

## Seasonal depression presents challenges

BY NATE POWLES

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As winter turns into spring, the seasons aren't the only thing changing, as many people experience a shift in mood and anxiety levels heading into the warmer months.

According to the Mayo Clinic's website, seasonal affective disorder — or seasonal depression, as it is sometimes called in non-medical contexts — is a "type of depression that's related to changes in seasons" and it starts and ends typically at the same time every year.

The clinic says that SAD is not common entering spring — when most people are able to escape the winter cold and enjoy the outdoors again — but some local experts say spring has more negative effects overall than the other three seasons.

Shane Heckman, regional director for behavioral health at Primary Health Network, said that studies have found that spring has the highest suicide rate of the four seasons. Heckman said that is due in part to having expectations of having more energy and being able to do more things outdoors.

When those expectations aren't met and reality falls short, Heckman said that can bring extreme depression.

SAD can often start in winter, Heckman said, but winter brings a "lethargic" mood, so it's easier to come to terms with and hold off until spring because "there's hope it will get better."

So what are some of the triggers that can start SAD, and how can you get out of it?

### Many possible triggers

According to the Mayo Clinic's website, changes in season can "disrupt" melatonin levels — leading to troubles sleeping and mood changes — and a lack of sunlight affects serotonin levels, which can lead to depression.

As Heckman said, depression can hit in the winter due to the lack of sunlight and the inability to get out and do activities outdoors with other people.

A new factor that Penn State Altoona Health and Wellness Center co-director Christine Towns-Metrik said has been coming up more frequently with patients in the last couple years has been COVID-19.

Towns-Metrik said COVID-19 greatly increased social anxiety in many people and anxiety and depression are two of the primary issues she sees at the wellness center.

Laura O'Farrell, primary care practitioner and nurse practitioner with Nulton Diagnostic and Treatment Center, agreed, saying Nulton has also had a surge in patients with symptoms of depression and anxiety since the beginning of the pandemic.

O'Farrell said the center saw the pandemic heavily affected those with preexisting diagnoses, so it is important to take into account the factors that had already contributed to their struggles before the virus came into the picture.

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# CUTTING EDGE



Courtesy photo

Dr. D'Arcy Duke, director of bariatric surgery and vice chairman of the department of surgery at Conemaugh Memorial Medical Hospital, demonstrates a tool used during robotic surgeries.

## Robotic-assisted surgery becomes common

BY MARY HALEY

For the Mirror

**W**hen doctors say they're going to use a robot to operate on patients, that might make some people hesitate to agree to the surgery.

That's why Dr. D'Arcy Duke, who has used robot-assisted machinery for a decade, makes it clear to her patients that she's still in charge of the operation, not the robot.

"The robot is an extension of my hands," she said. "It's my hands moving the robot."

Duke is director of bariatric surgery and vice chairman of the department of surgery at Conemaugh Memorial Health Center in Johnstown. She has worked at Conemaugh since the robotic-assisted surgery program started there in 2012. She uses the robotic system for bariatric and general surgery.

Conemaugh recently added a second robotic surgery system that enables doctors to perform orthopedic surgery.

Conemaugh is one of several hospitals in central Pennsylvania that offer robotic-assisted surgery instead of laparoscopic, or an older form of minimally invasive surgery.

**"The instruments are so precise, the views you get are so advantageous that you can get into those tight spots or hard-to-get-to spots that you couldn't get to before. You have the advantage of being able to get right up next to where you want to be."**

Dr. Neil Kaneshiki, Director of robotic surgery at UPMC Altoona

In laparoscopic surgery, the surgeon makes two small incisions, one for a tiny camera to help guide his or her motions and a second for surgical instruments to operate.

Robotic surgery also replaces traditional operations that require larger incisions.

UPMC Altoona and Mount Nittany Medical Center in State College also offer robotic-assisted surgery in several types of specialties including those offered at Conemaugh like general, bariatric and gynecological surgeries.

