[HEALTH]

Patching up cracks that whole patients fall through

By Leslie Goldman
Special to the Tribune

It sounds like a scenario you would see only on TV: You're in a car accident, you go to the emergency room, get an MRI or CT scan or some other routine medical imaging exam to check for injury and the radiologist finds more, much more, than he bargained for: a cancer.

Unfortunately, even though the radiologist sends a report of what he has found to the patient's doctor, these patients often can fall through the cracks of the medical system, due to incomplete handoffs, overwhelmed physicians and an inundation of incoming clinical information, according to Dr. Charles Marn, chief of radiology at the Ann Arbor VA and an associate professor of radiology at the University of Michigan Medical School.

To remedy the problem, Marn and his colleagues developed a computerized "safety net" of codes that radiologists could assign to each medical image in the form of electronic "tags." Scans that revealed an unexpected sign of cancer received a "Code 8" tag, meaning it required immediate follow-up by the patient's own physician.

In addition to a written report and direct phone call about the finding, each week a staff member pulled up the computerized records tagged with Code 8s to check if follow-up care had been received. If it had not, she contacted the patient's physician.

In a one-year study by Marn and colleagues that was reported in the American Journal of Roentgenology, that safety net "caught" eight patients whose scans indicated signs of cancer but whose physicians failed to follow up on the scan results. Five of those patients actually turned out to have cancer.

Marn hopes to see the system implemented at other hospitals.

"We saw that in the handoff between radiology and the physician, there was a weak link," Marn explained. "We are using technology to [fix] the weak link." With the Code 8, he said, the cancer registrar "doesn't consider a case closed until he or she is sure someone is following up."

Dr. Leonard Berlin, chairman of radiology at Rush North Shore Medical Center, commented on Marn's report last year in the journal before the report's publication this year. In a phone interview, he called the computerized backup system "a necessary idea" that is both time- and cost-efficient.

"I don't think there's a hospital in the country where [communication failures] don't happen," Berlin said. "The average physician gets hundreds of X-ray reports a month, sometimes a week. The problem is, in today's busy world, sometimes it is very hard to locate a doctor. It can be very frustrating. We have to do a better job of ensuring communication of abnormal results gets to the patient."

The takeaway lesson for the public, Berlin said, is that no news is not necessarily good news. Don't assume if your doctor doesn't call you with lab results that everything is fine. "The real duty lies with the physician, but the intelligent patient leaves no stone unturned."

Wenatchee World photo by Don Seabrook

Food labels offer 51% whole candor on ingredient lists

Julie Deardorff
Tribune health and fitness reporter

PepsiCo's green and white "Smart Spot" logo, which appears on more than 100 "healthy" products, has long been a sore spot with me.

I don't mind its presence on Tropicana orange juice, which actually does contain juice from oranges. But the symbol, which means the product is a "smart choice," also can be found on the packaging of Diet Mountain Dew Code Red, Baked! Doritos Nacho Cheesier Flavored Tortilla Chips, Cap'n Crunch's Swirled Berries and other foods of dubious nutritional value.

Still, it's nothing compared with the shameless marketing from General Mills, which uses the cachet of "Whole Grain" on processed breakfast candy like Reese's Pieces cereal. And Nabisco promotes Whole Grain Chips Ahoy, hoping we'll forget a cookie is still a cookie.

Just because a food is *better* than an alternative doesn't necessarily mean it's *good* for you.

When it comes to providing helpful health information, food labeling can be misleading. Glancing at packaging isn't enough; you still have to scrutinize ingredient lists.

Here are several food traps to avoid:

■ Whole grains. Thanks to new federal rules, schools are required to serve healthier food and drinks in vending machines starting this month, and many are switching to whole-grain products. This, theoretically, is good because whole grains are processed less and retain more nutrients and vitamins.

But when it comes to products such as whole-grain Double Chocolate Cookie Crisp cereal, don't be fooled. The claim means 51 percent of the flour is made from a whole-grain source, but the rest of the flour can come from refined grains. And it often does.

All grains have three parts: bran (the outer shell), germ (the seed for a new plant) and endosperm. All three have important nutrients. Enriched, or "white," flour contains only the endosperm.

To protect yourself, look for "100 percent whole grain." Also seek out the black and gold "Whole Grains Stamp," which is the seal of approval from the Whole Grains Council, an industry trade group.

■ Zero grams trans fats. Wilmette's Cindy Fey, a nutrition-conscious mother of two toddlers, was stumped. How could foodlike substances such as Cheetos claim to have "zero grams of trans fats" when the ingredients included partially hydrogenated oils?

