

Sunday, March 5, 2023

Health Talk



LASIK, CATARACTS & LENS IMPLANTS

Michael E. Rom, M.D.

Q: I have been diagnosed with cataracts. I really don't want the hassle of wearing glasses or contacts. What are my options?

A: Cataracts are very common in adults over the age of 60. With advances in cataract surgery over the years, patients have several options when considering cataract removal.

For patients that don't want the hassle of glasses or contacts, the best option is to upgrade and have a premium lens implant (IOL) inserted in lieu of the standard lens used in cataract surgery. However, premium IOLs do cost more than standard lenses, which are typically covered by insurance.

There are four types of premium lens implants – Toric lenses, accommodating IOLs, multifocal IOLs and extended depth of focus IOLs.

A Toric lens is recommended for patients that have been diagnosed with astigmatism. A multifocal premium IOL act like bifocal lenses in that they adjust your vision for both near, far, and in between objects. Accommodating IOLs brings object that are nearer into focus but don't always provide the same visual clarity for objects in the distance. Extended depth of focus IOLs are typically recommended for patients that also have presbyopia.

Depending on your current vision needs and your desired outcomes, your surgeon will recommend which premium IOL is best for you.

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SHOULDER ARTHROSCOPY

Eric M. Parsons, M.D.

Q: I have heard that recovery from rotator cuff surgery takes some time. Why is that?

A: The critical component to a successful outcome from rotator cuff surgery is a robust healing response and sound structural integrity at the repair site. A major factor in that integrity is meticulous arthroscopic surgical technique and the skill of the surgeon. However, in even the most technically well-performed surgeries complete rotator cuff healing is not a guarantee. A host of additional factors,

some related to the patients themselves and others related to the approach to postoperative recovery can ultimately determine success or failure.

Patient characteristics such as tear size, how chronic the tear is, other medical conditions such as diabetes and smoking can all impact healing and surgical outcome. Overly aggressive physical therapy or premature return to use of the surgically repaired shoulder can also be detrimental to healing. As our understanding of rotator cuff tendon to bone healing has evolved, so has our approach to rehabilitation and return to use and an appreciation that a less is more and slow and steady philosophy results in the best outcomes. An overzealous desire to "get back to normal" can compromise the healing tendon and if the rotator cuff tendon fails to heal the results will suffer.

Because of this, for the first 4 to 6 weeks of recovery most surgeons who perform a high volume of rotator cuff surgery and have the greatest knowledge of state of the art rehabilitation protocols will permit little or no shoulder movement, even with the supervision of a physical therapist, and sling immobilization. After this initial period of maximum protection there is a slow progression of range of motion exercises and ultimately strengthening that typically requires another 3-4 months to achieve optimal results. Successful rotator cuff surgery requires full commitment from the patient and an understanding that investment in near term protection gives the best chance for long term satisfaction.

To learn more about rotator cuff repair surgery visit ohioshouldercenter.com

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BEHAVIORAL HEALTH

Anthony McMahon, Ph.D.

Q: My therapist recently asked me a series of questions from what I think was a questionnaire, and at the end they told me that I was depressed. I was surprised and a bit in disbelief. Is it possible that they made a mistake? I don't really think of myself as depressed.

A: Therapists are trained to assess patients for a variety of psychological symptoms, including depression. There are many things that could be contributing to this disconnect between you and your provider, apart from misdiagnosis. For instance, many people habituate to their symptoms—think of the static/white noise that was common for older television sets that weren't set to a working channel. You can hear the noise, but if its just left on day-in, day-out, you sort of start to become accustomed to the noise. Some psychological symptoms can operate the same way, where the condition has had a gradual onset and been present for some time that it goes somewhat unnoticed.

Similarly, there are different expressions of depression. Apart from the fact that many depressed individuals exhibit different sets of symptoms, there are different types of depression that often are under-appreciated: major depression, persistent depression (what we used to call dysthymia), bipolar depressions, and more. I recommend asking your therapist to explain their reasoning, and feel free to ask as many follow-up questions as you need to really understand the diagnosis they've given to you.

PBHS offers a variety of services including individual psychotherapy, neuropsychological evaluations, medication management, and Intensive Outpatient Programming (IOP). If you believe that these services could help, please call us to schedule an appointment.

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AUDIOLOGY

Dr. Jane Kukula, AuD

Q: I read somewhere that one day there could be cure for hearing loss. How can they cure damage to the hearing nerves?

