior Monthly is published monthly by Groenhagen Advertising, L.L.C., Lawrence, Kansas, and is distributed at over 130 locations throughout the Lawrence-Topeka area. Any opinions expressed by our writers are not necessarily those of Groenhagen Advertising, L.L.C. Subscription rate is \$7.50 for 12 monthly issues.

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ultrasound.”
 There are also radiation options, including external-beam radiation therapy, in which X-rays kill cancer cells and damage the DNA in cancer cells to keep them from replicating. Another treatment, brachytherapy, entails planting radiation seeds in the prostate. Proton beam therapy is a newer—and more costly—radiation option.
 “I didn’t have widespread cancer, but one of the probes that did have cancer was high on the Gleason scale, which is why I thought I needed to do something rather than just watchful waiting,” Dresser said. “Prostate cancer can spread to other parts of the body. If it spreads, it tends to spread to the lymph nodes around the prostate. It also tends to go to the bones. It’s still prostate cancer, but it’s in your bones. They call that metastatic prostate cancer. Once it spreads to your bones and

throughout your body, surgery won’t help you. Radiation won’t help you. At that point, they mainly put people on hormone therapy.”
 After considering his options, Dresser chose external-beam radiation.
 “I didn’t want to do the surgery because there is a fairly high incidence of incontinence and impotence,” he explained. “The side effects are much less with radiation. According to Dr. Darren Klish, my oncologist at Lawrence Memorial Hospital, the five- to eight-year outcomes are similar for surgery and radiation.”
 According to Dresser, he experienced almost no side effects from the radiation therapy. Radiation therapy often causes fatigue. However, Dresser, a self-described “exercise nut,” continued running five miles on the treadmill and lifting weights at the gym even during the last week of therapy.
 Dr. Klish noticed that Dresser, who is not in the medical field (he had retired as the vice president of Allen Press in 2008 after being with the company for nearly four decades), was extremely informed about prostate

cancer. During the spring of 2010, he asked Dresser to consider starting a Man to Man Prostate Cancer Support Group in Lawrence. Man to Man is an American Cancer Society program that “helps men cope with prostate cancer by offering community-based education and support for patients and their family members.” Dresser agreed to do so.
 “One month we have an informational program, which can include a doctor’s presentation or videos about prostate cancer,” he said. “The next month we have a roundtable discussion. I go around the room and ask everybody to bring us up to date on anything that has happened in their experiences with prostate cancer since the meeting two months ago.”
 One thing Dresser doesn’t do is advocate regarding the various treatment options.
 “I’ve asked the other guys to do the same thing,” he said. “I try very hard to be impartial. We all have to make our own choices and there are advantages and disadvantages with each choice we make. None of us at the meetings is a

doctor unless we have a doctor there as part of the program. So we’re not giving medical advice to each other. We talk about our own experiences, what choices we made, why we made those choices, and, hopefully, we’ll help someone who has been recently diagnosed to at least know what all the options are.”
 Dresser said that if he had to get cancer, he is glad that it was prostate cancer, which, after skin cancer, is the most common type of cancer amongst men.
 “Prostate cancer is an interesting disease because most forms of prostate cancer are not lethal,” he said. “Men tend to not want things like ‘I’ve heard from doctors that if you support groups,’ he said. “Men are autopsy 80-year-old men and do a biopsy of their prostates, you’ll find that most of them have some form of prostate cancer that they didn’t know they had. It tends to be a very slow growing cancer so, in many cases, you would die with it rather than die of it. However, you can die from prostate cancer. About 225,000 men a year are diagnosed with prostate cancer. About

25,000 to 30,000 men a year die from prostate cancer.”
 According to Dresser, he has 35 to 40 men on his mailing list for the Man to Man group in Lawrence, of which 15 to 17, although not always the same 15 to 17, attend the monthly meetings. Some men attend every meeting. There is even one member from Scotland, who frequently visits Lawrence. Dresser is working to build the group’s membership.
 “Men tend to not want things like ‘I’ve heard from doctors that if you support groups,’ he said. “Men are autopsy 80-year-old men and do a biopsy of their prostates, you’ll find that most of them have some form of prostate cancer that they didn’t know they had. It tends to be a very slow growing cancer so, in many cases, you would die with it rather than die of it. However, you can die from prostate cancer. About 225,000 men a year are diagnosed with prostate cancer. About

■ CONTINUED ON PAGE FIVE

doing the PSA tests,” he said. “Some strongly believe that PSAs shouldn’t be done. If a man believes he might have prostate cancer because of the PSA test, he could go for a biopsy and find out that he does have cancer. If he doesn’t do his research to find out that he could do watchful waiting, he could go right away to have his prostate removed. A fairly high percentage of men who have their prostates removed have incontinence problems, at least for awhile, and problems with impotency.”
 The U.S. Preventive Services Task Force in 2011 also recommended that men not get screened for prostate cancer. The same medical group had earlier told women in their 40s that they don’t need mammograms.
 What does Dresser think of the PSA tests?
 “My view is you should have the PSA test,” he answered. “PSA tests may not save lives statistically, but I believe they may have save my life because I did have the higher Gleason score. If I hadn’t had the tests, I might be here 15 years from now at 85 years old talking to you and never knew I had prostate cancer. On the hand, people die from it. I could have died last year if it was the aggressive form of prostate cancer.”
 According to the American Cancer Society, the risk factors for prostate cancer include the following:
Age: Prostate cancer is very rare in men younger than 40, but the chance of having prostate cancer rises rapidly

after age 50.
Race/ethnicity: Prostate cancer occurs more often in African-American men than in men of other races.
Nationality: Prostate cancer is most common in North America, northwestern Europe, Australia, and on Caribbean islands. It is less common in Asia, Africa, Central America, and South America.
Family history: Prostate cancer seems to run in some families, which suggests that in some cases there may be an inherited or genetic factor.
Diet: Men who eat a lot of red meat or high-fat dairy products appear to have a slightly higher chance of getting prostate cancer.
 Dresser wonders about another possible risk factor. As an Army artillery officer during the Vietnam War, he may have had some exposure to Agent Orange when he went out to the fire bases. According to a May 13 UPI article about a recent study involving a group of 2,720 U.S. veterans, “U.S.


researchers say they found a link between the herbicide Agent Orange used heavily during the Vietnam War and aggressive prostate cancer.” The study found that exposure to the herbicide was linked with a 75% increase in risk of the aggressive prostate cancer.
 Man to Man meets at Lawrence Memorial Hospital at 5:30 p.m. on the first Tuesday of every month. For more information, please call Guy Dresser at (785) 393-1256 or email him at guy.dresser@gmail.com. There is also a Man to Man group that meets in Topeka at the St. Francis Health Center’s Cancer Center, 1700 S.W. 7th Street, at 7 p.m. on the first Thursday of every month. For more information about that group, please call Max Williams at (785) 230-4422. In addition, the American Cancer Society publishes an online Man to Man newsletter, which is available at www.cancer.org/treatment/supportprogramsservices/mantoman.

