COMPLIMENTARY ISSUE

Something More *for you*

THE OSTEOPATHIC PATIENT

VOL. 7, ISSUE 1, 2005

'Brain Attacks'– What women need to know

The Connection between Spirituality and Health

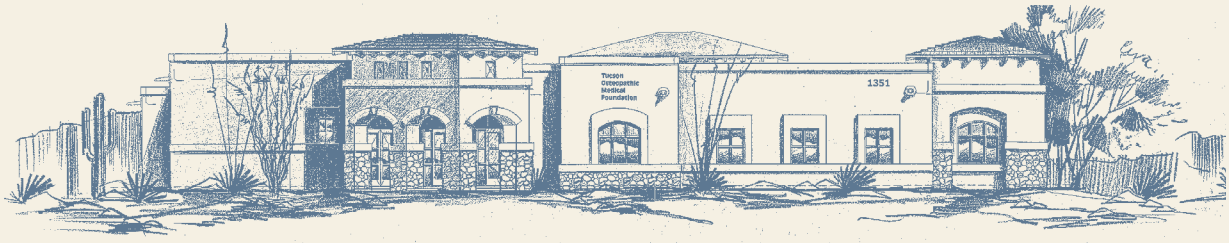
The devastating costs of Eating Disorders

Understanding what 'Doctor' really means: A Medical Credential Comparison Chart

Organ Donation The greatest gift

Budi Bahureksa, DO is a cardiologist at Arizona Heart and Vascular Institute in Oro Valley

Tucson Osteopathic Medical Foundation



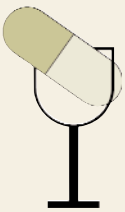
Lew Riggs, Ed.D.

Executive Director, Tucson Osteopathic Medical Foundation

The Tucson Osteopathic Medical Foundation's mission in serving the seven counties of southern Arizona is to advance osteopathic medical education, to improve the public's understanding of osteopathic medicine, and to elevate through education the health and well-being of the community. In so doing, the Foundation has established itself as an innovative contributor to the development of a wide range of community projects, which impact the lives of many.

HealthWise

with Dr. Lew Riggs
Sundays at noon on 790 KNST

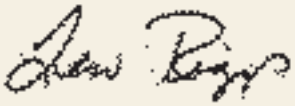


When it comes to you and your family's health, you make sure they get the best treatment even if it's just a common cold. Sometimes making decisions with regard to you and your family's health can be really confusing.

Sunday afternoons at noon on 790 KNST is dedicated to your health with HealthWise, brought to you by the Tucson Osteopathic Medical Foundation, a non-profit organization.

Local doctors join your host Executive Director of the Foundation, Lew Riggs, to discuss health topics, like the effects of osteoarthritis, valley fever, women's health issues and many more to help you and your family live healthier lives.

If you have any questions about any show you have heard or are interested in a new topic, call Lew Riggs at the Foundation, 299-4545.



Dr. Lew Riggs interviews Edmund Krasinski, Jr., DO for HealthWise, heard every Sunday at noon on 790 KNST.

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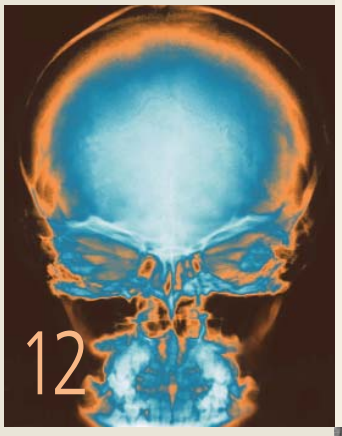

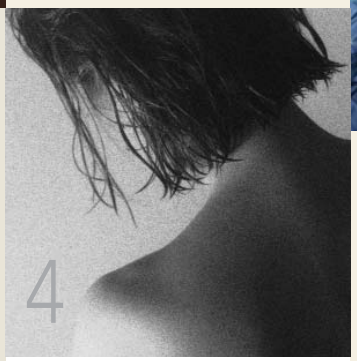

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TOMF operates programs in community health and professional and osteopathic medical education. Created in 1986 as an independent non-profit organization, it is the 25th largest private foundation in Arizona.

This publication presents general information and is not intended as medical advice. Medical advice should be obtained from your own personal physician.

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The Consequences

At 17, Janice Lehman passed out at summer camp. She'd lost 30 pounds since arriving there—and hadn't eaten at all for a week.

At 14, Yvonne Shouse weighed just 59 pounds, and she could see her internal organs through her skin. She hadn't eaten for a month.

of

Eating Disorders

by Janni Lee Simner

Both young women suffered from varying degrees of anorexia nervosa, though neither realized it at the time. Shouse recalls that when people told her she needed to eat, "I thought it was a plot to make me fat. I thought everyone else was jealous, because I was thinner than them."

The American Psychiatric Association (APA) describes anorexia as refusal to maintain a normal body weight, combined with inaccurate perceptions of one's actual appearance. According to the National Institutes of Health, the disorder affects approximately three percent of women in the U.S., mostly in their teens and twenties, but it can also affect men and older women.

A second eating disorder, bulimia nervosa, affects approximately one to four percent of women, as well as some men. Bulimia involves episodes of uncontrolled binge eating, combined with attempts to compensate for the bingeing afterwards. While this can mean throwing up after meals, it doesn't have to; some bulimics abuse laxatives or diuretics, or take exercise to extremes.

A third APA category, Eating Disorder, Not Otherwise Specified, covers those who have some symptoms of anorexia or bulimia, but don't meet all the diagnostic criteria. (See pages 8-9 for more details on all three disorders.)

By any criteria, the consequences of eating disorders can be severe. Anorexia can slow heart rate, lower blood pressure, cause brain damage, turn hair and nails brittle, swell joints, and cause loss of bone and muscle mass. Bulimia can also damage the heart, as well as causing peptic ulcers, pancreatitis, and damage to teeth, stomach lining, and esophagus. Shouse says anorexia affected non-physical aspects of her life as well: it kept her from finishing college, and made caring for her young children more difficult.

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According to the National Institutes of Health, eating disorders can be fatal, most often as the result of cardiac arrest, chemical imbalances, or suicide.

The complexities of treatment

"Eating disorders aren't really about food," explains Arlene Kellman, DO. "They're about food as a way of dealing with other problems." Kellman specializes in addiction medicine at Cottonwood de Tucson, an inpatient treatment facility for chemical dependency and behavioral health issues, including food issues. She says that anxiety disorders, trauma, and abuse are among the issues that can get tied up with eating disorders.

For both Shouse and Lehman (whose names have been changed for this story), anorexia was a way of maintaining control under stress. "It's something that's familiar, that you know you can do well, even if you feel you're failing at everything else," Shouse explains.

"There's no one magic pill to cure [an eating disorder]," Kellman says. The first step is always to ensure that the patient is medically stable, in an inpatient setting if necessary. After that, treatment becomes more varied, with different approaches for different patients.

At Cottonwood de Tucson, eating disorder patients undergo a nutritional consult, join a food issues group, and undergo general therapy. Bulimia patients might also sign a "no binge, no purge contract" and check in at the nurse's station every day, or be kept out of the bathroom after meals. Sometimes medication will help treat accompanying problems, such as depression or anxiety.

"Find support," is what Lehman advises; even now, she often checks in with friends just to let them know how she's doing. "Don't be afraid to talk about it."

Shouse benefited from self-education, along with a healthy dose of self-talk and an honest look at what she had hoped to accomplish by losing weight. She also took up bicycle racing. "I found I couldn't starve myself and excel as a cyclist. I had to take care of myself, or my body wouldn't work. And I learned that losing a race doesn't define me as a person—and neither does failing to lose five pounds."

