

A U T U M N
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ROUNDS

HARTFORD HOSPITAL'S WELLNESS MAGAZINE

Overcoming
the
Baby Blues

Take Your Shot

Last spring, a Wesleyan University student was hospitalized in critical condition with bacterial meningitis, a contagious and potentially lethal infection. Now a new vaccine promises to avert the rare but sometimes fatal outbreaks that periodically strike college campuses.

The Food and Drug Administration (FDA) recently approved the Menactra meningococcal vaccine for people 11–55. The vaccine is expected to offer enough immunity to power young adults through their high school and college years. “The problem with the current vaccine is that immunity only lasts three years and booster response is poor,” says Brian Cooper, M.D., chief of Hartford Hospital’s Division of Infectious Disease, Allergy and Immunology. “Based upon antibody levels in clinical trials, the reformulated vaccine may last seven or eight years.”

After years of decline, the incidence of whooping cough (pertussis) jumped 63 percent in 2004. Whooping cough is a highly contagious bacterial infection marked by severe coughing and choking spells. “Its nickname is the 100-day cough,” says Dr. Cooper. “A recent outbreak in Massachusetts spread rapidly because antibiotics aren’t very effective.”

Since 1991, children have been immunized with a combination diphtheria-tetanus-pertussis (DTaP) vaccine, but antibody levels drop in adolescence. The Centers for Disease Control and Prevention are reminding parents to get booster shots for teenagers and pre-teens. Although whooping

cough seldom kills older children, the disease can be fatal to newborns or those over 55. New on the market is the Adacel vaccine for adults, which combines whooping cough vaccine with routine diphtheria and tetanus boosters.

Thanks to the widespread use of the DTaP vaccine, most Americans retain some protection against the deadly bacteria that cause tetanus, or “lockjaw,” but immunity wanes over time and many older adults are at risk. Routine booster shots should be given every 10 years or immediately after an injury. “People don’t realize bacteria can infect any dirty cut,” says Dr. Cooper. “Recently an older woman with a gash on her ankle from a fall on her front step contracted tetanus and died.”

HEALTH TIPS

Go with the Grains

Low-carb diets are out and whole grains are in. A Harvard School of Public Health study found that women who ate more whole grains had a lower risk of diabetes. Men whose diets are rich in whole grains reduce their risk of coronary heart disease, says the *American Journal of Clinical Nutrition*. Other researchers say people who regularly eat whole grains are less likely to be overweight. Whole grains are food powerhouses packed with antioxidants and phytonutrients believed to help reduce the risk of heart disease, cancer and diabetes.

What are whole grains and why do they make up only 12 percent of the grains Americans eat each day? When kernels are heavily processed (into white flour, for example) they lose much of the fiber, bran and germ that constitute the “whole” grain. Be wary of “enriched” products that contain added vitamins and iron, yet have had their fiber and healthy nutrients removed.

New U.S.D.A. guidelines recommend that adults eat three ounces of whole grains daily, and food manufacturers have responded by blazoning “whole grain” across cereal boxes. While food manufacturers tout the whole grain content of cereals and bread, beware of deceptive claims about “whole grain” products that may contain a smidgen of whole grain flour while the label tells a different story. Although wheat bran is high in fiber, it’s not whole grain. Read the ingredients to see if “whole” grains come first in the list.

Grains with names like *grano*, *spelt* and *quinoa* may sound unfamiliar, but pack a punch of whole grain health. Start children off early with whole grain oatmeal and shredded wheat instead of sugary cereals for a lifetime of healthy eating habits. Look for products with 3–5 grams of fiber (and fewer than 200 calories) per serving.



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Hartford Hospital's Wellness Magazine

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CLINICIAN PROFILE

Roxanne Stepnowski, Psy.D

Roxanne Rodrigue Stepnowski, Psy.D., is a licensed clinical psychologist in the Women's Health Services at Hartford Hospital. After graduating from the University of Hartford with a degree in clinical psychology, she did a post-doctoral fellowship at The Institute of Living. From 2003 to 2004, she worked in Hartford Hospital's Preventive Cardiology Department as a clinical psychologist, where much of her effort was devoted to enhancing cardiovascular health through smoking cessation programs and stress management.