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Trinity In-Home Care has new executive director

By Billie David

Megan Poindexter believes that she could not have chosen a more exhilarating time to serve in her new capacity as executive director of Trinity In-Home Care because of all the changes that are currently taking place in the healthcare arena.

“It’s been a whirlwind of excitement,” said Poindexter, who started her new job on February 18. “There are lots of changes on the federal and state level, and there is a lot to learn.”

For example, there are changes that will result from the Affordable Care Act on the national level, and on the state level there’s the privatization of healthcare. But the change that is engaging much of Poindexter’s attention right now is AuthentiCare, which is a new, specialized program that is having an impact on home-based care organizations like Trinity In-Home Care.

That’s because AuthentiCare requires workers to clock in and out by calling in over a phone rather than using the old timesheets to record client visits. It is designed to monitor services, ensure transparency, reduce costs and improve the quality of care by detecting late or missed services.

The challenge for Poindexter is that it does not take human error into account.

“It is pushing everyone into a specialized technology,” Poindexter explained. “There’s lots of data that has to be entered.”

But when the numbers are entered into the phone’s keypad, they are sometimes entered incorrectly. For example, two numbers may be transposed, impacting Trinity In-Home Care’s ability to track hours, with the ultimate consequence that clients may not get the help they need.

“It’s exciting because there’s a lot of opportunity for improvement,” she said, adding that with new technology-based problems, there can also be found technology-based solutions such as streamlining and direct transfer of data.

“With a little squeak, it gets a little more grease,” she said.

Another aspect of keeping on top of developing changes that Poindexter is particularly looking forward to is working with other Douglas County healthcare organizations to meet the resulting challenges.

To that end she has been meeting with representatives of the other Douglas County United Way recipients, such as Independence, Inc. and Visiting Nurses, “to think outside the box, to interact and strategize in order to get the most care to the most people.”

“We have always worked well together,” Poindexter said. “This is an opportunity to communicate and find ways to improve.”

Poindexter did not originally set out to work in the field of senior healthcare. She started her career in the social services arena. When she was about one-third of the way through getting a master’s degree in social work, however, she decided that she was more interested in the big picture and how she could have the most impact on the system, and that the best way to achieve that was through administrative and non-profit management, part of which involved understanding fundraising.

“To learn that, I took a job at the Lied Center and became a fundraiser for the arts,” Poindexter said, adding that she enjoyed her work there. “It was an amazing few years, but my heart was always in social services, so when this position opened up, I felt like it was the right time for them and for me.”

Trinity In-Home Care strives to help seniors and people with disabilities remain at home, and one of the aspects Poindexter likes about the organization is that they are local.

“We work very hard to be a personal and local organization,” she said. “We are not a national chain. We are based in the community, which makes us a little bit different because our decisions are based on the needs of Lawrence and Douglas County.”

■ CONTINUED ON PAGE SEVEN

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■ CONTINUED FROM PAGE SIX

Another aspect she likes is the care taken to match the caregiver with the client.

“There is trust and a strong bond between them, which means better care and satisfaction,” she said. “The end result is a high quality of life for people.”

As for Trinity In-Home Care’s caregivers, “they are extremely hard-working employees who go out every day. They are the unsung heroes,” Poindexter said.

Trinity’s in-home services include companionship and social contact, help with mobility issues, laundry services, light housekeeping, caregiver relief, help with bathing and grooming,

grocery shopping and errands, meal preparation, childcare, medication remainders, overnight support, local transportation, toileting and incontinence care, and end-of-life care.

Poindexter grew up in Manhattan, Kansas, and credits her mother with being her inspiration to pursue social work. Her mother is very community oriented and generous with volunteering her time to help others, Poindexter said.

Her father was employed by a statewide nonprofit organization as well. “So between the two of them, there was just a sort of a natural comfort level,” she explained.

Poindexter was living in Kansas City when she met her husband, who lived in Baldwin City at the time. They decided to meet in the middle and

moved to Lawrence, which is closer to Poindexter’s family. They have two preschool girls with whom they like to

spend their free time doing children’s activities like going to the park and coloring.

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Kiwanis name Gene Meyer '2013 Substantial Citizen'

On May 23, the Lawrence Kiwanis Club bestowed its highest honor on Gene Meyer, president and CEO of Lawrence Memorial Hospital (LMH), by naming him the club's 2013 Substantial Citizen.

Meyer became president and CEO of LMH in May 1997. He previously served as senior executive officer for Saint Luke's South, senior executive officer for Saint Luke's-Shawnee Mission Medical Group, and senior associate director for Saint Luke's Hospital. He began his health care career at Spelman Memorial Hospital in Kansas City as director of personnel in 1980. He became CEO of Spelman Health System in Smithville in 1984 and was involved in many key initiatives during his 12 years there.

Meyer is active in many professional, civic and community organizations. He served on the American Hospital Association Regional Policy Board and was the 2011 recipient of the AHA Grassroots Champion Award. He is a past president of the Lawrence Noon

Rotary Club and a past board chairman of the Kansas Hospital Association, Lawrence Chamber of Commerce, and the Kansas Award for Excellence Foundation. Lawrence Junior Achievement inducted Meyer into the 2011 Business Hall of Fame. In 2002, Baker University honored Meyer with its Lawrence Business Person of the Year Award. He also serves on the board of directors for Commerce Bank.

Meyer has led LMH to numerous state and national recognitions, including the Kansas Excellence Award, VHA Clinical Excellence Awards, and HealthGrades Outstanding Patient Experience Award. Other LMH accomplishments under Meyer's leadership include the following:

In 2013 LMH was recognized nationally as one of the 100 Top Hospitals® by Truven Health Analytics. LMH was the only hospital named to the prestigious list from Kansas or Missouri.

In 2012 The Joint Commission, the nation's leading accreditor of health care organizations, named LMH one

of the Top Performers on Key Quality Measures for performance data in heart attack, pneumonia and surgical care in 2011.

Ingram's magazine in Kansas City recognized LMH as one of the region's Best Companies to Work For in 2012.

In 2012 LMH was honored with an "A" Hospital Safety Score by The Leapfrog Group, an independent national organization run by employers and other large purchasers of health benefits. Using publicly available data on patient injuries, medical and medication errors, and infections, U.S. hospitals were assigned grades for their safety. Only five hospitals in Kansas earned an "A" score.

Hospitals and Health Networks magazine named LMH one of Health Care's Most Wired Hospitals in 2011 and 2012.

In 2012 Moody's Investors Service, one of the country's top credit rating agencies, upgraded LMH's long-term credit rating to A1 level, validating the hospital's strong financial performance

and making LMH one of the smallest net revenue hospitals in the country to achieve this rating.

LMH has ranked in the top five percent nationally among all hospitals for heart attack care.

The LMH Regional Oncology Center offers patients access to more than 150 clinical trials, placing LMH among the top hospitals in the state and region for cancer research.