UPMC Altoona, which began its robotic surgery program in 2013, recently started using a new robotic-assisted machine to screen for early detection of lung cancer.

Surgeons at Conemaugh have performed almost 1,000 robotic-assisted operations as of 2019. Doctors at UPMC Altoona have completed about 2,000 as of February of this year, and Mount Nittany reported a total of 2,271 as of the end of 2021.

As was the case at most health care facilities, Duke said the pandemic temporarily halted elective surgeries, including some robotic surgeries.

### More precise, less invasive

According to the surgeons who perform robotic-assisted surgery, the benefits are many, including the ability to perform operations that are difficult to complete either laparoscopically or traditionally.

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# OK: Mentioning discomfort being around others alright

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It's OK to feel awkward or anxious

The final common answer was personal interactions.

Heckman said it is easy to be with a person and not actually be present with them, saying he and his wife will often be in the same room together, but she would be on her phone and he might be reading a new article, so they are physically together but mentally apart.

Heckman said to be "intentional" in interactions with people.

Falk and O'Farrell agreed that the dive back into socializing should be a slow process, not done all at once, especially considering the strain and anxiety COVID-19 placed on human interactions and relationships.

O'Farrell said it's "normal to have some anxiety" entering into those spaces again after the turmoil of the last two years and that it's OK to mention any discomfort to whomever the activity or discussion is with.

Falk and Towns-Metrik said it's important to have grace with yourself and be OK with slow progress.

"Here we are in this strange time where we're emerging from our cocoons and we're eager — especially extroverts — to make connection with people," Falk said, but those interactions can be awkward at first after such a long time of being cautious and wary of those personal connections.

If no other strategy or approach works, O'Farrell said that antidepressants are an option, but should not be considered as the first answer or a quick fix since they do not work for everyone and they can take weeks to kick in.

## Focus on what you can control

Heckman said social media shows us so many negative things happening in the world around us, and

**"Here we are in this strange time where we're emerging from our cocoons and we're eager — especially extroverts — to make connection with people."**

*Dr. Stevie Falk, staff psychologist at the Office for Professional Mental Health at the Penn State College of Medicine and Hershey Medical Center*

it is easy to get lost in all the major issues that we have no control over.

Seeing those things usually leads to feelings of powerlessness and deeper depression, so it's better to unplug during those times and focus on what is actually within our control, Heckman said.

He suggested planting flowers to be able to see bloom next spring or even putting together care boxes and other items to send over to Ukraine to feel like you have some sort of involvement in positively affecting the current conflict.

Towns-Metrik said it can be daunting when first taking on mental health struggles, because it's easy to look at the whole picture and not know where to start or feel like it's impossible to overcome every obstacle.

She said it's smarter to take small steps to address individual issues to get started, and focus on small victories.

"Instead of worrying about the 'what if,' talk about 'what is.' What is in your control?"

*Mirror Staff Writer Nate Powles is at 814-946-7466.*

# BENEFITS: Surgery costs a drawback

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Dr. Neil Kaneshiki, director of robotic surgery at UPMC Altoona, said robotic surgeries are also easier for surgeons to perform because the doctors grow less fatigued during such newer procedures.

The surgeons are able to sit down at a computer console to guide the robotic arms, rather than stand as in other types of surgery.

Duke agreed, saying use of the specialized 3-D camera that the robotic device uses plus the tiny yet detailed articulated tools the robot is equipped with allows the surgeon to navigate deep into the body.

"The instruments are so precise, the views you get are so advantageous that you can get into those tight spots or hard-to-get-to spots that you couldn't get to before," she said. "You have the advantage of being able to get right up next to where you want to be."

The concept of surgeon fatigue is a chronic problem that robotic surgery lessens, Duke said. Some surgeries can last for several hours, which takes its toll on the doctor, so sitting at a console is a refreshing change.

If surgeons don't have to make large incisions, then patients reap other benefits from robotic surgery such as less blood loss and pain, shorter hospital stays which usually means faster recovery and quicker return to work, the doctors said.

