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Rush Generations

and a vital tomorrow



Your Health

5 Cancer Treatments That Aren't Chemotherapy



Marta Batus, MD
Medical oncologist

What are some words you associate with cancer? Chances are “chemotherapy” is one of the first that comes to mind. But chemo is not always the first course of treatment.

In fact, sometimes chemo takes a back seat to other treatments that may have milder side effects. Thanks to recent advances, oncologists are now better able to tailor cancer treatment to each individual patient.

Treatment 1: Surgery

Surgery is an option for most cancers other than blood cancers, with specialized cancer surgeons attempting to remove all or most of a solid tumor. It's an especially effective treatment for early-stage cancers that haven't spread to other parts of the body.

In some cases, minimally invasive surgery may be an option. For example, thoracic surgeons often use video-assisted thoracoscopic surgery (VATS) to remove early-stage lung cancer tumors.

“While it depends on the size of the tumor and other factors, many patients with stage one cancers don't need any other treatment except for surgery,” says **Marta Batus, MD**, a medical oncologist at RUSH MD Anderson Cancer Center.

Treatment 2: Immunotherapy

Immunotherapy uses IV infusions of medication to rev up the patient's own immune system. Immunotherapy treatments can work across different cancer types and may be effective in treating even advanced and hard-to-treat cancers.

“Immunotherapy has definitely opened up more options for a lot of patients, and it is now the frontline treatment for certain patients,” Batus says. “Most of the time, they experience minimal side effects, if any.”

Treatment 3: Targeted therapies

Oncologists use targeted therapies, also known as precision medicine, to tailor medications for. A tumor or blood sample is tested to identify a genetic profile, guiding clinicians to administer medication that targets the genes causing the cancer.

Medications, delivered in pill or IV form, either destroy cancer cells or stop the cancer from continuing to grow, often without harming healthy cells.

Treatment 4: Active surveillance

Active surveillance (also called watchful waiting) may be all that's needed for certain types of cancers, particularly those that are at an early stage and growing slowly or not at all.

For example, doctors often recommend active surveillance for prostate cancer, which tends to grow very slowly. Doctors monitor patients' prostate-specific antigen (PSA) with blood tests and monitor symptoms. If symptoms worsen or tests show that the cancer is growing more rapidly, they'll discuss additional treatments. “Often, patients have no symptoms and go on living their lives as usual,” Batus says.

Treatment 5: Supportive care

Supportive cancer care can be an effective complement to standard treatment, helping to minimize the physical and emotional stress of cancer treatment. For example, psychotherapy and massage therapy can help ease anxiety; acupuncture can be beneficial for pain relief; and nutrition counseling can help keep a patient from losing too much weight during treatment.

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Join us on Oct. 9 for a discussion on cancer and aging. [See the calendar insert for details.](#)

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710 S. Paulina St.
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‘I’ve never met a saint’: How Caring Affects Caregivers



Dasha Kiper
Author and clinical
psychologist

Dasha Kiper’s 2023 book, *Travelers to Unimaginable Lands: Stories of Dementia, the Caregiver, and the Human Brain*, uses case studies and scientific research to offer a new perspective on how caregiving for someone with dementia affects the caregiver’s brain, too. Kiper spoke with Rush Generations recently about caregiver mental health.

Q. You draw on research in psychology and neuroscience to investigate the impact that caregiving for someone with dementia has on the caregiver’s brain. How does that impact reveal itself?

A. When someone close to us loses memory and starts behaving irrationally, it’s disorienting — it upends our own expectations and needs. And even though we know better, we can end up mirroring their symptoms: emotional volatility, irrational behavior, inflexibility.

The assumption is that a caregiver can adapt, can always be reasonable and can always emotionally regulate. But dealing with dementia takes those skills away right when we need them the most. And we have less to offer when we’re stressed or sleep-deprived or frustrated. The truth is, our brains are quite fragile, and they need a lot for us to be able to act from a place of reason and emotional flexibility.

Q. Caregivers are also often isolated, sometimes without even realizing it. What does that do to mental health?

A. Caregivers often just don’t want to go anywhere. I hear them saying, “I have nothing to contribute because my life is now taken over by this disease.” But during times of stress, our brains need to resolve issues by connecting with other brains. That’s how we’re wired — we are not great at dealing with problems solo.

A support group can be a tremendous help. On a profound level, we human beings like to hear other people’s stories. It helps us make sense of our own lives.

People who aren’t sold on support groups will ask me, “Wait, what do you mean, we just *talk*?” When you’re dealing with a disease that is so demanding and so stressful, that can seem like it won’t be enough. But even if you’re not resolving things, you’re navigating a problem together. A group not only creates a feeling of community, but also resets our brains into a place of more emotional flexibility.

Q. Besides connecting with others, what does self-care for dementia caregivers look like?

A. I hate telling caregivers they have to take care of themselves, because a lot of the time the answer is “Sure, with what time and what money?” But there are some things that can help. Perhaps they can create a window for a short walk by themselves or sitting in a café or getting that drink with friends.