Through his leadership, LMH has expanded services to a freestanding outpatient facility—LMH South—and added interventional cardiology, acute rehabilitation, a wound healing center, and oncology services. Meyer has overseen a \$55 million expansion of the LMH campus that includes new emergency and surgical facilities and expansion of the critical care, surgical, medical and maternity nursing units. In addition, LMH has expanded its presence regionally with family care clinics in Eudora, Baldwin City, Tonganoxie and McLouth, as well as having primary care and specialty practices in Lawrence.

Mary Rowson: An extraordinary volunteer

By Rev. Dr. Ed Farris

When a person is on hospice care, their life expectancy is six months or less. Many times our hospice staff is surprised at life and death. Sometimes a person will suddenly die who we thought would live much longer and others who are at death's door will live much longer than anticipated.

One lady in a nursing facility took a sudden turn for the worse. Heartland Volunteers were called and responded immediately. Mary Rowson is one such volunteer. Even though she owns and manages Awesome Adventures Travel Agency, she went to the bedside of the dying patient.

Mary sang to the patient, held her hand, rubbed her arms and ran her fingers through her hair to help comfort the patient. Mary stayed with the patient for 10 hours.

With such a heart for caring expressed by Mary to this patient, I informed the CEO of Heartland Hospice in Toledo, Ohio, of her extraordinary service. He immediately wrote Mary a lovely letter expressing his gratitude for her going the extra mile to care for one of our patients.

Mary certainly has a heart for volunteering and has been a hospice volunteer since 1998. She said when her husband died suddenly she learned how hard it is to go through losing a loved one and wanted to walk with others as they go through the grieving process.

Everyone is busy. There are always things to do, but to find 10 hours to sit with a dying patient shows a mountain of care. We are grateful for Mary and her dedication to Heartland Hospice Care in our goal to meet the patient's needs.

- Rev. Dr. Ed Farris is the Chaplain/Volunteer Coordinator with Heartland Hospice, Topeka. He can be reached at 785-271-6500.



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Baldwin City resident tours Washington D.C. with Kansas Honor Flight Lawrence Presbyterian Manor announces 'Art is Ageless' winners

By Scott Schultz

Robert Paulsen, a resident of ComfortCare Homes of Baldwin City participated in the Kansas Honor Flight along with his son Bob Paulsen (Olathe, Kan.) May 15 to 17.

The mission of Kansas Honor Flight is to send Kansas war veterans to visit the War Memorials in Washington D.C. Paulsen, 87, is a World War II Army Infantry veteran and Purple Heart recipient.

Each veteran is accompanied on the trip by a "guardian" and in this case Paulsen was pleased to share the experience with his son, Bob, who made the arrangements.

Participants had a two-hour tour of the war memorials and witnessed the changing of the guard at the Tomb of the Unknown Soldier in Arlington National Cemetery. They were greeted by former Kansas Senator Bob Dole, also a WWII veteran, who has met veterans from some 170 Honor Flights from across the nation.

Senator Jerry Moran from Kansas also greeted the Honor Flight participants on this trip.

A walking tour of Ft. McHenry was one of the highlights. The Smithsonian National Air and Space museum was a favorite for the Paulsens as they viewed the WWII era Enola Gay aircraft and other exhibits.

Bob Paulsen commented that school-children on field trips regularly came up to his father, shook his hand, and thanked him for his service. "It was like a reception line with school teachers explaining to their students that the men in red T-shirts are WWII veterans." Bob also remarked that several middle school-age girls asked to have a photo taken with Robert.

Honor Flight participants were recognized at a banquet, and were honored with letters from family and friends writing to thank them for their service, a regular event on the flights known as "mail call." The veterans had assistance from Honor Flight volunteers at the airports and were able to pass quickly through security checkpoint lines. Each participant received a quilted pillow case created by one of the guardians that carried the theme of the veteran's service branch.

Bob Paulsen commented that the trip was well organized by Kansas Honor Flight, and that he plans to commemorate the trip with a hard-cover photo album using Shutterfly.

With a few days' rest from the event, Robert Paulsen is glad he went on the flight, stating that "we did a lot of sitting in cars and buses, but you never know when it might be your last trip."

Those who know Paulsen suspect that other adventures lie in store for this honorable and remarkable man.



Robert and Bob Paulsen

If you are interested in sending a loved war veteran to his or her national memorial, visit to www.KansasHonorFlight.org.

- Scott Schultz is President of ComfortCare Homes of Baldwin City, pioneers in resident-based Alzheimer's care.

Lawrence Presbyterian Manor recently held a reception for the winning artists in the annual Art is Ageless® juried competition.

"We think the competition gets harder for the judges every year," said Maclyn Pettengill, marketing director. "The diversity of entries is exciting and the talent represented in the exhibit is different every year."

Winners in the Lawrence Presbyterian Manor Art is Ageless juried competition are:

- Best of Show:** Ardis Comfort
- Christmas:** Effie Simmons
- Drawing:** Cecil E. Mashburn
- Fiber Arts:** Nita Grier
- Mixed Media/Crafts:** Donna P. Koepf
- Needlework:** Mary Ryoti
- Painting:** Carole Peteres and Richard Lind
- Photography:** Richard E. Nelson
- Quilting:** Mary Burchill
- Sculpture/3-D:** Carole Peters and Lidia Ruth Paga'n

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Lawrence Presbyterian Manor's website, LawrencePresbyterianManor.org, and will join winners from 17 other Presbyterian Manors of Mid-America (PMMA) communities in June to be judged at the system-wide level. Winning entries at the system-wide level may be selected for publication in PMMA's annual Art is Ageless calendar and note cards.

Art is Ageless, open exclusively to

people age 65 and older, is a trademarked program of Presbyterian Manors of Mid-America. For the competition, works must have been completed in the past five years. Artists not interested in competition were invited to enter the Art is Ageless exhibit only.

Presbyterian Manors of Mid-America's Art is Ageless program encourages Lawrence Presbyterian Manor resi-

dents and other area seniors to express their creativity through its annual competition, as well as art classes, musical and dramatic events, educational opportunities and current events discussions throughout the year.

Art is Ageless is an extension of Presbyterian Manors of Mid-America's wellness programs, which focus on mental, physical, social and spiritual health.

