

Diabetes and Heart  
Disease In Women

02

Tips To Better Sleep

13

Do you need help  
with a health care  
service issue?

14

مرکز جونز هوبكنز

أرامكو الطبي

Johns Hopkins

Aramco Healthcare

# WellBEING

Jan/Feb 2017



# INSIDE THIS ISSUE

At the crossroad of research and patient care	1
Diabetes and Heart Disease In Women	2
Stress and Overeating	4
Palliative Care	6
The Number One Way To Reduce Heart Risk	8
The Latest in Rehabilitation	10
Caring Profile: Rabab Bajahmom	11
Get to Know Your JHAH Physician	11
JHAH Healthy Recipe	12
Tips To Better Sleep	13
Connect With JHAH	14
JHAH Bulletin Board	15
8 Ways to Lose Belly Fat	16
Colorectal Cancer, Answers from Surgeon Sandy Fang	18
Patient Safety Symposium	20
Distinguished Faculty Visit, Dr. Ali Bydon	22

Legal Disclaimer: All health and health-related information contained in this Johns Hopkins Aramco Healthcare Company material is intended to be general in nature and should not be used as a substitute for a visit with a health care professional. The advice is intended to offer only a general basis for individuals to discuss their health and medical conditions with their health care provider. Your health care provider should be consulted regarding matters concerning the medical condition, treatment and needs of you and your family.



# *At the crossroad of* **Research & Patient Care**

**“Please bring me a cure for my children.”**

By: Bradley Wilkinson

Who wouldn't be motivated by that mother's simple plea? "I hear that most days," said Dr. Reem Alkhater, JHAH pediatric neurologist. "This mother had four children with a genetic disorder that causes Parkinson disease like symptoms including tremors, serious problems with movement and a flat facial expression, making the children's future uncertain if not bleak.

Not long after, Dr. Alkhater left for a pediatric neurology residency in Canada at Toronto's Hospital for Sick Children. There she met Dr. Berge Minassian, Senior Scientist, Genetics & Genome Biology; Professor, Department of Pediatrics and Michael Bahen Chair Epilepsy Research University of Toronto, The Hospital for Sick Children. Together they decided to study the family of these children and determine what the cause of the disease is and how it could be treated.

The result was not only the discovery of the precise genetic root of the problem but within

about two years a treatment. That treatment resulted in a somewhat frenzied phone call from the mother. "She called me and said the children are excitedly running around and sometimes falling. I don't know what to do," said Alkhater.

This then resulted in a temporary solution. Helmets were provided that protected the children from head injury until they were able to control their movements. Now, the younger children are leading near normal lives, studying and looking toward a bright future.

"It is not every day that one discovers a disease, its cause and its cure in one fell swoop," said Dr. Minassian. "To my knowledge this is the first time we achieved this at The Hospital for Sick Children, in great part because of the energy, talent and perseverance of Dr. Alkhater.

That was about four years ago. Dr. Alkhater still regularly sees the children as the treatment dosage has to be adjusted to their development, but their symptoms continue to improve. The results of the scientific discovery were publishing in 2013, in the prestigious New

England Journal of Medicine and have influenced the research and treatment of adults and children with Parkinsonism the world round.

Although this is a somewhat rare genetic disorder, its costs are significant. The quality of the patient and family's life is distressed, prior to our treatment, the medications were expensive, and these children would end up requiring expensive tests, frequent visits to the emergency room, and not become productive citizens. "We need to remain diligent in catching this disease early," said Dr. Alkhater. "The earlier the diagnosis, the more profound the improvement. Time lost is brain loss, and brain loss is irreversible."



Dr. Reem Alkhater  
Pediatric Neurologist

# Diabetes & Heart Disease

## In Women



### Diabetes and Heart Disease in Women

Among both men and women, diabetes is one of the strongest cardiovascular risk factors. Epidemiological studies have shown that people with diabetes have more than two times the chance of getting cardiovascular disease than people without diabetes. This includes premenopausal women, a group normally at lower risk for cardiovascular disease.

“Men generally have heart disease in their 40’s and 50’s, about a decade before women. But this is generally not true for diabetic women,” says Dr. Annabelle Rodriguez-Oquendo, Associate Professor of Medicine

and Diabetes Management Service Director at Johns Hopkins Bayview Medical Center in Baltimore, Maryland, USA. “For diabetic women, the cardiovascular risk occurs earlier. Diabetes takes away much of the protection premenopausal women would normally get from estrogen.”

#### How diabetes increases heart disease

The concentration of blood glucose or blood sugar, and how much it sticks to red blood cells and impedes the flow of oxygen in the blood,

plays a large role in cardiovascular risk. An important measurement of sugar in the blood over a three-month period is the hemoglobin A1C test.

Hemoglobin is just one of the proteins that transport oxygen in the blood. Diabetes is a disease that impacts large blood vessels (such as the coronary arteries) and small vessels (such as arteries that carry blood to nerve endings and kidneys). Diabetes can affect the cardiovascular system by:

- Attaching glucose to blood proteins and disrupting the

distribution of oxygen throughout the body

- Causing the clumping of cholesterol-carrying proteins such as LDL (bad) cholesterol, which leads to more plaque buildup in the vessel walls
- Producing fatty acids that can destroy proteins in the blood vessels
- Accelerating the development of atherosclerosis by playing a significant role in blood vessel inflammation

### Risk factors for diabetes

A clear-cut cause for diabetes is not fully known; however, there are several factors that increase the risk of getting diabetes. Some particular factors for women are:

- Family history of diabetes
- Being overweight or obese
- Lack of exercise
- Being older than 45
- Weight gain from having a large baby during pregnancy
- Polycystic ovarian syndrome – sometimes characterized by elevated insulin levels
- Being part of an ethnic group with a higher incidence of diabetes
- Metabolic syndrome– a group of simultaneously occurring conditions that can include abdominal obesity, high blood pressure, a high fasting blood glucose level, high triglyceride levels and low HDL (good cholesterol).

