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ROUNDS

HARTFORD HOSPITAL'S WELLNESS MAGAZINE

Easing the pain...

Palliative medicine
comforts the body
and soul

Viral Vengeance

Lurking silently in the nerves, dormant for decades, a childhood infection often makes an unwelcome reappearance as people age. Shingles (*herpes zoster*) results from a painful reactivation of the same varicella-zoster virus that causes chickenpox in kids.

Shingles erupt anywhere, usually on one side of the body, since the spread of virus is limited to skin supplied by a particular nerve. "Because the virus attacks nerves, shingles can cause lasting neurological deficits, muscle weakness, facial paralysis or corneal scarring in the eye," explains Stephen Conway, M.D., a Hartford Hospital neurologist. "The rash can go away, leaving permanent residual pain called post-herpetic neuralgia."

Although pain usually subsides after a month or so, post-herpetic neuralgia afflicts about 20 percent of the estimated one million Americans who develop shingles each year. Nerve pain is harder to treat than other kinds of pain. Surprisingly, anti-seizure medications work better than narcotics for nerve pain. "After shingles, some people are left with burning, stabbing, shooting, electric shock-like pain," says Richard Gannon, Pharm.D., director of the Pharmacy Pain Management Service.

New treatments approved by the Food and Drug Administration for post-herpetic neuralgia include the Lidoderm

patch containing the local anesthetic lidocaine, which blocks signals from damaged nerve endings without being significantly absorbed into the bloodstream. FDA-approved oral medications include the anti-seizure medications Neurontin and Lyrica and the antidepressant Cymbalta. In clinical trials, a new vaccine markedly reduced the incidence of post-herpetic neuralgia in older adults.

See your primary care physician promptly if you experience numbness, tingling, itching and pain, which often precede the telltale blistering rash. Antiviral medications can shorten the duration of a shingles outbreak and minimize later pain if given early.

HEALTH TIPS

Easy to Get, Easier to Regret



Today tattoos are in style, but what happens when the trend ends? People often get a tattoo on a whim. Now that one in seven Americans sports at least one tattoo, laser surgery for tattoo removal is booming.

Removal takes repeated laser treatments at substantial cost. Laser surgery must be performed slowly over the course of a year to destroy pigment-containing cells without damaging underlying skin. Multicolor tattoos are particularly hard to remove, and people of color often have trouble because of their skin's natural pigmentation. Black ink is actually the easiest to remove with laser light.

Treated skin turns white, then black and blue, and may scab or swell after laser surgery. No makeup can be worn for a week to hide the ugly discoloration because the skin is so fragile. Over the course of a couple of months, the pigmented lesions slowly fade and the process is repeated. Rarely, bleeding, scarring or infection can occur.

Avoid any tattoo parlor where tattoo artists re-use needles, don't wear gloves or "double-dip" into a jar of ink used for more than one customer. Insist on sterile needles in unopened packages. Select a reputable and licensed tattoo parlor to minimize the risk of hepatitis or infection from unsanitary needles. The American Society for Dermatologic Surgery warns that attempting to give yourself a tattoo is extremely dangerous—infections can turn deadly.

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Hartford Hospital's Wellness Magazine

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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

Sharon A. Diamen, M.D.

Sharon A. Diamen, M.D., is associate director of Hartford Hospital's Department of Medicine, medical director of Ambulatory Services and co-director of the Palliative Medicine Consult Service.

A graduate of the University of Connecticut School of Medicine, Dr. Diamen joined Hartford Hospital in 1985 as assistant director of the Department of Medicine. Board-certified in internal medicine and pulmonary disease, she did her residency in internal medicine at Yale-New Haven Hospital, followed by specialty training in pulmonary disease at Yale University.

In July, she was named co-director of the Palliative Medicine Consult Service, a collaborative team of representatives from pastoral services, pharmacy pain management, psychiatry, nursing, social work and surgical critical care. When she's not spending long days visiting patients and talking with families in the hospital, she enjoys gardening, kayaking, birding, hiking and caring for a virtual menagerie of pets.



Pain and Palliation

Pain creates fear, and fear intensifies pain. Many people are more frightened of pain than they are of dying. The process of developing living wills and advance directives may help patients come to terms with death and potentially alleviate some of the depression, anger and anxiety by offering them some measure of control at the end of their lives.

