

A healthier today Rush Generations and a vital tomorrow



Your Health

Address These 5 Factors to Prevent Cardiovascular Disease

Research shows that about 80% of cardiovascular disease is preventable — and that paying attention to five specific factors can help reduce your risk.



Daniel Luger, MD
Cardiologist

Daniel Luger, MD, is a cardiologist at the Rush Center for Prevention of Cardiovascular Disease, where cardiologists, physiatrists and other providers work with people at risk. “Our health care system is designed to treat disease,” he says.

“The model we’re trying to put forth is preventive — to have people engage in health and wellness well before they develop the disease.” Here, Luger shares how the team creates a personalized approach for every patient.

1. Mental health

Chronic stress, anxiety, depression and loneliness are risk factors for cardiovascular disease. The mechanisms aren’t perfectly understood, but these conditions can raise blood pressure and heart rate, among other issues, and we know that people who are stressed are also less likely to engage in healthy behaviors. We screen for mental health, so we can connect people with treatment and resources — for example, finding services to assist someone who’s experiencing stress from being a caregiver.

2. Sleep

Like mental health, sleep has both physiological and behavioral factors that affect the heart. Sleep apnea increases pressure inside the pulmonary arteries and can cause pulmonary hypertension. Lifestyle changes like losing weight can help, as can devices like CPAP, or surgical solutions in some cases.

On the behavioral side, people who are sleep-deprived have less activity in the brain’s frontal cortex, which is responsible for executive functioning and behavior change. So when a physician says, “eat healthy and exercise,” it’s hard to comply. A sleep specialist can offer cognitive behavioral therapy and sleep hygiene suggestions.

3. Blood pressure

High blood pressure puts stress on the walls of your arteries and contributes to buildup of plaque. Most people don’t feel sick when their blood pressure is high, so it’s easy to stop taking their medications — especially if they have side effects like dizziness or frequent urination. If a patient needs medication, we work to figure out dosage and timing for fewer side effects.

4. Cholesterol

Statins for treating high cholesterol are notorious for side effects like muscle aches. People also have preconceptions about statins and can be reluctant to take them. But in my opinion, anybody who meets the guidelines for lipid-lowering therapy should be on it, so educating people about the benefits is really important. We also use some newer therapies, like injectable meds or twice-yearly infusions.

5. Diet and exercise

Most patients who are obese and sedentary have issues like knee, back or hip pain that limits their ability to exercise. Our physiatrist designs an exercise program that minimizes joint pain while focusing on getting the heart rate up.

We also use medical therapies like Wegovy when appropriate. A recent clinical trial demonstrated a 20% reduction in cardiovascular events with this medication — but it does have side effects like nausea and diarrhea, so it takes time to adjust the doses.

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Join us on Feb. 3 for a discussion on understanding cardiovascular disease. [See the calendar insert for details.](#)

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Urinary Incontinence Could Signal Future Disability



Sheila Dugan, MD
Physical Medicine and
Rehabilitation

If you're one of the 30% to 50% of women who experience urinary incontinence, a recent study by Rush researchers suggests that it could turn into a bigger health issue.

The study, published in the journal *Menopause*, indicated that frequent urinary incontinence with substantial leakage is associated with higher odds of disabilities related to mobility, communication and activities at home, work or school.

"Often, symptoms from urinary incontinence are ignored until they become bothersome or limit physical or social activities," says **Sheila Dugan, MD**, chair of the Department of Physical Medicine and Rehabilitation at Rush. "Because our study suggests that urinary incontinence is associated with disability, exploring treatment options in the early stages may help decrease this outcome."

Urinary incontinence affects many women at some point in their lives, she said. Some women will leak urine when they sneeze or cough, which is called stress incontinence.

"When you sneeze or cough, there's a mechanical pressure from your belly that overwhelms the sphincter and you leak," she says.

Others suffer from urge incontinence, which is a sudden, intense need to urinate. Women who experience both have what's called mixed urinary incontinence, Dugan says.

Researchers considered incontinence amount and frequency and whether the study participant had stress, urge or mixed incontinence. They then measured disability using the World Health Organization disability assessment scale, a metric that quantifies functioning and disability across diverse populations.

"We found that mixed incontinence was the most highly correlated with disability, along with daily

incontinence and larger amounts of urine leakage," Dugan says.

Incontinence has a number of potential causes and treatments, so getting a thorough and accurate diagnosis is important. "One patient may have incontinence due to hip arthritis, another from a difficult delivery, or it can be caused by cancer treatment — for example, radiation in the pelvic area," Dugan says.

Specialists like Dugan and her colleagues in the Program for Abdominal and Pelvic Health at Rush are able to zero in on each patient's unique combination of factors.

For example, they'll evaluate pelvic floor muscles to uncover whether muscle tightness is causing incontinence or whether weak muscles are to blame.