She adds, "I think too many women, even women who aren't considered anorexic, define themselves by the scale. You have to think, 'I'm going to get fit and healthy because I love my body,' not 'I'm going to get thin because I hate my body.'"

Attitudes and intervention

Kellman says that the attitudes of others can play a significant role—for good or ill. "Sometimes I'll ask, 'when did this problem start?' and a patient will say, 'well, my first boyfriend told me I looked fat,' or 'my father or mother always said I didn't look good enough.'"

Lehman remembers being given a hard time about her weight at home; when she came back from camp the summer she stopped eating, "I was the thinnest I'd ever been, yet

my father still said to me, 'Well, you have a long way to go.'"

Kellman advises that those concerned about food issues, either in themselves or others, consult a family doctor and arrange for assessment by a therapist. She recommends parents in particular pay attention to their children's eating habits. "If there's a big weight change, if you see other signs, if your child just doesn't look healthy—if you suspect anything, check it out."

According to the National Institutes of Health, early intervention makes a difference. But while some patients recover completely from eating disorders, for others it remains a lifelong struggle, even with treatment and support.

"I'll deal with this until the day I die," admits Shouse, who is now back in school and working towards her degree. "It alters your entire life path. But it's never too late to start over." ❖

The Details of Diagnosis

The American Psychiatric Association lists the following criteria for eating disorders in their Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV).

If you have concerns about food issues, either in yourself or in someone else, contact a medical professional whether or not you meet the following criteria.

Anorexia Nervosa

- Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected).
- Intense fear of gaining weight or becoming fat, even though underweight.
- Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.
- In postmenarcheal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles. (A woman is considered to have amenorrhea if her periods occur only following hormone, e.g., estrogen, administration.)

Specific type:

Restricting type: During the current episode of Anorexia Nervosa, the person has not regularly engaged in binge-eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

Binge-Eating/Purging Type: During the current episode of Anorexia Nervosa, the person has regularly engaged in binge-eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

Bulimia Nervosa

• Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

• eating in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.

• a sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).

• Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting, misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.

• The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months.

• Self-evaluation is unduly influenced by body shape and weight.

• The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

Specific type:

Purging Type: During the current episode of Bulimia Nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

Nonpurging Type: During the current episode of Bulimia Nervosa, the person has used other inappropriate compensatory behaviors, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

Eating Disorder Not Otherwise Specified

The Eating Disorder Not Otherwise Specified category is for disorders of eating that do not meet the criteria for any specific Eating Disorder. Examples include:

• For females, all of the criteria for Anorexia Nervosa are met except that the individual has regular menses.

• All of the criteria for Anorexia Nervosa are met except that, despite significant weight loss, the individual's current weight is in the normal range.

• All of the criteria for Bulimia Nervosa are met except that the binge eating and inappropriate compensatory mechanisms occur at a frequency of less than twice a week or for a duration of less than 3 months.

• The regular use of inappropriate compensatory behavior by an individual of normal body weight after eating small amounts of food (e.g., self-induced vomiting after the consumption of two cookies).

• Repeated chewing and spitting out, but not swallowing, large amounts of food.

• Binge-eating disorder: recurrent episodes of binge eating in the absence of the regular use of inappropriate compensatory behaviors characteristic of Bulimia Nervosa.

Health News Notes

Remembering Together

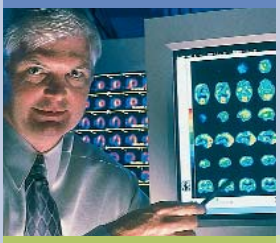
Perhaps two heads really are better than one. At the University of Waterloo, elderly subjects created shopping lists either alone or with their partners. They then tested their memories by leaving the lists behind and going shopping. The result? Couples consistently purchased four to five fewer non-list items than solitary shoppers. The lone shoppers did bring back one to two more listed items alongside the unlisted ones, though.

Complicated Coffee

Drinking too much coffee can be hard on the heart—but cutting down doesn't necessarily lower the risk, according to researchers at the University of Kuopio in Finland. They found that those who drank more than three and a half cups of coffee a day had the highest risk of heart attacks—but those who drank between one and a half and three and a half cups had a lower risk then those who drank either more or less than that. Going cold turkey may still be the best bet, though—the heart attack risk for non-coffee drinkers was twenty to forty percent lower than for any of the coffee-drinking groups.

Medical Credential

If you are open to alternative health care, it's a buyer's market. Information about Chinese medicine, the benefits of yoga, and herbal remedies appear every day in the mainstream press. Never has there been such a variety of treatment methods and so much information about them. Still, it's confusing. Who does what and how are they trained? Whom should you consult about back pain? What is a naturopath? From homeopaths who use specially formulated medicines to stimulate the body's own healing force to chiropractors who focus on the use of spinal adjustments, consumers are finding satisfaction in non-traditional methods. Some practitioners specialize in treating certain types of conditions, others follow a philosophy which encompasses most health problems. Insurance may or may not pay for alternative treatment. Know what you can expect—especially if you'll be paying for it yourself. If you have access to the Web, more complete information can be found at the following sites:

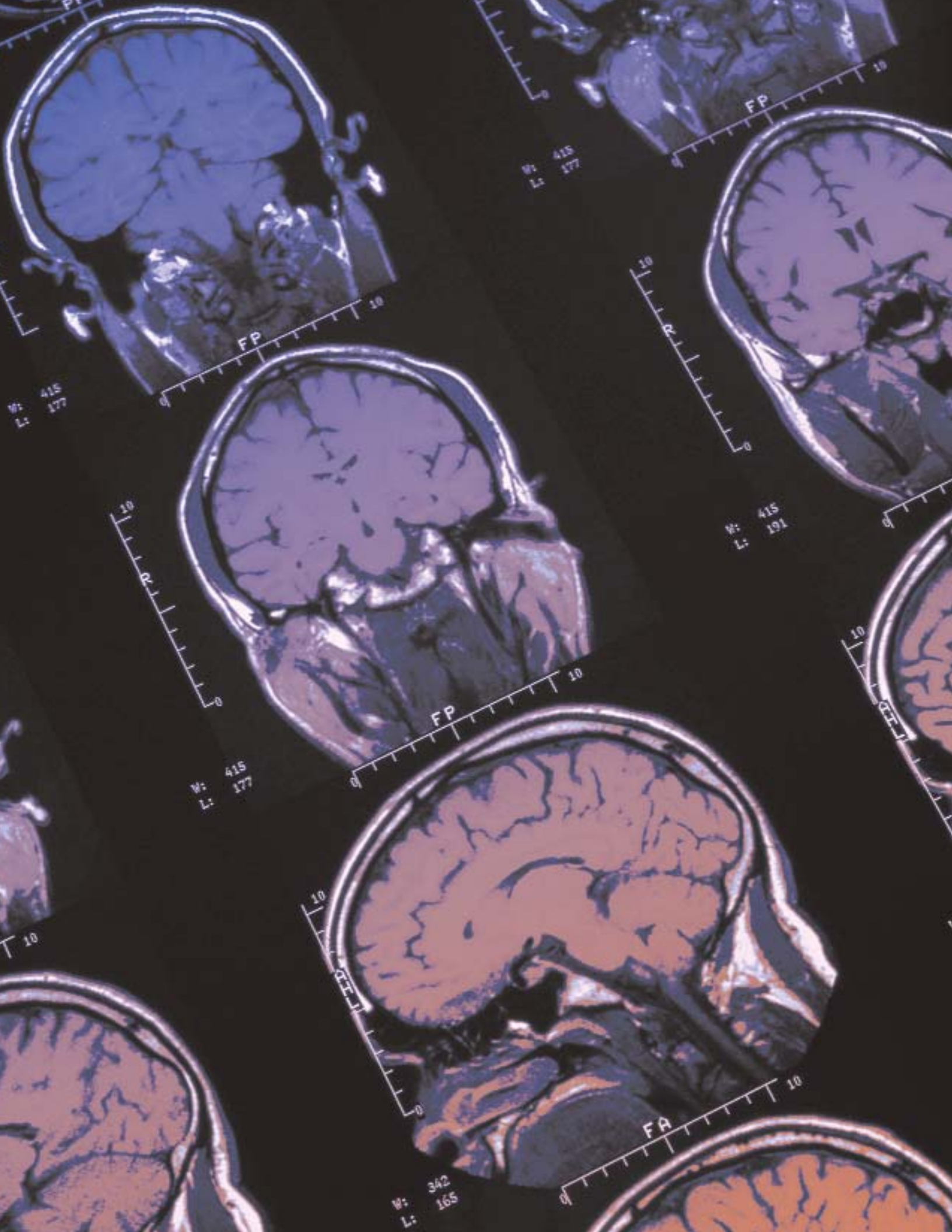
		Philosophy	Educational requirements
DO*		Scientific-based holistic treatment with additional training in the musculoskeletal system	4-yr. College degree 4-yr. Medical school 1-yr. Internship 2-7 yrs. Residency for specialists
M.D.*		Scientific-based treatment focusing on disease	4-yr. College degree 4-yr. Medical school 1-yr. Internship 2-7 yrs. Residency for specialists
Homeopath		Believes a substance can cure the same problems it causes; uses dilute forms of medicines to stimulate the body to heal itself	Must be licensed healthcare provider; training depends on specific profession
Naturopath		Treats patients without prescription drugs or major surgery through a variety of alternative therapies	4-yr. Naturopathic college, 1-yr. Internship in natural medicine; some practitioners may only have 3 mths. Training by correspondence course
Chiropractor		Treats patients without prescription drugs or major surgery through a variety of alternative therapies	Associate degree plus 4-yr. Chiropractic college; additional training for physiotherapy and acupuncture

