

W I N T E R  
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# R O U N D S

HARTFORD HOSPITAL'S WELLNESS MAGAZINE



## A Prescription for Diabetes Prevention

A recent study in the *New England Journal of Medicine* reveals the astonishing fact that moderate exercise and a healthy diet can head off more than 90 percent of Type 2 diabetes. Diabetes has soared among young people and afflicts 16 million Americans with some form of the disease.

"Type 2 diabetes is epidemic," says Neil Grey, M.D., director of the Diabetes LifeCare Program at Hartford Hospital. "Obesity is the major 'environmental trigger' for Type 2 diabetes, which once struck people in their late 40s, but now occurs in the 30s or even in adolescence."

Type 2 diabetes, which accounts for 90 percent or more of all diabetes cases, occurs when the body can't properly utilize insulin, raising sugar levels in the blood. Symptoms include excessive thirst, frequent urination, weight loss, blurred vision, fatigue or persistent infections.

A study of 84,941 female nurses at the Harvard School of Public Health concluded that being overweight was the single strongest predictor of the metabolic disorder.

"Another study found that losing as little as 8 to 10 pounds over four years significantly decreased the risk of developing Type 2 diabetes in a high-risk population in Finland," adds Dr. Grey.

For more information about the Harvard study, see <http://content.nejm.org/cgi/content/abstract/345/11/790>.

## ROUNDS

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.

S A F E T Y T I P S

## Healthy Humidity

### Relief for winter dryness



During the winter months, your home feels more comfortable if you add moisture to the air. Humidifiers reduce static electricity, help you feel warmer at relatively cool temperatures, and protect the respiratory system against viruses and air pollutants. Moisture can relieve cold symptoms by reducing nose and throat irritation.

Careful monitoring of moisture levels is essential, since cold weather promotes condensation that can rot wood, corrode metal and aggravate allergies. Excess humidity can contribute to the growth of mold, mildew and mites.

- *Do* choose a humidifier with a humidity level control.
- *Don't* leave water standing in the reservoir; it's a breeding ground for mold and bacteria.
- *Do* turn down the humidifier if moisture condenses on walls, fogs up or freezes window panes.
- *Don't* worry about newer models spewing a powdery white residue the way older models did.
- *Do* maintain at least 30 percent humidity in winter. (People are most comfortable when the relative humidity is between 40 and 60 percent, but keep levels low enough to avoid condensation problems. Without a humidifier, indoor air can have a relative humidity level of less than 10 percent.)
- *Don't* bother with expensive demineralization cartridges; choose a tap water model.
- *Do* periodically disinfect the humidifier with an ounce of chlorine bleach diluted in a pint of water or a solution of 1:100 hydrogen peroxide. Use undiluted white vinegar weekly to rid the humidifier of mineral deposits.

## PHYSICIAN PROFILE

### Jeffrey M. Laut, M.D.

Jeffrey M. Laut, M.D., a hospitalist with the Connecticut Multi-specialty Group, is Board-certified in both internal medicine and nephrology (kidney diseases). After training at Hartford Hospital as an intern and resident in internal medicine, he continued his studies with a fellowship in nephrology at Albert Einstein College of Medicine in New York. He has four times been the recipient of the Aldo L. Bellucci, M.D., award for excellence in teaching at the University of Connecticut School of Medicine, where he is an assistant clinical professor of medicine.

An avid runner and cyclist, Dr. Laut is one of a dozen hospitalists who serve in rotation so that there are three specialists on call 24/7/365 at Hartford Hospital. He is medical director of Connecticut Multispecialty Group and East Hartford Dialysis Unit.



# Hospitalists: Medicine's New Order



"Hospitalists are a new breed of physician," says Jeffrey M. Laut, M.D., a hospitalist with the Connecticut Multi-specialty Group. "They're specialists in internal medicine who specifically treat patients *in the hospital*. No longer is it practical for your family doctor to see patients all day in a suburban office and then go to the hospital to make rounds."