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By Kristine Warren
Social Security District Manager in Topeka, Kansas

In June we celebrate National Family Month, which is a great time to reflect on your family and how to make it stronger. As the U.S. Department of Health and Human Services reminds us, strong families share many valuable qualities: trust, commitment, communication, growth, affection, fun, and love. Strong families are more likely to grow through a crisis, allowing the difficult experience to bring them even closer together. In the unfortunate event of a family member's death, we want you to know that Social Security is here to help. In addition to the emotional difficulty family members experience, there is often a financial burden as well, especially if the family's main wage earner

dies. In such cases, Social Security survivors benefits will help. Did you know that nearly every child in America could get Social Security survivors benefits if a working parent dies? And Social Security pays more benefits to children than any other federal program. Although many people think Social Security is just a retirement program, you should know that Social Security also provides survivors insurance benefits for workers and their families. If you're like most people, the value of the survivors insurance you have under Social Security is probably more than the value of any individual life insurance you may own. And you don't even need to sign up for a separate policy; by working and paying Social Security tax, you are most likely already insured without even knowing it. Family members who may be able to receive survivors benefits based on your

work record include a widow or widower, unmarried children up to age 19 and still in high school, and under certain circumstances, stepchildren, grandchildren, stepgrandchildren, adopted children, and dependent parents. If you'd like to learn more about survivors benefits, and how to apply, you

should read our publication, Survivors Benefits, available at www.socialsecurity.gov/pubs. You can find additional useful information, such as our survivors planner and information about how to apply for survivors benefits, at www.socialsecurity.gov/pgm/survivors.htm.

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PERSONAL FINANCE

If rates rise, what should you do with bonds?

Interest rates are at historic lows. But they will rise eventually. If you invest in fixed-income vehicles, such as bonds, what might higher rates mean for you? As is almost always the case in the investment world, there's no simple answer. First, it's important to distinguish between short-term and long-term interest rates. The Federal Reserve is determined to keep short-term rates low until unemployment improves, but, in the meantime, longer-term rates may well rise. Depending on your situation, a rise in long-term rates can present both

opportunity and concern. The opportunity: Rising rates can mean greater income if you invest in newly issued bonds. The concern: If you already own longer-term bonds, and rates rise, the value of your bonds will fall. That's because other investors won't want to pay full price for your bonds when they can get new ones at higher rates. Even if the value of your long-term bonds falls, isn't it worthwhile to hold on to them? After all, as long as your bond doesn't default — and if the bond is considered "investment grade," a default is unlikely — you will get a steady source of income and you'll receive the full value of your bond back at maturity. Aren't these valuable benefits? They are indeed — but they may be more relevant for short-term bonds. Longer-term bonds — those of 10-year duration or longer — are more subject to inflation risk than shorter-term bonds. Of course, we've experienced low inflation for a number of years,

but, over time, even mild inflation can add up. When this happens, and you own a long-term bond whose rate doesn't change, you could face a potential loss of purchasing power. One of the reasons that long-term bonds pay higher interest rates than short-term bonds is because the issuers of longer-term instruments are rewarding you for taking on this additional inflation risk. Consequently, simply holding on to long-term bonds — especially very long-term ones, such as those that mature in 30 years — may not be the best strategy. If you review your fixed-income holdings and find that they skew strongly toward longer-term bonds, you may want to consider reducing your exposure in this area. If you did sell some of these bonds, you could use the proceeds to help build a "bond ladder" — which may be one of the best ways to invest in bonds. To create this ladder, you need to invest in bonds of varying maturities. When market rates are low, you'll still have your longer-term bonds earning higher interest rates, thereby paying you more income. And when market rates rise,

you can reinvest your maturing short-term bonds at the higher rates. You must evaluate whether the bonds held within the bond ladder are consistent with your investment objectives, risk tolerance and financial circumstances. If you own bonds, you do need to be aware of where interest rates are — and where they may be headed. Nonetheless, as we have seen, you don't have to be at the mercy of rate movements. By keeping yourself informed and choosing the right strategies, you can benefit from owning bonds and other fixed-income vehicles in all interest-rate environments. Before investing in bonds, you should understand the risks involved, including credit risk and market risk. Bond investments are subject to interest rate risk such that when interest rates rise, the prices of bonds can decrease, and the investor can lose principal value if the investment is sold prior to maturity. - Harley Catlin and Ryan Catlin are with Edward Jones, 4828 Quail Crest Place, Lawrence. They can be reached at 785-841-6262.

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HEALTH & FITNESS

Calm your restless legs

For years, people with Restless Legs Syndrome (RLS) have relied on medications for relief. But now, another promising treatment is available, without side effects.

Do you have RLS? If your legs move involuntarily in the night and wake you up, forcing you to walk around for relief, you might have RLS. Since the symptoms can vary from person to



Laura Bennetts

person, you need to consult your doctor for a diagnosis. If he or she decides that you do have RLS, you will probably be prescribed medications. This can help a lot, but many people also experience unpleasant side effects from drugs, including dizziness and nausea.

Luckily, a non-drug treatment has the potential to reduce discomfort without unpleasant side effects: Infrared Light Therapy. About this, more in a moment. But first, here's a bit more about RLS.

Long Nights

People with RLS often say their legs ache, burn, cramp, tingle, or feel as if they're being pulled. Their legs tend to thrash around, causing them trouble sleeping. And they usually feel the need to move their limbs to relieve discomfort.

The International RLS Study Group identifies four main symptoms:

1. You feel impelled to move your legs, usually with a sensation of discomfort.
2. You get partial or total relief by moving around—by walking or stretching.
3. Your symptoms are worst when you're inactive (say, sitting or lying down).
4. Your symptoms are most acute in the evening or at night.

These symptoms may indicate RLS, if your doctor rules out other possibilities.

Don't Be Shy: Tell Your Doctor

If you suffer any of these telltale symptoms, it's important for you to visit your doctor. Don't diagnose yourself or jump to the conclusion that your symptoms don't matter. Let your doctor figure out what's happening. You may or may not have clinical RLS, either alone or together with other problems that require your doctor's medical expertise (such as peripheral neuropathy, diabetes or Vitamin B deficiency). You need to know for sure. So don't hesitate—ask your doctor now.

Why Me? Why My Leg?

RLS appears to be caused by misfiring nerves. If your sensory nerves misfire, you can have burning or creepy-crawly sensations called paresthesias. If your motor nerves misfire, your legs can feel restless. So RLS is a "sensorimotor" problem.

The underlying cause is unknown. There is no test to show what causes the odd feelings. And the symptoms vary from one person to the next. You may feel the symptoms more acutely during the day than at night, but your daughter may feel nothing until bedtime. Either way, you should seek help. Walking is a good start, since many people get relief that way. But other treatments are needed as well.

Since RLS drugs typically reduce perceptions of discomfort, but do not solve the underlying problem—namely, that your nerves misfire—other options are worth pursuing as well. So, besides medications, you should consider light therapy.

Let There Be...Therapy

Infrared light therapy has been offered in U.S. hospitals and clinics for over a decade now but it remains little known. Its effectiveness has been shown in over a dozen "double-blind" scientific studies, in which groups treated with infrared light therapy are compared to control groups, and neither the test subjects nor the administrators knows who belongs to which group. The Anodyne brand of infrared light therapy, which is FDA-approved, has been shown to effectively treat carpal tunnel, tendinitis, peripheral neuropathy,

diabetic peripheral neuropathy—and restless leg symptoms.

