

A U T U M N
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ROUNDS

HARTFORD HOSPITAL'S WELLNESS MAGAZINE





Dr. Paul Tortland (center) at the Olympic Training Center with gold medalist short-track speed-skater Apolo Anton Ohno and members of the skating team.

Jock Doc

Paul Tortland, D.O., spent two weeks in July as a volunteer sports physician at the U.S. Olympic Training Center in Colorado Springs, where he treated every injury from broken bones to sprains and strains. The Olympic hopefuls are training for spots on U.S. teams in summer

and winter sports ranging from cycling and gymnastics to skating and skiing. At the training center, he worked with country's most elite athletes, including Apolo Anton Ohno, the 2002 Olympic gold medalist in short-track speed skating.

Dr. Tortland, a team physician for the University of Hartford, hopes to be asked back to cover Olympic qualifying events and perhaps eventually an international Olympic

competition. The U.S. Olympic Advisory Committee selects physicians with sports medicine experience for a variety of events. As medical director of Valley Sports Physicians of Avon, he more often treats "weekend warriors" with recreational knee, shoulder and joint injuries.

As an osteopathic physician, Dr. Tortland embraces a holistic philosophy that focuses on the musculoskeletal system—the nerves, muscles, and bones. Dr. Tortland is the only physician in the country Board-certified in sports medicine, family medicine and osteopathic manipulative medicine. Osteopaths are fully licensed physicians who receive the same medical training as MDs, but who also use osteopathic manipulative medicine as an additional tool.

Dr. Tortland treats not only athletes, but anyone suffering from acute and chronic painful conditions including neck and back pain, arthritis and joint pain. "We're seeing a growing number of people staying healthy and active into their 60s and 70s," says Dr. Tortland, who plays tennis, cycles, skis, runs and plays golf. "The flip side is that we're also seeing kids who, for example, play soccer all year long and who are suffering adult-type injuries as a result of never taking time off."

S A F E T Y T I P S

Fungus Fears

Molds are microscopic fungi found everywhere. Though most fungi are relatively harmless, virulent mycotoxins produced by mold of the *Stachybotrys* genus can cause severe health problems in sensitive individuals. Slimy, sticky black or brownish mold thrives on moisture and organic material (such as plaster or wood). Airborne currents rapidly spread toxic mold spores.

Warped floors and discolored walls can signal active mold growth. Fungi proliferate below water-damaged surfaces or behind walls, floors or ceilings. West Hartford author Vicki Lankarge's book, *What Every Homeowner Needs to Know about Mold* (McGraw-Hill, 2003), offers these safety tips:

- **Do** fix plumbing leaks, overflowing sinks or leaky roofs immediately
- **Don't** allow faucets to drip
- **Do** inspect showers and repair cracks in grout around tile
- **Don't** ignore earthy or musty odors
- **Do** look for staining or swelling near windows or air conditioners
- **Don't** carpet concrete basement floors
- **Do** watch for mold-related allergies, wheezing, nasal and sinus congestion, eye irritation, hacking cough, throat irritation or skin rashes (symptoms and severity vary).

For more about mold, visit www.moldauthor.com.

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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.

PHYSICIAN PROFILE

Christine LaSala, M.D.

Christine LaSala, M.D., started the Division of Urogynecology, a subspecialty of Obstetrics and Gynecology (OB-GYN), at Hartford Hospital in 1997. The relatively new field of Urogynecology and Reconstructive Pelvic Surgery focuses on such disorders of the female pelvic floor as urinary and fecal incontinence, pelvic organ prolapse, painful bladder disorders and recurrent urinary tract infections. Dr. LaSala, Board-certified in OB-GYN with fellowship training in Urogynecology and Reconstructive Pelvic Surgery, is one of only a handful of urogynecologists in Connecticut. She graduated from Albert Einstein College of Medicine of Yeshiva University in 1991. She did her OB-GYN residency at Hartford Hospital and a fellowship at Women & Infants' Hospital of Brown University.

