KATI O'HARE
REPORTER

970-252-7037

katio@montrosepress.com

Health & Fitness

In Brief

Stroke Support Group

MONTROSE – The Montrose Memorial Hospital Stroke Support Group meets the last Thursday of every month at 11 a.m. on the Acute Rehabilitation Unit at MMH. For more information, call Amy at 240-7369.

MMH Health Fair

MONTROSE – Montrose Memorial Hospital has announced the annual Health Fair will be Saturday, March 8, from 6:30 a.m. to noon at the Montrose Pavilion. Tests and screenings include hearing, blood, glaucoma, vision, blood pressure, height and weight, flexibility and grip strength. Free information and educational materials will be available. Physicians and other healthcare professionals will be on hand to review blood test results and provide screenings.

Mending Hearts groups in Montrose, Ridgway

MONTROSE – Hospice and Palliative Care of Western Colorado is offering two Mending Hearts groups in the Montrose area and one in Ridgway.

The first group meets Monday at the Hospice office, 645 S. Fifth St., from 1 to 2:30 p.m. in Montrose The second groups meets Thursdays from 6:30 to 8 p.m. at First Church of Nazarene, 705 S. 12th St.

Beginning this month, a group will meet every Tuesday from 10 to 11:30 a.m. at the Ridgway Community Church, 865 W. Sherman St. in Ridgway.

Participants are welcome to join any of the groups at any time, no registration required.

Mending Hearts, a free community service of Hospice, provides an atmosphere of acceptance and understanding. Members can share their feelings and learn coping skills. It is open to any adult who has experienced the death of a loved one.

For more information contact Don Barr at 252-2520.

Studies show naps, mammograms and blood-sugar tests can reveal risk of stroke

BY MARILYNN MARCHIONE
AP MEDICAL WRITER

NEW ORLEANS — What do mammograms, blood-sugar tests and daytime dozing have in common? All may offer clues that someone is headed for a stroke, new studies suggest.

Higher stroke risk was seen in women with artery buildups accidentally revealed by mammograms, in nondiabetics starting to have insulin problems, and in older people who tend to nod off a lot.

People should not panic if they have one of these signs. But if grandma falls asleep in front of the TV all the time, it may be worth checking to see if she has a sleep disorder raising her risk of stroke, doctors say.

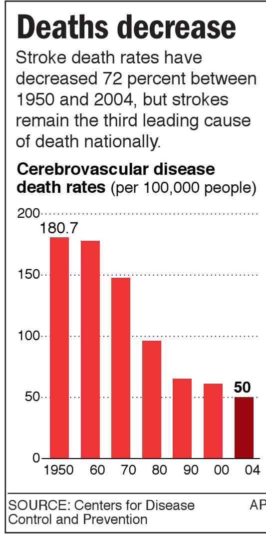
Likewise, a test that rules out breast cancer may give a valuable clue to heart disease and stroke risks — if radiologists report the findings to women and their doctors for follow-up.

"You're getting information in two important areas," but people often focus on just the cancer risk, said Dr. Philip Gorelick, neurology chief at the University of Illinois in Chicago. He is chairman of the International Stroke Conference, a medical meeting in New Orleans where the studies were presented Thursday.

Daytime drowsiness may be due to nighttime sleep apnea, a common condition where people briefly stop breathing, causing spikes in blood pressure as they startle awake. Snoring can be a sign, but doesn't always mean trouble — except for others trying to sleep.

"It's not healthy because you're not staying in your normal sleep pattern. You're waking up many times in the night and in the daytime are tired," Gorelick explained.

Columbia University researchers led by Bernadette Boden-Albala found that a simple scoring system to evaluate daytime dozing strongly predicted stroke risk. They asked 2,100 people, average age 73, how often they nodded off during specific situations during the day — watching TV, reading, sitting and talking to someone, sitting in traffic, or sitting quietly after lunch.



In the next two years, 40 had strokes and 127 had other blood vessel-related problems such as heart attacks or blood clots in the lungs.

The odds of having a stroke were nearly five times greater among heavy dozers, and nearly three times greater among occasional dozers, compared with people who rarely nodded off. The chances of other vessel-related problems were higher, too.

Unintentional dozing is different from purposely taking a nap, although "we need to look at that" to see if regular siestas also are a sign of poor nighttime sleep, Boden-Albala said.

Frequent dozers should talk with their doctors about being evaluated for a sleep disorder. Possible solutions include a device that helps maintain continuous air pressure, losing weight if they are overweight, and even surgery if the airway is obstructed.

The mammography study was led by medical student Amy Loden and Dr. Paul Dale of the University of Missouri Medical School in Columbia, Mo. They studied calcium deposits in the walls of arteries that supply the breasts, which are different from the calcifications in breast tissue that can signal the presence of a tumor.