Over time, the word "hospice" has become associated with the terminal care of cancer patients, while "palliative care" has broadened to include such chronic illnesses as stroke, AIDS,

heart disease and lung disease. More than half of the palliative care patients at Hartford Hospital have a diagnosis other than cancer. Today palliative care has come to mean "comfort measures" designed to manage symptoms, relieve pain and offer emotional and spiritual support through what are often, but not always, the patient's last days.

At Hartford Hospital, an interdisciplinary palliative care team works with physicians, care providers and families to assure quality of life for patients hospitalized with grave illnesses. The team comprises physicians, a psychiatrist, a nurse, a social worker, a chaplain and a pharmacist, as well as anesthesiologists and other specialists as needed. "Our goal is to relieve suffering," says Sharon Diamen, M.D., associate director of Medicine and a co-director of the Palliative Medicine Consult Service. "You can't treat pain in isolation. What is the total burden of suffering? Pain means different things to different people. *Suffering* includes physical, emotional, social or spiritual pain."

At some point in a terminal illness, heroic medical interventions lose their power to heal the body. Although palliative care doesn't rule out life-prolonging therapies, patients may choose to spend their final days with their families, secure in the knowledge that their caregivers are doing everything in their power to keep them comfortable. For dying patients, abandoning an endless round of tests and treatments may bring relief.

For patients in severe pain, medications can be prescribed to control pain and relieve symptoms. "Our approach to treating acute post-surgical or trauma pain differs from the way we treat chronic pain," says Richard Gannon, Pharm.D., a member of the palliative care service. "Severe pain doesn't necessarily require addictive narcotics, but patients with certain chronic diseases need pain medications just like a diabetic needs insulin."

Many cancer patients worry needlessly about becoming addicted to pain medications. "Addiction is obsession, craving, psychological dependency that's out of control," says Gannon. "For cancer patients receiving palliative care, methadone is a great analgesic that has fewer side effects and is far less expensive than oxycontin or other narcotics. While we can't always make patients completely pain-free, we can keep them comfortable."

Recently, the palliative care team was called to the bedside of a patient who told his nurse he wanted to die. "He was extremely anxious," recalls Dr. Diamen. "He was suffering from shortness of breath, along with severe back and chest pain. When I spoke with him, I realized that he didn't really want to *die*, he just wanted relief."

"We want patients to feel supported and not afraid," adds Colleen Mulkerin, MSW, LCSW, a co-director of the service. "We care for them simply by listening to what they say. We give control back to patients by helping them have realistic expectations about the course and outcome of their disease."

Minimally Invasive Alternative to Hysterectomy for Fibroids

Fibroid tumors of the uterus afflict about 40 percent of women over age 40 and account for a third of the 600,000 hysterectomies performed each year in the United States. More than a quarter of those of childbearing age—and as many as half of all African American women—suffer from these benign but often troublesome uterine growths. Especially after age 40, fibroids can cause heavy menstrual bleeding, back and pelvic pain, urinary frequency or pressure on the bladder.

“I tell patients that they shouldn’t undergo any procedure unless their fibroids are causing problems,” explains John Greene, M.D., assistant director of Hartford Hospital’s Department of Obstetrics and Gynecology. “During pregnancy, fibroids can triple in size, causing premature labor or other complications. Symptoms like heavy or irregular bleeding may worsen as a woman nears menopause.”

Now a new non-surgical approach called *uterine artery embolization* starves the fibroid of blood supply and shrivels the tumor away over time. “Fibroids are vascular tumors that need a rich blood supply,” explains Hartford Hospital’s head of interventional radiology, Domenic A. Zambuto, M.D. “Deprived of blood, the tumors shrink and die.”

Interventional radiologists use minimally invasive techniques and high-resolution imaging technologies to guide instruments through the vessels to the farthest reaches of the body. With the patient conscious under intravenous sedation, the interventional radiologist makes a small incision in the groin and threads a narrow tube, or catheter, up through the femoral artery into first one and then the other of the two uterine arteries. Tiny plastic particles are injected into each artery to plug the blood vessels leading to the fibroids. Once its blood supply is cut off, the tumor breaks down and is re-absorbed by the body.

The outpatient procedure offers a much shorter recovery time than surgical removal of the fibroids or hysterectomy (removal of the uterus). “Since patients have significant pain and cramping after the procedure, we administer a ‘cocktail’ of pain medications, antibiotics and analgesics,” explains Dr. Greene. “Instead of the typical six-week post-surgical recovery after a hysterectomy, women who undergo embolization are usually back at work in a week.”