For Dr. Stepnowski, areas of research interest and publication include depression and trauma among pregnant smokers, body image issues that affect smoking cessation, and alcohol abuse and depression in a college population. As a psychologist in women's health, she is exploring the psychological effects of depression in pregnancy, postpartum depression, menopause, body image issues, binge eating, weight loss and urban ethnic minority women's attendance at hospital vs. church-based exercise programs. An avid runner and cyclist, she and her husband are parents of a 20-month-old daughter.



When Baby Blues Turn to Despair



Motherhood isn't pure joy. Despite her happy expectations, a new mom with postpartum depression often feels tearful, anxious and alone. She may worry excessively or struggle with guilt about not being a "good enough" mother. Hallmark card

sentiments fall flat in the face of exhaustion, loneliness and despair.

"I started feeling depressed as soon as I got pregnant the first time," recalls Carla (not her real name), whose first daughter was born at Hartford Hospital in 2000. "By the time the baby arrived I felt so incredibly sad and overwhelmed that I missed a lot of the excitement surrounding her birth. When I got pregnant again two years later, my doctor prescribed an antidepressant that I took all the way through my pregnancy. Motherhood was totally different the second time because I enjoyed the experience."

"For some women, pregnancy is neither joyful nor exciting but rather a time of sadness and distress," says Roxanne Stepnowski, Psy.D., a licensed clinical psychologist in the Women's Health Behavioral Health Programs. "Approximately 10 to 20 percent of pregnant women suffer from antepartum depression. If left untreated, depression during pregnancy can have serious consequences for the infant, such as low birth weight and premature delivery."

Untreated depression can also lead to impairment of mother-child attachment bonding, which in turn places the infant at greater risk for emotional and behavioral disorders later in life. In general, the standard of care for severe depression is a combination of antidepressant medications and psychotherapy. Psychiatrists and obstetricians approach medication for depressed pregnant women with caution because of potential risks. Psychotherapy alone may be effective for some women who struggle with depression or anxiety during pregnancy.

"In some poor, inner city populations, depression among pregnant women may be as high as 30 percent," says Dr. Stepnowski. "They may have financial problems, marital dissatisfaction, relationship stress or inadequate support. If a woman is severely depressed, physicians weigh the benefits against possible risks to the baby. Obstetricians often prescribe antidepressants and refer the patient for psychotherapy." At times, consultation with a psychiatrist is called for.

Brooke Shields spoke candidly on The Oprah Winfrey Show about the darkest, most frightening time of her life. She described her descent into misery and despair immediately after the birth of her daughter, Rowan, when she contemplated killing herself. "When someone like Brooke Shields admits doing battle with postpartum depression it helps reduce the stigma," says Dr. Stepnowski. "Fifty to 80 percent of women experience the 'baby blues' just after delivery. Days, weeks or months after the baby is born, about 10-20 percent of women develop postpartum depression."

Clues that a new mom is in the throes of the baby blues include tearfulness, sadness, anxiety, mood swings, fatigue and insomnia. When her mood takes a dive into postpartum depression, she may become irritable, angry or excessively guilty. Other symptoms include loss of appetite, changes in sleep patterns, loss of interest in sex, poor concentration, fatigue and suicidal thoughts.

In only about 1-2 of every 1,000 women, postpartum depression quickly spirals into psychosis, usually within the first six weeks after the baby is born. Terrifying symptoms include delusions, hallucinations, sleep disturbances, obsessive thoughts about the baby, and rapid swings from depression to irritability. "Any woman who is pregnant or has just had a baby should seek help if she thinks she may be suffering from depression," says Dr. Stepnowski. "She shouldn't listen to friends and family who tell her it will just go away."