She has won multiple teaching awards, including "Council of Resident Education in OB-GYN" in 2000 and 2001. When she's not working, she enjoys tennis, bike riding, kayaking, her two collies, Genevieve and Madeline, and spending time with her husband, John Alexander.



Interstitial Cystitis: You Keep Going And Going And...

Do you frequently feel an urgent need to urinate? Do you get up several times during the night? Do you experience pelvic pressure, pain and tenderness? Does your bladder now seem to hold less?

If so, you may be suffering from interstitial cystitis (IC)—also called "painful bladder"—a chronic pain disorder that causes recurrent discomfort in the bladder and the surrounding pelvic region. Estimates of the numbers of people who have IC run as high as 500,000, though no one knows for sure how many people are afflicted. Victims of the inexplicable disorder—90 percent of them women—suffer an average of seven years before being diagnosed, usually around age 42.

"IC symptoms mimic a urinary tract infection except that urine cultures come back clean and antibiotics don't help," explains Christine LaSala, M.D., director of the Division of Urogynecology at Hartford Hospital. "Unfortunately some practitioners dismiss symptoms as being 'all in your head' and fail to make the proper diagnosis. Women who've lived with the urinary frequency and pain of IC are relieved to find out finally that something real is wrong with them and that they're not going crazy."

Some women with IC have normal bladder capacity but find that they need to urinate more frequently than usual. Patients with severe cases may urinate up to 60 times a day. Symptoms may worsen during menstruation. "They can't concentrate on work," says Dr. LaSala. "They can't sleep at night. Sexual intercourse is painful. They're so tired that they may not be able to maintain a job."

The first step in the diagnosis of IC is for the patient to keep a voiding diary. Women record the times and amounts of urine that they void, as well as how much fluid they drink over 1-2 days. "Women with IC are not incontinent—they just have to go all the time," explains Dr. LaSala. "They may drink lots of cranberry juice in the mistaken belief that it will help. Caffeine and nicotine are bladder irritants that worsen symptoms, as does diet soda containing Nutrasweet."



To confirm the diagnosis of IC, physicians must first rule out other causes that may cause pelvic pain, such as endometriosis or irritable bowel syndrome. The next step may be an outpatient procedure called "cystoscopy." With the patient under anesthesia, an instrument called a cystoscope is used to look inside the bladder and urethra. IC patients have telltale areas of inflammation, pinpoint bleeding or painful ulcerations in the bladder wall.

"The bladder lining is often cracked and bleeding," explains Dr. LaSala. "No wonder it's painful—urine is acidic, so it's like rubbing salt in a wound. Fortunately, the stretching or distention that we do during the procedure helps improve symptoms in about 60 percent of patients." Analgesics for pain and prescriptions to help sufferers sleep may be combined with other medications instilled directly into the bladder. Though it may take four to six months for patients to go into remission, a combination of drugs can be effective in managing IC.

Theories about causes of IC abound. The condition may be an autoimmune disorder, the result of a bladder injury or caused by an undetectable infection, among other theories. Researchers are now working to understand specific growth factors found in the urine of people with IC.

Revolutionary Biplane Technology: Two Labs, Two Uses

3D Neurovascular Imaging

The brain is the most blood-hungry organ in the body, with unparalleled requirements for oxygen and other nutrients delivered through the bloodstream. It is exceptionally vulnerable to damage from a blocked or narrowed vessel, and these same vessels are at greater risk of developing *aneurysms*—weakened outpouchings—that can fatally rupture. New catheter-based operations, which avoid open brain surgery, can open or repair these blocked or bleeding blood vessels.

Hartford Hospital's new "Artis NeuroAngiographic Lab" offers state-of-the-art imaging systems for looking deep within the brain with three-dimensional computerized tomography. The first of its kind in the state, Hartford Hospital's biplane angiographic X-ray units are integrated with lightning-fast graphics processors called "Leonardo" workstations. They produce three-dimensional images that can be rotated, trimmed, and otherwise manipulated, revealing both normal and abnormal blood vessels in ways that were not previously possible.