It's a common trick. Products that contain less than 0.5 grams of trans fat per serving can round down to zero. When you eat several servings, the trans fats add up. Fey quickly learned that to avoid trans fats, she had to make sure there were no partially hydrogenated oils in the ingredients list.

(Fully hydrogenated oils have no trans fats but are rock hard, unusable and mostly saturated fats, according to Dawn Jackson Blatner, a registered dietitian at the Northwestern Memorial Wellness Institute and spokeswoman for the American Dietetic Association.)

Many food manufacturers have replaced partially hydrogenated oils with palm oil, but there is a cost. Palm oil is 50 percent saturated fat. (Olive oil, by comparison, is 17 percent saturated fat, according to Blatner.) Another problem: Environmental advocacy groups say palm oil production is killing endangered wildlife.

The best oils are non-hydrogenated soy, canola, corn and peanut oils as well as more stable oils such as high-oleic sunflower or canola oil or low-linolenic soybean oil, Blatner said.

■ 100-calorie snack packs. Under the guise of portion-distortion control, manufacturers are pushing snack packs with 100-calorie servings. This is a great idea if you were going to eat 600 calories and are able to reduce it to 100. But nutrition and exercise professionals such as Michelle Bishop of Good Samaritan Health and Wellness Center in Downers Grove say that adding just 100 calories a day can lead to an extra 10 to 12 pounds per year.

Moreover, eating 100 *fewer* calories per day can result in losing 10 to 12 pounds a year. Exercising to burn another 100 calories can knock off 10 more pounds per year, according to Bishop, an exercise physiologist.

Alas, it's not the exercise, diet or meal substitutes that make a difference, Bishop said. It's the same old boring story, she said, of "balancing proper nutrition and food choices with regular exercise and doing it on a daily basis."

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Tribune photo by José Moré

To relieve heel pain caused by plantar fasciitis, Dr. Howard Stone performs shock-wave therapy, an option for avoiding surgery.

Therapy zaps chronic heel pain

By Terri Yablonsky Stat
Special to the Tribune

People with chronic heel pain are reminded of their problem with every step, and sometimes even sitting still.

They might spend years trying to walk it off. Others will try to make do with over-the-counter remedies until they break down and see a specialist. And even then, pain can remain.

For those unfortunate ones who can't shake the pain, a 20-minute office procedure might be worth one last try to avoid surgery.

Extracorporeal shock-wave therapy (ESWT) treats plantar fasciitis, the most common cause of heel pain. The condition occurs when the thin layer of tough tissue supporting the arch of the foot becomes inflamed. People feel pain just under the heel bone, especially when first getting out of bed.

"Eighty percent of people get this at some time in their lives," said Dr. Howard Stone, a podiatrist with The North Shore Podiatry Group in Glenview, Lake Forest and Gurnee. The average patient is 35 to 55. With age, changes in foot structure and tightening of the Achilles tendon complex cause the condition, Stone said.

ESWT is a non-invasive procedure using high-intensity shock waves that target the site of inflammation, which is where the plantar fascia, a tendonlike band of tissue, attaches to the heel bone. The shock waves increase blood flow to the area, which promotes healing. The procedure is done under local anesthesia, and patients can return to work the next day.

Most people with heel pain respond to conventional therapies, including anti-inflammatory drugs, physical therapy, orthotic devices, corticosteroid injections and night splints. The 5 to 10 percent who don't respond to these therapies are candidates for ESWT.

The Food and Drug Administration approved the technique four years ago for treatment of chronic heel pain that doesn't respond to more conservative therapies.

"We use the Epos Ultra by Dornier MedTech, which uses guided ultrasound to see exactly where the thickened fascia is and target shock waves to that area," Stone said. The technology is similar to lithotripsy, used to break up kidney stones.

"We've had excellent experience with shock-wave therapy," said Dr. Michael Weisman, head of podiatry at Evanston Northwestern Healthcare. "We're finding more and more with shock-wave therapy, we're avoiding the small percentage of patients who need surgical intervention."

Weisman uses the guided ultrasound equipment as well. "It increases safety and precision," he said. "The key part is that we're using a high-energy single-treatment device." The device gives off an acoustic shock wave measured in millipascals, or bars of pressure. Each click administers one acoustic shock. The intensity of pulses increases over the 20-minute treatment.

"Our success rate is over 80 percent," Weisman continued. "It's very cost effective when you consider it keeps some people out of the operating room."

Some methods of delivering ESWT may be more effective than others. "ESWT is a very good option to treat heel pain in patients who have failed all other options prior to surgery, but study results are mixed," said Dr. Anand Vora, orthopedic foot and ankle surgeon at Northwestern Memorial Hospital. "It's very dependent on the type of shock-wave therapy being used."

The best type is high-energy shock wave therapy, he said.

