

A U T U M N  
2 0 0 4

# ROUNDS

HARTFORD HOSPITAL'S WELLNESS MAGAZINE



## Not Just Nitpicking



**H**ead lice (*Pediculus capitis*) are tiny parasitic insects that cling tenaciously to the scalp and neck hairs. Over time, head lice have become widely resistant to the relatively safe insecticide used in the most popular over-the-counter remedy.

Researchers at the Harvard School of Public Health report that head lice collected from children in Massachusetts are no longer killed by permethrin, the active ingredient in Nix, the best-selling lice shampoo.

Prescription lice treatments often contain malathion, an insecticide that should be used with care. Read the label and follow directions carefully. Do not leave on the scalp longer than necessary. Make sure that the container is kept well away from young hands.

What about the 10 million schoolchildren who get lice each year? The Harvard researchers suggest trying an over-the-counter product first. If it doesn't work, the lice are probably resistant and further applications will be ineffective. Pesticide-free alternatives can be found on the Internet, or a prescription treatment may be necessary. In either case, be sure to wash all of the child's sheets, pillowcases, towels, hats and other articles of clothing in hot water. Stuffed animals should either be thrown away or placed in air-tight plastic bags for 72 hours. Most important, remove lice and the tiny eggs that cling to individual hairs with either a fine-toothed comb or your fingers. It's tedious, but effective—and safe.

## ROUNDS

Hartford Hospital's Wellness Magazine

**Hartford Hospital**  
80 Seymour Street  
Hartford, CT 06102-5037  
(860) 545-5000  
**Health Referral Service**  
**(860) 545-1888 or (800) 545-7664**  
**www.harthosp.org**

### *Rounds Medical Advisory Board:*

Adrienne Bentman, M.D.  
David Crombie, M.D.  
Joseph Klimek, M.D.  
Andrew Salner, M.D.  
Linda Taylor, M.D.

Editor: Lee Monroe  
*Director of Public Relations*  
Designer: Clare Philips  
Writer: Jane Bradley  
Photography: Pages 3, 4-5, 6: Joy Miller  
Calendar  
Coordinator: Luisa Machado

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.

## HEALTH TIPS

### Piercing The Mystique

While parents may not approve of the current fad for piercing, they can at least ensure that the procedure takes place at a studio that is safe and hygienic. Choose only a knowledgeable and experienced practitioner. *(But remember that the American Academy of Dermatology and the American Dental Association frown on the practice.)*



#### **Tips for choosing a piercing studio:**

- Health certificates should be clearly visible.
- Needles should be disposable and barbells (jewelry) kept in sterilized packages. Staff should wear gloves.
- Instruments should be cleaned in a hospital-grade autoclave to prevent the spread of disease. Infected needles can lead to HIV exposure, tetanus and hepatitis.

After tongue piercing, apply ice, drink plenty of water, and rinse with antiseptic mouthwash. Don't smoke or kiss and avoid spicy food. Piercing is painful (at least temporarily), and usually takes four to six weeks to heal completely. The tongue will swell dramatically during the first couple of days, but then should return to normal. If it becomes inflamed or swollen, or you see pus, don't try to remove the barbell—see your doctor immediately.