The workstation performs real-time 3D imaging, allowing physicians to guide catheters and miniature instruments into blood vessels in the brain. The system employs the latest in X-ray dose reduction technology, while producing high-resolution angiographic data sets.



Dr. Gary Spiegel

Each biplane unit consists of two fully functional, integrated angiography cameras mounted upon mechanized, rotating and pivoting armatures (one is floor-mounted and the other is track-mounted to the ceiling). These positioners are integrated with the 3D imaging unit so they can receive positioning instructions that align the cameras with the best viewpoint of the 3D image.

Image-guided, minimally invasive, catheter-based procedures offer new hope for acute stroke patients with blood clots in blood vessels of the brain. The Leonardo system gives endovascular neurosurgeons a birds-eye view of the arterial system as they work to open blocked vessels or repair aneurysms and other blood vessel abnormalities.

Neurointerventional radiologists can inspect diseased areas in blood vessels of the neck and head, rotating and viewing the images at different angles. "Image quality is key to optimum placement of coils or stents," explains Gary Spiegel, M.D., director of Endovascular Neurointervention and co-medical director of the Stroke Center at Hartford Hospital. "A small catheter is threaded from an artery in the groin up into vessels of the brain where coils or a stent—a tiny metal mesh tube—is placed with sub-millimeter accuracy. This technology is changing the way we treat neurovascular problems."

What's going around...*News & Breakthroughs*

Sleep Surprise

Sleep apnea may be caused by imbalances in brain chemistry, say researchers at the University of Michigan. Neurologists studied a handful of patients who stopped breathing during sleep and who thrashed around during the rapid eye movement (REM) phase. They had fewer dopamine-producing brain cells than normal, raising hopes for drug treatment to replace neurotransmitters.

Aspirin Advisory

Pregnant women are warned to avoid aspirin, which can cause fetal bleeding. But watch out for over-the-counter drugs that also contain salicylates, such as Pepto-Bismol, Kaopectate, Bufferin and some skin-care products, warns *The Expectant Mother's Guide to Prescription and Nonprescription Drugs* (Griffin, 2001). Check labels for salicylates, sub-salicylates and salicylic acid.

Black Men At Risk

Black men may be more susceptible to prostate cancer because of a mutation in a gene called the macrophage scavenger receptor 1 (MSR1), according to the Flint (Michigan) Men's Health Study reported in *Cancer Research*. White men with the rare MSR1 mutation are also at risk, though African-Americans have the highest incidence of prostate cancer in the world.

Soy Defense

Japanese miso soup made from fermented soybeans may be a powerful weapon against breast cancer, according to the *Journal of the National Cancer Institute*. Isoflavones—naturally occurring chemicals found in abundance in soy products—are believed to block the growth of certain tumors. Women in Asian cultures have much lower breast cancer rates than Americans.

Revolutionary Biplane Technology: Two Labs, Two Uses

Interventional Electrophysiology

Hartford Hospital's newly opened Interventional Electrophysiology laboratory, under the direction of Christopher Clyne, M.D., is designed to help patients with a variety of heart problems that are related to the rhythm of the heartbeat. A state-of-the-art "biplane" imaging system, like that in use in the neurovascular biplane suite next door, allows Dr. Clyne to see the heart in multiple planes—creating a 3-D effect—as he corrects aberrant heartbeats.

Such detailed and realistic imaging is needed to accurately place a series of electrical recording and pacing catheters in different areas of the heart, allowing the Interventional Electrophysiology team to identify very precisely the exact locations of the aberrant heart rhythms. With radiofrequency energy, guided visually and electrically, these malfunctioning areas can be targeted and removed (ablated), curing these arrhythmias in the vast majority of patients.

In only its third year, Hartford Hospital's Interventional Electrophysiology program has become a leader not only in the mapping of electrical arrhythmias and ablation of these arrhythmias—including atrial fibrillation, which affects over 5 million Americans—but also in the treatment of congestive heart failure with "resynchronization" therapy.