* Only DO's and MDs are full service physicians licensed to prescribe medicine and perform surgery.

alternative medicine:	http://nccam.nih.gov
chiropractic:	http://www.amerchiro.org/
homeopathy:	http://www.homeopathic.org
naturopathy:	http://www.naturalhealers.com/qa/naturopathy.html
osteopathic:	http://www.osteopathic.org or http://www.docenter.org

Comparison Chart

Accreditation	Treatment methods	Specialties	Continuing medical education
Must pass national board examination to obtain a license	Standard medical therapies plus osteopathic manipulation	49 accredited specialties and subspecialties, including osteopathic manipulation	Arizona requires 20 CME credits per year
Must pass national board examination to obtain a license	Standard medical therapies for acute and chronic diseases	90 accredited specialties and subspecialties	Arizona requires 20 CME credits per year
Certification depends on type of provider (DO, MD, ND, other); licensed in AZ, CT, NV	Treats a wide range of maladies through specially formulated homeopathic medicines	Homeopaths do not focus on the disease process, rather they treat individuals to restore vitality and mind/body health	N/A
Licensed in 11 states (including Arizona) through state licensing board examination	Methods include nutrition, herbal medicines, homeopathy, exercise, biofeedback, counseling, acupuncture, hydrotherapy	Clinical nutrition, natural childbirth, homeopathy, botanical medicine, oriental medicine, counseling and stress management, manipulative therapies, minor surgery	Required to renew license in states that require board exam
Must pass a national board examination to obtain a license	Adjusts spine and extremities; can order x-rays, lab work and diagnostic imaging; cannot prescribe drugs or perform surgery	Most treatment involves back and spine, can also do physiotherapy, acupuncture, massage therapy, nutritional counseling, or homeopathic remedies	N/A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'Brain attacks'

...what women need to know about stroke

by Karen Wood

Norma Hegwood knew immediately what was happening to her. Sitting at the dining room table, she was suddenly hit with a severe dizzy spell. "I had never felt anything like it," she remembers. At 78, Hegwood lived alone. Although she could not walk or even crawl to the phone about 12 feet away—for once, she did not have her cell phone within arm's reach—she could still think clearly. Hegwood fell to the floor as gently as she could and used an area rug to roll to the phone. She dialed 911 and managed to get out one word—'stroke.'

Every year, some 500,000 Americans have a stroke and an unlucky 200,000 more have their second or third or fifth attack. Strokes, like heart attacks, signal a diseased cardiovascular system, the most common cause of death in America. And although women are at a lower risk for strokes, especially before menopause, they have a poorer prognosis and are more likely to die of their injuries.

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Strokes come with a double or triple whammy. They may cripple their victims initially, and often recur, finally dealing a fatal blow after years of paralysis or infirmity. Not surprisingly, strokes are the major cause of disability in the U.S. A recent study showed that more than 1 million American adults had difficulty functioning after a stroke. And the financial price tag of strokes—both indirect and direct—is substantial. In 2004, it was estimated at $53.6 billion.

What is a stroke?

Whether it is caused by a hemorrhage or a blood clot, a stroke results when blood flow is blocked to an area of the brain. Where the blockage occurs determines what type of damage results—loss of speech, paralysis, vision problems, confusion, or difficulty walking. Recovery, says cardiologist Budi Bahureksa, DO, of the Arizona Heart & Vascular Institute, depends on the degree of injury and how large an area of the brain is affected. "The bigger the area, the less chance of a full recovery," he says. In addition, patients who recover faster are more likely to recover completely.

Although strokes are associated with high blood pressure and other symptoms of cardiovascular disease, they can occur to anyone at any time. "It's just like a heart

Health News Notes

Vaccinating Against Cancer

A vaccine against cervical cancer? Not quite—but a vaccine against the virus responsible for half of all cervical cancers has proved effective in a four-year preliminary study, according to a report at the Interscience Conference on Antimicrobial Agents and Chemotherapy.

Early Birth Ups Diabetes Risk

Premature babies are more likely to develop insulin resistance than their full-term counterparts, according to a study in the New England Journal of Medicine. Decreased sensitivity to insulin is a risk factor for type 2 diabetes.

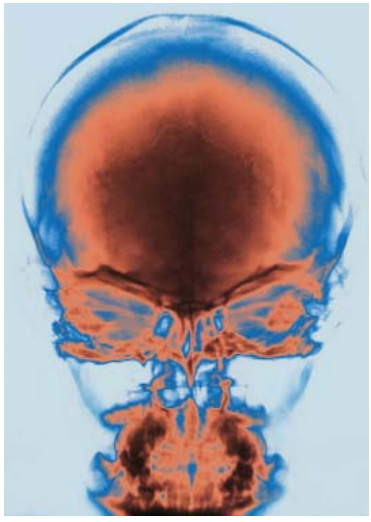
Sleep Apnea Linked to Insulin Resistance

Adults with sleep apnea are also more likely to develop insulin resistance, even after age and weight are accounted for, according to the American Journal of Epidemiology.

