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R O U N D S

HARTFORD HOSPITAL'S WELLNESS MAGAZINE



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HOSPITAL

VNA Health Care: Celebrating 100 Years

A Hartford institution, VNA Health Care, Inc., is celebrating its centennial. The agency delivers home health and hospice care to more than 60 communities in the greater Hartford and Waterbury areas, providing skilled nursing, rehabilitation, hospice and oncology, and independent living services. The ability to receive care at home is invaluable because it allows patients to maintain their independence in a comfortable environment while regaining their health.

VNA Health Care is a not-for-profit Medicare-certified agency owned by Hartford Hospital. The agency has a long-standing reputation for servicing those individuals with limited resources, and demonstrates a daily commitment to serving the inner cities and the underprivileged. Support from individuals, corporations, and agencies like the United Way help make it possible.

The more than 700 professional caregivers and 1,200 volunteers who deliver services to 12,000 patients annually are the heart of the agency. "Nurses choose to go into home care when they remember why they became a nurse in the first place," says one nurse. "Home care is an extraordinary place to see caring at its fullest, not just for the patient, but also for the family."

For more information, call (860) 249-4862.

ROUNDS

Hartford Hospital's Wellness Magazine

Hartford Hospital

80 Seymour Street
Hartford, CT 06102-5037
(860) 545-5000

Health Referral Service

(860) 545-1888 or
(800) 545-7664
www.harthosp.org

Rounds Medical Advisory Board:

Adrienne Bentman, M.D.
David Crombie, M.D.
Joseph Klimek, M.D.
Andrew Salner, M.D.
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Editor: Lee Monroe
Director of Public Relations

Designer: Clare Philips

Writer: Jane Bradley

Photography: Pages 3, 4, 5, 8: Joy Miller

Calendar

Coordinator: Luisa Machado

ROUNDS is a quarterly publication of Hartford Hospital. It is not intended to provide medical advice on individual health matters. Please consult your physician for any health concerns.

S A F E T Y T I P S

Rash In A Ring?

Is a ring-shaped rash ringworm or Lyme disease? Diagnosis is critically important because of the long-term health consequences of untreated Lyme disease, such as joint pain, arthritis and neurological problems.

Answers to the following questions can help speed diagnosis:

- Does the skin appear red? (*both*)
- Is the rash warm, but not painful? (*Lyme disease*)
- Does the rash itch? (*ringworm*)
- Are there red rings all over the body? (*Lyme disease*)
- Is the reddened patch scaly? (*ringworm*)
- Does it have a bull's eye appearance? (*Lyme disease*)
- Do the lesions have sharp, raised, distinct borders? (*ringworm*)
- Is the rash expanding? (*Lyme disease*)

Ringworm

Once thought to be a worm under the skin, ringworm is actually a ring-shaped rash produced by the body's response to mold-like fungi. Ringworm lesions (rash) appear circular in shape with a raised border around the edges. Growth occurs upward and away from the site of infection, while the middle of the lesion appears clear and heals as the infection spreads. Lesions may itch intensely, especially in warm weather. Over-the-counter antifungal preparations are effective.

Lyme Disease

A flat or slightly raised red rash with a clear area in the center may appear anywhere from a day to a month after a deer tick bite. The bull's eye-shaped rash, usually about two inches in diameter, may expand in size over several days and may appear as rings all over the body. Unlike ringworm, which only causes local symptoms, Lyme disease manifestations include fever, exhaustion, headache, joint pains and loss of appetite. A three-week course of antibiotics usually eliminates the bacterial infection.



PHYSICIAN PROFILE

Inam Kureshi, M.D.

Neurosurgeon Inam U. Kureshi, M.D., was born in Pakistan and grew up in Canada and Houston, Texas. After graduating from medical school at the University of Texas Health Science Center in 1993, he continued his studies with an internship in general surgery and a residency in neurosurgery at the University of Connecticut Health Center. From 1999 to 2000 he completed his extensive training in neurosurgery with a fellowship in neurovascular surgery at the University of California, Los Angeles.

A devout Muslim, he is active in the Islamic community, supporting efforts to encourage Islamic education among local young people. Dr. Kureshi serves as an educational advisor to the Connecticut Islamic Center in Windsor, a mosque and weekend school for children ages 5 to 13.



Head Injury: The Sequel



After a brain injury, problems can linger.