"Every time I see one I think, 'That woman has a breast full of calcifications. I wonder if her heart looks the same,'" said Dale, a cancer surgeon.

He previously published studies tying these artery deposits to a higher risk of heart disease. In the new study, he and fellow researchers found these deposits in 11 percent of roughly 800 women having routine mammograms at their hospital.

Next, they looked at the mammograms of 204 stroke patients and found the deposits in 56 percent of them — five times more often. Greater stroke risk was seen in women of all ages with the deposits, but especially among those in their forties and fifties.

"We're not saying just because you have these you're going to have a stroke — it's just identifying women at risk," Dale said.

He is starting a new study to see whether calcium deposits can be used to predict who will suffer strokes later, and thinks radiologists should report deposits to doctors so follow-up tests can be considered for stroke and heart disease.

Just 1 in 4 Americans know heart attack warning signs; CDC calls that figure 'alarmingly low'

BY MIKE STOBBE
AP MEDICAL WRITER

ATLANTA — Only about 1 in 4 Americans know the warning signs of a heart attack and what to do first, according to a new government report.

That's a decline in knowledge since the last survey in 2001, which showed nearly 1 in 3 to be well informed.

The study's lead author, Dr. Jing Fang, called public awareness in the new survey "alarmingly low." Fang is with the Centers for Disease Control and Prevention, which surveyed residents of 13 states and the District of Columbia.

Heart attack warning signs can include one or more of the following five symptoms: shortness of breath; pain or discomfort in the chest; discomfort in the arms or shoulder; a feeling of weakness or lightheadedness; and discomfort in the jaw, neck or back.

Chest pain is the most common symptom. Women are more likely than men to experience some of the other symptoms, particularly shortness of breath and back or jaw pain, according to the American Heart Association.

Anyone experiencing these symptoms should call 911, the heart association advises.

The groups best informed of heart attack warning signs and what to do about them tended to be white, highly educated, and women. Also scoring well were residents of West Virginia, which has some of the nation's highest heart attack death rates.

Each year more than 900,000 Americans suffer a heart attack, and about 157,000 of them are fatal. About half the deaths occur within an hour of symptoms occurring, experts say.

Because different people experience different symptoms, it's important to be aware of all of them, doctors say.

"It's not always massive chest pain," said Wayne Rosamond, a University of North Carolina epidemiology professor and expert on heart disease statistics.

Of course, knowing is not the same as doing: Although most of those who got the heart attack symptoms right said they would call 911, other studies show that only about half of heart attack victims go to a hospital by ambulance, Rosamond noted.

Patients' concerns about lack of health insurance status or other matters may explain why so few go to a hospital, said Rosamond, who was not involved in the new study.

The CDC's findings were based on a random-digit-dial telephone survey of about 72,000 people in 2005.

In West Virginia, more than 35 percent of respondents from that state knew all five warning signs and that they should call 911, compared with 27 percent in the overall study population.

Iowa and Minnesota also were at the top of the list. The gap between West Virginia and the two other states was not statistically significant.

West Virginia consistently ranks among the states with the highest heart attack deaths rates, and also is a leader in smoking, obesity, high cholesterol and other heart disease risk factors. But it's not clear whether personal experience was the reason the state's residents were so well informed. Public health education campaigns or other factors may also explain the result, experts said.

No-pay movement for serious hospital errors gaining steam

BY LAURAN NEERGAARD
AP MEDICAL WRITER

WASHINGTON — It's a new way to push for patient safety: Don't pay hospitals when they commit certain errors.

Medicare will start hitting hospitals where it hurts in October, and other insurers are hot on the trail.

That has the nation's hospitals exploring innovative programs to prevent injury and infection: Hand-washing spies. Surgical sponges that sound an alarm if left in the body. Even a room sterilizer that promises to wipe out bacteria left lurking on bedrails.

"Money talks," says Dr. Steven Gordon, infectious disease chief at the Cleveland Clinic Foundation. "Every hospital CFO, this gets their attention."

And patients' first sign that something is changing may involve lessening of a big indignity: Today, one in four hospitalized patients is outfitted with a urinary catheter. The tubes trigger more than half a million urinary tract infections a year, the most common hospital-caused infection.

Yet many patients don't even need catheters — they're an automatic precaution after certain surgeries — and many who do have them for days longer than necessary. Why? The University of Michigan reported the first national study of catheter practices last month, finding nearly half of hospitals don't even keep track of who gets one. Fewer than one in 10 hospitals does a daily check to see if the catheter is still needed, a simple but proven infection-reducing system.

With those infections topping Medicare's do-not-pay list, Gordon says hospitals already are beginning to get choosier about who needs catheters, and to yank them faster.

Even when a hospital makes a preventable error, it still can be reimbursed for the extra treatment that patient will now require. Some errors can add $10,000 to $100,000 to the cost of a patient's stay.