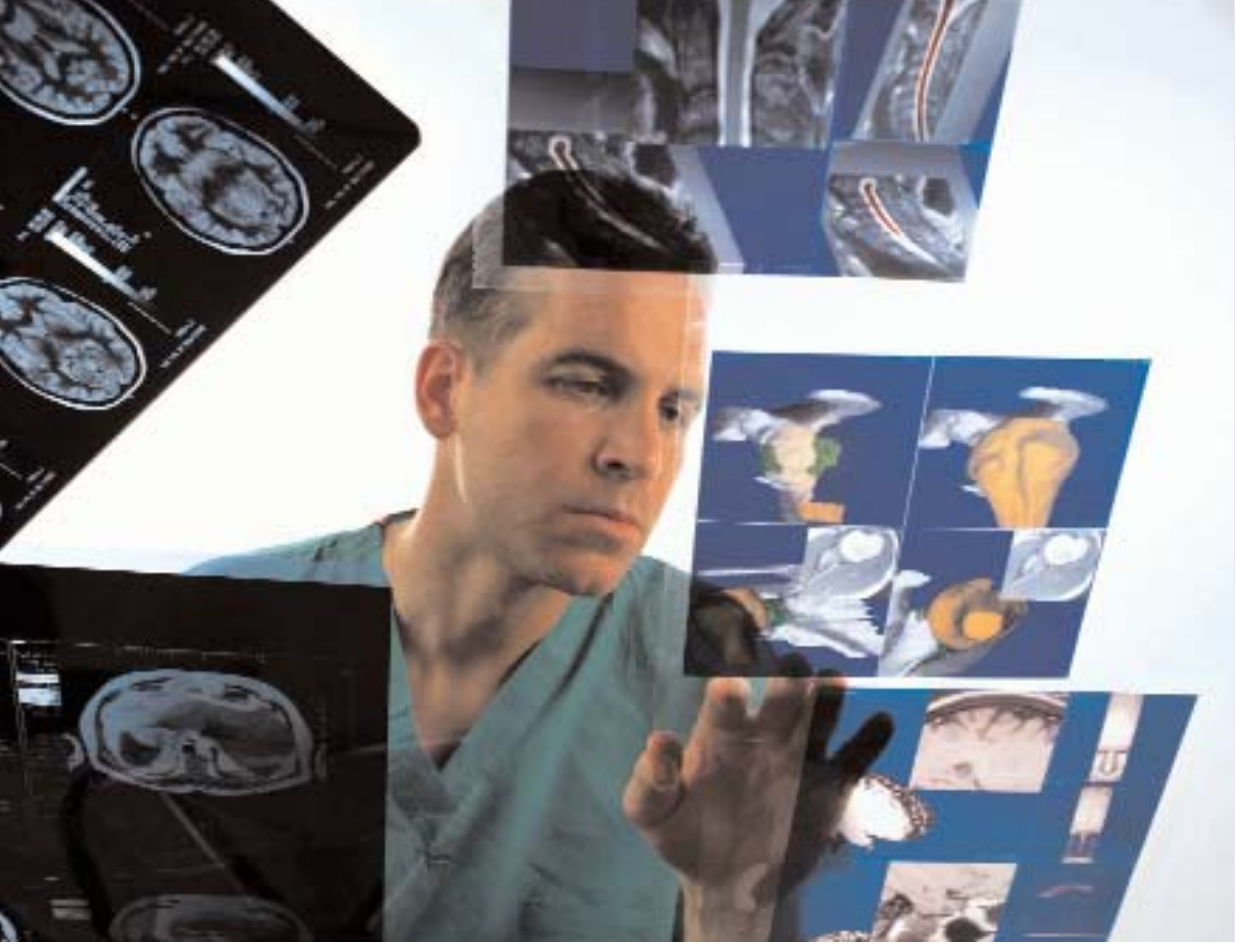
Strokes, heart attacks and damaged peripheral arteries (arms and legs) are actually one disease, with different manifestations

attack," says Bahureksa. "It can happen to anybody. The only thing we can do is look into the risk factors and lower them as much as we can."

Risk factors for stroke are basically the same as those for heart attacks, he says: family history of premature coronary heart disease (age 50 or less); smoking; diabetes; high blood pressure; obesity; a constant inflammatory state like cancer, lupus, or rheumatoid arthritis; and kidney disease. Other factors include narrowing of carotid arteries and arteries carrying blood to the arms and legs; heart rhythm disorders; blood clotting disorders, and other types of heart problems such as an enlarged heart, heart valve disease, and congenital heart defects. High cholesterol, sickle cell disease, and a high red blood cell count are other conditions that can lead to a stroke. In younger women, taking birth control pills, smoking, and having migraines are combinations that can cause a stroke.



Another risk factor is the recently recalled painkiller Vioxx, one of a class of drugs called Cox-2 inhibitors. Vioxx was taken off the market this year when studies linked it to increased incidence of heart problems. The jury is still out, however, on whether all of the Cox-2 inhibitors (including Celebrex and Bextra) are equally dangerous. A recent study published in the Annals of Internal Medicine found that Vioxx was three times as likely as Celebrex to be associated with a nonfatal heart attack. Also not clear is whether Vioxx and others in its class cause blood clots or simply fail to prevent them.



Most at risk for strokes are African American men followed by African American women, white men and white women. African Americans are more likely to have high blood pressure, diabetes, sickle cell disease, and obesity.

What you can do to prevent a stroke

Strokes, heart attacks and damaged peripheral arteries (arms and legs) are actually one disease, with different manifestations, says Bahureksa. Although women are at a lower risk for stroke than men, they are also not taken as seriously when they show up at the doctor's office or emergency room. Physicians are beginning to realize that women tend to have different symptoms than their husbands. Instead of the more typical crushing chest pain, for example, women are more likely to be short of breath and have nausea and dizziness and just feel 'not right.'

"The physician has to be more astute, to pay more attention to these types of symptoms," says Bahureksa. "I'm very happy that more attention is given to women now in terms of cardiovascular disease because we now realize that the number one killer of women is not cancer—it's heart disease."

"The only thing we can do is look into the risk factors and lower them as much as we can."

Although women seem to be protected from heart disease before menopause, they catch up with men by age 65. Hormones may well be the guardian angels for pre-menopausal women, but Bahureksa doesn't recommend hormone replacement therapy as protection. "To this day, HRT is only useful in protecting against osteoporosis," he says. "As far as cardiovascular disease, it does not show any protection whatsoever. If anything, it may worsen women's health."

What he does recommend is a baseline cardiovascular screening by age 50 or two years past menopause, which ever comes first. Women whose ovaries have been removed should be screened earlier. Initial screening should include fasting cholesterol and glucose blood tests; blood pressure and pulse; and a cardiovascular history and physical including risk factor assessment, electrocardiography, and exercise treadmill test.

In addition to controlling the risk factors you have—eating a healthier diet, stopping smoking, treating high blood pressure and cholesterol—there are two little-known tests

Physicians are beginning to realize that women tend to have different symptoms than their husbands.

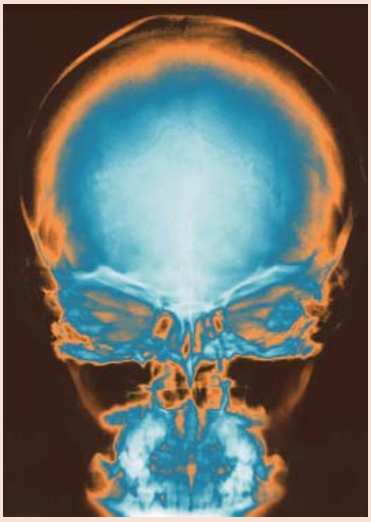
Instead of the more typical crushing chest pain, for example, women are more likely to be short of breath and have nausea and dizziness and just feel 'not right.'

that may help determine if you are at risk for a stroke. The carotid ultrasound and ankle brachial test are both safe and relatively inexpensive (a company called Life Line Screening offers both tests for $45 each). They show plaque-clogged arteries "non-invasively"—no need for needles or catheters. The carotid ultrasound looks for fatty plaque within the pencil-sized carotid artery, which runs up each side of the neck. When clogged, the carotid artery is a frequent cause of strokes. The ankle brachial test measures the blood pressure at the ankle and the brachial artery in the upper arm. The ratio of the pressures should be 1:1. If it isn't, there is most likely blockage somewhere between the two points. "This test should be standard, in my opinion," says Bahureksa. Abnormal results in both tests signal higher stroke risks down the road.