Increasingly, primary care physicians are turning over the most severely ill patients to specialists on call within the hospital who can respond promptly if the patient takes a turn for the worse. "A hospitalist can be at the bedside in 30 seconds if things go awry," says Dr. Laut. "Most people think they would rather see their primary care

physician, but that fades when they need care and the hospitalist is readily available.

"Hospitalized patients are sicker than they used to be," Dr. Laut adds. "Inpatient numbers are going down, but the whole world of hospital medicine is more specialized. Patients are very ill when they're admitted, and they require the constant presence of a doctor dedicated to inpatient care."

The rise of hospital medicine has occurred in tandem with reduced length of hospital stay and other medical cost-containment pressures. It has been practiced for a decade in Canada and Great Britain and has been available to patients at Hartford Hospital for several years. "Nationally, the hospitalist concept is the most distinctive change in the health care landscape in the last 10 years," says Dr. Laut. "Doctors are so overwhelmed by patient volume and the nuances of managed care that they can't easily handle both an office-based and a hospital-based practice."

Groups of specialists, including the Connecticut Multispecialty Group (CMG) and Prime Health, among others, provide hospitalist services for affiliated Hartford Hospital physicians and their patients. With more than 70 specialists, CMG physicians endeavor to assure continuity of care with proper "hand-off" from the primary care physician to various specialists and hospitalists. After leaving the hospital, patients return to the care of their primary care physicians.

The dozen CMG hospitalists share a single beeper, and three are always on call, in a seven-day rotation, 24 hours a day. When patients are admitted, they are triaged, and depending on what's wrong, assigned to the appropriate hospitalist. The CMG group functions as a team and consists of specialists in infectious diseases, pulmonary disease, kidney disease and general internal medicine.

At present there are about 3,500 hospitalists in the United States, but their numbers are growing. "When we envision the hospital of the future we hope to see a dedicated Division of Hospitalists," says Dr. Laut. "We foresee a great divide between outpatient and inpatient physicians."

## Less Invasive Mammotome® Breast Biopsy Leaves Smaller Scar

The minimally invasive “Mammotome” procedure is replacing needle-localized excisional breast biopsies for increasing numbers of women with suspicious lumps or calcifications that show up on a routine mammogram. The Mammotome Breast Biopsy System is an image-guided procedure that helps physicians pinpoint breast abnormalities and obtain tissue samples for diagnosis.

“Stereotactic and ultrasound breast biopsies allow us to obtain good samples of abnormalities that generally can’t be detected with a typical breast exam,” explains Edward B. Cronin, M.D., Section Director of Breast Imaging and Intervention at Hartford Hospital. “Unlike other biopsy methods, the Mammotome is capable of sampling a variety of breast abnormalities with one small incision.”

In order to ensure enough tissue for an accurate biopsy, surgeons traditionally had to remove a lump of breast tissue that left a potentially unsightly scar on the breast. Now with digital X-rays and precision equipment, a specially trained radiologist can view computerized images of potentially cancerous areas and remove a “core” for further study. Multiple tissue samples can be obtained with a single insertion and minimal bleeding.

“Our primary goal is to determine what the lump is and whether there is any evidence of malignancy,” explains Stuart Markowitz, M.D.,

chairman of the Department of Radiology at Hartford Hospital. “The Mammotome is now widely accepted as the fastest and least expensive diagnostic tool.”

About 80 percent of all breast biopsies are benign, Dr. Markowitz notes, with another 10 percent revealing a borderline condition called “atypical duct hyperplasia” and the remaining 10 percent turning out to be cancers that require further treatment.

In stereotactic procedures, the patient lies face down on a special table with her breast protruding through the underside of the table. The sampling device is guided by a computerized X-ray system. Hand-held procedures using ultrasound for hard-to-reach areas are performed with the woman lying down on a regular examination table. The procedure takes less than an hour to perform under a local anesthetic. The incision is closed with surgical tape and no sutures are required.

When the biopsy is completed, the tissue samples are sent to the pathology laboratory for analysis. Pathologists at Hartford Hospital recently instituted a 24-hour turnaround time for news of the diagnosis after a breast biopsy. “The 24-hour wait time reduces anxiety,” says Dr. Cronin. “Patients usually have the results by the next afternoon—and the diagnosis is *definitive*.”