### Symptoms of diabetes

Diabetes symptoms are related to high blood sugars. When symptoms and/or risk factors are present, blood sugar can be measured reliably with an oral glucose tolerance test. This is actually a series of tests taken over a few hours to ensure accurate measurement.

Depending on when it's diagnosed,

diabetes symptoms can vary from subtle to severe. Blood sugar-related symptoms may include the following:

- Unexplained weight loss
- Excessive and persistent thirst and/or hunger
- Frequent urination
- Yeast infections in both men (scrotal area) and women (vaginal area)
- Blurred vision

Symptoms related to the cardiovascular system and heart function can include:

- Nerve damage
- Shortness of breath and overall lack of exercise tolerance
- Atypical cardiac pain, particularly common in women, such as pain in the jaw, back and/or neck
- Swelling in limbs from fluid collecting in lungs
- Heart failure

### Managing diabetes

Treating diabetes typically involves treating the conditions associated with it. Because many people with diabetes are overweight or obese, it's important to carefully and consistently manage weight, diet and exercise.

Because of the sensitivity of discussing weight issues and individual interpretations of the word "obese," open, honest communication between the patient and the primary care physician is essential in managing diabetes and its associated disorders.

Sometimes lowering caloric, fat, salt and sugar intake and introducing supervised exercise regimens are all that's necessary to manage blood pressure, sugar, insulin and cholesterol levels. In

other instances, any of an array of medications may need to be introduced. It all depends on the severity of the diabetes, and the condition and medical history of the patient.

### The challenge and importance of living a healthy life

High-sugar, high-calorie, high-salt packaged food is relatively inexpensive, extremely accessible and very tempting for people with very little free time. But it's essential to take the time to learn your genetic risks, recognize your individual condition and make the effort to reduce portion sizes, follow a healthy diet and make physical activity part of daily life.

Dr. Rodriguez-Oquendo stresses the importance of being proactive and talking with a primary care physician about diabetes and its associated conditions, such as hypertension and cholesterol disorder.

"Even if you have blood glucose levels that don't quite qualify for diabetes, you might be in that gray area called 'stealth diabetes,'" she says. "This means you can have all the same complications of someone with full-blown diabetes, so it's important to take the oral glucose tolerance test and to stay vigilant about your health."



**JOHNS HOPKINS**  
M E D I C I N E

This content was originally published by the Marketing and Communications office of Johns Hopkins Medicine. It has been reprinted here with that office's permission. Additional reuse and reprinting is not allowed. Information is intended to educate readers and is not a substitute for consulting with a physician.



# *Stress & Overeating*

What causes stress?



## Stress and Overeating

Stress is any change that requires you to adjust. The adjustment is registered in your brain as a threat and causes a stress response in your body. Regardless of the source of stress, your body prepares to fight or flee from the change or source of threat. If you're stressed for a long time, your health can suffer.

Many people eat in response to stress. The key is to find other ways to nurture yourself that either don't involve eating or if they do, involve eating healthy foods. To overcome emotional eating, you must understand what causes stress, what its symptoms are and ways you can avoid it to take control of your life again.

### What causes stress?

- **Major life changes:** Research indicates that some life changes, particularly those that are perceived as negative, can affect health.
- **Daily hassles:** Minor problems can be a greater source of stress than major life changes because they occur much more often.
- **Job-related stressors:** Tight schedules and overtime contribute to time-related pressures. If job-related stress becomes too severe, burnout may occur.
- **Social stressors:** Although social support networks are one way to help manage stress, other pressures in society may cause stress. These include prejudice and discrimination.
- **Environmental stressors:** Environmental stressors include things such as natural disasters; industrial accidents and intrusive noises, smells, or sights.
- **Internal stressors:** These stressors lie within ourselves. Low self-esteem, unrealistic expectations, illnesses and exhaustion may contribute to stress and the need for stress management.

### What are the symptoms of stress?

Stress can cause a variety of physical, emotional and behavioral symptoms. Please note that a number of other health conditions can also cause many of these symptoms. You should contact your doctor if any of these symptoms are severe or persistent.

Physical symptoms of stress include muscle tension and pain, headaches, weight loss or weight gain, fatigue, insomnia, heart palpitations, and indigestion.

Emotional symptoms include crying, impatience, irritability, depression, anxiety, confusion, and low self esteem.

Behavioral symptoms include missing work, overeating, lack of motivation, withdrawal, low productivity, inability to concentrate, and indecisiveness.

### How can I combat emotional eating?

Behavior changes are integral to your goal of how to have better control over your eating habits as a result of stress. Exercise is a crucial part of the stress-free diet. By releasing the feel-good chemical, endorphins, your body gets an almost instantaneous lift. Regular exercise helps lower stress; burn calories; and decrease the chance of heart disease, diabetes, stroke, and certain cancers. A half-hour of exercise per day such as walking or any other type of exercise is recommended.

For example, if you know you like to eat after a tough day at work, make a point of going for a walk, taking a shower, or listening to music right when you get home. Do not go to the kitchen until after you've reduced your stress levels a bit.

You can also focus on your reaction to triggers. For example, if there are specific people who cause you to eat emotionally, have a counter-strategy ready to go: Call a friend, find something to laugh about, or take a couple of deep breaths.