Two-thirds of women with heavy bleeding report significant improvement after the procedure, although about 20 percent experience “post-embolization syndrome,” characterized by fever, pelvic pain, malaise and muscle aches. “The procedure can be repeated if fibroids recur,” adds Dr. Zambuto. “Many women with symptomatic fibroids suffer silently because they don’t know new treatment options exist.”



See Drs. Zambuto (left) and Greene, along with interventional radiologist Michael Hallisey, M.D., perform the procedure in a webcast archived on the hospital’s website, www.harthosp.org.

WHAT’S GOING AROUND...News & Breakthroughs

Fishy Facts

Eating fish weekly lowers the risk of dementia, probably due to brain-boosting fatty acids in omega-3 fish oils that have also been shown to cut stroke risk, according to a six-year study at Rush University Medical Center. The researchers confirmed the results of European studies that showed eating fish or seafood appears to protect the aging brain from dementia.

Breathing Lessons

The New England Journal of Medicine reports that breathlessness (dyspnea) is a more reliable predictor of death from heart problems than chest pain caused by coronary artery disease. Researchers at California’s Cedars-Sinai Medical Center found that people with dyspnea but no history of coronary disease were four times more likely than those without breathing problems to die from heart disease.

Race for the Cure

Specific mutations on the genes BRCA1 and BRCA2 have long been known to raise breast cancer risk among whites, especially Ashkenazi Jews. After finding different mutations on the same genes in African Americans with a strong family history of the disease, University of Chicago Medical Center researchers are calling for wider genetic testing among ethnic groups.

Scleroderma Hope

The cancer drug paclitaxel (Taxol) may slow skin thickening and small blood vessel destruction in scleroderma sufferers, says a Duke University Medical Center study that offers new insights into the debilitating disease. Scleroderma, a chronic, life-threatening degenerative disease, causes tissue damage, hardening of the skin, shrinking of muscles and damage to organs and blood vessels.

LAP-BAND® Is a Cinch for the Stomach

As obesity rates climb, alarming numbers of Americans are tipping the scales at 300 pounds or more. More than nine million people in the United States suffer from clinically severe or morbid obesity, a chronic disease defined as an excess weight of 100 pounds or more over ideal body weight.

With no shortage of diet and exercise plans, why do some people seem unable to lose weight? Obesity among adults has doubled since 1980, while the number of overweight adolescents has tripled. The National Institutes of Health found that medically supervised weight loss programs failed up to 98 percent of the time over a five-year period. Sedentary lifestyles, slapdash eating habits and heredity contribute to morbid obesity in susceptible individuals, but even a 20 percent gain over ideal body weight raises the risk of diabetes, hypertension, high cholesterol, joint problems, cancer and coronary artery disease.

Hartford Hospital is now offering an innovative, safe and effective surgical intervention for morbidly obese individuals who have repeatedly failed more conservative weight reduction alternatives such as supervised diet, exercise and behavior-modification programs. "The LAP-BAND system is less invasive than gastric bypass but still requires the same high level of patient commitment," says Darren Tishler, M.D., director of bariatric (weight loss) surgery at Hartford Hospital. "The adjustable LAP-BAND

requires no cutting of the stomach or intestine and does not alter the normal anatomy."

Using minimally invasive laparoscopic techniques, Dr. Tishler buckles an inflatable silicone band just below the junction between the esophagus and stomach. The adjustable band is connected by tubing to a reservoir under the skin. After the operation, Dr. Tishler periodically adjusts the band through a port under the skin. The small pouch created by the band limits the amount of food that can be eaten at any one time, which allows patients to feel full and satisfied after eating only a small meal. The band is designed to stay in place indefinitely, but can be surgically removed if necessary.

Although surgery for weight reduction can help

patients lose weight, it isn't a miracle cure. This new surgical option is simply another tool in the surgical weight loss program's multidisciplinary menu of nutrition classes, exercise and support groups.

"Worldwide, the LAP-BAND is the most commonly performed obesity surgery with more than 200,000 patients treated to date," adds Dr. Tishler. "Nutritional and surgical risks are significantly lower than with gastric bypass and mortality is 10 times lower." As with any medical treatment, patients should carefully weigh the risks and benefits of the procedure. For weight loss to be lasting, patients must make a commitment to permanent lifelong changes in habits of eating and exercise.



Dr. Darren Tishler holds a LAP-BAND for minimally invasive weight loss surgery.