Then it becomes something for us to work at, to build that muscle so they take care of themselves. You don’t have to take a vacation for a week, but taking a few three-minute walks a day by yourself can go a long way.

More than anything, I’d like caregivers to give themselves a bit of self-compassion. This disease doesn’t only change the patient’s brain, but it changes yours. You’ll act irrational and unkind and unreasonable. That can create so much guilt and shame, but I’ve never met a saint; it just doesn’t happen. If you’re only calm and never stressed, then I’m worried about you.

Make Connections:

Resources for Caregivers

Dasha Kiper recommends the following free resources for caregivers who want to connect with others.

Alzheimer’s Association

runs a helpline 24 hours a day, seven days a week at (800) 272-3900.

Alzheimer’s Foundation of America

will connect you with a licensed social worker from 8 a.m. to 8 p.m. CDT, seven days a week.

- Phone: (866) 232-8484
- Text message: (646) 586-5283
- Web chat at alzfdn.org (click the blue “speech bubble” icon in the lower right corner)

Hilarity for Charity

offers online support groups, workshops and more at wearehfc.org/caregivers.

Join us on Nov. 20 for a discussion of caregiving and mental health; see the calendar insert for details.

What Your Mouth Says About Your Health



Ankitaben Han, MD
Family medicine physician

Ankitaben Han, MD, a family medicine physician at Rush Hinsdale and Rush Oak Brook, tells all of her patients to brush their teeth twice a day and floss once a day.

If these sound like a dentist’s instructions, you’re right — but primary care providers also have a role to play keeping your mouth healthy. “Your oral health can’t be separated from your overall health,” Han says. Symptoms that appear in your lips, tongue, gums, throat and jaw often are connected to underlying conditions such as diabetes, substance use disorders or — less frequently — mouth (oral) cancer.

Oral thrush (candidiasis)

Thrush, or candidiasis, is a yeast infection that often appears as white patches on the tongue. It’s relatively uncommon in healthy adults, but can occur if you have the following risk factors:

- Conditions including diabetes, cancer, HIV/AIDS or Sjogren’s syndrome
- Dentures
- Use of antibiotics or corticosteroids (including asthma medications)
- A history of smoking
- Frequent dry mouth

Prescription antifungal medication can often treat thrush; your primary care provider can also help you avoid it. “For example, because high glucose levels in your saliva can contribute to thrush, controlling your diabetes can help prevent it,” Han says.

Dry mouth

Saliva helps with taste and digestion, keeps the mouth clean, heals mouth wounds and more. If your body stops making enough saliva, you can experience discomfort, pain and a greater risk of infection and tooth decay.

Many common medications, including blood pressure medicines and antidepressants, can cause dry mouth. So can conditions such as diabetes, Parkinson’s disease and Sjogren’s syndrome. Tobacco use and some cancer treatments might also contribute to dry mouth.

If frequent dry mouth is a side effect of a medication you need, your doctor may prescribe artificial saliva. Sugar-free candy, gum and drinking more water can also help. In many cases, treating the underlying condition or even trying a new medication can bring relief.

Mouth or jaw pain

Pain in your mouth or jaw can have a wide range of causes, including infection or tooth decay. Sometimes, it can signal more serious problems.

Heart disease, for example, can cause pain in the lower left side of the jaw. If you have pain in this area, especially if it gets worse when you’re exercising or otherwise exerting yourself, see your doctor right away.

Even if your mouth pain is in a different area, or isn’t a significant bother, it’s worth mentioning. “If you experience anything out of the ordinary, talk to your primary care doctor,” Han says. “They can help you get to the root of the problem.”

Mouth cancer symptoms

One of the rarest and most serious problems is mouth cancer, or oral cancer, which can appear in the tongue, lips, gums, roof of your mouth or elsewhere. It’s not common, but having human papillomavirus (HPV) or a history of smoking increases your risk.

Symptoms may include the following:

- Leukoplakia (a white patch that resembles thrush but is less common)
- Difficulty swallowing or moving your tongue
- Sore throat that doesn’t go away
- A lump, sore or thickening in the throat, lips or mouth
- Ear pain
- A change in voice

These symptoms don’t mean you definitely have mouth cancer, but if you have any of them you should talk to your doctor right away.

How to keep your mouth — and yourself — healthy

The best ways to keep your mouth healthy are also the best ways to keep yourself healthy:

- Eat a balanced diet.
- Exercise at least 30 minutes per day.
- If you have diabetes, keep your blood sugar under control.
- If you smoke, stop. Free programs like Courage to Quit at Rush can help.

And as Han (along with your dentist) would advise: “Brush your teeth twice a day. Floss once a day. See the dentist at least once a year. Your mouth, and the rest of your body, will thank you.”



Join us on Oct. 23 for a discussion on oral health. See the calendar insert for details.

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8 Ways to Cope With Tinnitus

Ringling in your ears, or tinnitus, can sound like ocean waves, ringing, buzzing, clicking, hissing or whooshing. It's often associated with hearing loss, especially in people over 60. Rush otolaryngologist **Ashok Jagasia, MD, PhD**, offers a few tips that can help you deal with tinnitus.