A concussion or severe head injury that results in *traumatic brain injury* (TBI) can disrupt the delicate machinery of thought and function, causing damage that may be invisible even to the most sophisticated diagnostic equipment. When soft, jellylike brain matter collides with the skull's unyielding bone, the damage can be devastating. Length of unconsciousness usually depends on the severity of the injury, though bleeding into the brain can occur even without unconsciousness. Victims may have no memory of events preceding the injury or immediately after regaining consciousness.

Medical professionals are now beginning to realize that some people discharged after such an injury in apparently fine health seem to suffer long-term *sequelae* (aftereffects). "We often see patients who have had a motor vehicle accident involving a loss of consciousness," says Inam U. Kureshi, M.D., a Hartford Hospital neurosurgeon. "Their CT scans and neuro-

logical exam appear normal, so they're discharged in apparently good condition. Soon afterward they begin to suffer memory loss, difficulty in concentrating, dizziness or insomnia—all related to the concussion."

Although initial symptoms of TBI include vomiting, unequal pupils, confusion, seizure-like activity, or even coma, such problems usually go away and the patient appears fully recovered. Yet an alarming number experience a "post-concussion syndrome" that eventually leads them to seek help because they're dazed or distracted at work. "We're working to educate physicians since patients sent back to work too early may get fired and then it's too late," says Dr. Kureshi, who, with his colleagues at Neurosurgeons of Central Connecticut, provides follow-up care to concussion victims from around the state. "We're the only head injury program of this kind in Connecticut," he says.

Anyone treated at Hartford Hospital for a loss of consciousness is referred for

an initial baseline screening for later comparison if post-concussion difficulties develop. "Patients usually turn up about two to three weeks after a head injury," explains Dr. Kureshi. In addition to a complete neurological examination, the patient receives a neuropsychological evaluation to assess loss of memory, attention deficits or other problems. Depending on the severity of the symptoms, the patient may be referred for neuro-cognitive rehabilitation that helps retrain thinking skills. Severe, persistent headaches or secondary symptoms like depression can be treated with medications.

Depending on the severity of the head wound, those who have had a head injury may seem like strangers to family and friends. "Victims of TBI may suffer personality changes," says Dr. Kureshi. "It may not be realistic to restore them to the way they were, but we can make them able to function."

The most dramatic turnaround involved an engineer who suffered an intracranial hemorrhage (severe bleeding into the brain) and had to undergo emergency surgery to remove part of the temporal lobe. After a year of seizures, dizziness, depression and thinking difficulties, he returned to work—but not to the same job he'd had before the accident.

"As many as 60 to 80 percent of those who have sustained a traumatic brain injury will show symptoms of post-concussion syndrome," says Dr. Kureshi. "The good news is that most patients do eventually get better."

New Treatment for Stroke Prevention

With every heartbeat, blood pumps through the lungs to your carotid arteries, two critically important vessels in your neck that serve as channels for blood flow to your brain. Oxygen circulates to your cerebral cortex through these essential arteries, which can become narrowed or partially blocked by fatty deposits called atherosclerotic plaque. The buildup of cholesterol and other material on the artery walls is called atherosclerosis, popularly known as “hardening of the arteries,” and becomes more common as people age.

Initially mild stroke symptoms are often the only indication of a blockage in the carotid arteries. Transient ischemic attacks (TIAs) are one of the most important warning signs of stroke. Sometimes called “mini-strokes,” TIAs are temporary episodes of dizziness, blurred vision, headache, weakness, numbness, confusion or garbled speech that can last anywhere from a few minutes to a couple of hours.



Dr. Michael Hallisey

Heart patients with coronary artery blockages can be safely treated with balloon angioplasty, a technique for inserting a stent to widen narrowed arteries and restore blood flow. Until now, a similar procedure could not be performed on the carotid arteries because of the danger of artery-clogging plaque breaking free and reaching the brain, causing a stroke. A six-inch incision was necessary for carotid artery repair, performed under general anesthesia.

Instead of surgery, the new minimally invasive technique involves threading a tiny wire up into the carotid artery past the blockage. There, a tiny, porous “umbrella” device called an *Angioguard* is deployed, allowing blood to flow freely to the brain but collecting any plaque that may be loosened during the rest of the procedure. Then a balloon catheter can safely open at the site of the blockage, flattening the plaque against the artery walls and restoring normal blood flow, and a stent is placed within the artery to hold it open. When the angioplasty procedure is complete, the *Angioguard* is sheathed and removed, along with any captured debris.