## PHYSICIAN PROFILE

*Gualberto Ruaño, M.D., Ph.D.*

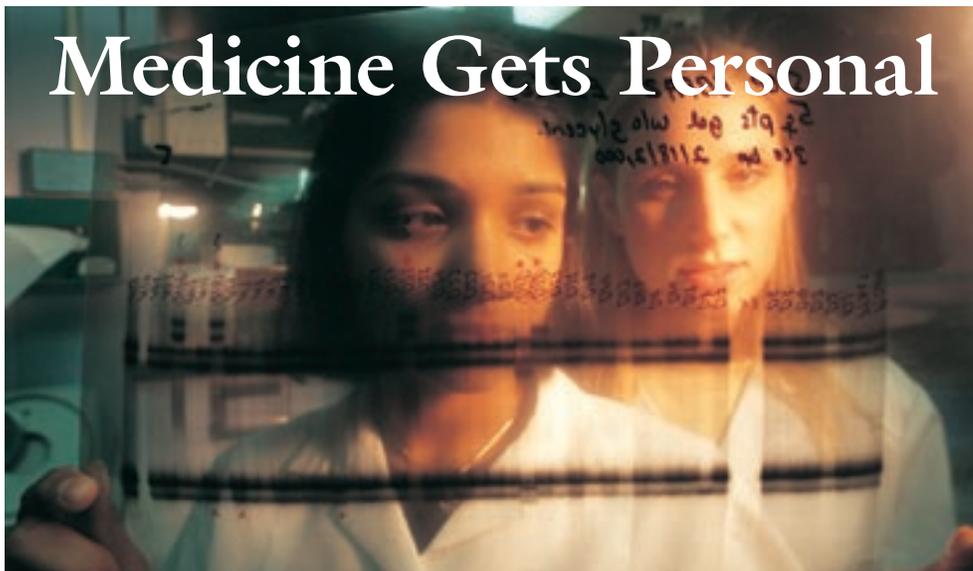
Gualberto Ruaño, M.D., Ph.D., founded Genomas in 2003. A pioneer in the genomics industry, Dr. Ruaño was the scientific founder of Genaissance Pharmaceuticals, Inc., where he served as Chief Executive Officer from 1997 to 2002 and as Chief Scientific Officer until 2003. He is also adjunct professor of biochemistry and molecular biology at the George Washington University School of Medicine in Washington, D.C.

In addition to research into the treatment of metabolic syndrome, he is collaborating on genetic factors in diagnosis and treatment of schizophrenia with Godfrey Pearlson, M.D., and John Goethe, M.D., both at The Institute of Living.

Dr. Ruaño has a long history of community involvement as a sponsor of the arts. He serves on the Boards of ArtSpace and the International Festival of Arts and Ideas, and is active in supporting Connecticut artists. In 2004, he was elected to the prestigious Connecticut Academy of Science and Engineering, which recognizes the state's leaders in science, engineering and technology.



# Medicine Gets Personal



## DNA Markers for Cholesterol Management and Exercise

The recent unraveling of the DNA blueprint for the human genetic code has spawned the science of genomics. The sequencing of a prototypical human genome launched a revolution in our understanding of human health and disease. The human genome contains thousands of genes that code for a million or more different proteins—the biochemical powerhouses of the body. Three billion or so DNA pairings constitute one's own genome. Of these, approximately 10 million are variable among human populations.

Novel diagnostic products are beginning to allow physicians to tailor disease prevention and treatment based on these unique genetic characteristics. A company called Genomas has formed a partnership with Hartford Hospital to harness the medical center's clinical excellence and patient depth. Genomas has ongoing intellectual property and clinical partnerships with Hartford Hospital (exercise and cardiology) and its Institute of Living (psychiatry). "Patients want precise diagnosis, treatment and, preferably, prevention of disease," says Gualberto Ruaño, M.D., Ph.D., president of Genomas. "Instead of trial and error, we provide an accurate medical approach. All it takes is a tube of blood."

The goal is not simply to diagnose random twists in an individual's genetic code, but rather to prevent and treat disease. Genomas' proprietary technology produces "PhysioTypes," DNA profiles that are predictors of response to diet, exercise and drugs. A PhysioType determines the optimal treatment by identifying genetic, physiological or clinical markers specific to each individual. "By combining physiological factors with genotype information, we discover specific recommendations about treatment," explains Dr. Ruaño.

Although most cardiac patients are urged to embrace life-style modifications (such as quitting smoking or losing weight), drugs are often necessary to bring cholesterol levels down. Genomas seeks to predict which patients would benefit from endurance training on a treadmill and which would suffer distressing side-effects from cholesterol-lowering drugs.

In partnership with Paul Thompson, M.D., director of Preventive Cardiology, Cardiovascular Research and the Cholesterol Management Center at Hartford Hospital, Dr. Ruaño is developing ways to prescribe preventive treatments for patients with metabolic syndrome, which afflicts more than one in five Americans.

Metabolic syndrome—marked by obesity, high cholesterol, elevated blood pressure and glucose intolerance—often precedes diabetes, heart disease and stroke. The foremost factor in metabolic syndrome in the U.S. is obesity. Two-thirds of the American population is either obese or overweight.