Beginning Oct. 1, Medicare no longer will pay those extra-care costs for eight preventable hospital errors, including catheter-caused urinary tract infections, injuries from falls, and leaving objects in the body after surgery. Nor can hospitals bill the injured patient for those extra costs.

Next year, Medicare will add three more errors to the no-pay list; ventilator-caused pneumonia and drug-resistant staph infections are top candidates.

Medicare, which insures about 44 million elderly and disabled people, estimates the move will save the government about $190 million over five years.

It also sparked a movement: Private insurance giants like Aetna are moving to make hospitals absorb the cost of serious errors. Pennsylvania last month said it would follow Medicare's example and stop Medicaid payments, too. The American Hospital Association is urging members to voluntarily quit billing for treatment of serious errors, and hospitals in a number of states, from Minnesota to Vermont, have announced they will.

Many hospitals already were trying to improve patient safety for a bigger reason — to prevent suffering and death — and a question is whether making them literally pay for mistakes will spur greater improvements. But some novel attempts are under way:

—A standard mop-and-bucket cleaning leaves bacteria in hospital rooms, especially on electronic equipment that janitors hesitate to touch. So the Wellmont Health System in Kingsport, Tenn., is testing a portable machine that sterilizes a closed room by spewing out vaporized hydrogen peroxide that reach into every nook and cranny.

CU looking to train med students on Western Slope

BY KATI O'HARE
DAILY PRESS WRITER

GRAND JUNCTION — In an effort to put a dent in the overwhelming shortage of physicians in rural settings in Colorado, the University of Colorado School of Medicine is working on a way to entice students to come to the Western Slope for their clinical training.

Tuesday, the school and St. Mary's Hospital in Grand Junction will host a community forum to raise awareness and interest in a possible clinical branch campus of the medical school in Grand Junction.

"We just started the processes," said Dr. Robert Feinstein, the school's senior associate dean for education. "We started with St. Mary's because it is a large regional hospital and has 50 percent of the training capability needed to launch a medical school. The other 50 percent of the education experiences will be happening all over the Western Slope."

Feinstein said the school is working with other hospitals on the Western Slope with the goal of gathering enough interested physicians and medical facilities to mentor and train their students during their final two years of medical school.

Tuesday's forum is part of the process and will be held from 11:30 a.m. to 12:30 p.m. in the Grand Room of the Hampton Inn, 205 Main St. in Grand Junction.

"It's just a call to the community; let them know we are interested in doing this on the Western Slope; get feedback on who might be interested in joining us," Feinstein said.

Appearing at the forum will be Feinstein, along with Dr. Richard Krugman, dean of the school and vice chancellor for health affairs at CU Denver, and Dr. David West of St. Mary's, who is associate dean for Western Slope planning.

The goal of the campus expansion would be to eventually bring 48 medical students to study on the Western Slope each year. Feinstein said statistics show that doctors usually stay to practice in the areas where they are trained; therefore the anticipated result would be more doctors and better service and accessibility for patients.

However, it could be about five years before the school brings those 48 students to train. The program is a three-stage plan.

The school has collected its first $300,000, which Feinstein said was part of stage one to see if the idea is feasible.

Stage two has not yet begun, he said. The school needs more than $2 million to pilot the full educational program for a total of 48 students.

Stage three is then securing state general funding to keep the program running. Feinstein said the school estimates an annual budget of $3 to $4 million.

"Currently we are in a fundraising mode to start stage two," he said.

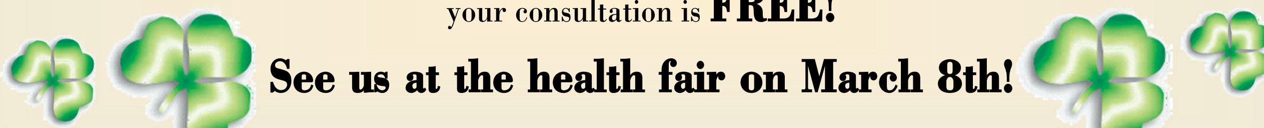
Feinstein said that if the Legislature helps with stage two or three, then the school could have students piloting for the program as soon as July. The students will receive their first two years of schooling in Denver. Their third and fourth year will be spent on the Western Slope. By 2014, the full program would be up and running with the full 48 students out learning and training in the area's communities.

Steven J. Sawyer, M.D.
(970) 240-0378

March is Colon Cancer Awareness Month!

Stay healthy! The best cure is early detection by colonoscopy.
Call today to schedule an appointment & when you mention this ad,
your consultation is **FREE!**

See us at the health fair on March 8th!



Visit our website at: www.bc-surgeons.com

Timothy Sullinger, M.D.
(970) 252-9165