A: The Hearing Restoration Project 's (HRP) research shows great potential for regenerating damaged hearing nerves called hair cells. This research may one day make hearing loss a thing of the past! While working on another project one of the HRP researchers stumbled across an unexpected finding. While studying drugs that damage the hearing nerves, a scientist needed to permanently damage a chicken's hair cells. They administered the drug and were successful, the hair cells were lost. Several days later almost all the hair cells returned! They did not believe the results and repeated the experiment several times with the same results, concluding that chickens can regenerate inner ear hair cells. They continued their research, and we now know that all vertebrate animals except for one, mammals, including humans, spontaneously regenerate hair cells. Next, the researchers experimented with drugs to see if they could stimulate the regrowth of hair cells. They were successful with mice, partially restoring hearing following the administration of a drug that inadvertently allowed the supporting cells in the inner ear to regenerate hair cells. While much work is still to be done, there is a strong belief that one day this will cure nerve hearing loss in humans. As a result, the HRP continues to work on ways to translate what we know about regenerating hair cells in chickens and mice to humans. In the meantime, the best thing to do is to take good care of your hearing. Eat right, exercise, and have a baseline hearing evaluation. Life Sounds Great! Enjoy every moment.

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Have your problems addressed by medical professionals in "Health Talk"! Send your question to: advertising@news-herald.com



Sunday, March 12, 2023

Health Talk



SHOULDER ARTHROSCOPY

Eric M. Parsons, M.D.

Q: I have been diagnosed with a rotator cuff tear, but I don't recall injuring my shoulder. How did this happen?

A: The development of rotator cuff damage is multifactorial, relating to a combination of age-related changes in the rotator cuff tendon, genetic factors and injury. The widely held belief that rotator cuff tears are the result of specific injuries or overuse is overly simplistic and fails to recognize the importance of aging and genetic elements. In fact, it is these last two elements that play a more significant role in the risk of developing rotator cuff disorders which is why rotator cuff injuries that require surgery are quite rare in patients under the age of 40 despite the fact that patients in this cohort are often in engaging in the highest risk activities.

A study published in the July 2021 issue of The Journal of Bone and Joint Surgery by Yanik et al. examined the UK Biobank, a large genetic database in the United Kingdom, in an effort to explore links between specific genetic markers and the development of rotator cuff disorders. While preliminary, they did discover an association between something called the CREB5 gene and rotator cuff disease. The conclusion of this finding is not that patients who carry this gene are destined to undergo rotator cuff surgery and those who don't will not, but rather adds to the body of evidence that there is something occurring at a deeper cellular level that contributes to rotator cuff problems and not injuries alone. It also lends some credibility to the theory that at some point detection of these markers may allow us to identify patients at highest risk for rotator cuff problems and perhaps develop strategies to prevent them.

To learn more about rotator cuff disorders visit ohioshouldercenter.com

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BEHAVIORAL HEALTH

Shannon Matsko, LPCC-S

Q: I notice myself struggling more and more in my relationships with others. I feel like I am constantly having issues with others, feeling unable to get my point across without it being an argument, and overall, just not feeling good about many of my interactions. What can I do to try to improve this?

A: It's difficult when we feel we don't know how best to interact with the people in our life. By not having the proper skills to help us through difficult interpersonal situations, we end up having strains in our relationships with the people we care most about, when that is the last thing that we want to happen. It sounds like you could very much benefit from learning some effective interpersonal coping skills. These types of skills can assist you in setting and maintaining boundaries, improving/enhancing relationships, maintaining your self-respect, along with learning effective ways to ask for what we want from others along with saying no to things we are not comfortable with. These types of skills are crucial in allowing us to have healthy lasting relationships.

At Premier Behavioral Health Services, we utilize Dialectical Behavioral Therapy within all of our services. DBT is a specific type of therapy that impacts the way the clinician leads treatment and provides a variety of coping skills to be incorporated into the treatment. One of the skill modules within DBT is Interpersonal Effectiveness skills. These skills assist us in building and maintaining positive relationships with others. If you are interested in learning these interpersonal skills to help you improve your ability to interact with those in your life and overall improve your relationships, please reach out to us at Premier Behavioral Health Services to begin treatment.

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AUDIOLOGY

Dr. Jane Kukula, AuD

Q: My father is 55 years old and has difficulty hearing and says he is too young to have hearing loss. Does hearing loss only happen late in life?

A: Hearing loss as an aging problem is a myth. People of all ages can and do have hearing problems. In fact 50% of those with hearing loss are under the age of 65. Here are some other myths about hearing loss.

Myth: Hearing loss is rare.

Fact: 38 million Americans have hearing loss.

Myth: Hearing aids don't help those with nerve hearing loss.

Fact: More people with nerve loss are helped by hearing aids than any others.

Myth: Not wearing hearing aids makes me look younger.