Changing some of your daily habits can also help you reduce your need for emotional eating. If you eat standing up or from the package, stop. Never allow yourself to do this, especially while standing at the counter or in front of the refrigerator. Force yourself to sit and serve yourself one portion (check the package for portion sizes) of the food you desire and put the package away before sitting down. You can also try snacking on fruits and vegetables such as carrot sticks, celery sticks, grapes, apple slices, watermelon, or nuts.

If you often reward yourself with a meal out or a snack for doing some hard work or accomplishing some tough objective, try to reward yourself with something other than food. Instead, reward yourself by going to the movies, reading a good book, meeting friends, or planning a trip.

Practice deep breathing to reduce your stress, get plenty of sleep (at least 7-8 hours), and drink plenty of water to remain hydrated and to keep your hunger under control. Learn to recognize true hunger. Don't keep unhealthy foods around, eat balanced meals, exercise regularly, and get enough sleep. The more you are aware of your emotional eating patterns, the more you can do to stop or at least limit them. Remember, emotional eating is just an attempt to manage your stress, so find a better way to manage your stress and you'll be on your way to managing your waistline.

By: Sara Bader  
Preventive Medicine Advisor

# *Palliative Care*

## Focused on Quality of Life

### Palliative Care in JHAH

#### What is Palliative Care?

Palliative care is comprehensive treatment of the discomfort, symptoms and stress of serious illness. It does not replace primary treatment; palliative care works together with the primary treatment. The goal is to prevent and ease suffering and improve quality of life.

#### When is Palliative Care Needed?

Palliative care is helpful if a patient has distressing symptoms associated with a serious illness, including pain, shortness of breath, fatigue, constipation, nausea, loss of appetite, problems with sleep, side effects of medical treatments and many other symptoms.

#### What does Palliative Care Provide?



Palliative care provides support for a patient and her/his family and can improve communication between them and health care providers. Palliative care strives to provide the following:

- Expert treatment of pain and other symptoms to provide the best relief possible
- Open discussion about treatment options and management of symptoms
- Coordination of care with all health care providers

- Emotional support for patient and family

#### Who can benefit from Palliative Care?

Many adults and children living with serious illnesses such as cancer, heart disease, lung disease, kidney failure, AIDS and cystic fibrosis, among others, experience physical symptoms and emotional distress related to the disease. Sometimes these symptoms are associated with



the medical treatments they are receiving. Palliative care could help if you or a family member:

- Suffers from pain or other symptoms due to serious illness
- Experiences physical or emotional pain that is not under control
- Needs help understanding the situation and coordinating care

### What happens when you leave the hospital?

When a patient leaves the hospital, the palliative care team will ensure the transition is as easy as possible. In addition, the palliative care team will provide their contact number if any question arises or the patient requires further assistance. Moreover, the palliative care team will conduct home visits if a patient needs assessment and treatment when it is difficult for him/her to come to the hospital for a clinic appointment.



From left to right: Dr. Tareq Bonohiyah, Dr. Shukri Qudihy, Khalid Jeean, Dr. Zeina Khouri-Stevens, Dr. Thomas Smith JHMI, Fatima Al- Rashed, Zeinab Mahr, Dr. Amani Babgi, Dr. Mohammed Ghandi, Dr. Rab Razzak.

John Hopkins Aramco Healthcare represented by the palliative care team, in coordination with the Medical Public Relations unit, conducted the first ever JHAH Palliative Care Symposium titled: "When comfort and time matter the most." The one-day event was held on January 11, 2017 from 7 a.m. to 4 p.m. in the JHAH auditorium.

A range of experts representing multiple disciplines spoke at the event. They included one of the founders of palliative care, Dr. Thomas Smith, Director of Palliative Medicine at Johns Hopkins Medical Institution (JHMI), and Dr. Rab Razzak, Director of Outpatient Palliative Care at JHMI. In addition, eight speakers from JHAH participated in the symposium.

More than 200 people attending, including about 50 representatives from some 10 Network Provider Hospitals.

Dr. Thomas Smith, Founder of Palliative Care in Johns Hopkins Medical Institute.



*The Number One Way to*  
**Reduce**  
*Heart Risk*

*"You've got to  
be ready to quit  
to have success"*





## Answers from Johns Hopkins Cardiologist Dr. Parag Joshi

Among the behaviors within your control, not smoking is by far the most critical single action you can take to prevent heart disease, heart attack and stroke. Quitting can be tough, though. “Nicotine is a chemically addictive substance, and smoking is also mentally addictive because of the habits we associate with it,” says cardiologist Dr. Parag Joshi, M.D. of Johns Hopkins Medicine in Baltimore, Maryland, U.S.A.

But there are smart strategies that can help you join the legions of others who have successfully broken the habit. Try these tips to help yourself quit.

### Decide to quit smoking

You’ve got to be ready to quit to have success. There are many strategies to help you quit, but first you have to make up your mind that you really want to do it—as thousands have before you.

### Picture your smoking-cessation motivations

Many people decide to quit smoking after a scary event, such as a heart attack, gives them a wake-up call. Imagine some concrete goals: Avoiding another stroke? Being around for a grandchild’s birth? Being able to walk easily again without leg pain? Being able to breathe easier?

### Pick a quit date

Joshi prefers to urge his patients to focus on a special date, sometime within the next month or so, such as a birthday or anniversary. This target lets you taper off and prepare mentally, rather than quitting cold turkey (although, he points out, that can also work for some).

### Tell family and friends

They can encourage you and cheer you on and not smoke around you to help you avoid temptation. Even

better: When your partner or a friend quits at the same time, you can reinforce each other.

### Get rid of reminders of your smoking life

Remove cigarettes and ashtrays from your home and office. Have your car cleaned and deodorized. Spend time in different places, rather than in old haunts where there’s other people smoking.