Resynchronization is the process by which the chambers of the heart can be made to beat in a more efficient, synchronized rhythm. This new form of treatment for heart failure focuses on patients with very severe heart muscle problems and symptoms of congestive heart failure, where resetting the timing of certain areas of the pumping chambers, or ventricles, provides a boost in cardiac output.

"For many patients this translates into a reduction in symptoms, improved exercise tolerance and an enhanced state of well being," says Dr. Clyne. "The new biplane imaging laboratory allows the placement of very delicate electrical wires into small blood vessels that course through the damaged pumping chambers, allowing for focused resynchronization of these areas of the heart and optimization of pumping function for many of these affected patients.

"The use of biplane imaging by Interventional Electrophysiology and Interventional Neuroradiology signals a leap forward in providing advanced treatment to all of our patients," adds Dr. Clyne. "Hartford Hospital's commitment to the community and to our mission to provide cutting-edge therapy is clear in viewing these two state-of-the-art laboratories."



Dr. Christopher Clyne

Cold Call

Avoid vigorous exercise when taking pseudoephedrine, found in cold and flu remedies. Over-the-counter preparations with brand names like Sudafed and Triaminic, for example, can raise your body temperature and heart rate to risky levels if you work out in extreme heat, or have heart problems, asthma, diabetes, or high blood pressure. Consider walking or cycling if you're taking these drugs.

Working the Night Shift

...may be hazardous to health, warn researchers at Harvard's Brigham and Women's Hospital. Women who work nights at least three times a month may be at risk for colorectal cancer over time. Exposure to light at night stops the body's production of the hormone melatonin—believed to be protective against cancer—which normally peaks in the dark.

Pharmaceutical Promise

A molecular anti-cancer drug called a proteasome inhibitor has proven so effective against several blood cancers that new trials are planned, reports the *New England Journal of Medicine*. Researchers at Hartford Hospital-affiliated Dana-Farber Cancer Institute in Boston showed that Velcade, from Millennium Pharmaceuticals, successfully targeted multiple myeloma cells without disabling side effects.

News Flash

Dietary supplements containing red clover extracts are not effective for treating hot flashes in menopausal women, warn researchers at the University of California at San Francisco. The supplements have been marketed as a treatment for menopausal symptoms since a Women's Health Initiative study showed that hormone replacement therapy (HRT) increases a woman's risk for cancer and cardiovascular disease.

Biotech Breakthrough

Biologics for Rheumatoid Arthritis

Rheumatoid arthritis is a disease of painful flare-ups. Chronic inflammation attacks cartilage and bone, progressively destroying joints. Stiffness, swelling and pain are hallmarks of this degenerative and debilitating disease, which afflicts more than 2.1 million Americans, most of them women.

Now “biologic” therapies—drugs derived from living cells instead of synthesized chemicals—promise to revolutionize the treatment of chronic disorders caused by inflammation. New medications that modify the body’s “biologic response” are making breathtaking strides against inflammatory diseases by blocking chemical messengers in the immune system.

For once, TV commercials aren’t exaggerating when they claim dramatic improvement in symptoms of inflammatory arthritis. New drugs target a molecule called tumor necrosis factor alpha (TNF) at the molecular level.

“It’s quite a breakthrough,” says Mark Ruderman, M.D., senior rheumatologist at Hartford Hospital. “These molecules don’t simply reduce pain and swelling, but actually block the pathways that trigger inflammation and destruction in the joint. Data clearly show that these drugs retard, and can even halt, progression of the disease.”

Enbrel, the first TNF-inhibitor approved in the United States, had to be injected in the thigh twice a week. A longer-acting version, Humera, can be self-injected every two weeks. Remicade is administered intravenously over a period of two to four hours but only needs to be repeated every eight weeks. Rare, but serious, side-effects include resurgence of dormant tuberculosis or infections.