Excess weight accounts for an estimated 70 percent of the diabetes risk in the U.S., a nearly threefold risk in the prevalence of high blood pressure, and a nearly twofold risk in the prevalence of high blood cholesterol. Some researchers warn that obesity may undermine 30 years of progress in the reduction of morbidity and mortality related to cardiovascular disease. "Our goal is to go beyond drug therapy," says Dr. Ruaño. "We want to prevent obesity."

## Minimally Invasive Alternatives for Varicose Veins



Dr. John E. Foster

**V**enous disorders are so common that they afflict more than half of Americans over the age of 60. Up to 40 percent of women and 20 percent of men worldwide suffer from painful, unsightly superficial varicose veins of the legs.

In the United States, 25 million people have venous reflux disease, a progressive condition caused by defective valve function and insufficient venous pumping action, the underlying cause of varicose veins. Symptoms of pain, leg heaviness and fatigue, swelling and skin discoloration often develop. Varicose veins, most common in women, appear ropelike, bulging and twisted. While some people simply find the bulging veins unsightly, others experience associated symptoms of heaviness, cramping, aching and itching.

More serious complications such as eczema, ulceration, blood clots and hemorrhage may eventually result if the condition is left untreated. Multiple pregnancies, a family history, obesity, previous clots or inflammation of the veins, and jobs that involve prolonged standing predispose individuals to develop venous reflux disease.

A new minimally invasive technique provides a less painful and cosmetically pleasing alternative to conventional surgical ligation and vein stripping. Instead, a same-day outpatient procedure, performed at Hartford Hospital, offers relief of symptoms with shorter recovery time than conventional surgical techniques. Since only local or regional anesthesia is used, patients are up and walking immediately after the 45-minute procedure.

"Patients so far have been very pleased with the procedure," says John E. Foster, M.D., an interventional radiologist at Connecticut Vascular Institute. "Along with successful relief of symptoms, there is a very good cosmetic outcome."

Called "saphenous vein ablation," the technique allows physicians to treat incompetent veins with laser light aimed at the target area through a thin fiber inserted into the vein. The laser seals off faulty veins, rerouting blood to other healthy veins. Patients can resume normal activity immediately, without sutures, scarring, hospital stay or risk of surgical complications. Follow-up studies have shown that up to 95 percent of patients treated with laser ablation remain pain-free two years after the procedure.

"It is important to go to a knowledgeable vein practitioner for a proper diagnostic work-up," explains Dr. Foster. "It should include a detailed history and physical evaluation, as well as a comprehensive ultrasound of the leg veins to assure the correct diagnosis prior to performing the procedure."

### WHAT'S GOING AROUND...News & Breakthroughs

#### Herbal Mix-Up

Don't mix Coumadin (generic name Warfarin) with the herbal remedy ginseng. University of Chicago researchers found that ginseng significantly reduced the effectiveness of Coumadin, a lifesaving prescription drug that prevents blood clots. Though herbal remedies like ginseng are natural products, they are not necessarily safe. Many have powerful effects that can interfere with prescribed medications.

#### Broccoli Blocker

Preliminary laboratory studies suggest that broccoli blocks the herpes simplex virus. Researchers at Northeastern Ohio Universities College of Medicine showed that indole-3-carbinol—found naturally in broccoli, cabbage, and brussels sprouts—may inhibit the herpes virus. The compound blocked cellular reproduction by an amazing 99.9 percent. Up to 80 percent of adult Americans have oral herpes, while 20 percent have genital herpes.

#### Averting Ovarian Cancer

Though no early detection test for ovarian cancer yet exists, researchers have found that lysophosphatidic acid (LPA) levels are elevated in the blood of women with ovarian cancer, even in early-stage disease. According to a report in the journal *Cancer Epidemiology, Biomarkers and Prevention*, blood levels of LPA may someday provide effective screening. Detected early, 90 percent of ovarian cancers can be treated successfully.

#### Living with Alzheimer's

A study in the *Journal of the American Geriatric Society* suggests that galantamine may stabilize or improve daily living activities in patients with Alzheimer's disease, regardless of the severity of their dementia. Researchers at the University of California at San Diego found that galantamine helped patients perform tasks like eating and walking. Patients with severe disease experienced the greatest improvement.