Burden of Care

Caregivers for a family member with cancer often neglect their own mental health. The *Journal of Clinical Oncology* reports that 26 percent of caregivers met the diagnostic criteria for panic disorder, major depressive disorder, post-traumatic stress disorder or generalized anxiety disorder. Fewer than half had sought professional help for their mental health after a loved one's diagnosis.

Wake A Walker?

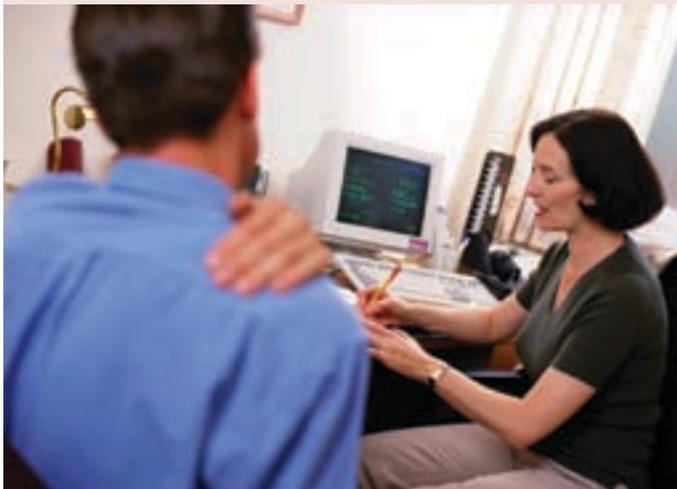
Should you rouse a sleepwalker? Myths abound about causing a heart attack by suddenly waking someone who's wandering in a daze. Experts at the Sleep Disorders Center at New York University recommend guiding the sleepwalker back to bed by the arm or elbow. Sleepwalking, which often runs in families, may be linked to sleep apnea or restless legs syndrome.

Stemming the Damage

Paralyzed mice began walking again after injections of human stem cells repaired damage caused by spinal cord injury. Surprisingly, the stem cells not only formed new nerve cells, but also myelin, the biological insulation that shields nerve fibers. The stem cells seem to form connections that help bridge the injured spinal cord, say researchers at the University of California, Irvine.

Bird Flu Test Takes Off

A new test pinpoints influenza strains, including the H5N1 avian flu, in hours rather than days, say researchers at the University of Colorado who hope to develop the diagnostic "chip" into an on-the-spot test for flu. Strain analysis now takes about three to four days, too long if a highly virulent human-adapted form of bird flu becomes a pandemic.



Nearly four out of five people in the United States suffer from back pain at some time in their lives. Sciatica sends shooting pains down the nerves radiating from the lower back into the legs. Arthritis or other chronic joint pain afflicts nearly 70 million Americans, while low back pain is often caused by exertion and muscle strain. Low back pain is the leading cause of job-related disability in individuals under age 50.

“Strengthening the abdominal and back muscles helps prevent low back pain,” says Gerald J. Becker, M.D., an orthopedic and spinal

surgeon. “To minimize stress on your spine, make a concerted effort to sit up straight, pull in your belly muscles and use the arms to get up from a chair. *Pilates* exercise or physical therapy can strengthen torso muscles.”

As people age, disks degenerate and supporting muscles shrink, thanks to a combination of a sedentary lifestyle, lack of exercise, cigarette smoking and obesity. Before surgery, patients should lose weight and quit smoking for a couple of months. “Smokers don’t heal bone properly,” says Dr. Becker. “And minimally invasive techniques don’t work as well in heavy people.”

Back pain may come from damage to an intervertebral disk, a fluid-filled shock-absorbing ring of cartilage between each of the backbones that serves as a cushion for the spinal column. When the ring of cartilage tears and fluid leaks out, the extremely painful “herniated” disk presses on the nerves around the backbone and may require surgery.