Dr. Cronin, left, and Dr. Markowitz are using less invasive procedures to perform breast biopsies.

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

### A, C and E for Ozone

Researchers at the University of North Carolina at Chapel Hill and the National Institutes of Health found that antioxidant supplements can reduce lung damage caused by ozone gas, the main chemical in smog. Antioxidants in vitamins A, C, and E were shown to cause a 25 to 30 percent improvement in lung function compared with a placebo.

### Asthma Inhalers Hasten Bone Loss

Inhaled steroids used to treat asthma can lead to hip bone loss in premenopausal women, says the *New England Journal of Medicine*. Women under 45 with asthma treated with inhaled glucocorticoids had small yearly decreases in bone density, which could lead to more hip fractures as asthma patients age, say researchers at Boston's Brigham and Women's Hospital.

### Music In Survival Mode

Brain structures activated by food or sex are also turned on by music, says a study at Massachusetts General Hospital, reported in the *Proceedings of the National Academy of Sciences*. Researchers used positron emission tomography, or PET scans, to show that music produced activity in the reward and emotion systems of the brain. Test subjects said music gave them “shivers down the spine.”

### High Blood Pressure Gene

According to the American Heart Association, a marker on the male chromosome may partly explain why high blood pressure affects more men than women until middle age. From age 20 to 34, men are more than twice as likely to have high blood pressure. An estimated 50 million Americans have hypertension, which increases the risk of heart attacks and strokes.

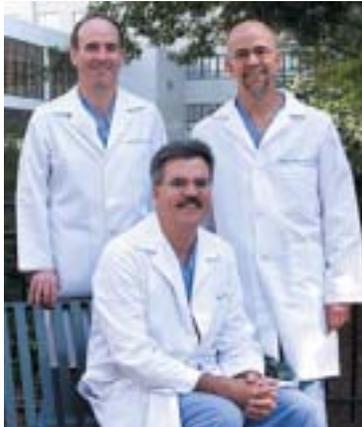
## A Non-Surgical Alternative for Uterine Fibroids

Fibroid tumors of the uterus occur in about 40 percent of all women over 40 years of age and a quarter of women of childbearing age. The most common symptom is heavy menstrual bleeding lasting up to two weeks. "Some women have massive tumors without symptoms," explains Michael J. Hallisey, M.D., an interventional radiologist at Hartford Hospital and the Connecticut Vascular Institute. "We only treat women who complain of very heavy periods, bleeding between periods, back and pelvic pain or pressure on the bladder."

A new, non-surgical treatment approach called *uterine artery embolization* deprives the fibroid of blood supply. An interventional radiologist threads a tiny catheter up through the femoral artery of the groin into the twin arteries of the uterus and inserts tiny plastic particles to plug the blood vessels leading to the fibroids. Starved of blood, the tumor shrinks.

"After the procedure there is a fairly rapid cessation of abnormal bleeding and patients have moderate to light periods lasting about five days," explains Dr. Hallisey. "The normal uterus has plenty of collateral blood vessels that take over when the uterine arteries are plugged."

According to Steven K. Sussman, M.D., an interventional radiologist at Hartford Hospital and Jefferson X-Ray, fibroid embolization can be performed as an outpatient procedure. "The procedure itself is generally painless, but patients usually experience discomfort afterwards as the blood-



l to r: Drs. Hallisey, Greene and Sussman

starved fibroids shrink." Patients are sent home with pain medication and are usually back to work in about a week.

John Greene, M.D., co-director of the Women's Ambulatory Health Services at Hartford Hospital, urges patients to consult with their gynecologists before deciding on the procedure. Although safe, and women may become pregnant after the procedure, long-term effects on fertility are unknown.