## Camera in a Capsule

A tiny camera in a pill is giving Hartford Hospital doctors a new way to look at the digestive tract from the inside. Patients swallow an inch-long camera that shoots more than 50,000 flash pictures during its normal eight-hour trip through the intestinal tract.

The capsule is a purely diagnostic tool that allows physicians to examine up to 20 feet of small bowel, previously nearly invisible. Conventional endoscopes, inserted through the mouth, do not reach the entire small intestine. The M2A (short for mouth to anus) capsule endoscope can help identify intestinal blockages or determine the cause of recurrent symptoms such as abdominal pain, diarrhea, bleeding or persistent anemia.

More than 100,000 patients worldwide have undergone the capsule endoscopy procedure, designed to detect disorders of the small intestine such as Crohn's disease, benign and malignant tumors of the small intestine, vascular disorders and small bowel ulcers and injury. Most often diagnosed are arterial-venous malformations, abnormal blood vessels that cause chronic iron deficiency and bleeding.

Patients wear a velcro belt fitted with a battery pack and adjustable shoulder straps for eight hours while they perform their normal activities. Sensors on the patient's abdomen capture images sent by the camera and transmit



Dr. Michelle Smedley and Dr. Jeffrey Weiser

data to a wireless digital recorder. At the end of the day, patients return the recorder to the hospital and the images are downloaded onto a computer for viewing. After image processing, the physician views a video of the capsule's passage through the intestine.

"Since the camera takes two pictures per second it doesn't miss much," explains Michelle V. Smedley, M.D., a gastroenterologist with Connecticut Gastrointestinal and Medical Associates. "The images can help determine the cause of gastrointestinal bleeding that can't be explained by conventional endoscopy or colonoscopy."

"The M2A is diagnostic, not therapeutic," adds Jeffrey S. Weiser, M.D., a gastroenterologist with Gastroenterology and Internal Medicine Associates of Greater Hartford. "Eventually the

technology will probably evolve so that we can mark sites for later surgery."

Although no one expects the capsule to replace the endoscope, which can cauterize bleeding vessels and take tissue samples as it passes through the intestine, the M2A is quick and painless. The camera is discarded following its journey—there is no need to retrieve it. One advantage of the minimally invasive technique is that it eliminates the risk of bowel perforation, which can occur with conventional endoscopy. "There is no discomfort and the procedure is very safe," notes Dr. Weiser.

### Breathless Sleep

Obstructive sleep apnea is more common in patients with atrial fibrillation than in those with other cardiovascular diseases, warns *Circulation: Journal of the American Heart Association*. Researchers at the Mayo Clinic noted that nearly half the patients in a recent study suffered from both disorders. Screening for sleep apnea may be warranted in patients with atrial fibrillation who are obese or hypertensive.

### Tea Bones

Brew some Earl Grey for better bones. Over the course of 10 years, the bone density of tea drinkers increased 4 to 6 percent compared with those who didn't drink tea, according to a recent Taiwanese study. Just two cups a day provided the same bone benefits as two to three servings of dairy products. Double up by adding some milk to your black, oolong, or green tea.

### Syndrome Signals

Three or more daily servings of whole-grain, fiber-rich cereals may help prevent metabolic syndrome, a constellation of risk factors that often precedes type 2 diabetes and cardiovascular disease. Researchers at Tufts University found that fortified cold cereals, oatmeal, whole wheat bread and brown rice may avert metabolic syndrome, marked by overweight, high triglyceride levels, low HDL ("good") cholesterol, high fasting blood sugar and hypertension.

### Stuck on Desire

Best known for Tide laundry detergent and Crest toothpaste, Procter & Gamble Co. has successfully completed clinical trials of a patch designed to treat sexual dysfunction in menopausal women. The testosterone skin patch significantly improved sexual desire and satisfaction in women whose ovaries had previously been removed, according to data presented to the Endocrine Society of America.