Michael Hallisey, M.D., a vascular surgeon and interventional radiologist at Connecticut Vascular Institute, has undergone nine years of rigorous training in carotid angioplasty. He is the only physician in the state approved by the Food and Drug Administration to use the cerebral protection device under investigation by the FDA. Although initial studies are promising, the FDA hasn't yet approved the balloon angioplasty device for use in carotid arteries. Hartford Hospital is the only medical center in the state to offer the procedure to patients at high risk for standard surgical intervention.

What's going around...News & Breakthroughs

Is Schizophrenia A Virus?

Brain tissue from some patients with schizophrenia contains retroviral RNA, according to the *Proceedings of the National Academy of Sciences*. Evidence suggests that some genetic and environmental features of schizophrenia may begin with an infection, researchers say, citing the presence of retroviral sequences not found in healthy controls or in patients with other neurologic diseases.

Hormones Don't Help Hearts

Menopausal women should not expect hormone replacement therapy to protect them from heart disease, says the *New England Journal of Medicine*. Studies disprove the once-popular theory that female hormones shield women from heart disease. Hormones protect against osteoporosis and help prevent hot flashes but may also increase the risk of breast cancer.

Polio “Cocktail” Kills Brain Tumors

A genetically engineered viral blend of disabled poliovirus and the common cold offers hope for malignant glioma, the most common type of brain cancer, say researchers at Duke University. Mice injected with the hybrid virus recovered completely after one dose. Each year 13,000 Americans die and another 17,000 are diagnosed with the disease.

Alleviating Asthma

A new drug for patients with moderate persistent asthma appears safe and effective in preventing a decline in lung function and in preventing asthma symptoms, according to a study reported in the *Journal of Allergy and Clinical Immunology*. The drug trial demonstrates the potential effectiveness of an anti-inflammatory agent that is not an inhaled corticosteroid yet selectively inhibits allergic mechanisms.

Rotator Cuff Repair

A new arthroscopic technique for repair of rotator cuff injuries reduces pain and offers faster recovery than traditional surgery. Rotator cuff surgery can be painful and the recovery lengthy, explains orthopedist Gordon A. Zimmermann, M.D. Dr. Zimmermann and his colleague, Peter Barnett, M.D., are among the only physicians in the state who are trained in performing the new technique. "Endoscopic surgery is the surgery of the new millennium," says Dr. Zimmermann. "In the past the only treatment option was conventional, open operations."

The "rotator cuff" comprises shoulder muscles and tendons that allow a person to reach overhead and to perform activities like swimming or swinging a golf club. The tendon may be partially or completely torn as a result of direct trauma, repetitive motion injuries, aging or overuse. For competitive or recreational athletes, shoulder disorders—especially rotator cuff injuries—can be debilitating.

Arthroscopic surgery employs a special camera attached to a long, narrow telescope that allows the surgeons at Orthopedic Associates of Hartford to see inside the shoulder. The camera transmits the signal to a video monitor so the surgeon can visualize the interior of the joint. Reaching through a small incision about three-eighths of an inch long, Drs. Zimmermann and Barnett can reattach tendons to bone. With skill and specialized instruments, it is possible to fix most tears using arthroscopic techniques to insert anchors, pass sutures, and tie knots. "It's like building a ship in a bottle," says Dr. Zimmermann. "It's hard to learn, but not hard to do."

In orthopedic surgery, arthroscopy was first used to treat conditions of the knee. With new technology and refined

techniques, arthroscopic surgery can now be used to treat many knee, shoulder, elbow, wrist, hip, ankle and foot problems. "The arthroscopic procedure is cost-effective and cosmetically appealing because of the less visible scar," explains Dr. Barnett. Although the operation is technically challenging, the procedure offers less risk of infection, faster rehabilitation and quicker return of motion.

"Arthroscopic rotator cuff repair can be performed on an outpatient basis with less discomfort than conventional surgery," adds Dr. Barnett. "Traditional inpatient surgery can require an overnight stay in the hospital and a fairly lengthy recuperation time."



Dr. Gordon Zimmermann, left, and Dr. Peter Barnett are repairing rotator cuff injuries arthroscopically.