Sometimes a stroke will give an early warning signal. These wake-up calls are called TIAs—transient ischemic attacks—short-lived blockages that causes temporary dizziness, loss of coordination, numbness, or tingling. Norma Hegwood had two of them before her stroke. On one occasion, her arm jerked for several minutes and she felt dizzy and nauseous. She went to the doctor the next day, but nothing was done. Nonetheless, physicians recommend contacting your doctor immediately if you think you may be having a TIA. Hegwood agrees. "If you have any problems, follow up on them," she says. "Don't let it slip."

Dealing with what comes after

Helen Bogle is a very lucky woman; she knows that. A stroke victim at the age of 76,



DAVID SANDERS

she woke up one morning with a pounding headache and very high blood pressure. At the hospital, her CAT-scan was negative so she was sent home. Eating lunch in her breakfast nook after returning home, however, Bogle began to feel bad again. "Don't bother me now, I can't think straight," she told her husband irritably. Because she was so dizzy, her husband led her to bed and tucked her in and they went to sleep.

The next day Bogle felt fine, but decided to go to the doctor anyway. "I wanted to be checked out." This time, her tests were positive. However, to this day, she still doesn't remember the dizzy spell she had after lunch, which turned out to have been a small stroke. "Fortunately it was mild or I could have been dead in bed," says the feisty former bookkeeper.

Bogle has no lasting problems from the stroke and despite the warnings about Vioxx, she still takes its sister drug Celebrex for her arthritis. "I went off and died," she says, "and my heart specialist said I could go back on." A semi-professional singer with an Ethel Mermanish voice and a three-octave range, Bogle has had to cut back on her stage time. The rehearsals at the Sun City Vistoso productions she regularly stars in are just too much. But she still swims and she recommends exercise to keep strokes at bay. "Get off that couch," she says. "Keep active." Although her stroke was mild, she learned her tough-gal philosophy honestly: she has had several joint replacements. "The stroke threw me a curve because I had no anticipation," she says.

Norma Hegwood had warning signs but she was not able to avoid a severe stroke. Her blockage occurred at the brain stem and left her paralyzed on the right side for several days. Her speech was also affected. Her daughter Bonnie, visiting the hospital shortly after the stroke, found communication difficult but her mother's sense of humor intact. "I can't understand a word you're saying," Bonnie remembers telling her mother. "And she said, 'That's okay, neither can I.' What an inspiration to see that. She was such a trouper."

Hegwood argued for rehabilitation instead of a convalescent center and prevailed. After weeks of speech, physical and occupational therapy, she moved into an assisted living community in Tucson. Now, the biggest aftereffect of her stroke is that she feels "punch drunk" and uses a walker for balance. Still, she sews for a few customers. And despite battling

"It's just like a heart attack. It can happen to anybody. The only thing we can do is look into the risk factors and lower them as much as we can," says Budi Bahureksa, DO, a cardiologist.

arthritis, kidney and liver problems and on the schedule for yet another joint replacement, Hegwood remains upbeat. "I feel so lucky that I had the help to see me through it," she says. "Basically, I feel healthy."

However, many stroke victims deal with lingering disability which robs them of basic functions and favorite pleasures—the ability to walk, eat a meal, read a book, hold a grandchild. How do you deal with that? "You don't let it rule you," says Bogle. "You have to learn to accept it and deal with it. You make accommodations and you do the best you can." ❖

Numbers to know

- number 3 cause of death—164,000 deaths per year
- number 1 cause of disability
- 12 percent of strokes are hemorrhagic
- one-third of stroke survivors are depressed
- 31-70 percent of strokes occur during sleep
- carotid artery blockage is the biggest cause of stroke

Suspect stroke, when you have

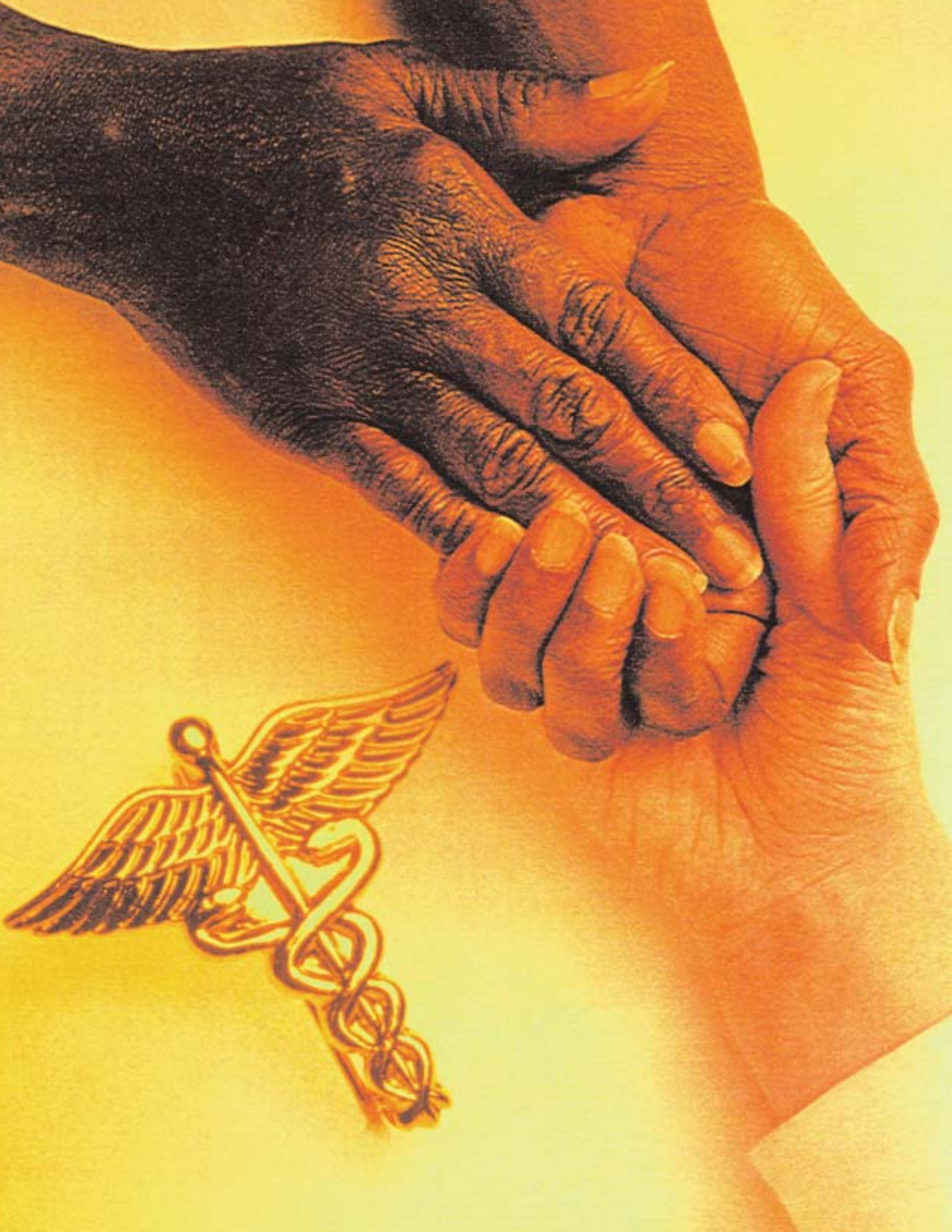
- a sudden, severe headache
- a sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- a sudden confusion, trouble speaking or understanding
- a sudden trouble seeing in one or both eyes
- a sudden trouble walking, dizziness, loss of balance or coordination