### Remove smoking triggers

Think about when you smoke: Do you wake up and have a cigarette with your coffee and newspaper, for example, or smoke after meals?” asks Joshi. “Shake up your routines, like exercising in the morning, so you’re less tempted to smoke.”

### Create substitute habits

For those stressful moments when you’d ordinarily reach for a cigarette, look for new ways to get relief, such as meditation or deep breathing. Exercise is a smart stress-reliever with the added benefit of making you want to smoke less. Be sure to get your doctor’s OK before starting any new vigorous exercise program.

### Consider stop-smoking aids

Many patients have had success with nicotine replacements like patches and gum, or with medications to help them quit,

### Ask your doctor for help

A lot of people teeter-totter when it comes to quitting and just need help. There’s no shame in asking for help, and it’s never too late. I’ve had patients quit even in their 60s and 70s. That said, quitting when you’re younger—or never starting to begin with—is best.

This content was originally published by the Marketing and Communications office of Johns Hopkins Medicine. It has been reprinted here with that office’s permission. Additional reuse and reprinting is not allowed. Information is intended to educate readers and is not a substitute for consulting with a physician.



**Parag H. Joshi, M.D.  
M.H.S.**

Assistant Professor  
Department of Internal  
Medicine  
Cardiologist  
Preventive Cardiology

*Dr. Joshi is a cardiologist who specializes in preventive cardiology. He is a Fellow of the American College of Cardiology and is certified by the American Board of Internal Medicine in cardiovascular disease and internal medicine. He is also board certified in the use of coronary computed tomography (CT) angiography and in interpreting echocardiography and ultrasound imaging of the heart.*

*His research interests include evaluating heart attack and stroke risk, coronary calcium scoring, cholesterol/lipids, and coronary CT angiography. Dr. Joshi has published more than 50 scholarly articles, invited publications, and case reports; co-authored three book chapters; presented scores of abstracts; delivered a number of invited lectures; and serves as a reviewer for a number of prestigious cardiology journals.*

*Dr. Joshi earned his medical degree at Texas Tech University Health Science Center, completed an internal medicine residency at Emory University School of Medicine, and a preventive cardiology fellowship at Atlanta’s Piedmont Heart Institute. He obtained his Masters in Health Science in clinical investigation from the Johns Hopkins Bloomberg School of Public Health.*



# *The Latest in Rehabilitation*



Dr. Zayed Al Zayed, Orthopedic Surgeon, King Faisal Specialist Hospital & Research Center, adds valuable insight based on his experience.

Medical Public Relations Unit in coordination with Cancer Care Services Unit, conducted the Rehabilitation Symposium themed "Evidence based Practice and Advancements in the field of Rehabilitation Sciences and Medicine" on December 6-7 in the JHAH auditorium.

Nearly 250 people from many medical disciplines, including physicians, consultants, surgeons, nurses, rehabilitation specialists, therapists and physical therapy technicians learned about the latest in assessment and treatment techniques, innovative treatments

in orthopedics, advanced surgery and prosthetics in pediatric care.

Presentation topics included clinical decision making and evidence based dysphagia treatments, cognitive linguistic disorder research conducted on patients in the Arabian Gulf region, rehabilitation employment opportunities and critical care rehabilitation and the cardiac rehabilitation service at JHAH.





# Caring Profile

## Rabab Mohammed Bajahmom

Patient Safety Coordinator and Educator, Quality and Patient Safety Department.

### Education

- Bachelors, Medical Laboratory Technology  
King Faisal University, 2003
- Masters, Quality and Safety in Healthcare Management  
Royal College of Surgeons in Ireland, Bahrain, 2011

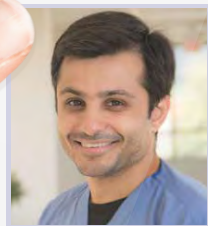
### Work History

- Patient Safety Coordinator/Educator, JHAH, 2016
- Quality Controller of Medical Laboratory  
King Fahd Military Medical Complex, 2012-2016
- Senior Medical Technologist  
King Fahd Military Medical Complex, 2006-2011

### Quote

I am excited about my role as Patient Safety Coordinator and about the new patient safety program at JHAH, which is based on the science of safety, benefits from the expertise of the JHM Armstrong Institute and is the responsibility of everyone at JHAH.

### Get to Know Your JHAH Physician



Physician Name:  
Dr. Reda Momen  
Professional Title:  
Emergency Medicine Specialist  
Specialities:  
Emergency  
Works in:  
Dhahran  
Languages:  
Arabic, English

### Get to know your doctor on the Physician Directory

You can now see an online profile for your family physician, specialist or dentist on the JHAH Physician Directory. We encourage our patients and their families to visit the Physician Directory and learn about our physicians, this additional connection has the power to improve patient experience by reducing anxiety and building rapport.

Go to [www.JHAH.com](http://www.JHAH.com) 'Physician Directory' to:

- See a friendly face
- Learn about your physician's education and experience
- Discover what language options are available
- Explore areas of specialization

# Heart Friendly

# JHAH Healthy

# Recipe

## Lamb and Vegetable Stew

Lamb and vegetable stew is a popular dish in the Kingdom of Saudi Arabia and the Middle East. It is a hearty dish rich in flavor, taste, protein, vitamins, minerals and antioxidants, and it's a winter dish that warms you up.