Heavy Periods Vanish in Ninety Seconds

A fast, safe, effective treatment breakthrough offers relief from abnormal menstrual bleeding, which afflicts as many as one in five women. For the estimated 10 million American women whose extremely heavy periods last seven days or longer, a 90-second outpatient procedure can reduce or eliminate the problem without hormones or hysterectomy.

"Excessive bleeding accounts for a third of all gynecological visits," says Peter Doelger, M.D., a obstetrician-gynecologist who pioneered the procedure at Hartford Hospital and trains other physicians in the technique. "Since nearly half of the 500,000 hysterectomies performed each year are done to treat abnormal bleeding, this number could be greatly reduced by using ablation."

Hysterectomy remains the most frequent remedy for excessive bleeding despite its risk of surgical complications, a lengthy recovery phase and the lasting effects of removal of the uterus. By contrast, the minimally invasive NovaSure technique requires no incisions and can be performed without general anesthesia. The procedure is so fast and effective that most women experience little post-operative pain. In fact, many patients return to work the day after treatment.

The NovaSure device works by sending a 90-second burst of electrical current through a gold-tipped wand inserted



Dr. Peter Doelger uses a new, minimally invasive procedure to treat women with abnormal bleeding.

into the uterus. In less than two minutes, a precisely controlled dose of energy safely burns away, or ablates, the uterine lining. Troublesome fibroid tumors or polyps can be ablated at the same time. In a clinical study, researchers found that more than 90 percent of patients who returned to the doctor for a follow-up visit after a year reported that their periods were light or moderate—and up to 50 percent said their periods had stopped altogether.

Because the treatment involves removal of the lining of the uterus, the NovaSure procedure is only appropriate for women who have completed childbearing. Since the ovaries remain intact, patients must use a reliable method of birth control until menopause. In addition to eliminat-

ing excessive bleeding, NovaSure can reduce pre-menstrual syndrome (PMS) symptoms and decrease painful periods by up to 60 percent.

Women who suffer from benign conditions that cause excessive menstrual bleeding are at risk for fatigue and anemia, and often can't work or leave home for fear of embarrassing accidents. "Now we can offer quick, safe treatment to someone whose periods have become a bother," says Dr. Doelger. "Any woman whose periods interfere with her life is a candidate for the procedure."

WHAT'S GOING AROUND...News & Breakthroughs

Parkinson's Perk

Just one cup of coffee a day can cut the risk of Parkinson's disease in half, say researchers at Harvard's School of Public Health. The disease afflicts one in 50 women, causing muscle rigidity and tremors. Caffeine protects brain cells by blocking the damaging neurochemical *adenosine*. Women on hormone replacement therapy don't enjoy the same advantage, possibly because estrogen lessens caffeine's benefit.

Of Mice, Not Men

Brain damage caused by Alzheimer's disease appears to be reversible in mice, although human trials are a long way off. When their dementia-causing genes were deactivated, genetically altered mice regained the ability to navigate mazes. University of Minnesota researchers hope memory might return if defective genes can be turned off, despite the plaques and protein tangles that are hallmarks of Alzheimer's.

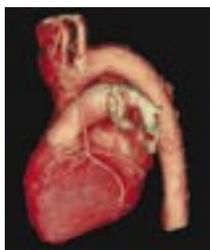
Sex Drive in Neutral?

Researchers at UCLA's Female Sexual Medicine Center are studying why progestin birth control pills decrease sex drive and lessen orgasm intensity in a small percentage of women. Although they have fewer side effects, progestin pills and implants reduce testosterone, critical for female sexual response. If your libido drops, ask your physician about switching to the patch or another type of pill.

Choc Full o' Health

Dark chocolate lowers blood pressure in people with hypertension, say Tufts University researchers. Flavonoids, antioxidant-rich compounds found in cocoa and dark chocolate, promote healthy blood vessels. Dark chocolate has been shown to improve insulin sensitivity, a diabetes risk factor. The 3.5-oz. bar of dark chocolate consumed by Italian study participants had a higher cocoa content than an American candy bar.