Fact: Not hearing and miss hearing what is said make you appear older.

Myth: hearing loss does not affect day to day life.

Fact: Hearing loss and breakdown in communication affect most aspects of day to day life. It impacts the ease of communication with family, friends, shop clerks, restaurant servers, phone calls and so much more.

Myth: Everyone with hearing loss uses sign language.

Fact: Only 5% of people with hearing loss are deaf and only 2% use sign language.

Myth: Increasing the sound volume will enable a person with hearing loss to understand what is said. To a certain point this is true, but often when the hearing nerves are damaged, they don't work right. The nerves can mumble up words causing distortion. Increasing the volume may not resolve the distortion.

Encourage your father to have a hearing evaluation. Call 440-205-8848 to schedule an appointment. Life Sounds Great!

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LASIK, CATARACTS & LENS IMPLANTS

Michael E. Rom, M.D.

Q: My Grandmother was just diagnosed with Age-Related Macular Degeneration (AMD or ARMD). What exactly is AMD and can this disease be cured?

A: The American Academy of Ophthalmology has recognized February as Age-Related Macular Degeneration Awareness Month!

There is a small area of concentrated cells on the retina called the macula, which is responsible for central vision. The macula allows us to see finer details, such as words in a book, features of someone's face, or the leaves on a tree. As we age, the macula is at an increased risk of deterioration. Age-related macular degeneration (AMD) is a medical term used to describe the deteriorating effects that can develop on the macula. AMD is caused from a combination of genetics, age, and environmental factors, such as cigarette smoke. AMD can be categorized as either wet or dry.

The most common form of AMD is Dry, which accounts for roughly 90 percent of all macular degeneration cases. It happens when the macular cells slowly break down or degenerate, resulting in blurred central vision. Over time, patients can experience a complete loss of central vision, resulting in the inability to make out details in faces or words while reading. Once AMD reaches the most advanced stage, nothing can help the patient regain vision. However, a doctor might be able to delay and possibly prevent the middle stages of AMD from progressing to the advanced stage.

It is important for those over 50, especially those who have a family history of AMD or those who smoke, to undergo an annual dilated eye examination to look for macular degeneration.

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Sunday, March 19, 2023

Health Talk



BEHAVIORAL HEALTH

Hayle Fisher, M.A., LPCC, BC-TMH

Q: I find myself losing meaning during the winter and feeling really down. What can I do?

A: The chaos of the holidays, lack of sunlight, and cold winter days can absolutely result in an increase in depression symptoms. During this time, it is important to validate our struggles, challenges, and emotions, while also finding balance and a sense of gratefulness for what we do have present in our lives. Listed below are some activities and ideas to help incorporate positivity and gratitude into our lives during these challenging times:

- **Positive Journal** – Every day will include both positive and negative experiences. While we may be more attentive to our negative experiences, it's just as important to find balance through acknowledging our positive experiences. For each day of the week, write down at least 3 positive experiences to help find that balance.

- **Building a Satisfying Life** – On a piece of paper, imagine and describe where you would like to see yourself 5 years from now personally, professionally, and socially. Over the next week, spend at least 5 minutes each day visualizing this best, possible version of yourself. What sights do you experience? Sounds? Feelings? Write it down each day!

- **Gratitude Journal for Couples and Families** – It's likely we have seen our significant others and those we live with more often this year due to schools and work being closed. It's normal to feel a little more irritable with each other due to this increase in time spent with them! However, make a point to journal each day what you are grateful for about them to help find that balance. How did they show you affection? What was something they did that made you happy? How did they make you laugh? What was the best part of the day you spent with them? How did they overcome a challenge?

- **Positive Experiences** – This activity can be used to explore how we view ourselves and help construct a narrative about our identity we feel comfortable with. Write about a time that you displayed each of the following qualities: Courage; Kindness; Selflessness; Love; Sacrifice; Wisdom; Happiness; and Determination!

If you have continuous concerns regarding your wellbeing or satisfaction with

life, please feel free to reach out to a professional at Premier Behavioral Health Services to further assist in building a life worth living.

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AUDIOLOGY

Dr. Jane Kukula, AuD

Q: Are hearing aids a good investment?

A: When it comes to an investment in the quality of your life, there's more than one way to measure value. When it comes to the purchase of personal items that enhance your life, there's more than one way to measure value. Diagnosing and treating hearing problems has a positive impact on every aspect of your life, personally, professionally and even financially. Untreated hearing loss can have a negative impact on relationships, self-esteem, cognition, memory and so much more.

Here are six reasons to invest in professionally fitted hearing aids bringing you a greater return on your investment than you may have imagined:

Using hearing aids reduces the risk of income loss. People with untreated hearing loss can lose as much as \$30,000 in income a year.