Drs. Hallisey and Greene are conducting a prospective, non-randomized study at Hartford Hospital that seems to indicate so far that the procedure is most effective in women whose primary complaint is excessive bleeding. "With six months of

data, we've had significant success in controlling heavy bleeding," says Dr. Hallisey. One of his patients was so happy with the procedure that her sister came to Hartford Hospital from out of state for fibroid embolization.

Alternatives include surgical removal of fibroids and hysterectomy. Hormone therapy can be used only temporarily, as fibroids may recur. Even after surgery, fibroids can return, as Kelly Burns, a patient of Dr. Sussman's can attest. "After going through fibroid surgery, I was ready to try embolization," says Burns. "After six months my fibroid had shrunk by 80 percent and my symptoms were gone."

As word gets out, especially on the Internet and on the Oprah Winfrey show, more patients are opting for the non-surgical treatment. "I'd much rather have pain for a day than an eight-week recovery," says Kelly Burns.

### Fountain of Youth?

Scientists have discovered how to fool the built-in mechanism of aging by stimulating a gene called FoxM1B, according to a report in the *Proceedings of the National Academy of Sciences*. Since the FoxM1B gene is found in many cells throughout the human body, researchers believe this finding could someday help rejuvenate exhausted body organs by replacing aging cells with young ones.

### Rx: Exercise for Arthritis

People with arthritic knees who regularly walked or did weight training were less likely to have trouble performing daily activities, according to a study at the Wake Forest University School of Medicine published in *Archives of Internal Medicine*. Osteoarthritis, characterized by progressive deterioration of cartilage, afflicts more than 80 percent of those who reach the age of 70.

### Dark-Eyed Danger

The lighter your skin, the more vulnerable you are to sunburn and skin cancer. But cataracts—a clouding of the lens—show up more often in *dark-eyed* people than in those with light eyes. A study in the *American Journal of Ophthalmology* revealed that two types of cataracts occurred more often in people with dark brown irises than in those with light-colored irises.

### Heart Attack Advisory

The American Heart Association and the American College of Cardiology urge wider use of drugs called ACE-inhibitors and beta-blockers, along with more aggressive control of risk factors for heart attack survivors. A major change in the guidelines recommends that women not be prescribed estrogen solely to prevent strokes and heart disease.

# Advocacy and Support— The Partnership for Breast Care



## Partnership for Breast Care

*Specialists and Hartford Hospital  
Working Together*

The time between discovery of a lump, a breast biopsy (see page 4) and diagnosis can be the longest and most fearful of a woman's life. "The difficult part is the *not knowing*," says Stuart Markowitz, M.D., chairman of the Department of Radiology at Hartford Hospital. "Our approach to clinical medicine is driven by the stress women are under and our commitment to working with breast surgeons and other providers in a coordinated way."

That's why specialists joined with Hartford Hospital to establish the Partnership for Breast Care, a collaborative approach to diagnosing and treating problems ranging from breast pain to cancer. "A group of us got together and decided that we could design a process that was completely patient-centered," explains Elizabeth Brady, M.D., the Partnership's medical director. "We offered the best in clinical care, but it wasn't good enough without a system that helped patients through the maze of options and choices. We offer the latest in diagnostic and surgical techniques, but if getting

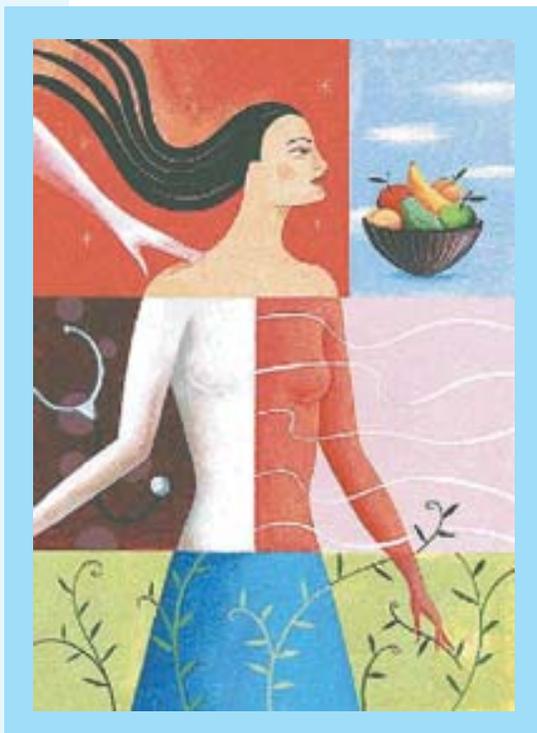
to that care was difficult and stressful for the patients, then it just wasn't the best care possible."