Capturing the Beating Heart



When someone arrives in the emergency department with a suspected heart attack, the rush begins. Patients are wheeled from the ED to the angiography suite to nuclear cardiology and the cardiac catheterization lab. Now an innovative imaging system so fast that it can capture images of an organ in seconds—and a beating heart and coronary arteries in only five seconds—is giving Hartford Hospital physicians a diagnostic edge.

The first in the state, Hartford Hospital's LightSpeed VCT scanner is many times faster than conventional multi-slice CT ("cat") scanners. In a single rotation lasting about a third of a second, the VCT captures 64 "slices" of anatomical data. The VCT (the "V" stands for volume) represents a significant technological leap in coverage area, image clarity and speed, creating spectacular three-dimensional views of organs, arteries and veins.

"The VCT can be used for many clinical scenarios, including cardiac disease, stroke, chest pain and trauma," says interventional radiologist Barry Stein, M.D., of Jefferson X-Ray Group, co-director of cardiovascular MRI and CT at Hartford Hospital. "The machine spins so fast that it 'freezes' the motion of the heart, providing clear images of the coronary arteries quickly and safely, potentially negating the need for an invasive angiogram to evaluate for coronary artery disease."

The outpatient study requires only intravenous administration of contrast dye. The patient lies on a table as a rotating X-ray machine sends data to a computer display. With the new scanner, teams of specialists can view the images to plan procedures like stenting, balloon angioplasty or surgery.

Only a fraction of the five million Americans who arrive at the emergency department with chest pain are actually

having a heart attack. "With a single VCT scan, clinicians can exclude the three most life-threatening critical conditions that cause acute chest pain—a tear in the aorta (dissection), a blood clot in the lung (pulmonary embolus) and coronary artery disease," Dr Stein adds.

The VCT's negative predictive value of 97–98 percent means physicians can be very confident that no atherosclerotic coronary artery disease exists if a scan is normal. As part of the examination, a calcium score can also be acquired. A more powerful predictor of atherosclerosis than cholesterol levels, an elevated calcium score can help identify patients at risk for coronary artery disease.

"Until now, a CT scan was not fast or powerful enough to capture an image of a beating heart," says Charles Primiano, M.D., an interventional cardiologist and co-director of cardiac CT at Hartford Hospital. "Now someone who may have a coronary blockage can have a noninvasive procedure instead of cardiac catheterization or angiography. They're only in the scanner for a few minutes."



Drs. Primiano (left) and Stein are able to capture organ images in seconds.

Race-Based Drugs

Blacks responded significantly better than whites to a heart medication in clinical trials, leading the Food and Drug Administration to approve BiDil as the first medication for a specific racial group. According to the U.S. Centers for Disease Control, 750,000 American blacks suffer from heart failure. Middle-aged African Americans are more than twice as likely than similarly aged whites to die from the condition.

Heartsick?

Emotional trauma can stimulate release of hormones that "stun" the heart, say researchers at Johns Hopkins Hospital. "Broken heart" syndrome is seen most often in postmenopausal women after extreme stress such as the sudden death of a loved one or a car accident. Chest pain, shortness of breath and fluid in the lungs mimic the symptoms of a heart attack without lasting damage.

Malignant Moves

Memorial Sloan-Kettering Cancer Center researchers have pinpointed genes that predict where breast cancer cells are likely to spread. The lungs, bones, liver and brain are the main organs to which breast cancer metastasizes. For each organ the cancer invades, it needs a specific set of genes. The discovery could improve diagnosis and treatment by identifying potential targets for breast cancer drugs.

Calories Count

Although diet gurus warn that late-night nibbling packs on the pounds, research shows a calorie at noon equals a calorie at night. Calories add up when dieters who skip meals all day reach for junk food in the evening, explains a Hunter College nutritionist. Animal studies at Oregon Health & Science University reveal that nighttime calories are no more fattening than daytime ones.