### Ingredients (6 Servings)

- 1 kg lean lamb (cut into cubes)
- 1 tsp. coriander powder
- 1 tsp. black pepper (optional)
- 1 tsp. cinnamon (powder)
- 1 tsp. cardamom (powder)
- 1 tsp. cloves (chopped)
- 2 cloves garlic (crushed)
- 1 tsp. ginger (chopped)
- ¼ cup coriander (chopped)
- 1 tsp. canola oil
- 1 green chili (chopped)
- 4 medium onions (cut into small cubes)
- 2 cups tomato (chopped)
- 1 ½ cups carrots (cut into medium-size slices)
- 1 ½ cups green beans (trimmed from both sides)
- 1 ½ cups leeks (cut into medium-sized slices)
- 4 cups water or fresh meat stock

### Preparation

In a medium size sauce pan heat the oil, add the cubes of lamb and sauté for 5 minutes on moderate heat. Add the onion and garlic and sauté until the meat is lightly browned. Add the chopped tomatoes and all the spices and cook for 5 minutes. Add the carrots, leeks and meat stock and cook for 30 minutes or until the meat is almost fully cooked. Add the green beans and cook for another 15 minutes. Finally, add the coriander, chili and ginger and cook for another 5 minutes. Serve with slices of multigrain bread or steamed potatoes.

### Fat and Calories

**Calories per serving:** 150  
**Fat per serving:** 5 grams



### Health Message:

Lamb and vegetable stew is appropriate for people with heart disease, children, pregnant and lactating women and seniors. It is suitable for diabetics as it is low in carbohydrates. The stew is NOT recommended for babies under one year of age or people with kidney failure as it's high in potassium and protein. It is also NOT recommended for people with chewing or swallowing difficulties.



# Tips to Better Sleep

## How to Sleep Better



- Take time to relax before going to bed. Drink a relaxing herbal tea or hot milk, try aromatherapy, meditate or pray. Do something that helps you relax.
- If something is troubling you, tell yourself you will deal with it tomorrow, write it down or do something to help you get it off your mind.
- Make sure that your bedroom and bed are comfortable and quiet.
- Make sure that your mattress provides proper support.
- Do moderate exercise regularly. The best time to exercise is in the late afternoon or early evening. Exercising later than this may disturb your sleep.
- If you can't sleep, get up and do something you find relaxing such as reading.

By: psychiatry Services

# Connect with JHAH



More than  
**1,978**  
followers  
@JHAHNEWS




More than  
**895**  
likes  
Johns Hopkins AramcoHealthcare



More than  
**1,057**  
followers  
@JHAH\_NEWS



More than  
**43,745**  
followers  
Johns Hopkins Aramco Healthcare (JHAH)



**249**  
subscribers  
**17,873**  
views  
Johns Hopkins Aramco  
Healthcare (JHAH)

Do you need help with  
a health care service  
issue?  
Email Patient Relations  
[PatientRelations@JHAH.com](mailto:PatientRelations@JHAH.com)

**How to Contact**  
Johns Hopkins Aramco Healthcare

If you are a registered patient trying to make medical or dental appointments and to access multiple medical services, please contact the Centralized Contact Center (CCC) by calling:

- 800-305-444 (in Kingdom)
- +966-13-877-3888 (out of Kingdom)

This automated service is available 24 hours a day 7 days a week. If you prefer to speak to an agent, please call the CCC during working hours (7 a.m. - 4 p.m.), Sunday-Thursday.

For more information, please visit the "Contact Us" page on our website <http://www.JHAH.com>

**Broaden your horizons with a career at Johns Hopkins Aramco Healthcare.**

Johns Hopkins Aramco Healthcare is pleased to announce the availability of job slots for qualified Saudi nationals.

**To apply, visit [www.JHAH.com/careers](http://www.JHAH.com/careers)**

# JHAH Bulletin Board

## Emergency Numbers: Save These Numbers To Your Mobile Phone

- **Dhahran and all areas:** From a landline inside Saudi Aramco dial 110 for security for ambulance or fire. From outside Saudi Aramco, dial 997 for ambulance and 998 for fire.
- **Abqaiq:** From your mobile phone inside Abqaiq, dial +966-13-572-0110.
- **al-Hasa:** Dial 997 for ambulance and 998 for fire.
- **Ras Tanura:** From your mobile phone inside Ras Tanura, dial +966-13-673-0110.
- **'Udhailiyah:** From your mobile phone inside 'Udhailiyah, dial +966-13-576-7110.
- **Help with your health care:** Contact Patient Relations at PatientRelations@JHAH.com or call 800-305-4444 In Kingdom or +966-13-877-3888 out of Kingdom.
- **Urgent health care access helpline for MDF patients** dial +966-55-600-0468 (after 4 p.m.).

**If you have an immediate medical concern, make an appointment with your Primary Care physician. In the event of a medical emergency, go to the Emergency Room at the nearest hospital.**

- **Appointments:** To make medical or dental appointments and to access multiple medical services, call:
  - Centralized Call Center 800-305-4444
  - Out of Kingdom +966-13-877-3888