"Pelvic floor muscles support pelvic organs, and organ problems can lead to muscle problems or vice versa," Dugan said. "In a case of tight muscles, a woman may try to tighten the muscles further with more exercise, not knowing that it may make the incontinence worse."

If you experience urinary incontinence, have a conversation with your primary care provider or gynecologist as soon as you notice it. There's likely a treatment that can help: lifestyle changes, medications, exercises, surgical procedures and other options could greatly improve your quality of life and potentially even prevent it.

Join us on March 19 for a roundtable discussion on women's health. See the calendar insert for details.



New Year, New Opportunities to Help

If you're envisioning what you want your 2025 to look like, you might be thinking about giving back to the community through volunteering. It's a great idea: In a 2020 study of older adults who volunteered for at least two hours a week, volunteers engaged in more physical activity, had a stronger sense of purpose in life and had a lower risk of physical limitations than non-volunteers.

The nonprofit Chicago Cares is a clearinghouse for volunteer opportunities. If you visit their website at www.chicagocares.org/s/find-an-opportunity, you can choose from a wide range of volunteer projects. For example, in December and early January, community organizations are looking for help with:

- Distributing healthy food at food pantries or community distribution sites.
- Sharing gardening skills to help beautify the Lincoln Park Conservatory.
- Putting together boxes of donated kitchenware for people settling into new homes.

If you volunteer and would like to share what it means to you, record a short video of yourself by visiting bit.ly/RecordMyStory or pointing your smartphone camera at the code below. And if you'd like to see videos of others sharing what matters most to them as they age, visit aging.rush.edu/Schaalman.



Easier Prep, High-Tech Tools: Advances in Colonoscopy



Salina Lee, MD
Gastroenterologist

Colorectal cancer is the third most common cancer in the United States and the second most common cause of cancer death for Americans, in large part because it can grow for some time without causing any symptoms.

The earlier colorectal cancer is detected, the better the options for successful treatment, says **Salina Lee, MD**, a gastroenterologist at RUSH MD Anderson Cancer Center.

These days, the prep is easier

Lee says that colonoscopy — looking at the colon with a special tool called an endoscope — remains the gold standard for colorectal cancer screening. “We’re able to see directly inside the colon, so our chances of missing colon cancer are going to be much lower,” than with many at-home tests, she explains.

“We’re also able to detect and remove precancerous lesions called adenomatous polyps, or adenomas. If we can remove a polyp during a colonoscopy, we can potentially prevent a cancer from ever happening.”

So, what stops people from getting this gold-standard screening? People hate the traditional pre-procedure prep to empty the colon, which allows the gastroenterologist to get a good view, Lee says.

In fact, “people’s ideas about the prep are one of the biggest barriers that prevents them from ever coming through my door.”

But Lee wants you to know that there’s a good chance your knowledge of bowel prep is outdated. “The standard used to be that you’d clean out your bowels for a whole day or more by drinking a large volume of a foul-tasting liquid, and you’d have to be without meals for days on end,” she says.

But these days, the prep is far easier. “The prep is split into two doses, and there are much smaller-volume, better-tasting options available — as small as two six-ounce doses,” Lee says. “In addition to small-volume liquids, there are also tablets

available for those who are averse to taking liquid medication.”

You start the bowel prep the day before your colonoscopy and can eat a low-fiber diet (no nuts or seeds, beans, whole grains or high-fiber vegetables) until noon. After that, until midnight, you can have any clear, non-red liquid, including freezer pops or gelatin.

Prep options evolve rapidly. Lee recommends asking your physician about what bowel prep options are available when you schedule your procedure.

Technology keeps improving

While high-quality bowel prep is the best aid for helping gastroenterologists detect adenomatous polyps during colonoscopy, advances in technology are also increasing detection rates.

- **Virtual chromoendoscopy** is a high-contrast imaging tool. “With the click of a button, I’m able to change my scope so it’s looking at the colon with a different contrast,” Lee says. “If there’s an adenoma, it will be highlighted.”
- **Endoscope attachments** help the gastroenterologist get a better look at parts of the colon that are folded or curved. These tools straighten and flatten the tissue so that no part of the colon is hidden.
- **AI-assisted colonoscopy** uses novel artificial intelligence to improve the detection of adenomas. This technology identifies and highlights areas for the gastroenterologist to examine especially closely. Rush University Medical Center was the first in Illinois to make this technology a standard tool in every colonoscopy.



Ask your provider about screening

It’s recommended that everyone with an average risk for colorectal cancer should begin screening at age 45. Talk with your doctor to help you decide if screening is needed after age 75. It is not recommended to screen after age 85. If you’re at an increased risk because of your family or personal medical history, talk to your doctor about individualized screening guidelines.

Join us on March 5 for a discussion on colorectal cancer. See the calendar insert for details.

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3 Things That Can Help Improve Your Health

Philip Moore, MD, a Rush internist who treats patients in Aurora, says that his patients who are healthy have several things in common. In case you're considering new habits for the new year, here are the top three he's observed in more than three decades of medical practice.