1. **Consider cognitive-behavioral therapy** to change the way you react to tinnitus.
2. **Be evaluated for hearing aids**, which can mask tinnitus by boosting the volume of external noises.
3. **Clear your ears of wax (but don't do it yourself)**. A physician can use a special tool to remove earwax. Using a cotton swab at home can push the wax farther into your ear canal and make tinnitus worse.
4. **Create white noise** with a humidifier, fan or air conditioner.

5. **Play gentle music** so your brain has something else to focus on.
6. **Avoid caffeine**, which can increase your blood pressure, making your tinnitus more noticeable.
7. **Explore acupuncture**, which provides relief for some people.
8. **Take lipoflavonoid (vitamin B6)**, an over-the-counter supplement, for six to eight weeks.

If your tinnitus persists for several weeks, visit your primary care provider, who might refer you to an ear, nose and throat specialist.

Join us on Dec. 4 for a discussion on age-related hearing loss. See the calendar insert for details.

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Fall 2024 Free Health and Aging Events

The following lectures will be held virtually. You can view them online or listen to them via phone. Lectures typically last about one hour. For information on how to view or listen, call **(800) 757-0202**.



To join these lectures online,

visit the Rush Generations YouTube page at the time of the event:
cutt.ly/RushGenYouTube.



To dial in via phone (audio only):

Call **(312) 626-6799** at the time of the event and enter meeting ID **413 655 0125#**.

October

Cancer and Aging

Wednesday, Oct. 9, 1 p.m.

Every year, nearly 2 million people in the United States are diagnosed with cancer. Early detection is key to successful treatment. This lecture will focus on two of the most common types of cancer: breast and lung. You'll learn about the common signs and symptoms and the importance of regular screenings — and how to take proactive steps to protect your health.

Oral Health

Wednesday, Oct. 23, 1 p.m.

How does a healthy mouth contribute to overall well-being? Poor oral health can put other parts of your body at risk. This lecture will discuss dental health, provide practical tips on how to prevent common dental conditions and tip you off to dos and don'ts for maintaining good oral health.

November

Brain Health

Wednesday, Nov. 6, 1 p.m.

We hear a lot about brain health, but what does that phrase mean? Join us to learn about the components of brain health, such as motor function and cognitive health, as well as effective techniques for supporting your brain's health to stay sharp and engaged in your later years.

Caregiving 101

Wednesday, Nov. 20, 1 p.m.

Are you a caregiver who's finding it a challenge to take care of yourself while you care for someone else? This lecture will address common challenges caregivers face and provide resources and strategies for managing your own well-being while caring for a loved one.

December

Understanding Age-Related Hearing Loss

Wednesday, Dec. 4, 1 p.m.

Many of us experience significant hearing changes as we age. You'll learn about the causes and symptoms of hearing decline and how to recognize those that need intervention. Rush experts will share resources to help with hearing impairment, tips for improving communication and ways to maintain independence.

Holiday Highs and Lows

Wednesday, Dec. 18, 1 p.m.

Our annual holiday discussion is an important touchpoint for many Rush Generations members. Join us in a festive activity while also discussing ways to recognize and manage the lows that sometimes come with the holiday season.

Workshops

This fall's workshops are being offered in person. Pre-registration is required. Please call (800) 757-0202 to reserve your spot. Dates and locations are subject to change, and your reservation gives us a way to contact you if needed.

For updates from Rush Generations, sign up for our emails at bit.ly/RushGenerations.

Walk With Ease

**Wednesdays, Thursdays and Fridays
Oct. 2 to Nov. 8
1 to 2:30 p.m.**

Garfield Park Conservatory
300 N. Central Park Ave.
Chicago, IL 60624

Wellness Recovery Action Plan

**Wednesdays, Oct. 16 to Dec. 11
(no class on Nov. 27)
10 a.m. to noon**

Johnston R. Bowman Health Center
710 S. Paulina St., Suite 316
Chicago, IL 60612

Learning to Live Well With Chronic Pain

**Thursdays, Oct. 3 to Nov. 14
2:30 to 5 p.m.**

Johnston R. Bowman Health Center
710 S. Paulina St., Suite 316
Chicago, IL 60612

Be a Mentor to Future Health Care Providers

Rush Generations and Rush University offer a unique volunteer opportunity for older adults. Community Health Mentors who live with chronic health conditions help educate health professions students about what matters most to older adults in seeking health care.

Mentors meet with students via Zoom to share their wisdom, and in return the students help the mentors make personalized wellness goals and action plans. For more information about becoming a mentor, email Hannah_Weitzman@rush.edu.

Both Rush University Medical Center and Rush Oak Park Hospital comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-312-563-2987 (TTY: 1-312-563-2987).

Polski (Polish)

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繁體中文 (Chinese)

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العربية (Arabic)

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Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по телефону 1-312-563-2987 (телетайп: 1-312-563-2987).

ગુજરાતી (Gujarati)

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λληνικά (Greek)

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