What puts you at risk

- family history of premature coronary artery disease
- high blood pressure (140/90 or higher)
- tobacco use
- diabetes
- autoimmune disease such as lupus, rheumatoid arthritis
- high cholesterol
- physical inactivity or obesity
- kidney disease
- cancer

Risk factors for women under 55

- estrogen use, including birth control pills or hormone replacement therapy
- migraines that begin with an aura (visual disturbance such as flashing dots or blind spots)
- blood-clotting disorders (may show up as a history of miscarriages)
- autoimmune disorders such as diabetes or lupus



Spirituality & health

by Mark Flint

"Why me?"

It's a question most people ask when confronting a serious health condition or terminal disease, a question that has no answer in the medical textbooks and literature. Doctors can point to causes—genes, lifestyle, trauma—but causes still dance around the edges of the question, not really telling us why this calamity has befallen us.

While it may not give definitive answers, faith, or spiritual belief, often helps patients accept what they cannot understand.

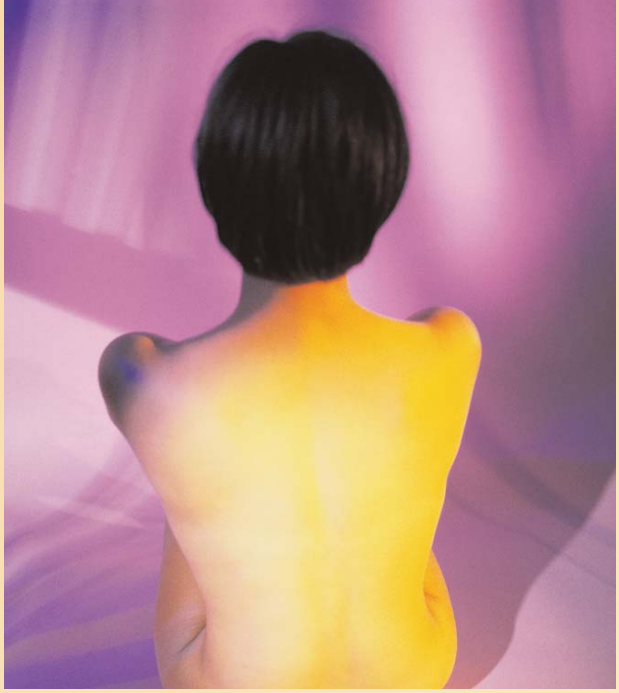
This comes as no surprise to most Americans. Surveys consistently reveal that a significant majority of us consider religion central to our lives, and many of us believe that our faith can help us recover from illness. Back in 1988 a USA Faith and Health Poll revealed that 65 percent of those questioned felt it was good for doctors to talk with them about their spiritual beliefs. A little more than a decade later, a study of University of Pennsylvania outpatients found that 66 percent agreed that a physician's inquiry about spiritual beliefs would strengthen their trust in their physician. And half of the patients for whom spirituality was not important believed that doctors should at least inquire about spiritual beliefs in cases of severe illness.

"Spirituality and religion offer people hope and help give meaning to people's suffering."

The role of spirituality in healthcare is gaining wider acceptance in the medical community—there is even a magazine dedicated to the topic, "Spirituality and Health."

The George Washington Institute for Spirituality and Health (GWish) describes itself as a university-based organization "working toward a more compassionate system of healthcare by restoring the heart and humanity of medicine through research, education, and policy work focused on bringing increased attention to the spiritual needs of patients, families, and the healthcare professionals."

GWish encourages healthcare professionals to include a spiritual history in their assessment of patients, asking about their spiritual beliefs, their importance and if they are a member of a church or spiritual



community. Finally, they ask the patients how they would like the healthcare provider to address spiritual issues in their healthcare.

Christina Puchalski, MD, founder of GWish, wrote an essay entitled "Touching the Spirit: The Essence of Healing," in which she noted that, "Spirituality and religion offer people hope and help give meaning to people's suffering."

Solace for the terminally ill

John Manfredonia, DO, a Tucson osteopathic physician, is certified in Hospice and Palliative Medicine and is the regional medical director for VistaCare Hospice, the third-largest hospice in the country.

In his practice, spiritual questions "come up frequently," he says, adding that spirituality is always included in the patient assessments.

"Within the hospice setting, we have an interdisciplinary approach", he notes. "We have chaplains to address their spiritual needs or the patient may utilize their own spiritual advisors. When the patient is suffering, the team attempts to elicit the contributory cause as to whether there is a physical, psycho-social, or spiritual component."

Making that determination may not be easy, he adds.

Generally, the alleviation of symptoms (pain, nausea, difficulty breathing, etc) are the first priorities, but they are not necessarily the ultimate goals. The goal is Quality of Life. To achieve this we must reduce or eliminate their individual suffering.

"As physicians we achieve this incrementally," he says. "First we control their

pain or associated symptoms. Then if suffering persists, we explore other causes of distress, such as depression, social isolation, abandonment, financial concerns, denial, fear and anger.

A need for caution

Physician involvement in a patient's religious beliefs can be "like walking a tightrope" Manfredonia cautions, because it can be tempting to insert one's own beliefs into the process.

"We really try not to be judgmental. The golden rule is that we do not allow our biases to interfere with our assessment, our treatments or the care of our patients.

Puchalski reports that 61 of the 125 medical schools in the United States have courses on spirituality and health, many of which are required. She argues that spirituality belongs in the realm of medical care because a human being is more than a collection of organs, and that we cannot ignore the spiritual side of human existence.

"Healing involves more than just technical fixes," she noted in her essay. "…A person's mind and spirit are often affected by and may contribute to the manifestation of physical symptoms."

Does this mean doctors are becoming ministers, and patients can expect a sermon with their exam? While some in the medical community express concerns that doctors should stick to healing bodies, those who agree with Puchalski say it's not about any specific belief, but rather about including the very real impacts of spirituality and belief on healing patients, physically and emotionally.

In a hospice situation, it's a little easier to see the value of faith. And the benefits, which Manfredonia says are pretty clear.

"There's no question about it," he says. "Those who don't have spiritual beliefs are going into the void. They may have a much harder course, especially if they have regrets, and haven't developed a sense of completion with worldly affairs and relationships. But a majority of people at the time of death take a much gentler path, as opposed to what we call terminal restlessness or terminal agitation."

Having religious beliefs doesn't guarantee an easy path to death, he adds, but it helps.

"A strong belief, even for a person who doesn't believe in an afterlife, is an additional support," he says. "Strong religious or spiritual beliefs, supportive caregivers, family—those are all supports to that individual to help them along this path. If they believe in an afterlife, believe they are going to transcend and move to a better place, they really can let go, and many are ready to let go.

Faith and healing

Manfredonia notes that hospice care is a different side of the healthcare equation, and that healthcare professionals working with patients who are seeking to overcome a disease or condition have different issues when it comes to spirituality.

"Why do people get better from placebos? Why can they be healed when a witch doctor shakes a rattle over them? It's because people believe."