Concerning Colons

Just five years after Today show co-host Katie Couric underwent a colonoscopy on live national TV after losing her 42-year-old husband to colon cancer, the procedure is on the rise at Hartford Hospital and across the nation. Routine screening, performed by gastroenterologists, endoscopists and colorectal surgeons, could save an estimated 30,000 lives each year, says the American Cancer Society. African Americans and those with a family history of the disease are at particular risk. Ask your doctor whether a non-invasive “virtual” colonoscopy is an option for you.

Colorectal cancer strikes an estimated 145,000 Americans and kills more than 55,000 annually. Ninety percent of people diagnosed early are still alive five years later, yet only 39 percent of colorectal cancers are caught at this stage. Fewer than half of Americans 50 and older have been screened.

Preventive screening works because most colorectal cancers develop from polyps, non-cancerous growths in the colon or rectum. Before undergoing a colonoscopy, patients must drink a liquid laxative to cleanse the colon. “We can easily remove polyps during a colonoscopy,” explains Kristina H. Johnson, M.D., a colorectal surgeon at Hartford Hospital. “We also biopsy suspicious areas and mark any cancers for follow-up laparoscopic surgery.”

Cancers of the colon and rectum combined are the third most common cancers in Americans and the second most common cause of cancer death. “Everyone should have a full colon evaluation at age 50,” Dr. Johnson says. “In its early stages, colorectal cancer has no symptoms. By the time people notice bleeding, bowel changes and bloating, it’s often too late.”

To find a physician who can perform a colonoscopy, call (860) 545-1888 or (800) 545-7664.

Sleuthing for clues about a job-related illness or injury is all in a day’s work for Victoria Cassano, M.D., M.P.H., FACPM. After 24 years in the U.S. Navy, she joined the Hartford Medical Group a year ago as director of Occupational Medicine Services. The retired naval captain and certified diver attended medical school while in the Navy, spent two years in Naples, Italy, and recently served as the commander of the Undersea Medicine Institute at the naval submarine base in Groton.



Dr. Victoria Cassano



On Call...On the Job

For Dr. Cassano, one of the most rewarding challenges of occupational medicine involves finding the key to a puzzling diagnosis or a mysterious set of symptoms. Patients suffering from industrial exposures fill out lengthy questionnaires as she pieces together clues from family history, employment records and Material Safety Data Sheets on any chemicals in the workplace.

When a neurologist referred a woman with symp-

toms resembling Parkinson’s disease, Dr. Cassano made the connection between the patient’s job in a metal sintering plant and her elusive medical problems. “She was working around finely ground metal powders,” says Dr. Cassano. “First we need to know an exposure occurred. We discovered that she had a high body burden of manganese, but the difficulty is that blood levels do not always correlate with exposure. In

this patient’s case, findings in her brain ultimately confirmed the metal as the origin of her neurological problems.”

Injured workers represent financial loss to employers and insurers, as well as the loss of productivity. Much of her time involves worker’s compensation cases or referrals from primary care physicians who need help managing an on-the-job injury. She investigates cases of “sick building syndrome,” occasionally working with building managers to assess environmental dangers. “I make sure my patients are compliant with treatment plans, but I’m not just writing prescriptions,” says Dr. Cassano. “I want to do what’s right to help the patient get well, by joining with employers and insurance companies to ensure care isn’t being denied. I try to find a solution everybody can live with.”



Light One Little Candle

*It is better to light just one
little candle*

Than to stumble in the dark.

*Better far that you light just
one little candle,*

All you need is a tiny spark. . .