In the latter experiment, two groups of RLS patients completed questionnaires about their symptoms before they received treatment, and then weekly during four weeks of treatment. The Anodyne group—which received light therapy three times a week, half-an-hour at a time—improved much more than the control group, which received only a placebo. And then, once the treatment concluded, the RLS symptoms tended to worsen again.

Sustained Progress

I was particularly struck by this study because it so closely matches my own experience. For years now I've applied infrared light therapy to patients with problems in their limbs and extremities, often with outstanding success. This includes many patients with peripheral neuropathy, who suffer foot numbness and pain—that is, until they receive Anodyne treatment, which often helps them dramatically. Now it appears that people with RLS may benefit in the same way.

The ideal solution for many of my patients has been to try Anodyne in the

clinic. If it helps (as it very often does), they can then buy their own Anodyne home unit directly from the manufacturer, in order to limit the return of their symptoms at home. This gives them a drug-free way to improve in a lasting way, after a trial, supervised by a physical therapist, has shown that Anodyne can help.

Restless No More

I've known for years that many people with leg problems can benefit from Anodyne treatment. Now we have scientific reason to believe that, like other patients with nerve pain problems, people with RLS can also benefit from light therapy. Anodyne can help them sleep better and live fuller, more active lives.

- Laura Bennetts, PT, earned a Master's degree in Physical Therapy from the University of Southern California in 1982. She owns and directs both Lawrence Therapy Services LLC (2200 Harvard Road, Suite 101, Lawrence 66049, 785-842-0656) and Baldwin Therapy Services LLC (814 High Street, Suite A, Baldwin City, 66006, 785-594-3162). For full details, see www.LawrenceTherapyServices.com.

HEALTH & FITNESS

Medicinal plants for a healthy heart

Cardiovascular diseases are some of the major causes of disability and death in the United States. Strengthening your cardiovascular system through diet, exercise, supplements, and medicinal plants are good ways to improve your health and increase your longevity. Since ancient times, medicinal plants have been a part of human civilization for



Dr. Farhang Khosh

their culinary and medicinal properties. There is a long list of medicinal plants being used for cardiovascular health. Some of the current cardiovascular drugs use medicinal plants. These include digoxin (*Digitalis purpurea*), reserpine (*Rauwolfia serpentina*) and aspirin (*willow Salix*). There are many other medicinal plants used to improve cardiovascular health, including Hawthorn, Garlic, Coleus, Ginseng, Alfalfa, Motherwort and Butchers Broom.

Hawthorn, or *Crataegus*, has been used to treat heart disease for centuries. By the early 1800s, American doctors were using it to treat circulatory disorders. It is considered by many herbalists to be the superior cardiac tonic. Traditionally, the berries were used to treat heart problems ranging from irregular heartbeat, high blood pressure, chest pain, hardening of the arteries, and heart failure. Hawthorn is used to help protect against heart disease and help control high blood pressure and high cholesterol. Both animal and human studies suggest hawthorn increases coronary artery blood flow, improve circulation, and lowers blood pressure. It is believed to help regulate and balance the whole cardiovascular system.

Garlic, or *Allium sativum*, is another common medicinal plant that

has been used since ancient times to treat many conditions. It is used as an antibacterial, antifungal, antiparasite, and as an antifungal. Garlic works as an anticoagulant to inhibit blood clotting and to lower blood pressure. It is believed that Garlic may also facilitate less cholesterol being released into the blood. Multiple studies in humans have reported reductions in total blood cholesterol and "bad" or LDL cholesterol with garlic supplementation.

Coleus, or *Coleus Forskohlii*, has been traditionally used to help treat high blood pressure and improve contraction of the heart muscle. Other uses of this medicinal plant include weight loss, improving digestion, and strengthening the immune system.

Asian ginseng, or *Panax ginseng*, appears to have antioxidant properties. Antioxidants help rid the body of free radicals or substances that cause damage to DNA and may contribute to heart disease. Some studies suggest Asian ginseng may improve the symptoms of heart disease in humans. It also may decrease the "bad" LDL cholesterol levels and raise "good" HDL cholesterol. However, its effect on blood pressure is more complicated. Some studies have found it can lower blood pressure, while others found it can cause a rise in blood pressure.

Other medicinal plants to consider are Alfalfa, or *Medicago sativa*, which has been shown to reduce blood levels of total cholesterol and "bad" LDL cholesterol. Motherwort, or *Leonurus cardiaca*, and Butchers Broom, or *Ruscus aculeatus*, assist with circulation disorders of the heart. Even though medicinal plants have been used for centuries to treat cardiovascular conditions, it is always advisable before taking any medicinal plant always check with your health care provider.

- Dr. Farhang Khosh, N.D., is a Naturopathic Doctor practicing at Natural Medical Care in Lawrence. He can be reached at 785-749-2255.

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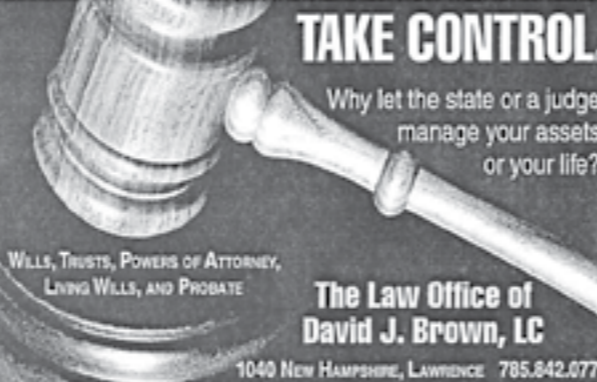
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care of \$148 per day in 2013. After 100 days, Medicare will no longer pay any portion of the stay.

Medicare does not pay for long-term nursing home care. And Medicare won't pay for any skilled short-term care unless it immediately follows, and is directly related to an inpatient hospital stay.

Medicare provides a great deal of information for you about nursing homes, to help you select one that will provide quality care. Simply go to **www.medicare.gov** and click on "Find a Nursing Home" on the home page. You can search by name, or by location.

Medicare's Nursing Home Compare listings show quality of care information on every Medicare and Medicaid-certified nursing home in the country—over 15,000 facilities. Note that facilities not certified to participate in Medicare or Medicaid are not listed, but are regulated by your state, which

may publish its own information.

On **www.medicare.gov**, and on the Nursing Home link, you can see information about recent health inspections, staffing information, and summaries of recent deficiencies. You can also see how an individual facility rates on the CMS Five-Star Quality Rating. In a few cases, you also see a facility marked with an "SFF" icon. SFF stands for "Special Focus Facility." This means the nursing home has a recent history of poor quality and will be surveyed (inspected) twice as often as nursing homes without this designation. However, it's worth noting that many facilities in the SFF program significantly improve their performance, which is the goal.

Information on Nursing Home Compare is something you should consider

carefully, but not alone. Talk to your doctor or other health care provider about this information. In many cases, some categories of performance may matter to you more than others. CMS does not endorse any nursing home, even the ones with good star ratings, and you shouldn't rely only on the ratings to make this important decision. The most important thing you can do is to visit the facilities you are considering, to get a first-hand feel for how they operate. Talk to the staff, and to people who live there. If you can't visit, have someone you trust do that for you.