There is a link between hearing loss and dementia, leading experts to believe that interventions, like hearing aids, could potentially delay dementia.

People with even a mild hearing loss are nearly three times more likely to have a history of falling. The intensive listening effort demanded by unaddressed hearing loss may take cognitive resources away from what is needed for balance and gait.

People with hearing loss who use hearing aids, may feel more in control of their lives and less self-critical. One study found that the majority of people with mild to severe hearing loss felt better about themselves and life overall as a result of using

hearing aids.

Hearing aids can help reduce the prominence of tinnitus by amplifying background sound.

Using hearing aids can help improve interpersonal relationships. People with hearing loss reported that using hearing aids improved their relationships at home, their social lives and their ability to join in groups.

Addressing hearing loss really is a smart buying decision. Start with a hearing evaluation, call 440-205-8848 to schedule an appointment. Life Sounds Great! Enjoy every moment.

The Hearing Center Advanced Audiology Concepts

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LASIK, CATARACTS & LENS IMPLANTS

Michael E. Rom, M.D.

Q: What is Flex Spending? Can I use it for LASIK or Refractive Lens Exchange?

A: Flex Spending also known as a Flexible Spending Account is an employer-sponsored healthcare benefit that allows employees to set aside up to \$3,050 (2023) annually to cover the cost of qualified medical expenses. The 2023 limits for pre-tax contributions to HSA and FSA accounts rose significantly to help consumers keep up with inflation. An individual can set aside up to \$3,050 in a healthcare Flexible Spending Account (also known as a Flexible Spending Arrangement), which is a \$200 increase over the 2022 limit. Some employers also contribute to employee FSA accounts. Another pre-tax health funding option is known as a Health Savings Account (HSA). For 2023, individuals can set aside up to \$3,850 and families up to \$7,750 in an HSA.

You can use your FSA or HSA for multiple healthcare related expenses. LASIK and Refractive Lens Exchange also count as a qualified expense. Make sure you mention your Flexible Spending Account during your initial visit.

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SHOULDER ARTHROSCOPY

Eric M. Parsons, M.D.

Q: I have been diagnosed with a rotator cuff tear, but I don't recall injuring my shoulder. How did this happen?

A: The development of rotator cuff damage is multifactorial, relating to a combination of age-related changes in the rotator cuff tendon, genetic factors and injury. The widely held belief that rotator cuff tears are the result of specific injuries or overuse is overly simplistic and fails to recognize the importance of aging and genetic elements. In fact, it is these last two elements that play a more significant role in the risk of developing rotator cuff disorders which is why rotator cuff injuries that require surgery are quite rare in patients under the age of 40 despite the fact that patients in this cohort are often in engaging in the highest risk activities.

A study published in the July 2021 issue of The Journal of Bone and Joint Surgery by Yanik et al. examined the UK Biobank, a large genetic database in the United Kingdom, in an effort to explore links between specific genetic markers and the development of rotator cuff disorders. While preliminary, they did discover an association between something called the CREB5 gene and rotator cuff disease. The conclusion of this finding is not that patients who carry this gene are destined to undergo rotator cuff surgery and those who don't will not, but rather adds to the body of evidence that there is something occurring at a deeper cellular level that contributes to rotator cuff problems and not injuries alone. It also lends some credibility to the theory that at some point detection of these markers may allow us to identify patients at highest risk for rotator cuff problems and perhaps develop strategies to prevent them.

To learn more about rotator cuff disorders visit ohioshouldercenter.com

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Sunday, March 26, 2023

Health Talk



AUDIOLOGY

Dr. Jane Kukula, AuD

Q: I heard that smoking can cause hearing loss. Is this true?

A: Yes, it's true. For many years, we've known the dangers that smoking presents to hearing. It's only recently that they have been studying the hearing link to smoking. Dr. Bharti Katbamna from the Western Michigan University reported two distinct dangers to hearing. First, is to the hearing process. Second, is to the fine hearing nerves called hair cells.

Within our heads is a complex collection of parts that make up the ear. There's the eardrum, three small bones, and the cochlea. The cochlea is a snail shaped bone filled with fluid and millions of hair cells. When sound travels through the air it eventually reaches the eardrum. The eardrum vibrates in sync with the sound, passing the vibration along the three bones to the inner ear, sending a wave through the fluid, stimulating the hair cells.

The recent studies show that the chemicals in cigarette smoke are dangerous to the ear, affecting both the way sound vibrates the eardrum and middle ear bones, and the health of the hair cells. The affect smoking has on hearing is related to the number of cigarettes smoked. The research shows that as the number of cigarettes smoked per day and the number of years of smoking increases, the risk for high-frequency hearing loss increases.