- **Feeling Stressed?** Have psychological, emotional or social problems? Call Community Counseling Clinic for an appointment +966-13-877-8400.
- **Quit Smoking:** JHAH help for employees, dependents, contractors and retirees to quit smoking, email SmokingCessation@JHAH.com.
- **Become a volunteer:** To volunteer, email VOLUNTEER.HEALTHCARE@JHAH.COM. You must be in good health, at least 18 years old and have a good understanding of English.
- **Pregnant?** Attend the Pregnancy Wellness Program in Arabic or English. Email registration: MedicalPregnancyWellness@exchange.aramco.com.sa You must be 12 weeks or more into a pregnancy.
- **Register for the Mother and Baby Unit** Pregnancy Tour in Arabic or English. The tour starts at 1 p.m. on the 1st and 3rd Tuesday of the month. To register, email Eman.Mutairi@JHAH.com. You must be 30 weeks or more into your pregnancy. For more information about both programs, visit <http://JHAH > Health Education > Calendar of Health Care Events > Programs>.
- **SMS Reminder:** Never miss a medical/dental appointment. Register for the SMS reminder service. Update your mobile number on the Corporate Portal at <http://myhome > myInformation > Medical > Maintain SMS Reminder Details>.
- **Dependents** call 800-305-4444 to activate or deactivate the SMS reminder service and update a mobile number. SMS reminders are sent 48 hours prior to an appointment to all patients who are registered for the service and have booked their appointment at least 48 hours prior to the appointment.
- **Employee Online Access to Medical Services** myhome Corporate Portal: <http://myhome > myInformation > Medical>.
- **Campaigns and Programs online:** <http://JHAH > Health Education > Calendar of Health Care Events>.
- **Community Counseling Clinic:** <http://JHAH > A-Z Services > Mental Health website>.
- **Patient Relations:** <http://JHAH > A-Z Services > Patient Relations>.
- Patient Relations is available to help with issues that you are unable to resolve with specific clinical areas.
- **News from Medical Online:** <http://JHAH > Announcements: What's New in Medical>.
- **Al-Midra Wellness Center** offers consultations, lifestyle wellness coaching and health screenings (Mon to Wed 1-3:30 p.m.) other services including Blood Donations (Mon and Wed 8 a.m. - noon) and Pharmacy (Sun to Thurs 12-4 p.m.). For more information visit <http://JHAH > A-Z Services > Al-Midra Wellness Center>.
- **MDF Patients:** View the MDF list of contacts and website links on <http://JHAH > Hospitals and Clinics Contacts > MDF>.



# *Eight Ways to Lose Belly Fat*

and Live a Healthier Life



## How to live a healthier Life

Maintaining a trim midsection does more than make you look great—it can help you live longer. Larger waistlines are linked to a higher risk of heart disease and cancer. Losing weight, especially belly fat, also improves blood vessel functioning.

It's impossible to target belly fat specifically when you diet. But losing weight overall will help shrink your waistline; more importantly, it will help reduce the dangerous layer of visceral fat, a type of fat within the abdominal cavity that you can't see but that heightens health risks,

says Kerry Stewart, Ed.D., director of clinical and research physiology at Johns Hopkins Medicine in Baltimore, Maryland, USA. Here's how to whittle down where it matters most.

### **1** Try curbing carbs instead of fats

When Johns Hopkins researchers compared the effects on the heart of losing weight through a low-carbohydrate diet versus a low-fat diet—each containing the same amount of calories—those on a low-carb diet lost an average of 10 pounds more than those on a low-fat diet—28.9 pounds versus 18.7 pounds. An extra benefit of

the low-carb diet is that it produced a higher quality of weight loss. With weight loss, fat is reduced, but there is also often a loss of lean tissue (muscle), which is not desirable. On both diets, there was a loss of about 2 to 3 pounds of good lean tissue along with the fat, which means that the fat loss percentage was much higher on the low-carb diet.

### **2** Think eating plan, not diet

Ultimately, you need to pick a healthy eating plan you can stick to, Stewart says. The benefit of a low-carb approach is that it simply

involves learning better food choices—no calorie-counting is necessary. In general, a low-carb way of eating shifts your intake away from problem foods—those high in carbs and sugar and without much fiber, like bread, bagels and sodas—and toward high-fiber or high-protein choices, like vegetables, beans and healthy meats.

### 3 Keep moving

Physical activity helps burn abdominal fat. One of the biggest benefits of exercise is that you get a lot of bang for your buck on body composition. Exercise seems to work off belly fat in particular because it reduces circulating levels of insulin—which would otherwise signal the body to hang on to fat—and causes the liver to use up fatty acids, especially those nearby visceral fat deposits.

The amount of exercise you need for

weight loss depends on your goals. For most people, this can mean 30 to 60 minutes of moderate to vigorous exercise nearly every day.

### 4 Lift weights

Adding even moderate strength training to aerobic exercise helps build lean muscle mass, which causes you to burn more calories each day.

### 5 Become a label reader

Compare and contrast brands. Some yogurts, for example, boast that they're low in fat, but they're higher in carbs and added sugars than others, Stewart says. Foods like gravy, mayonnaise, sauces and salad dressings often contain hidden fat and lots of calories.

### 6 Move away from processed foods

The ingredients in packaged goods and snack foods are often heavy on trans fats, added sugar and added salt or sodium—three things that make it difficult to lose weight.

### 7 Focus on the way your clothes fit more than reading a scale

As you add muscle mass and lose fat, the reading on your bathroom scale may not change much, but your pants will be looser. That's a better mark of progress. To reduce heart risks, your waistline should measure less than 35 inches if you're a woman or less than 40 inches if you're a man.

### 8 Hang out with health-focused friends

Research shows that you're more apt to eat better and exercise more if your friends and family are doing the same.