As always, for more information about any Medicare question, please call 1-800-Medicare, which is 1-800-633-4227. Customer Service Representatives are available, 24 hours a day, 7 days a week.

By Phong Nguyen

Social Security Operations Supervisor in Lawrence, Kansas

Generations ago, retirement was thought of as a time to take it easy — a time of rocking on porch chairs and reminiscing about the good old days. But that's not the case with the current generation of retirees. In fact, many older people today continue to rock on. Just look at some of the superstars touring and performing concerts this year who are old enough to collect Social Security retirement payments. They're still rocking, but not in chairs.

Bob Dylan is on tour, as he usually is during summer months. Dylan is 71 years old. But with a recent album and new tour dates, you'd never know he was of retirement age.

Neil Young is touring with Crazy Horse to support their new album. The "godfather of grunge" is 67 years young. He's become the "Old Man" he sang about in his Harvest days.

Paul McCartney's current "Out There" tour may more appropriately be called his "Up There" tour. The former Beatle is now age 70.

Willie Nelson is "On the Road Again." The music icon is 79 years old and seems to be on nonstop tour.

Aretha Franklin is 71. Carlos Santana is 65. Carly Simon is 67. Mick Jagger and Keith Richards are both 69, as is Joni Mitchell. Leonard Cohen is 78. B.B. King is 87. They're all still performing their music.

Of course, some of these well-known musicians may not be eligible to receive Social Security benefits. But all of them are of retirement age. So where are their rocking chairs and knit-

Know an interesting senior who would be a great subject for a Senior Profile? Please call Kevin at 785-841-9417.

ting needles?

It's hard to believe, looking at all of these mature stars, that retirement used to be associated with bridge and shuffleboard. It's not just musicians. In fact, many people decide to put off applying for retirement benefits. And even after they do begin collecting benefits, many "retirees" prefer to keep working — or at least moving and shaking.

Most people know that you can begin collecting early Social Security benefits at age 62, with a reduction in the monthly amount. The full retirement age is gradually going up from 66 for people born between 1943 and 1954, to 67 for people born in 1960 and later. You can delay retirement even further and receive a higher payment when you retire, up until you reach age 70. And another thing that has changed since the past generation: you can continue to work and still receive retirement benefits.

Learn more about Social Security retirement benefits by reading our publication on the subject at www.socialsecurity.gov/pubs.

When you're ready to retire, the best place to apply is from the comfort of your home computer, with some of your favorite music blaring in the back-

ground. Begin the process with our Retirement Planner at www.socialsecurity.gov/retirement. Crank up the tunes, and start planning before you head out to your next concert.

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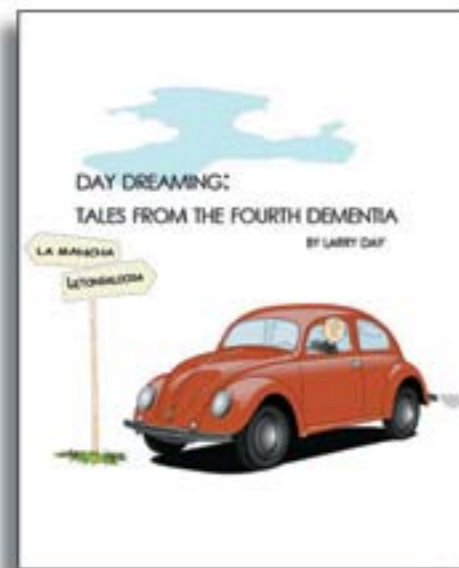
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PUZZLES & GAMES

Tommy Turns Up Trumps

By Tannah Hirsch
Tribune Media Services

North-South vulnerable. South deals.

three or four tricks in three clubs, but North-South would still be 3-to-1 favorites to win the rubber. As it was, however, six hearts was quite a reasonable slam and no one could blame Tommy for bidding it. Only the 4-0 trump split was a problem but, with the master at the helm, 12 tricks rolled in quickly.

The spade lead was covered by the ten and jack and taken with the queen. When West discarded a diamond on the lead of a low heart to the king, Tommy beamed from ear to ear and went to work with a sure hand.

The ace and king of spades were cashed for a diamond discard from dummy, followed by ace of diamonds and a diamond ruff. After discarding a diamond on the ace of clubs, declarer ruffed a club a hand, a spade on the table and another club in hand, then led his remaining diamond and ruffed with the ten of trumps.

East could do no better than over-ruff with the jack, but the defender's last two cards were Q 7 of hearts while Tommy sat poised over the defender's holding with A 9. On the forced trump return, Tommy scored both trumps to land the slam.

Another routine example of Tommy's style.

- Tannah Hirsch welcomes readers' responses sent in care of this newspaper or to Tribune Media Services Inc., 2010 Westridge Drive, Irving, TX 75038. E-mail responses may be sent to gorenbridge@aol.com.

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- NORTH
- ♠-10 5
- ♥-K 10 8 3
- ♦-10 6
- ♣-A Q J 7 2
- WEST
- ♠-6 3 2
- ♥-Void
- ♦-K 9 8 7 2
- ♣-K 9 6 5 4
- EAST
- ♠-J 9 8 7
- ♥-Q J 7 2
- ♦-Q 5
- ♣-10 8 3
- SOUTH
- ♠-A K Q 4
- ♥-A 9 6 5 4
- ♦-A J 4 3
- ♣-Void

The bidding:
SOUTH WEST NORTH EAST
1♥ 2NT 4♥ Pass
6♥ Pass Pass Pass

Opening lead: Two of ♠

Since no one in the club trusted Tommy's defense, he declared more weird contracts than anything else. This often was to his advantage, since he also encountered more bad trump divisions than anyone else. This deal is typical.