Unfortunately the negative effects of smoking do not stop within the inner ear but actually continue on into the brain. Also, studies suggest that chronic nicotine use impairs cognitive auditory processing. In other words smoking can negatively impact the brain's ability to "hear" and interpret sounds.

So here is yet another reason to quit smoking and have a baseline hearing test. Call 440-205-8848 to schedule an appointment. Life Sounds Great! Enjoy every moment.

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LASIK, CATARACTS & LENS IMPLANTS

Michael E. Rom, M.D.

Q: How Do UV Rays Affect Your Eyes?

A: Both long- and short-term exposure to UV radiation can harm the eyes, affect vision, and compromise overall eye health. There are several eye diseases and conditions caused or aggravated by exposure to UV radiation, such as:

- **Macular Degeneration.** Macular Degeneration (AMD) is caused by damage to the retina over time and is the leading cause of age-related blindness. Extended exposure to UV light increased your risk of developing macular degeneration.

- **Cataracts.** A cataract is a clouding of the eye's natural lens – the part of the eye that focuses the light we see. UV light, especially UV-B rays, increases your risk for certain types of cataracts. It is estimated that 10% of all cataract cases are directly attributable to UV exposure.

- **Pterygium.** Often called "surfer's eye," pterygium is a pink, non-cancerous growth that forms on the layer of conjunctiva over the white of your eye. UV light from the sun and wind is believed to be a factor in the development of these growths.

- **Photokeratitis.** Also known as corneal sunburn or "snow blindness," photokeratitis is the result of high short-term exposure to UV-B rays. Long hours at the beach or skiing without proper eye protection can cause this problem. It can be very painful and may cause temporary vision loss.

To help protect your eyes from UV light, be sure to know the dangers, and wear proper eye protection and hats to block UV rays! Your doctor at Insight Eye can help with more tips!

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SHOULDER ARTHROSCOPY

Eric M. Parsons, M.D.

Q: Does the timing of rotator cuff surgery affect the success of the operation?

A: A number of studies over the last several years have consistently demonstrated that earlier surgical intervention for rotator cuff tears leads to better outcomes. What is defined as "earlier" may vary from study to study, but the general consensus is that surgical delay is never associated with a more favorable result. At the same time, there really is no such thing as emergency rotator cuff surgery.

A research paper published in the current issue of the Journal of Shoulder and Elbow Surgery by Gutman et al. examined the impact of surgical timing on the outcomes of rotator cuff repair after acute rotator cuff injury. Patients who underwent surgical repair within 3 weeks of their injury enjoyed the best results in terms of pain relief and function, while those who delayed their surgery beyond just 4 months saw a comparative drop in function.

Many rotator cuff problems are not associated with a specific traumatic event but are rather the accumulation of chronic, degenerative changes and wear and tear. This study specifically analyzed the effect of surgical delay in acute injuries.

Nevertheless, it is another piece of compelling medical evidence that patients benefit most from rotator cuff repair surgery that is performed as soon as is reasonably possible.

To learn more about rotator cuff surgery visit ohioshouldercenter.com

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BEHAVIORAL HEALTH

Brianna Babyak, M.Ed., LPC, NCC

Q: About a year and half ago my grandfather who I was very close to passed away. I have been very depressed since then and cannot seem to get over the loss. What should I do?

A: Hello there, thank you for reaching out. I am sorry to hear about your grandfathers passing. Losing a loved one can be debilitating and it is normal to experience a mixture of emotions. Typically, the insufferable feelings associated with grief tend to begin to subside within one-year therefore, based on what you are describing it sounds like you are experiencing symptoms associated with what is called Complicated Grief. Individual counseling services and/ or being involved in one of our mental health intensive outpatient programs (IOP) will provide you with the support you need. Please do not hesitate to call us to schedule your initial appointment and to receive additional information on the services we offer.

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Did you know?

A nursing shortage in the United States is expected to intensify in the coming years as the aging population grows and the need for health care increases as well. Projections from the U.S. Bureau of Labor Statistics suggest there will be more than 203,000 openings for registered nurses each year between 2021 and 2031. And it's not just a shortage of RNs that the health care industry will be forced

to confront. The BLS' Occupation Outlook Handbook also projects a growing demand for advanced practice registered nurses (APRNs), with estimates suggesting as many as 30,200 APRN openings each year between now and 2031. Qualifications to become an APRN typically include completion of a master's or even doctoral program, while RNs typically must complete a four-year bachelor's or two-year associate's program.