In most cases, a person with a breast problem who needs imaging services or a surgical evaluation can get an appointment within 24 hours of calling the Partnership for Breast Care. "We've worked closely with the Department of Pathology to assure that a diagnosis is usually available within 24 hours," says Edward B. Cronin, M.D., Section Director of Breast Imaging and Intervention at Hartford Hospital and Jefferson X-Ray Group.

The Partnership consists of care providers such as primary care physicians, women's health specialists, radiologists, surgeons, pathologists, medical and radiation oncologists, as

well as support service providers for patients with breast cancer. Since one out of four women will seek medical advice about a breast problem sometime in her life, the goal is to provide coordinated health care along with the one-on-one support so necessary to her peace of mind.

"When patients call, we provide information and help coordinate their care," explains Roxanne P. Rotondaro, M.P.H., coordinator of the Partnership. "We advocate for patients who may be waiting for test results or a call back from a doctor's office. Once a woman hears she has cancer, she may not hear anything else. We follow up the next day and make sure she has the information she needs about the next steps in the treatment process."



The Partnership for Breast Care physicians and providers performed over 25,000 screening mammograms and evaluated more than 2,200 new patients with breast problems last year, and in partnership with the hospital and the Helen and Harry Gray Cancer Center, treated more than 500 patients with breast cancer in 2000.

Although about 80 percent of all breast problems turn out to be benign, women diagnosed with cancer face a bewildering array of choices at a time when they are least able to make decisions. That's why professionals affiliated with the Partnership can offer concise information about treatment options ranging from surgery to chemotherapy, radiation, tamoxifen, genetic counseling, plastic surgery, clinical trials, support groups and complementary therapies.

"Women often say 'I'd really like to meet you,'" says Ms. Rotondaro, who spends most of her day on the phone with patients. "They feel like they have a friend in the system—someone who's been with them through the whole process. They don't feel so alone."

*For more information, call (860) 545-1018 or call toll-free (866) 313-3331.*



# Domestic Violence: TERROR in the Home

Every 15 seconds a woman is beaten and every six hours a woman is killed in this country. Domestic violence is the number one cause of emergency room visits by women. When a woman arrives at Hartford Hospital for any reason, she is routinely asked if her illness is

associated with mental, physical or sexual abuse in her intimate relationship.

"It's a huge problem that crosses all boundaries of race, socioeconomic and ethnic group, age and religion," says Patricia McIntosh, M.S.W., M.P.H., director of Hartford Hospital's Domestic Violence Prevention Program (DVPP). "Abused women are not just patients, but employees—sometimes the very nurses or doctors who are caring for patients who've been assaulted."

What can doctors or nurses do to identify emotional or physical abuse? "Women *want* to be asked," Ms. McIntosh says. "They may even go to the extent of 'creating' an illness just to get a respite. There's a national movement to get physicians to screen *all* women, including well women in OB-GYN offices. Women are especially vulnerable to abuse when they're pregnant. We want to raise awareness that victims are not just poor clinic patients, but also suburban women who especially need help because they don't have access to their husband's money."

The DVPP educates health care providers about ways to identify domestic violence and intervene clinically once it is disclosed. Sometimes violence takes the form of intimidation, threats, stalking, rape or sexual assault rather than physical battering. Verbal abusers threaten and control their wives or partners by making them feel violated and ashamed. They may be terrorized with hateful words that leave subtle scars.