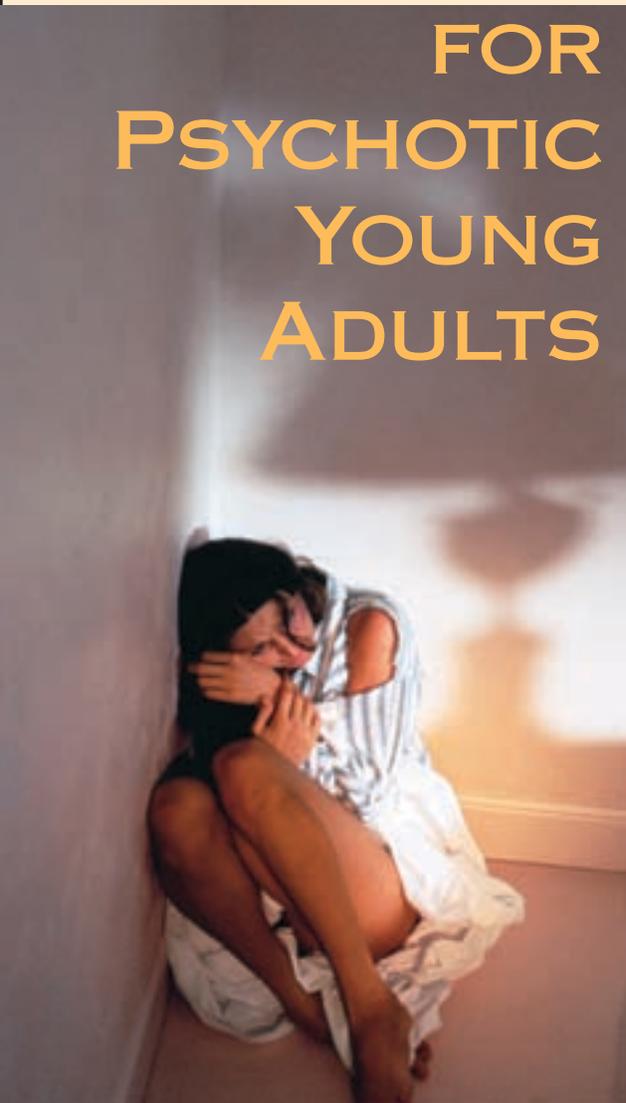
Last year, sufferers underwent approximately 150,000 operations to “fuse” their unstable spines in the hope of relieving pain. In a lower-lumbar spinal fusion, surgeons remove one or more degenerated disks and mechanically brace the spine with metal rods and bone grafts.

Dr. Becker warns people with severe or chronic back pain to avoid taking narcotic painkillers like codeine, Oxycontin, Percocet and morphine if they think they may need an operation. “How will patients cope with pain after surgery?” asks Dr. Becker. “The ideal patient is someone who has never taken a narcotic before.”

Common causes of back pain

	SYMPTOMS	CAUSES	TREATMENTS
SCIATICA	Shooting pain in the sciatic nerve that runs from the back down into the leg or feet, usually on one side; burning or tingling pain radiating from the lower back through the back of the thigh to the front of the shin.	Pressure on the sciatic nerve, herniated disk (also called <i>ruptured disk</i> , <i>pinched nerve</i> , <i>slipped disk</i>)	Exercise, stretching, physical therapy, NSAIDs (aspirin, naproxen and ibuprofen), tricyclic antidepressants, anticonvulsant drugs, epidural steroid injections, surgery
ARTHRITIS (Spondylosis)	Osteoarthritis; joints affected by degenerative changes; localized pain in facet joints of the spine; stiffness	Injury, occupation, excess weight and genetics; worn cartilage; bony spurs	Physical therapy; quit smoking; lose weight; NSAIDs (aspirin, naproxen and ibuprofen), topical analgesics, spinal fusion
STRAINS AND SPRAINS Low Back (LUMBAR)	Pain, muscle spasm, related to activity and restricted to the low back and upper buttocks	Low back muscle injury; faulty lifting; poor physical condition; strain (muscle fibers stretched or torn); sprain (ligaments torn)	Physical therapy, back strengthening exercises; epidural steroid injections; R-I-C-E (rest, ice, compression and elevation)

PILOT PROJECT FOR PSYCHOTIC YOUNG ADULTS



Psychosis seems to strike in young adulthood, bringing delusions, hallucinations and disordered thinking at a time of life when people often feel vulnerable and confused. The first plunge into a psychotic episode sometimes signals the beginning of a long descent into a lifetime of mental illness.

Psychosis afflicts an estimated three in every 100 young adults. With treatment, some recover from a psychotic episode, while others begin a relentless journey toward chronic disability. Now a pilot project is underway at the Institute of Living (IOL) to study how well people of college age with psychotic symptoms respond to early intervention and treatment with anti-psychotic medications, group and individual therapy, and family support.

The IOL team aims to identify those age 18 to 25 who are showing the first symptoms of a clinical diagnosis like schizophrenia, bipolar disorder, or psychotic depression. Alcohol or drug use may also be a factor. "Our goal is to treat psychosis in young adults as early as possible in an intensive six-month program," explains Steven H. Madonick, M.D., the IOL psychiatrist who is leading the pilot project along with Director of the Family Resource Center Lawrence Haber, Ph.D., and David Vaughan, LCSW. "In terms of recovery and remission, age 18 works better than age 35. In the past, by age 21 people would often be in the public system and on the way to full-blown psychotic illness."