Alzheimer's Abstracts

Researchers at the University of Texas Southwestern Medical Center are studying sticky plaques found in patients with Alzheimer's disease, which afflicts more than 20 million people worldwide. The process that forms clumps of plaque in the brains of Alzheimer's patients may also play a role in switching on genes, raising fears that experimental drugs may disrupt needed protein synthesis.

Insulin Pill Tested in Israel

An insulin pill developed by a U.S. biopharmaceutical company is the first to orally deliver insulin to the bloodstream of healthy humans, an advance that could improve the lives of 135 million diabetics worldwide. Researchers at Hadassah University Hospital plan to begin tests on adult diabetics who now must inject insulin into the bloodstream with a needle.

Male Fertility Warning

About one in six couples have some form of fertility problems and in 40 percent of cases it is due to a male factor. Researchers at Copenhagen University Hospital believe falling sperm counts, an increase in testicular cancer and abnormalities in male sex organs are related to "gender-bending" chemicals found in paints, pesticides and detergents.

Labor Risky After C-Section

Women who have had a Caesarean section increase their chances of rupturing their uterus if they attempt vaginal delivery during their next pregnancy, especially if labor is induced, according to the *New England Journal of Medicine*. Women have been encouraged to attempt a vaginal delivery after C-Section, with an approximately 60 percent success rate.



STRATEGIES FOR STROKE

Each year more than 700,000 Americans suffer strokes, making it the third leading cause of death and the leading cause of disability in adults. Someone has a stroke every 53 seconds. When not recognized or treated rapidly—optimally within three hours—stroke can result in death or severe loss of function. Stroke accounts for one in every 15 deaths in the United States.

A stroke occurs when a blood vessel bursts or becomes clogged and cuts off the blood supply to the brain, causing nerve cells to die. Stroke victims may lose their ability to speak or become paralyzed if the stroke damages parts of the brain that control speech or movement. The devastating effects of stroke are often permanent because dead brain cells aren't replaced.

Tests (especially the "CT" or "CAT" scan) are used to detect which type of stroke is occurring—either bleeding into the brain or a blocked artery. Once this is determined the correct type of therapy can be decided upon. Rapid assessment of the stroke victim is urgently needed to ensure appropriate treatment.

"When we treat patients within three hours we can significantly reduce disability in many," says A. J. Smally, M.D., Clinical Director of Hartford Hospital's Emergency Department. "Clot-busting" drugs called *thrombolytics*—TPA, or Tissue Plasminogen Activator, is the best known—dissolve clots if administered intravenously within the first three hours. "Beyond three hours thrombolytics' benefits decrease and bleeding risk increases," adds Dr. Smally.

Hartford Hospital is one of only a few medical centers in the country with the expertise to inject stroke-stopping medications directly into the brain. This is called *intraarterial* or *IA* therapy. Even when administered up to six hours after a stroke, intraarterial thrombolytic agents can reduce the devastating symptoms of many strokes. Guided by an

angiogram—an X-ray map of the blood vessels—an invasive radiologist threads a catheter up through the groin to the brain and delivers the medication directly to the clot.

The Stroke Center

Hartford Hospital recently established a *Stroke Center* that provides the most rapid possible assessment and treatment for stroke victims. Some patients arrive at the emergency department suffering early signs of a stroke such as weakness or numbness, while others are paralyzed on one side or unable to speak. "The Stroke Center isn't a physical ward of the hospital," explains Dr. Smally, co-medical director of the Stroke Center along with Neurology colleagues Nora Lee, M.D., and Isaac Silverman, M.D. "It's an organizational approach that maximizes the delivery of stroke therapy by a coordinated team of specially trained professionals."

"Our goal is to prevent the loss of precious time in restoring blood flow and minimize damage to the brain," says Rose Maljanian, R.N., M.B.A., director of the hospital's Institute of Outcomes Research and Evaluation. The Stroke Center team includes vascular neurologists, emergency medicine physicians, radiologists, neurosurgeons, nurses and pharmacists—all trained for rapid response. "From the moment we receive a call that a patient with symptoms of a stroke is en route to the hospital, a stroke victim is a Priority 1 emergency," she adds. "The stroke team is on standby 24/7 to provide the best possible evaluation and treatment with CAT scans, MRIs, thrombolytic drugs and interventional and neurological critical care."