# Questions to Ask BEFORE Surgery

Nurses Advise Patients About What to Ask their Doctors Before Surgery



Joyce Barton, RN, Entry Coordinator

Shortly before their surgery takes place, patients are usually contacted by nurses located in the hospital's Assessment Center for last minute instructions and to see if there are any lingering questions. Created four years ago, the Assessment Center can reassure patients and provide the detailed information they need to navigate the complex process of hospitalization.

In the course of their work there, the Assessment Center's nurses have encountered several general issues experienced by many patients. Oddly enough, some patients do not even know what kind of surgery they're scheduled for, so the nurses have developed the checklist above to help patients become more informed.



Clip this out and take it with you when you talk with your doctor about surgery.

## ASK YOUR DOCTOR:

Who will be doing my surgery? Who are the other doctors who will be involved? Will I meet with someone from Anesthesia? Who is the contact person in your office if I have any questions? Who will I see before my operation? Who will take care of me if my doctor has a day off?

What kind of surgery do I need to have? What exactly are you going to do? Is there an alternative type of surgery? What if I decide to go ahead and have the surgery? What can I expect to happen if I decide not to have this operation? What are the benefits and risks of having this type of surgery? What kind of complications are common? What kind of anesthesia am I going to have? What kind of medication will I get for pain? What is the recovery time? Will I need rehabilitation?

Where will I be having my surgery in the hospital: do I have a choice? Where will I see the doctor from Anesthesia? Where will my family wait? Where will I be going after the operation?

When will this happen (day and time)? When do I need to arrive, and what will happen while I'm waiting? When can I expect to hear from the hospital? Is there any chance that my surgery may be cancelled at the last minute? When can I go home?

Why do I need to have this done? Why will I need to have the Visiting Nurse, aid or therapist come in to my home? Why will I need special equipment when I go home and who will explain how it works to me? Why will I need someone to stay with me? Why do I need to go to another place for rehabilitation?

### In addition:

- Ask your doctor if you should stop taking your medications before surgery.
- Stop taking over-the-counter and herbal remedies two weeks before surgery.
- Read any information you get from the doctor or hospital.
- Tell your doctor, before surgery is scheduled, if you have special requests or day care or transportation issues.

## | in the DOCTOR'S OFFICE |



*"When patients know what's going to happen post-operatively, they experience less fear," says Orlando C. Kirton,*

*M.D., director of the Department of Surgery at Hartford Hospital, where 12,000 surgical cases are performed annually.*

*A graduate of Brown University and Harvard Medical School, Dr. Kirton is also a professor of surgery at the University of Connecticut School of Medicine and associate director of the surgery residency program. He keeps up an active clinical practice, along with research in surgical critical care and general surgery.*

*"Informed consent means that patients understand the risks, indications and expected outcome of*

*their surgical procedure," says Dr. Kirton. "Equally important to the pre-operative preparation, patients need to know that not only do they need someone to drive them home, but that someone should stay with them for 24 hours afterward."*

*Patients may wonder what will happen after surgery and whether they'll receive post-operative pain medications. They want to know when they can drive, travel and return to work. "I think a checklist for patients can help them feel more in control," he adds. "If we have control, it allays our anxiety."*



# Battling Bullies

When the last shot rang out in Columbine, Eric Harris and Dylan Klebold had turned their assault weapons on themselves. They became the final victims of a deadly shooting spree driven by misery and revenge. Both boys had repeatedly been taunted and bullied, mocked as losers, misfits and outsiders.

Bullying often triggers retaliatory violence. Students who bully need to feel powerful and in control, while victims often suffer from anxiety, depression and low self-esteem. Kids who are regularly bullied have problems similar to those of child abuse victims.

"Bullying occurs when one person willfully and repeatedly exercises power over another with hostile or malicious intent," explains Rosemary C. Baggish, M.Ed., M.P.H., a community education consultant at The Institute of Living. "A differential in power status often leads to bullying. The instigators today were more than likely the victims of yesterday."

While subtler than boys' aggressive behaviors, girls' bullying style is a wounding blend of isolation, rejection and exclusion. "Girls who bully usually have good self-esteem," says Baggish. "If you ask a bully if she'll help another girl during a field trip, you can help her to learn how to channel her raw power into leadership skills. This approach isn't as effective with boys."