For example, a fatalist ("It's all in God's hands") may not take the needed aggressive approach to therapies. At another extreme, a patient may hope for divine intercession—a miracle—instead of utilizing medical treatments.

A doctor's own beliefs and biases can get in the way, he notes. "Death is the inevitable conclusion of life, yet, it is not infrequently perceived as an inherent evil and we often oppose it with all our available skill and technology. This opposition may lead to prolonged and unbearable suffering. Though it is our responsibility as physicians to seek a cure, it is equally our duty to recognize futility and advise our patients accordingly.

"Many on that side of the equation still have their own personal biases," Manfredonia says. "Hopefully, those of us in hospice care have left that baggage behind."

Hope for a miracle is one aspect that requires physicians to walk something of a tightrope, he adds.

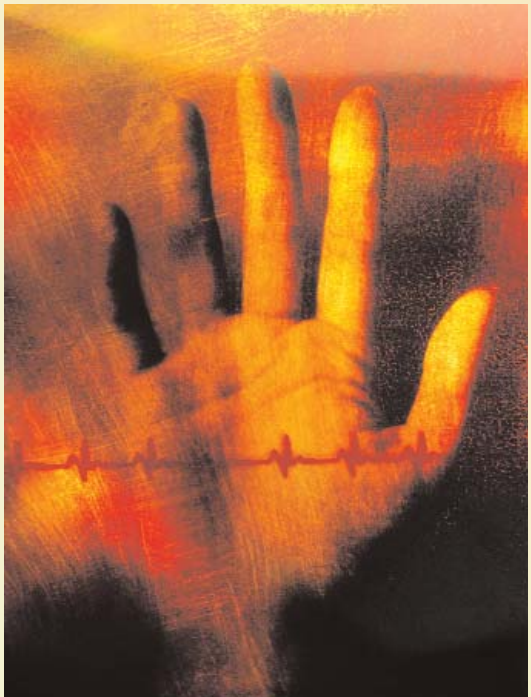
"Miracles do occur," he says. "Are they common? No. They're rare. We try to have individuals refocus on goals. If they focus on miracles, they put all their energy and strength into something that may not be realistic."

But it's important not to discount the power of faith, he emphasizes.

"Why do people get better from placebos?" he asks. "Why can they be healed when a witch doctor shakes a rattle over them? It's because people believe. We must never deprive them of that potential, but at the same time we don't want to ignore reality."

Belief, he says, can play a positive role in treating a patient, and there's research to back it up, he says.

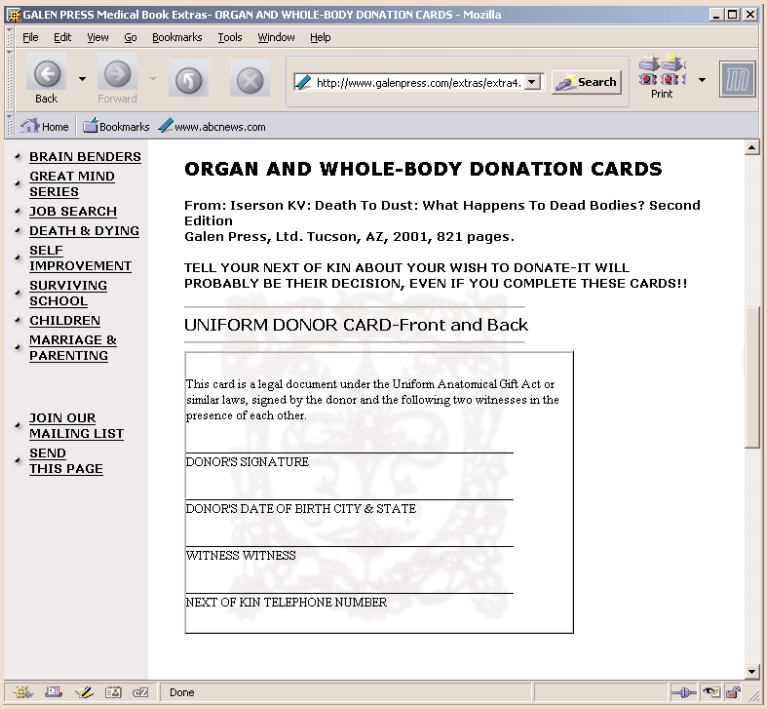
"Belief has a dramatic impact," Manfredonia continues. "It can allow the individual to accept the finality of life, develop an enhanced sense of meaning, surrender to a greater meaning to life and transcend this existence." ❖



Facts About Organ Donation

by Janni Lee Simner

On New Year's morning, Lori Holcomb received an unusual wake up call. "The call came at 10 minutes to six, asking how quickly I could be at the hospital," she recalls. By mid-afternoon Holcomb, who suffered from end-stage kidney disease, was undergoing a kidney transplant from an anonymous donor—one that literally saved her life.



"Organ, tissue, or whole body donations are the last, most generous gift we can give our fellow men," says Ken Iserson, MD, an emergency room physician and the author of Death to Dust: What Happens to Dead Bodies? "It's a tragedy to bury or cremate organs and tissues that can help others improve their lives."

According to Iserson, many of the concerns that prevent people from becoming organ and tissue donors are based on misinformation.

"Everyone gets the same quality of treatment, whether or not they are a donor," he says, addressing one of the most common misconceptions. Doctors don't generally even know whether their patients are potential donors. "Treating physicians are never part of organ retrieval or organ transplant teams," Iserson explains.

He says organ and tissue donation also has no effect on funeral plans. "People can donate all the organs and tissues that can be used and still have an open casket funeral, if that's their family's wish. Modern funeral directors are prepared to arrange a funeral where no one can tell any organs or tissues have been removed, including the eyes."

And Iserson says most religions encourage organ donation. "Some people say, 'my body must be intact to get to heaven.' However,

(Holcomb's name has been changed for this article.)

...MANY OF THE CONCERNS THAT PREVENT PEOPLE FROM BECOMING ORGAN AND TISSUE DONORS ARE BASED ON **MISINFORMATION.**

major church leaders have pointed out that saints and martyrs whose bodies were burned or separated into countless pieces as reliquaries are still expected to enter heaven. And those who donate their organs, tissues, and whole bodies come much closer to these venerated people than do those who have their bodies buried or cremated without donation."

Becoming a Donor

In Arizona, organ and tissue donation is coordinated by the Donor Network of Arizona (DNA), www.dnaz.org. There's no cost to the donor's family, and confidentiality is maintained unless the family and organ recipient both wish to make contact.

According to the DNA, organs that can be used by others after death include the heart, lungs, liver, kidneys, pancreas, and small intestine. Corneas can also be used, as can tissues such as skin, bones, muscles, veins, heart valves, tendons, and ligaments. Age or illness don't automatically preclude becoming a donor, although, ironically, being an organ recipient does, because of the immune-suppressing drugs organ recipients take.

"Donors come from all walks of life and all types of death," Iserson says. "Many families have a tradition of donating. And nearly anyone can donate organs and tissues for research, even if they're not eligible to donate for transplantation."

To become an organ donor, Arizonans should register with the Arizona Donor Registry (run by the DNA). Established in 2002, this registry is a legally binding—and easily accessible—way of making one's wishes known. Iserson also recommends getting an organ donor sticker for one's driver's license (though this is not legally binding), and filling out an organ donor card. (See sidebar for

Health News Notes

Getting Out, Getting Focused

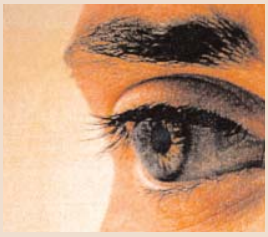
Children show fewer ADHD symptoms after playing in green, outdoor settings than after playing in more urban settings, according to a University of Illinois at Urbana-Champaign study.