A new book by Susan Weitzman, Ph.D., *Not to People Like Us: Hidden Abuse in Upscale Marriages*, details the horrific intimidation women endure at the hands of violent men. Most women did not experience abuse in their family of origin and were paralyzed by fear when verbal violence escalated into fury. "Physicians need to ask about abuse so that a woman knows where to turn if she needs help," says Ms. McIntosh. The hospital offers the Lifesaver Project support groups for women who have been affected by domestic violence, since support is key to healing."

In Connecticut in 1995, an estimated 20,000 women reported that they were victims of physical violence from a current or former spouse or intimate partner. In 1997, there were 10 women murdered in Connecticut—all of them victims of domestic violence. In contrast, only 2 to 4 percent of men are killed by their partners.

"Everybody thinks it happens to someone else," says Ms. McIntosh. "We want to normalize the subject—to make it okay to talk about, to lend a voice to it. We *are* breaking the silence."

*The DVPP and Lifesaver Project can be reached by calling (860) 545-2796. Hartford Interval House and its satellites provide free, confidential services, including shelter for women and their children. For more information, call (860) 527-0550 or (888) 774-2900.*

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

### Teen Suicide

Identity issues, peer pressures and family stresses may seem overwhelming as teens move from childhood into adolescence.

Some teenagers are prescribed Isotretinoin (Accutane) for acne. Psychological side effects, including depression, have been reported.

The following may represent signs of depression or confer risk for suicidal thinking or attempts:

- Loss of interest in fun activities.
- Persistent boredom, difficulty concentrating, falling grades.
- Change in eating and sleeping habits.
- Frequent symptoms often related to emotions—stomachaches, headaches, fatigue.
- Suddenly becoming cheerful after depression.
- Noticeable personality change.
- Violent reactions, rebellious behavior, running away.
- Focus on morbid or death themes.
- Verbal hints such as "I won't be a problem to you much longer, nothing matters, it's no use."
- Putting affairs in order or giving away important belongings.
- Drug and alcohol abuse.
- Prior attempt or family history of suicide.

# Pumpkin Pie with Gingersnap Crust



## Crust

1/3 c. regular oats, uncooked  
2/3 c. gingersnap cookie crumbs  
(about 15 cookies)  
2 tbs. margarine, melted  
1/4 tsp. ground cinnamon  
vegetable cooking spray

## Pie Filling

2/3 c. sugar  
1 tsp. ground cinnamon  
1/2 tsp. vanilla extract

1/4 tsp. ground cardamom  
1/4 tsp. ground ginger  
1/4 tsp. ground nutmeg  
1/4 tsp. ground allspice  
1/8 tsp. salt  
1 1/4 c. evaporated skimmed milk  
1 (16-ounce) can mashed, cooked  
pumpkin  
2 eggs, beaten  
(Substitute 4 egg whites or 1/2 cup  
egg substitute for a heart-healthy  
alternative to 2 eggs)

**T**his recipe was adapted by Meg Gaughan, Ph.D., R.D., from a recipe by Susan S. Bradley that appeared in *Cooking Light* magazine. A consultant with Hartford Hospital's Preventive Cardiology Department, Dr. Gaughan helps people manage their cholesterol and triglycerides to improve cardiovascular health. An associate professor of nutrition at St. Joseph's College, Dr. Gaughan is active in community education and nutrition consulting for health professionals, and teaches the 12-week Weight No More program (see Calendar).

Position knife blade in food processor bowl; add oats. Process until finely ground.

Combine ground oats and next three ingredients in a bowl; stir well. Press into a 9-inch pie plate coated with cooking spray. Bake at 350° for 10 minutes and cool on wire rack.

Combine sugar and the rest of ingredients in a large bowl; beat with an electric mixer at medium speed for 1 minute or until well blended. Pour into prepared crust, and bake at 375° for 50 minutes or until a knife inserted into the center comes out clean. Cool on a wire rack. Chill 2 hours before serving. Serves 9.

Per serving (Using 1/2 cup egg substitute)

Protein: 5.5 gm	Iron: 1.3 mg
Fat: 5.5 gm	Sodium: 140 gm
Carbohydrate: 28.9 gm	Calcium: 136.2 mg
Cholesterol: 3.8 mg	

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