Senior Drinking: *Deadly Mix*



When elderly people fall or become forgetful, no one suspects they may be mixing alcohol with prescription drugs like benzodiazepines (Ativan and Xanax are among the frequently prescribed brand-name sedatives). “Approximately 10 percent of the 25 million seniors in the United States abuse alcohol and an equal number take prescription drugs for anxiety or insomnia,” explains Julian Offsay, M.D., physician at The Institute of Living who is Board-certified in both geriatric and addiction psychiatry. “It’s a potentially lethal combination, especially when you add the risk of having a car accident or falling down the stairs.”

Often seniors begin abusing alcohol late in life after the death of a spouse or when facing deteriorating health or financial insecurity. Substance abuse among the elderly is a silent epidemic that many doctors fail to diagnose. “Many primary care physicians feel that it’s disrespectful to ask about older patients’ drinking habits,” says Dr. Offsay. “Or they think, What does it matter? What do they have to live for anyway?”

Senior drinkers often live alone, isolated from family and friends, cut off from the support network provided by the workplace and the community. Clues that elderly people are drinking heavily or mixing pills with alcohol include slurred speech, unexplained episodes of confusion, memory lapses or physical problems like gastritis or pancreatitis. Since they don’t lose jobs, start barroom fights or get arrested, family members may not suspect that an elderly parent is mixing alcohol and tranquilizers. “The good news is that older people are surprisingly

willing to get treatment,” says Dr. Offsay. “They care what family members think—and they may drop their denial at a family meeting.”

Detox—the withdrawal process—can be more dangerous than getting off street drugs like heroin because of the risk of seizures and delirium. “Pills like Valium are hard to kick because patients like them,” says Dr. Offsay. “They get hooked—it’s part physical and part psychological. The higher the dose and the longer they’ve taken the pills, the harder it is to taper off.”

Medicare usually covers inpatient detox treatment since elderly drinkers need the support of a hospital setting. In the past, a 28-day stay in “rehab” was standard after detox, but is now rarely available. Instead seniors opt for geriatric day treatment programs like the one at The Institute of Living. The state of Connecticut provides funding from a grant to assist seniors 65 or older who require inpatient treatment in a special facility.

Recently a volunteer from the self-help group Alcoholics Anonymous started a meeting directed at recovering adults over 60, held every Thursday from 2:00 to 3:00 p.m. in the Commons Building Cafeteria. For more information, call (860) 545-7219.

w a r n i n g s i g n s

HIGH CHOLESTEROL

Since high cholesterol causes no symptoms, a blood test is the only way to find out if you have high blood cholesterol levels that contribute to atherosclerosis, the buildup of fatty deposits on artery walls. Screening exams also measure levels of high-density lipoprotein (HDL) cholesterol—the so-called “good cholesterol”—and triglycerides, another type of blood lipids.

Risk factors for high cholesterol:

- Lack of exercise
- Obesity
- High-fat, high-cholesterol diet
- Smoking
- High blood pressure
- Type 2 diabetes
- Family history

Even with a desirable total cholesterol level, if you have a low HDL level, you may be at increased risk for heart disease. Regular testing detects high levels early so that you can take steps to protect your cardiovascular health. Typical blood cholesterol values for healthy individuals:

- Total cholesterol: Below 200 mg/dl
- HDL cholesterol: Above 45 mg/dl
- Triglycerides: Below 200 mg/dl
- LDL cholesterol: Below 130 mg/dl



Chicken Sauté

This simple, delicious recipe that is great for a family supper or for company comes from Joan Munger, administrative assistant for Network Development at Hartford Hospital.

Ingredients

1/4 cup olive oil
4-6 large chicken breasts, skin removed
1 medium onion, sliced
1 small clove garlic
2 Tbs. flour
1/2 tsp. salt
1/4 tsp. pepper
pinch basil
2 chicken bouillon cubes
1 cup hot water
1/4 cup red wine (optional)
parsley

In hot oil in large skillet brown both sides of chicken. Add onion & garlic—cook 5 minutes. In a small bowl combine flour, salt, pepper & basil. Slowly stir in bouillon cubes dissolved in hot water. Pour over chicken. Cook slowly, covered, 25-30 minutes or until chicken is tender. Add wine if desired. Heat to serving temperature. Garnish with parsley. (May add fresh mushrooms with onion and garlic if you wish)

Egg noodles make a nice accompaniment with the sauce served over the top.

Six servings

*calories: 388
total fat: 15 gm
sat. fat: 3 gm
mono. fat: 8 gm
chol: 146 mg*

Recipe analyzed by Brunella Ibarrola, MS, RD, CD-N.