Most patients are in favor of robotic-assisted surgery once they hear all of the facts, Kaneshiki said.

"The response has been very positive," he said. "Initially patients were inquisitive about the surgeries, but lately, some patients have been requesting it. Most are very happy to have the option of robotic surgery."

## Surgery cost higher

Robotic-assisted surgery is not without its drawbacks, however.



Courtesy photos

Above: Dr. D'Arcy Duke stands with some of the equipment she uses at Conemaugh Memorial Medical Hospital.

At right: UPMC Altoona uses this robotic bronchoscopy system, which allows doctors to detect and treat lung cancer earlier than through traditional methods.



Each robotic surgery machine costs about \$2 million according to a 2016 story from the website Healthline. At that time, robotic surgery cost about \$3,000 to \$6,000 more than traditional laparoscopic surgery, according to the story.

However, just looking at the initial costs of the machine or the bottom line cost of the surgery doesn't

tell the whole story, doctors said.

Duke countered that the figures don't reflect the cost savings seen by patients who receive the robotic surgery and experience its benefits. She said those patients save money both individually and collectively as members of society helping the economy.

Shorter hospital stays and faster returns to work

help both the patient and the community financially.

Dr. Mehrdad Ghaffari, who is chief of pulmonary services and also medical director of intensive care units at UPMC Altoona, sees additional kinds of cost savings using the newest robotic surgery machine at the Altoona hospital.

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# US gene database volunteers diverse

By LAURAN NEERGAARD  
The Associated Press

Scientists are getting their first peek at the genes of nearly 100,000 Americans in what's considered a uniquely diverse genomic database — part of a quest to reduce health disparities and end cookie-cutter care.

The National Institutes of Health released the data on Thursday to help researchers start unraveling how people's genes, environments and lifestyles interact to drive their health. And half the study's participants are from racial and ethnic groups historically left out of medical research.

That diversity "will add a kind of knowledge that just isn't out there," said Dr. Josh Denny, who heads the NIH's massive "All of Us" study that eventually aims to have such data from 1 million Americans.

Until now, more than 90% of people in the world's large genome studies have been of

European descent, a lack of diversity that hinders scientific progress, he said.

Researchers have been awaiting the genetic information to study some of the most perplexing health disparities.

For example, African Americans have a four-fold higher risk of kidney failure than their white counterparts, "everything else being equal," said Dr. Akinlolu Ojo of the University of Kansas Medical Center.

"We will for the first time be able to tease out what are the underlying genetic factors" behind that difference, he said.

"This is not just a snapshot in time," Ojo added, saying he hopes finally to track how genes and other factors work together to explain why some people survive for years with damaged kidneys while others rapidly worsen.

Today's health care is pretty one-size-fits-all. Most

treatments are based on what worked best for the average person in short studies of a few hundred or thousand patients.

"All of Us" is part of a push toward precision medicine, a way to customize care based on the complex combinations of factors that determine health, including your genes, habits and where you live as well as age, gender and socioeconomic factors.

The study is recruiting volunteers from all walks of life — both the sick and the healthy — to share DNA samples, medical records, fitness tracking and answer health questions. Researchers also will cull environmental information about participants' communities.

While the pandemic delayed enrollment, the NIH said more than 474,000 have agreed to participate so far and more than 325,000 have provided blood or saliva samples for researchers to

start analyzing.

The database that opened on Thursday contains nearly 100,000 whole genome sequences of the first volunteers — meaning information on all their genes rather than the more common practice of studying a subset.

As with other genomic programs, the NIH team protects study participants' privacy by removing all identifying information from the data. U.S. scientists seeking to use the database for their research must meet strict requirements.

Participants can request to learn the results of their own genetic testing. Last year, the NIH program began releasing ancestral information to participants who asked. Plans are under way to also notify participants who bear certain well-known genetic variants that cause inherited diseases or trigger medication problems.