The new medications aren’t for everyone. A year’s supply of injectible medication can cost \$15,000–\$18,000, a price tag some insurers have balked at paying. “Many patients who haven’t responded to other therapies say they haven’t experienced this level of comfort in years,” says Dr. Ruderman. “These medications have the potential to make this kind of destructive arthritis, with its deformed hands and crippled joints, a thing of the past.”



Flu Shot? Mist Maybe.

Winter’s approach once again signals the arrival of the flu season. Physicians of the Italian Renaissance linked the seasonality of the illness to “la influenza”—the influence—of the stars.

Today, flu viruses that emerge in South Asia and China arrive in the United States the following fall. World Health Organization scientists decide in March which types of vaccine to begin manufacturing for use in Europe and North America—a process that takes six months.

SARS is a new viral illness which, like influenza, has emerged from Asia. “Right now SARS is under control everywhere, but because coronaviruses follow a winter-spring pattern we could be in for trouble this flu season,” warns Brian Cooper, M.D., chief of the Division of Infectious Disease at Hartford Hospital. “The symptoms of SARS are indistinguishable from a bad flu.”

Flu is itself a killer, taking an average of 20,000 deaths annually in the United States. “If a strain of flu virus suddenly appears in the Western Hemisphere there’s no way

to make vaccine fast enough,” explains Dr. Cooper. “But in most years the World Health Organization is able to accurately predict the fall influenza strains. We know vaccination saves lives, even in the very elderly. Flu shots are critical for people with diabetes or chronic heart, lung and kidney disease. In this group studies have shown that vaccination decreases deaths from all causes by nearly 40 percent.”

A painless nasal mist may soon make flu shots a thing of the past. The Food and Drug Administration (FDA) recently approved a nasal spray of live virus called FluMist for healthy people between the ages of five and 49. “Clinical trials on older people are still underway,” says Dr. Cooper. “Injections are effective and cheaper.”

Fall is the time for immunization against the flu, with its telltale headache, sniffles, sneezes, weakness and wracking coughs. Children under two and those over 65 years of age are especially vulnerable. New antiviral drugs must be started within a day or two and are prescribed only when flu reaches epidemic levels.

Imagine being haunted by worries, doubts, fears and forbidden urges. You try repeated hand-washing, counting, checking and cleaning in an attempt to control intrusive thoughts. Slowly and silently, ritualized behaviors become compulsions. Tormenting impulses fill your mind.

Obsessive-Compulsive Disorder: Relentless Rituals

In any given year, more than 3.3 million people in the United States suffer from obsessive-compulsive disorder (OCD). An anxiety disorder—the fourth most common psychiatric condition—OCD afflicts up to 2.5 percent of men and women across their lifetime. The disorder typically begins during adolescence or early childhood. Left untreated, obsessions and rituals can consume lives.

Victims of obsessive fears about germs, for example, endure hours of repetitive hand-washing until their hands become raw. Plagued by disturbing religious or sexual images, they hide their problems from family and friends. People with OCD have implausible or outlandish fears, not just generalized anxiety. Unlike compulsive gamblers or drinkers, OCD sufferers perform rituals not for pleasure, but rather to stave off unwanted thoughts or to prevent dreaded events.

“In the TV show *Monk*, the lead character’s OCD doesn’t present many difficulties in his normal life,” says David F. Tolin, Ph.D., director of the Anxiety Disorders Center at The Institute of Living. “In reality, OCD has a tremendous impact on social functioning. Someone with OCD may avoid touching doorknobs for fear of AIDS. He washes his hands and feels better, but the more he avoids and washes, the more frightening doorknobs become. Eventually, he is caught in a web of fear, avoidance and rituals.”

A recent survey shows that it takes the average person 17 years to obtain good, evidence-based treatment for OCD. In the past, it was a chronic, relapsing illness that often went undiagnosed. “A generation ago, people with OCD were institutionalized,” says Dr. Tolin. “Talking therapy brought no improvement. Now we know that the neurochemistry of the brain is different in someone with OCD. The disorder runs in families, but not exclusively, and children don’t inherit a particular ‘gene’ for OCD.”