Only a North player who had something against making money, or had Tommy for a partner, would not double West's unusual no trump, which asked for minors. East-West might scramble

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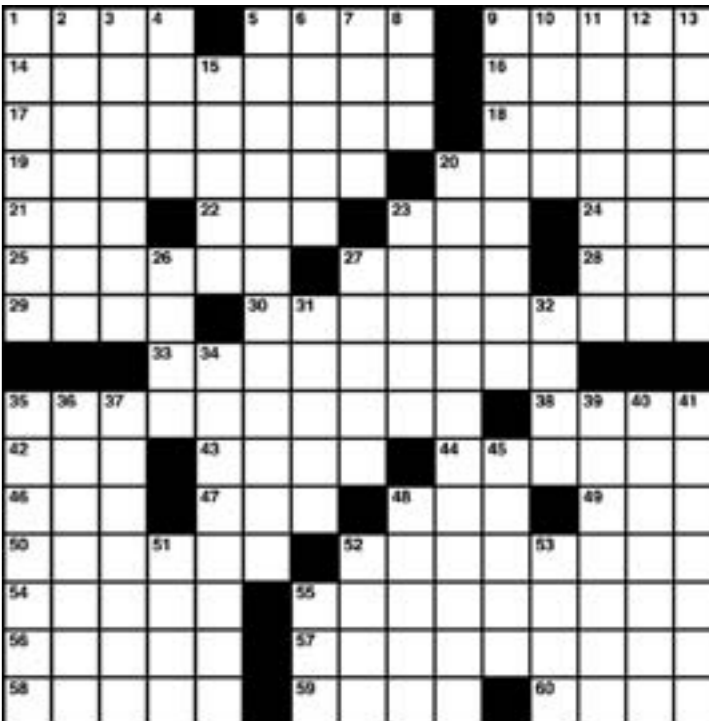
PUZZLES & GAMES

CROSSWORD

- Across
- 1 Party leader
- 5 ___ Sea, off Siberia
- 9 Short-necked European fruit
- 14 Neutralizer of a sort
- 16 Theater name
- 17 Ben Franklin, e.g.
- 18 City on the Aar
- 19 Solutions for unfair situations?
- 20 Not so tough
- 21 Modern address
- 22 "1-2-3" singer Barry
- 23 Tracker or Canyon
- 24 Fifth-century date
- 25 Haberdashery item
- 27 Brand for which Garfield was once spokescat
- 28 Patricia Neal's Oscar film
- 29 Fountain output
- 30 They fall in war films
- 33 One may go over your head
- 35 Space-saving display
- 38 Brothers
- 42 Lucy of "Kill Bill"
- 43 Body protector
- 44 Worn out
- 46 Gives a thumbs-up
- 47 Antiquity, quaintly
- 48 Old televangelism letters
- 49 Burden
- 50 Adjust at the garage, perhaps
- 52 Composer for whom an annual violin competition is named
- 54 Nonreactive
- 55 Deadpan features
- 56 Suit material
- 57 Woman in a tree?
- 58 Suit material
- 59 Give away
- 60 Tablets from docs

Down

- 1 Shows nerve
- 2 London's setting
- 3 Conked out
- 4 One of the Jacksons
- 5 Carnegie Deli offering
- 6 Dismissive sorts?
- 7 Narrow inlets
- 8 "Barbara ___": Beach Boys hit
- 9 White meat source
- 10 Rejections
- 11 Bible's City of Palm Trees
- 12 Confessed
- 13 They get you in
- 15 Magnetic induction unit
- 20 Hockey game clincher
- 23 Driving problem
- 26 Currency with King Mongkut on the fifty
- 27 "As You Like It" forest
- 31 Secret rival
- 32 "O Fortuna" composer
- 34 Agreed
- 35 Wedding arranger?
- 36 Perfectly restored
- 37 Stark
- 39 Attendants



- 40 Done
 - 41 Many Suffragette opponents
 - 45 Half a legendary bluegrass duo
 - 48 Advisory group
 - 51 Press
 - 52 Minute opening
 - 53 First name in linguistics
 - 55 Co. heads
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	1		9					6	3
			3	6	4	2			8
1							8		6
3			5		4				1
7		2							4
5			3	7	9	6			
4	2				1			3	

JUMBLE THAT SCRAMBLED WORD GAME
by Mike Argirion and Jeff Knorr

Unscramble these four Jumbles, one letter to each square, to form four ordinary words.

LIRLT
LEEPO
RETHEN
NOSTEX

Now arrange the circled letters to form the surprise answer, as suggested by the above cartoon.

Answer here: A "O O O O - O O O O"

ANOTHER NAME FOR A WITCH.

SCRABBLE BRAND G R A M S

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PAR SCORE 265-275
BEST SCORE 325

FIVE RACK TOTAL
TIME LIMIT: 25 MIN

DIRECTIONS: Make a 3- to 7-letter word from the letters in each row. Add points of each word, using scoring directions at right. Finally, 7-letter words get 50-point bonus. "Stars" used as any letter have no point value. All the words are in the Official SCRABBLE Players Dictionary, 4th Edition.

For more information on books, clubs, tournaments and the school program go to www.scrabble-essci.com or call the National SCRABBLE Association (877) 477-8822.

Answers to all puzzles on page 34
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SUDOKU: Fill in the grid so that every row, every column and every 3x3 box contains the digits 1 through 9 with no repeats.

Please visit Kaw Valley Senior Monthly on Facebook.

SUDOKU SOLUTION

2	1	4	9	5	8	7	6	3
8	5	6	7	1	3	4	2	9
9	7	3	6	4	2	5	1	8
1	4	5	2	3	7	8	9	6
3	6	8	5	9	4	2	7	1
7	9	2	1	8	6	3	5	4
5	8	1	3	7	9	6	4	2
6	3	9	4	2	5	1	8	7
4	2	7	8	6	1	9	3	5

CROSSWORD SOLUTION

H	O	S	T	K	A	R	A	A	N	J	O		
A	N	T	I	T	O	X	I	N	L	O	E	W	S
S	T	A	T	E	S	M	A	N	B	E	R	N	E
G	A	L	O	S	H	E	S	E	A	S	I	E	R
U	R	L	L	E	N	G	M	C	C	D	I		
T	I	E	B	A	R	A	L	P	O	H	U	D	
S	O	D	A	P	A	R	A	T	R	O	O	P	S
				H	A	I	R	D	R	I	E	R	
F	L	A	T	S	C	R	E	E	N	F	R	A	S
L	I	U	S	K	I	N	E	F	F	E	T	E	
O	K	S	E	L	D	P	T	L	T	A	X		
R	E	T	U	N	E	P	A	G	A	N	I	N	I
I	N	E	R	T	M	O	N	O	T	O	N	E	S
S	E	R	G	E	G	R	E	A	T	A	U	N	T
T	W	E	E	D	T	E	L	L	M	E	D	S	

SCRIBBLE BRAND GRAMS SOLUTION

B ₂	A ₁	T ₁	H ₄	M ₁	A ₁	T ₁	RACK 1 =	64	
H ₄	A ₁	T ₁	B ₂	A ₁	N ₁	D ₂	RACK 2 =	65	
F ₄	E ₁	U ₁	D ₂	I ₁	S ₁	T ₁	RACK 3 =	72	
P ₂	A ₁	Y ₁	A ₁	B ₂	L ₁	E ₁	RACK 4 =	64	
S ₁	A ₁	V ₁	A ₁	N ₁	N ₁	A ₁	RACK 5 =	60	
PAR SCORE 265-275								TOTAL	325

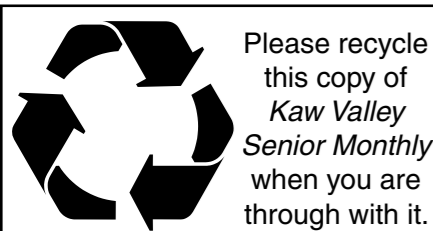
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JUMBLE ANSWERS