# FIRST: Mount Nittany first by a few months

(Continued from Page 4)

Ghaffari uses what's called a robotic bronchoscopy system to find and treat lung cancer in its earliest stages, greatly increasing the survival rate for what can be one of the deadliest types of cancer.

By detecting cancer early, the patient and the community see many types of cost savings when doctors are able to stop a cancer case in its early stages.

People who are at risk for lung cancer, such as those who smoke or have smoked in the past and quit, may be sent for a CT scan by their doctor, Ghaffari said. If the scan shows an abnormal spot or nodule, the doctor will usually order a lung biopsy.

Just as with the other surgeons who can use the robot machines to get up close to what used to be inaccessible areas in the body, Ghaffari can manipulate the tools attached to the robotic bronchoscopy system to maneuver to even deep parts of the lungs.

That kind of close observation and access for biopsy has made all

the difference in early detection of lung cancer, he said. By knowing the nature of the nodules at an early stage, doctors can treat the cancerous ones if necessary or reassure the patient if the spots turn out to be benign.

"It's been a game changer," he said.

## Mount Nittany first in region

By just a few months, surgeons at Mount Nittany Medical Center in State College performed the first robotic-assisted surgery in the region, according to data from area hospital spokesmen.

At first, the program had five surgeons who performed procedures in two specialty fields, urology and gynecology, said Amy Jo Steele, who helps manage care of patients before, during and after surgery at Mount Nittany.

"It's been just over 11 years since we've launched the program and we now perform procedures in three specialties, urology, gynecology and general surgery and have a total of fifteen surgeons trained in the use of the robot," Steele said.

# Adult smoking rate fell in COVID's first year

NEW YORK (AP) — The first year of the COVID-19 pandemic saw more Americans drinking heavily or using illicit drugs — but apparently not smoking.

U.S. cigarette smoking dropped to a new all-time low in 2020, with 1 in 8 adults saying they were current smokers, according to survey data released Thursday by the Centers for Disease Control and Prevention. Adult e-cigarette use also dropped, the CDC reported.

CDC officials credited public health campaigns and policies for the decline, but outside experts said tobacco company price hikes and pandemic lifestyle changes likely played roles.

"People who were mainly social smokers just didn't have that going on any more," said Megan Roberts, an Ohio State University researcher focused on

tobacco product use among young adults and adolescents.

What's more, parents who suddenly were home with their kids full-time may have cut back. And some people may have quit following reports that smokers were more likely to develop severe illness after a coronavirus infection, Roberts added.

The CDC report, based on a survey of more than 31,000 U.S. adults, found that 19% of Americans used at least one tobacco product in 2020, down from about 21% in 2019.

Use of cigars, smokeless tobacco and pipes was flat. Current use of electronic cigarettes dropped to 3.7%, down from 4.5% the year before.

Cigarettes were the most commonly used tobacco product, with 12.5% of adults using them, down from 14%.

Health officials have long considered cigarette smoking — a risk factor for lung cancer, heart disease and stroke — to be the leading cause of preventable death in the United States.

In 1965, 42% of U.S. adults were smokers.

The rate has been gradually dropping for decades for a number of reasons, including taxes and smoking bans in workplaces and restaurants. But a big part of the recent decline has to be recent price hikes, some experts said.

For example, British American Tobacco — the company that makes brands including Camel, Lucky Strike and Newport — increased prices four times in 2020, by a total of about 50 cents a pack.

Interestingly, the number of cigarettes sold in the U.S. actually went up in 2020 — the first such increase in two decades, the Federal

Trade Commission reported last year.

It's possible that fewer people smoked, but those who did were consuming more cigarettes.

"That's a viable hypothesis — that you had people with more smoking opportunities because they weren't going to work," said University of Ottawa's David Sweanor, a global tobacco policy expert at the University of Ottawa.

It's also possible that the CDC survey underestimated how many people are smoking, either because some respondents weren't honest or because the survey missed too many smokers, he said.

Other surveys have suggested that for many people, alcohol consumption and illicit drug use increased in the first year of the pandemic.



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