Traffic Ups Heart Attack Risk

Traffic may strain more than your nerves. According to the New England Journal of Medicine, the risk of a heart attack triples during the hour after one has been in traffic, regardless of whether one drives, bicycles, motorcycles, or uses public transportation. The study didn't determine whether the increased risk resulted from stress, pollution, or other traffic-related factors, however.

Medical Maggots

A creepy crawly cure is making a comeback. In 2004 the FDA approved the prescription use of maggots for wounds and skin ulcers that fail to heal otherwise. The FDA also approved the use of leeches last year, for healing skin grafts and restoring circulation to blocked veins.



details on where to register and obtain cards.)

But most importantly, he says, potential organ donors need to talk to their families. "In the end, despite Arizona law, it is generally in the hands of next-of-kin whether your organs or tissues are donated, so let them know your desires."

Donation Logistics

The distribution of donated organs follows strict federal guidelines. The DNA works with the United Network for Organ Sharing (UNOS) to find the best match for each organ based on medical urgency, time already spent on the waiting list, tissue-typing and blood-test results, body size, and the geographic location of the recipient.

Donated organs are never sold in the United States, and doing so is illegal under federal law.

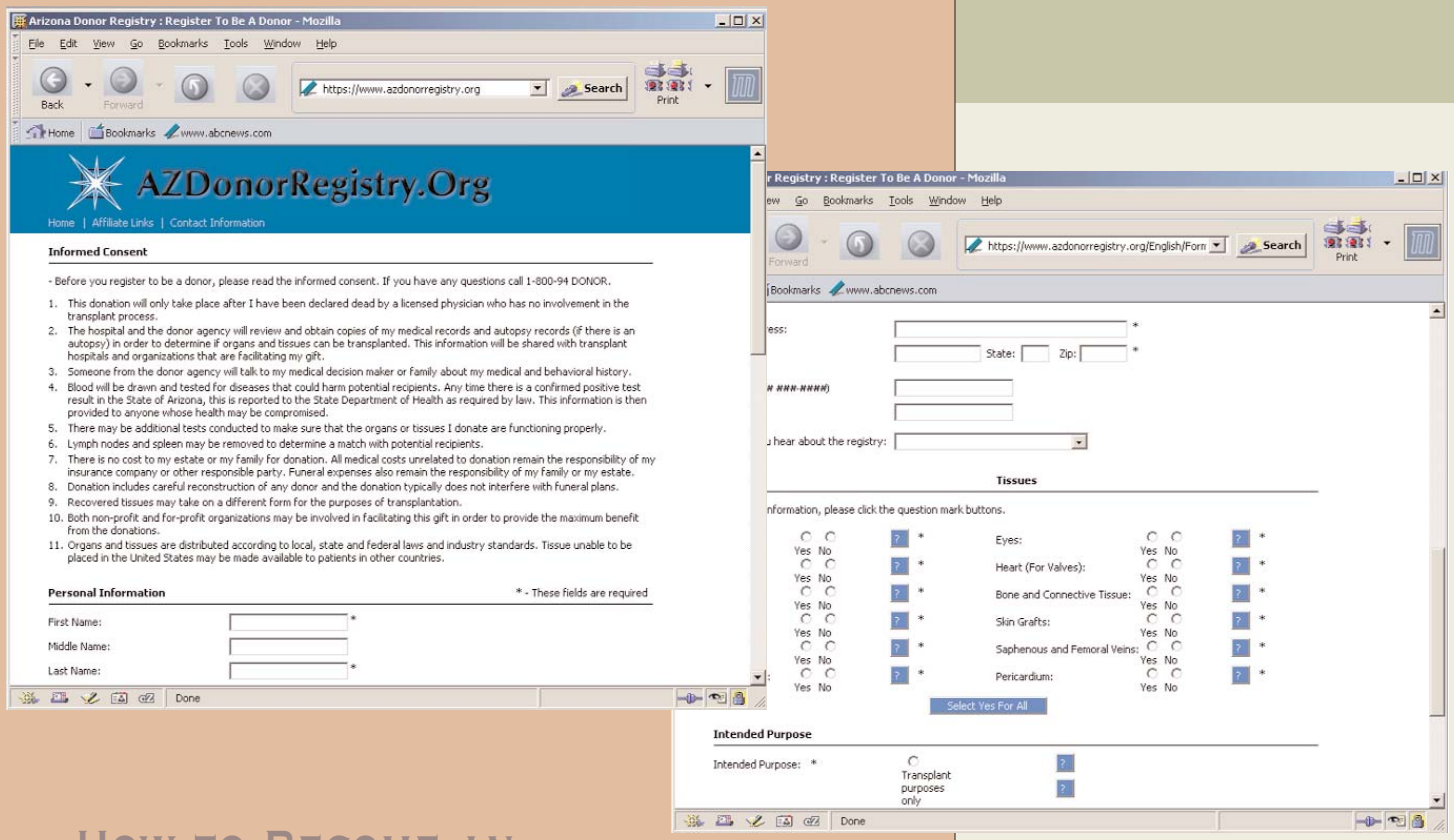
Once organs are removed, eyes and tissues can also be recovered. Eyes always go to Arizona recipients first; most tissues are placed locally as well.

According to the DNA, the need for donor organs is currently critical, with demand outweighing supply. According to UNOS, more than 85,000 people are currently on waiting lists nationwide, more than a thousand of them in Arizona.

Holcomb was lucky; her transplant wait was ultimately shorter than she expected. Many would-be recipients, however, die before a donor can be found.

"It only takes a second's reflection to realize how extremely fortunate I've been," Holcomb says. "I'm deeply grateful to that poor soul who didn't make it home New Year's Eve—and to his or her family.

"One person can help save five or more lives with their organs and tissues," she adds. "Somewhere, someone's life literally depends on you." ❖



How to Become an Organ Donor in Arizona

- Register with the Arizona Donor Registry at www.azdonorregistry.org or 800-94-DONOR (this is a legally binding way to make your wishes known)
- Fill out an organ donor card, available from the Arizona Donor Registry, the Arizona Motor Vehicle Division (MVD), or Iserson's web site at www.galenpress.com/extras/extra4.htm
- Place an organ donor sticker from the MVD on your driver's license (this is not legally binding)
- Make sure your next of kin know your desires—because in spite of your other efforts, the decision may ultimately fall to them

High Fat, Slow Learning

A high fat diet impairs learning in mice—if they're male. The study, conducted at National Taiwan University, showed no impairment in female mice fed the same diet.

PRACTICING TUCSON OSTEOPATHIC PHYSICIANS BY SPECIALTY

Information obtained from:
AOA Yearbook and Directory of Osteopathic Physicians and the *Arizona Board of Osteopathic Examiners in Medicine and Surgery—Directory of Licensed Osteopathic Physicians*

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Bernice E. Roberts, DO *

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Gary G. Willardson, DO

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Tedd M. Goldfinger, DO *

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The Tucson Osteopathic Medical Foundation's mission in serving the seven counties of southern Arizona is to advance osteopathic medical education, to improve the public's understanding of osteopathic medicine, and to elevate through education the health and well-being of the community. In so doing, the Foundation has established itself as an innovative contributor to the development of a wide range of community projects, which impact the lives of many.

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DAVID SANDERS

Kenneth S. Snow, DO specializes in ophthalmology at Snow Eye Center affiliate of Barnet Dulaney Perkins Eye Center.

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