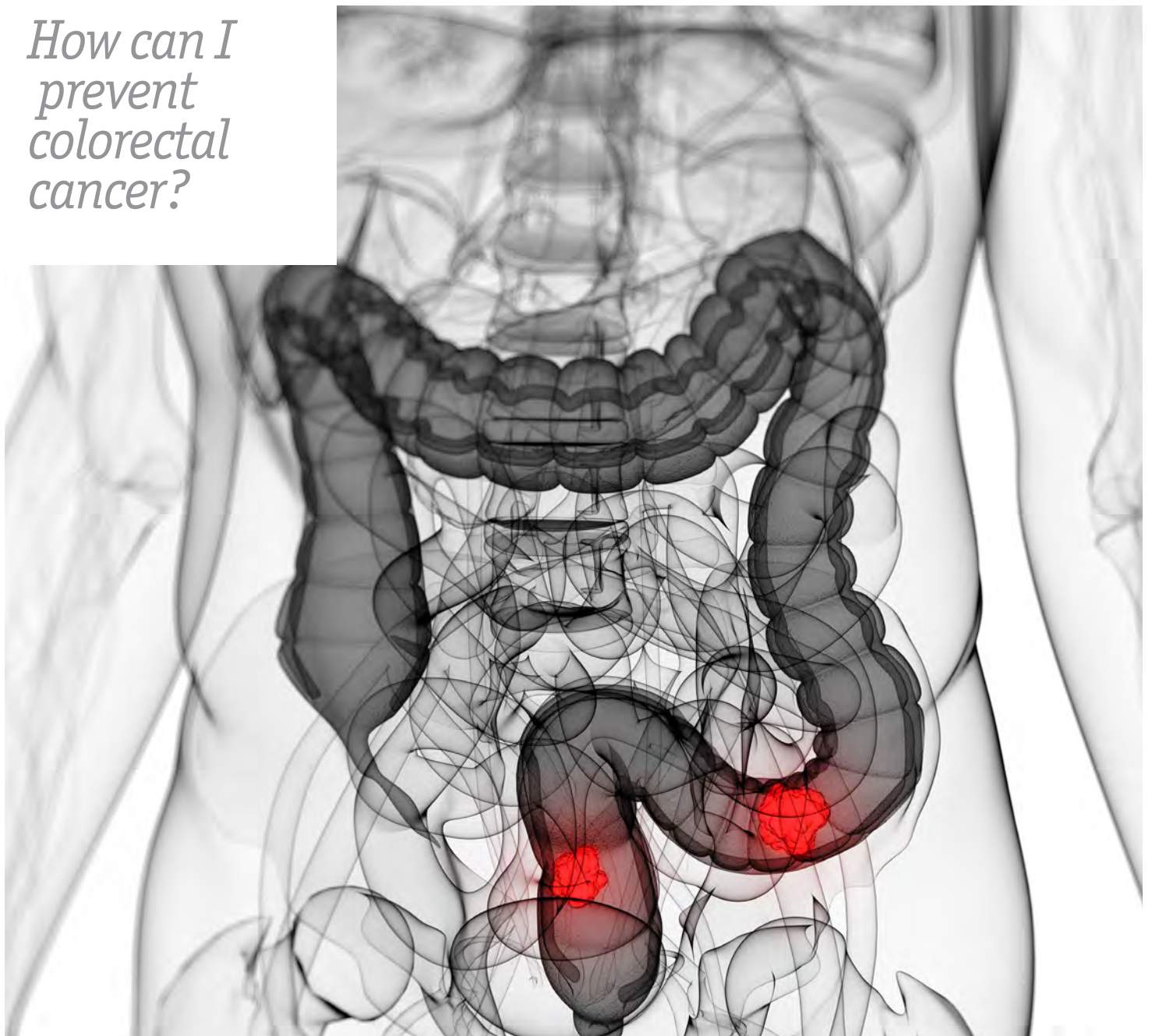


**JOHNS HOPKINS**  
M E D I C I N E

This content was originally published by the Marketing and Communications office of Johns Hopkins Medicine. It has been reprinted here with that office's permission. Additional reuse and reprinting is not allowed. Information is intended to educate readers and is not a substitute for consulting with a physician.

# *Colorectal Cancer*

*How can I  
prevent  
colorectal  
cancer?*





## Answers from Johns Hopkins Surgeon Sandy Fang

Colorectal cancer (cancer of the colon and rectum) is the leading cause of cancer death of men in the Kingdom of Saudi Arabia. Learn more about prevention, screening and treatment options with expert answers from Sandy Fang, a Johns Hopkins Medicine assistant professor of surgery in Baltimore, MD, USA.

### How can I prevent colorectal cancer?

How can I prevent colorectal cancer? Colorectal cancer occurs when the cells that line the colon become abnormal, most often through the growth of a polyp. These polyps, if left untreated, can transform into cancer.

Early detection is vital to the prevention of colorectal cancer, and screening should be a part of routine care. A colonoscopy is able to detect and remove any polyps, preventing something more serious from developing in the future..

### Can diet affect my colorectal cancer risk?

What you eat can influence your risk. Whenever possible, try to limit the amount of processed or red meats you consume. An occasional burger isn't the end of the world, but research has found that certain chemicals and preservatives in meats can contribute to colorectal cancer — especially if eaten often. Instead, fill your plate with fruits, vegetables, fish and whole grains. These foods can reduce your risk of developing cancer.

### What symptoms should I look out for?

Unfortunately, there typically aren't any symptoms until the disease progresses. If they do appear, symptoms can include:

- Blood in the stool, which may not be visible to the naked eye
- Anemia
- Abdominal discomfort
- Nausea and vomiting
- Pelvic pain
- Weight loss
- Change in bowel habits (e.g., unusual diarrhea and/or constipation, thinner-appearing stool)



#### Dr. Sandy Fang

Director, High Resolution Anoscopy Clinic  
 Director, Department of Surgery Apprenticeship Program  
 Assistant Professor of Surgery  
 Johns Hopkins Medicine

*Dr. Fang specializes in surgery for colon and rectal cancer, as well as benign colorectal conditions such as inflammatory bowel disease, rectal prolapse, anal fistulas and fecal incontinence. She performs high-resolution anoscopy and minimally invasive procedures to treat colorectal cancer, diverticulitis and inflammatory bowel disease.*

*Dr. Fang is board certified in general surgery as well as colon and rectal surgery.*



**JOHNS HOPKINS**  
 MEDICINE

This content was originally published by the Marketing and Communications office of Johns Hopkins Medicine. It has been reprinted here with that office's permission. Additional reuse and reprinting is not allowed. Information is intended to educate readers and is not a substitute for consulting with a physician.