Jumbles: TRILL ELOPE NETHER SEXTON

Answer: Another name for a witch -- A "HEX-PERT"

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**TOO
COLD?
TOO
HOT?**

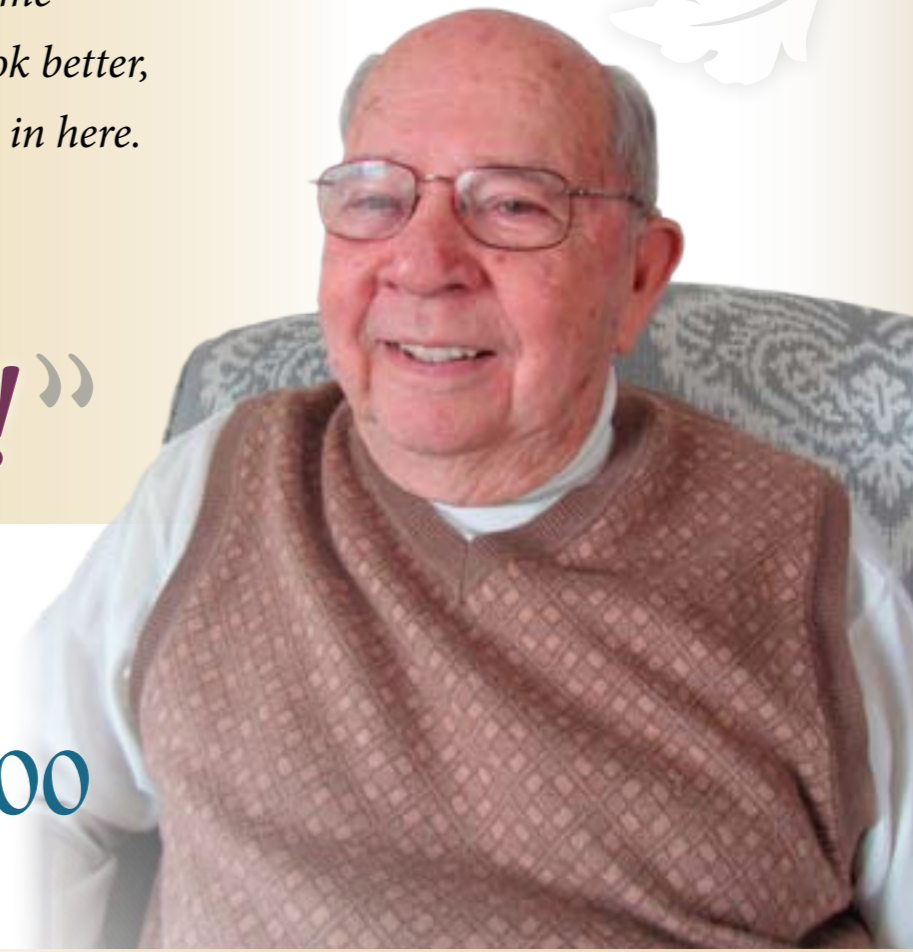
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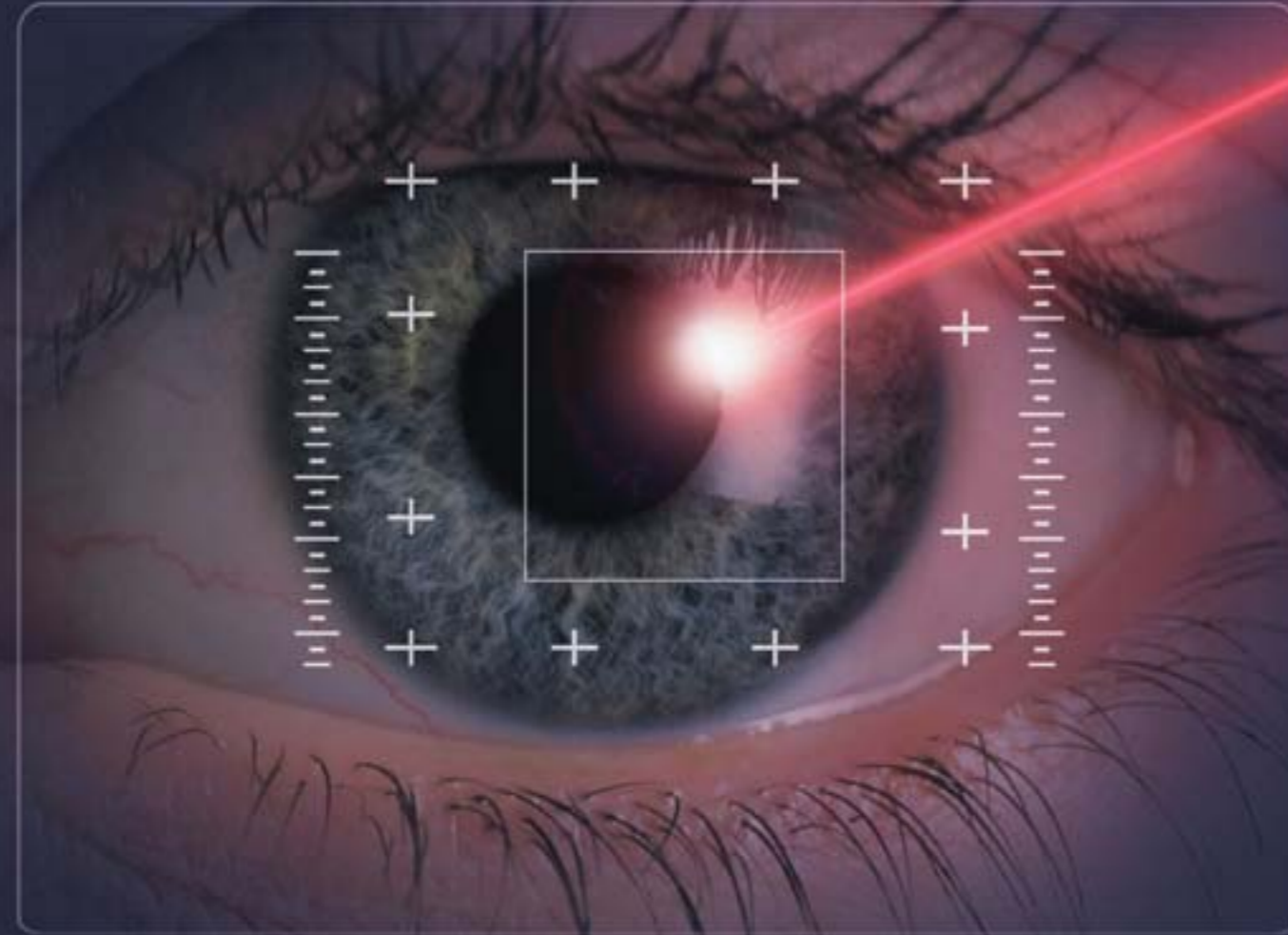
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