Studies show that boy bullies often grow up in homes where physical punishment is used to enforce discipline, children are taught to strike back physically as a way to handle conflict and parents are hostile or absent. School may be the only place, by default, that kids can learn conflict resolution, anger management and social skills.

How can schools, parents and communities combat schoolyard cruelty? One study revealed that every day an

estimated 160,000 students stay home from school because they are afraid of being bullied. Peer mediation is one way to keep bullying in check, while teachers need to model appropriate behaviors. Administrators, teachers and parents would benefit from training that specifically identifies effective intervention strategies for adults to employ to help keep kids safe, emotionally and physically.

"The world has changed," says Baggish, a training consultant to 30 mostly private schools statewide. (Public schools have a mandated policy and training on bullying but have limited time to devote to non-essential teacher training.) "Teachers, coaches, clergy and parents need to maintain healthy boundaries. Adults are responsible for role modeling for kids."

Victims and bullies, in turn, need to know that they can turn to a teacher or a responsible adult who can help them deal with harassment or aggression. Yet schools themselves inadvertently promote alienation and potential retaliation, in response to rigid "zero tolerance" policies that send negative, punishing messages to troubled kids. "Everyone makes mistakes," says Baggish. "Schools that suspend or expel students without a strategy for their return to a particular school run the risk of kids becoming isolated, angry and even violent."

*The Institute of Living Community Lecture Program, "Raising Resilient Children in Difficult Times," will be offered on September 28, at 7:00–9:00 p.m., at the West Hartford Meeting and Conference Center, 50 South Main St. A panel of experts will offer strategies to enhance the positive development of children and adolescents. Call (860) 545-1888 or (800) 545-7664 for more information about the program.*

# Lunchbox Apple-Oatmeal Crisp



## Ingredients

½ c. rolled oats  
 6 tbs. packed brown sugar, divided  
 ¼ c. whole-wheat flour  
 ¼ c. margarine or soy margarine  
 3 tbs. unsweetened wheat germ  
 5 medium granny smith apples, peeled, cored and sliced  
 1 tsp. grated lemon peel

Preheat oven to 350°. Lightly spray an 8-inch square baking pan with non-stick cooking spray; set aside. In a small bowl combine the oats, 4 tbs. of sugar, and the flour. Cut in the margarine with a pastry cutter or with two knives until the mixture turns into coarse, pea-sized lumps; stir in the wheat germ.

Place the fruit in the baking pan and sprinkle with the remaining sugar and lemon peel. Spoon the oat mixture evenly over the top. Bake 40 to 45 minutes, or until brown. Place the pan on a wire rack to cool. Serve warm if desired.

*Baking tip:* Tart, crisp apples will hold their shape best when cooked. One cup of pitted, chopped prunes can be added to the apples before baking for extra fiber and flavor; using unpeeled apples adds fiber, too.

## Nutritional Information (8 servings)

Calories: 189	Total fat: 5.5 g
Protein: 3 g	Saturated fat: 1.1 g
Carbohydrate: 33.6 g	Monounsaturated fat: 3.2 g
Fiber: 4.2 g	Polyunsaturated fat: 1.1 g
Cholesterol: 0 mg	

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

In the United States, at least 15 percent of all children and adolescents are obese or overweight, with rates as high as 30 percent in some population subgroups. American children obtain half of their calories from added fat and sugar. No wonder parents search for something they can pack in children's lunchboxes to keep them from buying junk-food snacks.

A study by the Centers for Disease Control and Prevention found that two-thirds of young people eat too much total fat. In Connecticut, a recent survey of school lunches found that oil-fried French fries (which count as a vegetable) were so popular that some lunch monitors reported students buying lunches for the fries only, and throwing everything else away.

"Healthy eating helps maintain a healthy colon," says Carol Stevens, B.S.N., R.N., C.G.R.N., manager of Hartford Hospital's Gastrointestinal (GI) Endoscopy Unit. "It's important to reduce obesity risk by choosing healthy foods instead of snacks and chips."

**HH** HARTFORD  
HOSPITAL  
80 SEYMOUR STREET  
HARTFORD, CT 06102-5037

Non Profit  
Organization  
U.S. Postage  
PAID  
Hartford, CT  
Permit No. 4361