## JHAH Accelerates its Patient Safety & Quality Journey at the Third Annual

# *Patient Safety Symposium*

### Patient Safety Symposium

Saudi Aramco's Plaza Conference Center was abuzz January 25-26 as more than 250 health professionals from across the Eastern Province and Johns Hopkins Medicine gathered for the third annual Johns Hopkins Aramco Healthcare Patient Safety Symposium.

"The journey of patient safety at JHAH has been nothing short of remarkable," said Peter J. Pronovost, M.D., Ph.D.; Senior Vice President, Patient Safety and Quality, Johns Hopkins Medicine; and Director of the Armstrong Institute for Patient Safety and Quality. "When we first started, the language and words for patient safety were new. They weren't something new to just JHAH; they were new to the Middle East.

"We need to confront the reality that patients are still not fully safe," Dr. Pronovost continued, "but we also must recognize that we have come a long way in reducing preventable harm. We cannot be complacent, but



we can be pleased with what we have accomplished thus far."

Certainly there was no complacency on hand during the symposium. Over the course of the two days, JHAH and Johns Hopkins Medicine speakers presented the latest in patient safety. Many included team exercises to reinforce the concepts they were discussing, including a teambuilding exercise conducted by Dr. Lisa Lubomski, Assistant Professor of Anesthesiology and Critical Care Medicine at Johns Hopkins Medicine, on the ways to

overcome systemic issues that may hinder open communications.

"It is really exciting to see such a real dedication to improving patient safety exists here at Johns Hopkins Aramco Healthcare," said Dr. Lubomski. "As a health services researcher, my role is to develop methods that facilitate change and emphasize the importance ensure of making adequate time and resources available to staff so patient safety and quality changes ultimately become simply the way things are done."

The symposium was designed to build on the work that has been accomplished thus far at JHAH on patient safety and quality and to provide practical, applied knowledge. Presentations focused on specific key messages including the following:

- Expert teaming is a habit that takes practice, feedback, and humility
- Effective communication is vital to patient safety and quality efforts
- Handoff/care transition processes should be an area of focus
- Multicomponent interventions are necessary for improving handoffs/care transitions
- It is appropriate to be assertive when you have patient safety concerns
- Teams with trust and mutual support are stronger. Task assistance, situation monitoring and awareness, and role clarity help build this strength
- Communication is the core of conflict resolution
- Care teams are empowered when they own the decision-making process

Many in the audience had been to previous JHAH Patient Safety Symposiums and were pleased to have returned. "When I first attended the JHAH safety conference in 2015, it dealt with patient safety and quality basics," said Dr. Deema Imam, Quality Improvement Director, Almana General Hospital, AlKhobar. "This year the presentations and exercises took us well beyond that."



Reinforcing patient safety concepts at the third annual JHAH Patient Safety Conference, Dr. Lisa Lubomski, Assistant Professor of Anesthesiology and Critical Care Medicine at Johns Hopkins Medicine, conducted teambuilding exercises, "It is really exciting to see such a real dedication to improving patient safety exists here at Johns Hopkins Aramco Healthcare," said Dr. Lisa Lubomski, Assistant Professor of Anesthesiology and Critical Care Medicine at Johns Hopkins Medicine.

The renowned Dr. Peter Pronovost is keynote speaker at the third annual JHAH Patient Safety Symposium in January 2017





# Dr. Ali Bydon Visits JHAH

## Distinguished Faculty Visit

The 24 vertebra in the human body support our weight, hold us upright, enable our mobility and, most importantly, they protect our spinal cord and nerves as they branch out to control the function of every single cell, tissue and organ in our bodies.

Genetic factors can compromise spinal health, resulting in diseases such as osteoporosis, scoliosis and disk degeneration. Additionally, in Saudi Arabia and other developed countries, behavioral factors such as high-carb diets and sedentary lifestyles also contribute greatly to the onset and persistence of spine problems that can drastically reduce a person's quality of life.

Compromises to the musculoskeletal system also can prove to be quite costly for patients—in Saudi Arabia, spine-related problems are estimated to cost as

much as US\$5.4 billion annually.

Fortunately, spine surgery continues to advance worldwide. During his recent Distinguished Faculty Visit, Ali Bydon, JHM associate professor of neurosurgery, addressed a crowd of 100-plus JHAH community members and discussed innovations in his field that can help patients to live productive and pain-free lives.

While in the Kingdom, Bydon also presented Grand Rounds to his JHAH colleagues, drawing upon his highly regarded research on degenerative disorders of the spine, spinal tumors, and complex reconstruction and restoration of the spine.

*Written By: Kristen Pinheiro  
Senior Communications Specialist  
Johns Hopkins Medicine International*



Dr. Ali Bydon is an Associate Professor of Neurosurgery at the Johns Hopkins University School of Medicine. His clinical practice focuses on degenerative disorders of the spine, spinal tumors, and complex reconstruction and restoration of the spine. Dr. Bydon is certified by the American Board of Neurological Surgeons, and is a member of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons.



## PARTNERS IN EXCELLENCE

In keeping with the promise of continuous education, Johns Hopkins Aramco Healthcare began a quality elevation program focused on sharing knowledge and experience in order to build a dynamic, autonomous, health care organization. The Partners in Excellence concept blends the pre-existing decades' long tradition of quality medical care provided by SAMSO with the renowned educational and clinical strengths of Johns Hopkins Medicine. To date, Partners in Excellence activities have involved more than 140 members of Johns Hopkins Medicine faculty and staff on-site at JHAH.