1. Physical activity

Physical activity is important for both physical and mental health, and Moore says his patients who are healthy make exercise a priority. "They don't spend very much time on the couch but rather are always on the go, always on their feet and always find time for fairly rigorous daily exercise," he says.

2. Awareness of family health history

Even if you live a healthy lifestyle, genetics can play a major role in your health. People who are healthy know their risks. "If there are conditions that run in the family, those patients are regularly in my office, and we are monitoring things and keeping an eye out for problems," he says.

3. An attitude of gratitude

"They realize that their life and their health are great gifts," Moore says. "They know they have a choice about how they spend their spare time, how they handle the stresses of life and what habits they cultivate. Their choices reflect the thankfulness they have."

Join us on Jan. 22 for a discussion on what matters in the new year. See the calendar insert for details.

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Winter 2025 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 updates on Rush Generations programs, sign up for our emails at bit.ly/RushGenerations.



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#**.

January

Honoring the Life and Legacy of Rev. Martin Luther King Jr.

Wednesday, Jan. 15, 11:30 a.m. to 1 p.m.

(please note special start time)

Join Rush Generations and the Rush Office of Community Health Equity and Engagement for our annual Rev. Martin Luther King Jr. celebration. We'll reflect on how King's teachings illuminate our journey in building the Sankofa Wellness Center, a space dedicated to healing and reconciliation, and how embracing our past can empower us to navigate present challenges and create a brighter future for our communities.

What Matters in the New Year

Wednesday, Jan. 22, 1 p.m.

As we embark on a new year, it's an ideal time to think about your health priorities and home in on what truly matters to you! Join us for a conversation that encourages reflection and meaningful goal setting. Learn practical tips for prioritizing your values and making positive changes for a fulfilling year ahead.

February

Understanding Cardiovascular Disease

Wednesday, Feb. 5, 1 p.m.

Heart health is crucial, especially as we age. Join us to hear valuable insights from Rush providers about the factors that influence heart health. You'll learn key aspects of cardiovascular health, including screening options and preventive strategies to reduce the risk of heart disease.

Intimacy and Sexual Health

Wednesday, Feb. 19, 1 p.m.

Intimacy and sexual health are essential components of our overall well-being. This discussion will address common concerns and offer valuable insights into maintaining fulfilling relationships. We'll explore ways to foster intimacy and improve communication skills, and discuss strategies for nurturing and sustaining connection.

March

Colorectal Cancer

Wednesday, March 5, 1 p.m.

Colorectal cancer is a significant health concern for older adults, and early detection can make a big difference. This session will cover essential screening guidelines, risk factors and preventive measures. Join us to learn how you can take proactive steps for your health.

Women's Health Roundtable

Wednesday, March 19, 1 p.m.

Women's health is multifaceted and deserves our attention! Join us for an engaging roundtable discussion covering a variety of topics, including emotional well-being, physical health, hormonal changes and more. Discover health strategies that empower you to maintain your well-being and explore what matters most.

Classes and Workshops

These classes and workshops are a mix of Zoom and in-person events. **To participate in Zoom events**, you'll need internet access and Zoom on a computer, tablet or smartphone with a webcam. Please call **(800) 757-0202** and be ready to provide a valid phone number and email address so we can send you a Zoom link. If you don't have access to Zoom but would like to join a self-guided version of a workshop with a weekly conference call check-in, please call **(800) 757-0202**.

To participate in in-person events, pre-registration is required. Please call **(800) 757-0202** to reserve your spot. For updates from Rush Generations, sign up for our emails at bit.ly/RushGenerations.

Class

Art for Emotional Wellness (in person)

**Tuesdays, Feb. 25 to April 1
1 to 3 p.m.**

Location TBD; please call
(800) 757-0202 for details.

Workshops

A Matter of Balance (Zoom)

**Tuesdays and Thursdays,
Jan. 14 to Feb. 11**

10 a.m. to noon

Fit and Strong! (in person)

**Mondays, Wednesdays and Fridays
Jan. 22 to March 17**

1 to 2:30 p.m.

Anne Byron Waud Resource Center
710 S. Paulina St., Suite 438
Chicago, IL 60612

Take Charge of Your Diabetes (in person)

**Tuesdays, Feb. 4 to March 18
10 to 12:30 p.m.**

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

Wellness Recovery Action Plan (in person)

**Mondays, Feb. 10 to March 31
10 a.m. to noon**

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

Many community sites also host workshops like Learning to Live Well with Chronic Pain and Un Asunto de Equilibrio (A Matter of Balance).

If you're interested in information about workshops that meet outside of the Rush campus, please call (800) 757-0202.

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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.한국어 (Korean)

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Tagalog

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العربية (Arabic)

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Русский (Russian)

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ગુજરાતી (Gujarati)

સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-312-563-2987 (TTY: 1-312-563-2987).

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Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-312-563-2987 (TTY: 1-312-563-2987).

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λληνικά (Greek)

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