The procedure is offered at Northwestern but used sparingly, because most patients seem to improve after more traditional treatments, including proper stretching and correction of foot positioning, Vora said.

Typical physician fees for the treatment are $500 to $1,000, which does not include use of the technology. Julie Grego, chief operating officer of United Shockwave Therapies of Des Plaines, one of the providers of equipment, said her company contracts with various insurance carriers to cover the procedure. If someone has no health insurance, it will work with that patient to try to set up a payment plan. The company tries not to turn away anyone who needs the procedure. The equipment fee for the procedure starts at $6,500.

Three years ago, Robert Cosme, 51, of Gurnee had ESWT after conventional treatments failed to stop his heel pain.

"I was very skeptical at first, since it's a fairly new procedure," he said. "What attracted me was that there's no surgery involved. I'm very happy with the results."

DISCOVERIES

Seaweed soup busts a gut

HealthDay News

That tasty miso soup you had for lunch may be more than delicious; it could help you burn excess fat.

Researchers led by Kazuo Miyashita, a chemistry professor at the Hokkaido University Graduate School of Fisheries Sciences in Japan, investigated the effects of brown seaweed, *Undaria pinnatifida*: a type of kelp called wakame that is widely consumed in Japan.

They found that fucoxanthin, the brown pigment in the seaweed, promoted a 5 percent to 10 percent weight loss in mice and rats by shrinking abdominal fat. The compound appeared to stimulate a protein that causes fat oxidation and conversion of energy to heat. This protein is found in white adipose tissue—belly fat—and that means fucoxanthin might be particularly effective at shrinking oversized guts, the researchers hypothesized.

Fucoxanthin also stimulated the animals' livers to produce DHA, a beneficial omega-3 fatty acid that reduces low-density lipoprotein or LDL, the bad cholesterol that contributes to atherosclerosis.

The researchers, who presented their findings this month at the American Chemical Society's annual meeting in San Francisco, hope further study could lead to a pill containing fucoxanthin that might be consumed daily or as needed. That pill will be a long time in the making, however. Even though human studies are planned, it will likely be at least five years before a fucoxanthin-based anti-obesity pill would be available to consumers.

Sudden cardiac death takes time

"Sudden cardiac death" often isn't all that sudden, and lives can be saved by training people to look for the symptoms of impending cardiac arrest and what action to take, a German study shows.

"A study of 406 sudden cardiac-death patients indicates that they often have symptoms, especially the typical symptom angina pectoris [chest pain], for as long as 120 minutes before an arrest," said study lead author Dr. Dirk Muller, a cardiologist and emergency physician at the Medical Clinic II in Berlin.

"Two-thirds of cardiac-arrest patients have a history that predisposes them to sudden cardiac death," Muller added, so efforts to reduce the toll should focus on teaching their family members to recognize the symptoms and how to perform cardiopulmonary resuscitation.

In the study, 72 percent of cardiac-arrest cases occurred at home, and two-thirds were witnessed by others.

Med-student hazing can be fatal

U.S. medical students typically face harassment, insults and intimidation by attending physicians and resident doctors, a new study finds. In some cases pressure on students becomes so bad that it spurs depression and even suicide.

"Most medical students in the United States are graduating from medical school having had experiences that they report as being either belittling or harassing," said lead author Dr. Erica Frank, an associate professor and vice chairwoman of the Emory University School of Medicine in Atlanta.

In fact, 42 percent of seniors said they had been harassed by other students, residents, preclinical professors, clinical professors or attending physicians, or patients. Eighty-four percent said they had been belittled, and 40 percent said they had been harassed and belittled.

Some students felt faculty did not care about them, and others said they regretted training to become a doctor.

This treatment can have serious consequences for students' mental health, according to Frank. "Rates of depression and suicide are higher," she said. "They are also less likely glad that they trained to be a physician if they were belittled or harassed."

The report appears in the Sept. 6 online edition of the British Medical Journal.

Teen driving limits cut crashes

A 1998 California law that restricts teenage driving has reduced accidents involving 16-year-old drivers by 23 percent, a new report finds.

The California law, like graduated licensing laws in other states, extends the learner-permit period and has parents certify that teen drivers get at least 50 hours of driving practice. Even after 16-year-olds get a driver's license, their driving is restricted. For example, they may not drive unsupervised at night or any time with teen passengers.

The California law is responsible for a 27 percent decrease in nighttime crashes and a 38 percent decrease in crash rates with teen passengers, according to the report, released recently by the Insurance Institute for Highway Safety.

This is "more evidence that graduated licensing is reducing crashes," Susan Ferguson, the institute's senior vice president for research, said in a statement. "We conducted our analyses several ways, all of which revealed positive results. So we know the law is successful."