Although the pilot project has so far enrolled only a few patients, Dr. Madonick believes someday early treatment will be an established part of clinical practice. "We're looking for people not yet caught in the downward spiral of an illness," says Dr. Madonick. "Young adults often still have family support and the resources that accompany it. Most haven't been hospitalized more than once or twice. At the beginning of an illness, they tend to respond to lower doses of medications and have less collateral damage to their psychosocial development."

One of the first patients was a college student who became so disturbed that he walked out onto the ledge of a high-rise building. "His paranoia was so extreme when he was first hospitalized that he thought the nurses were trying to poison him," recalls Dr. Madonick. "Now he's being treated with antipsychotic medication, back in college and doing well."

Dr. Madonick also stresses the value of family education. "Parents often suffer from denial," he explains. "Unlike a tumor, mental illness is intangible. No one wants to see that a child is falling apart. Parents get angry because their son wrecked the car, his room is uninhabitable or he hasn't bathed in days. Expression of great anger or other intense emotion puts incredible pressure on someone whose thoughts are already disorganized."

Family education sessions, along with individual and group therapy, keep desperate parents from becoming controlling or overprotective. "Research shows that the parents' expressed emotions, often the result of fear or anger, can be as important to their children's recovery as medication compliance," he says. "Even the most functional family is challenged."

"By the time I became psychotic my life had deteriorated and I was delusional," recalls Sarah (not her real name), who became psychotic at 19 and is now doing well on relatively low-dose medications. "My parents didn't realize the extent of my problems and how our family dynamics—specifically my father's drinking—were affecting me negatively. There were plenty of red flags that might have prompted a quicker intervention. I urge parents to be willing to address family problems. Don't lose heart if your child becomes psychotic. If my parents had realized sooner that the whole family needed help, things might have been different."

For more information about participating in the pilot project, call 860-545-7665.



Festive Eggplant Dip

- 5 garlic cloves (unpeeled)
- 3 lbs. eggplant (2 to 3 medium)
- 2 tbs. olive oil
- 1 medium onion, cut in half lengthwise
(Slice one half into ¼-inch-thick pieces; finely chop the other half)
- ½ cup nonfat yogurt
- ¾ tsp. fresh lemon juice
- 1 tsp. coarse salt
- freshly ground pepper
- 2 tsp. chopped fresh cilantro (or dried cilantro to taste)

Preheat oven to 450°. Wrap garlic loosely in foil. Put garlic cloves and eggplants on a baking sheet with a rim. Roast until eggplants and garlic are

soft and eggplant skins begin to blister and blacken, about 45 minutes. Remove garlic from oven; set aside.

Raise oven temperature and broil eggplants until skins are charred (about 3 minutes). Transfer to wire racks; cool completely.

Heat oil in a small nonstick skillet over medium-low heat until hot but not smoking. Add sliced onion. Cook, stirring occasionally, until soft and golden (about 8 minutes). Set aside.

In a large bowl, whisk together chopped onion, yogurt and lemon juice. Squeeze roasted-garlic pulp into yogurt mixture; stir well.

Cut eggplants in half lengthwise. Scrape flesh into a large, fine sieve placed over a large bowl; drain 15 minutes. Discard liquid. Stir eggplant and salt into yogurt mixture; add pepper. Top with reserved cooked onion.

Serving Suggestion

For pita pocket chips, cut whole-wheat pita pockets into triangles. Spray cookie sheet with olive oil; bake at 350° for 10 minutes or until lightly toasted. Serve with cherry tomatoes, broccoli and carrot sticks.

(serving size: 3 pitas and 3 tbs. dip)

Calories: 44; Protein: 1 g; Carbohydrate: 4 g; Fiber: .65 g; Total Fat: 2.9 g (73% monounsaturated); Sodium: 227 mg

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

A cup of plain lowfat or nonfat yogurt has 60 percent more protein, one and a half times the calcium and as much magnesium, riboflavin and vitamins B6 and B12 as a cup of lowfat milk. Beyond its bone-building benefits, the “active cultures” in yogurt help digest the naturally occurring milk sugar that causes bloating and diarrhea in lactose-intolerant individuals. The only snag—unlike milk, yogurt is only rarely fortified with vitamin D, necessary for calcium absorption in the body.