Growing evidence links OCD to abnormal brain circuitry and unusual patterns of brain activity. One of the most effective treatments, cognitive-behavioral therapy, incorporates exposure and ritual prevention to “desensitize” patients. People afraid of touching doorknobs, for example, are encouraged to touch doorknobs as they try to keep from compulsively washing their hands. Antidepressant medications are often helpful as patients confront their fears and begin to change their thinking patterns. “Most people still have OCD after cognitive-behavioral therapy,” says Dr. Tolin, “but their symptoms are greatly diminished and their quality of life greatly improved.”



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

Acid Reflux

Gastroesophageal reflux disease (GERD) occurs when the lower esophageal sphincter, which normally stays closed, opens inappropriately. The faulty sphincter muscle allows stomach acid to flow backward into the esophagus. As many as seven million Americans suffer from the disease, which typically afflicts both men and women age 45–64.

Warning signs include:

- Persistent heartburn that occurs two or more days a week for at least three months
- Regurgitation of stomach acid or sour contents in the mouth
- Difficult and/or painful swallowing
- Sore throat from refluxed stomach acid

Acid reflux disease can lead to serious medical conditions. If acid reaches the mouth, it can even dissolve tooth enamel. Severe symptoms include:

- Vocal cord inflammation and hoarseness
- Regurgitation of acid into the lungs, causing asthma, wheezing or cough
- Erosion or ulceration of the esophagus

Acid reflux disease can be treated and controlled. Ask your physician about diagnostic endoscopy testing and take prescription medications as directed.



Napkins and dinnerware pictured above come from Hartford Hospital's Auxiliary Gift Shop.

Penne Chicken Florentine

Try this easy, heart-healthy recipe, originated by chefs at Hartford Hospital for the patient menu. "We didn't get this dish out of a recipe book," says George Zern, an assistant chef at the hospital. "We created it from trial-and-error in the main kitchen and it has been very well received by patients."

George graduated from Johnson and Wales University in Providence, Rhode Island, with a degree in culinary arts. He began his career in 1991 at The Institute of Living and transferred to the main hospital when the merger occurred. He also works as a part-time chef-instructor at the Center for Culinary Arts in Cromwell. His varied duties as a hospital chef include supervising cooks and developing recipes for patient menus and the cafeteria, as well as banquets and catering special events.

Ingredients

- 1½ lb. chicken breast strips (skinless, boneless and fat removed)
- 1 lb. fresh spinach, stemless
- 1 large roasted red bell pepper, coarsely chopped
- 2 cloves fresh garlic, finely chopped
- 1 small head of broccoli florets
- 15-20 grape tomatoes
- ¼ c. Parmesan cheese, freshly grated
- 2 tsp. olive oil
- 1 lb. mini penne pasta
- ⅔ tsp. white pepper
- 1 10-oz. can chicken stock, warmed

Thoroughly cook chicken in a frying pan with olive oil. Remove from pan. Add garlic, red pepper, broccoli florets and spinach to the pan. Partially cook the vegetables and add the cooked chicken strips back to the pan.

Boil water in large pot. Add penne pasta and cook until al dente. Drain.

In a pasta bowl, mix cooked penne pasta with chicken and partially cooked vegetables. Add tomatoes, chicken stock and white pepper. Add Parmesan cheese; toss gently.

Serve immediately. (Serves 8)

Per serving

Calories: 458 calories

Carbohydrate: 48.5 g

Protein: 47 g

Fiber: 4.7 g

Total Fat: 9 g

Saturated Fat: 2.5 g

Monounsaturated Fat: 3.5 g

Cholesterol: 96 mg

Vitamin A: 592 RE or 84% DRI*

Niacin: 17.8 mg or 127% DRI*

Vitamin C: 78 mg or 104% DRI*

Folate: 260 mcg or 65% DRI*

Iron: 5.25 mg

Sodium: 344 mg

*Dietary Reference Intake based on RDA for a female aged 19-70

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