*If we all said a prayer that
the world would be free,*

*A wonderful dawn of a new
day we'd see. . .*

*And if everyone lit just one
little candle,*

*What a bright world this
would be.*

— Author Unknown

When Joelle Pauporte, M.D., learned she had incurable breast cancer, the young mother wanted to create warm memories for her three-year-old daughter, Halle. Reading has been a life-long pleasure for Joelle, a psychiatrist by training, married to Hartford Hospital urologist Joseph Wagner, M.D. Cancer might take her life, but not her daughter's memories of the books they read together. What better legacy could a sick parent leave a child or grandchild than shared storybooks?

At first just a glimmer, the idea has grown into the Light One Little Candle organization, named after a lullaby she has been singing aloud to Halle since she was born (see sidebar).

Through Joelle's tireless promotional efforts, book donations have poured in to the Helen & Harry Gray Cancer Center at Hartford

Hospital. For cancer patients, reading a book with a child provides a happy distraction from treatment worries. The books are free, and parents and grandparents of children under 16 are welcome to take a book home to read together. The book can be a treasured memento for the child to keep. Patients are encouraged to write a special note to a child on a bookplate inside the front cover.

"Light One Little Candle stems from Joelle's belief that reading is one of the most sacred things we do with our children," says Andrew Salner, M.D., director of the Cancer Program at Hartford Hospital. "It's Joelle's passion. The trauma of cancer treatment often disrupts the lives of patients and their families. Joelle wanted to share her experience with other cancer patients."

Exhausted by radiation and sickened by relentless chemotherapy, the 35-year-old mother says, "The one

thing I can always do is sit and cuddle and read." Although hospital libraries are well-stocked with volumes about death and loss, Joelle wanted to add silly stories and classics like *The Runaway Bunny* that younger children would enjoy reading aloud. More than 50 children's librarians from Connecticut and New York helped develop the "Light One Little Candle Wish List."

"At the end of life, people often have a desire to give something back," says Evan Fox, M.D., a psychiatrist at the Institute of Living who specializes in palliative care. "Reading has clearly given great meaning to Joelle's life with her daughter. Light One Little Candle provides comfort, allows her to connect with something that has meaning and purpose, and will benefit many others."

A book drive at the Bishop's Corner Branch of the West Hartford Library and appearances on local TV and NBC Nightly News have brought books from far and wide. To donate a new book, visit the amazon.com website, click on the "wish list" and type in "Light One Little Candle."



Joelle Pauporte cuddles her young daughter, Halle.

Irish Soda Bread



Accessories courtesy of the Hartford Hospital Auxiliary Gift Shop.

“When I was growing up my mother had a friend with an interesting habit,” recalls Hartford Hospital’s Director of Public Relations Lee Monroe. “She would buy a new cookbook and then, starting on page one, work her way through to the very end, making one new recipe each day. Over the years she passed on many of the most successful to my mother. This recipe for Irish soda bread has always been one of my favorites, maybe because it’s so easy.”

Ingredients

4 cups whole wheat flour
 ¾ cup white flour
 ⅔ cup uncooked oatmeal
 1 Tbsp. baking soda
 1 ½ tsp. salt
 3 (or so) cups lowfat buttermilk

Mix together all of the dry ingredients in a large bowl. Shake the buttermilk well and then add 2½ cups to the dry ingredients and mix well. Mixture should be moistened but not soupy—add more buttermilk if too dry. Knead the dough lightly. Shape into 2 balls and place on an oiled and lightly floured baking sheet. Cut a deep cross into each ball of dough with a knife and bake at 375° for 35 to 40 minutes, or until bread sounds hollow when tapped with knuckles.

Makes 16 servings.

Per slice:

Calories: 156
 Total fat: 1 g
 Carbohydrate: 31 g
 Protein: 7 g
 Fiber: 4 gm
 Calcium: 75 mg
 Phosphorus: 172 mg
 Sodium: 512 mg

Fairly good source of B vitamins:
 Thiamine (B1): 14% DV*
 Riboflavin (B2): 10% DV
 Niacin (B3): 11% DV

(DV=Daily Value, standard values for food labels established by FDA, based on 2,000 kcal/day for adults and children over age 4)

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