

# HOUSE CALL

YOUR GUIDE TO HEALTH AND WELLNESS

June 2011



## What's left behind

*Tetanus shots a must for volunteers aiding flood relief*

*Inside:* Substitution is key when cooking for people with food allergies

# HOUSE CALL

YOUR GUIDE TO HEALTH AND WELLNESS

House Call is a specialty publication  
of The Paducah Sun

## IN THIS EDITION

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## ON & OFF THE VINE



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Cooking for  
people with  
food allergies  
can be diffi-  
cult.

### On the cover

**John Alexander** rows a boat to his home along Old Sheehan Bridge Road in Paducah in early May. His home was flooded with more than a foot of water. He lost several vehicles as well.

LANCE DENNEE | The Sun

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**House Call** is dedicated to providing our readers with helpful health related information. We strive to help answer the questions of current and ongoing concerns. This publication is not intended to take the place of medical experts, but rather inspire our readers to take an active role in their physical and mental well being.

# wisdom for women

Sherri DiCicco, APRN  
Family Practice Nurse  
Practitioner



## Safe Summer Skin

*While we all look forward* to that deep, golden, healthy-looking tan this summer, the fact is that a tan is really not healthy at all. Both the sun and tanning beds darken your skin while causing irreparable damage, not to mention the dreaded “w” word: wrinkles! Worse still, recent studies have linked indoor tanning bed use to melanoma and have labeled them as carcinogenic to humans. After that news was made public, a 10% tax was placed on the price of purchasing tanning bed visits to further discourage their use.

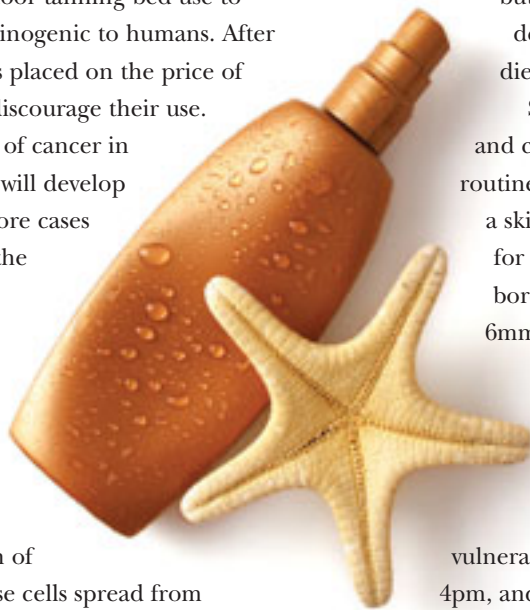
Skin cancer is the most common form of cancer in the United States. One in five Americans will develop this cancer in their lifetime. There are more cases of skin cancer diagnosed each year than the combined cancers of the colon, breast, prostate, and lung. Risk factors for skin cancer are light complexion, genetics, age (over 40), and sun exposure and sunburn. Protecting one of our most vital organs, our skin, needs to be in the forefront of our quest for healthy living.

Skin cancer is the uncontrolled growth of abnormal skin cells. If left untreated, these cells spread from the skin into other tissues and organs. Skin cancers are classified by the epidermal, or outer most layer of skin involved. One type is basal cell carcinoma, the most common type involving the

lowest level of the epidermis. A second type is squamous cell carcinoma or cancer involving the middle layer of cells. Finally, melanoma occurs in the melanocytes or the cells responsible for the pigmentation or “tan” from the sun. It is less common, but much more dangerous. It is the leading cause of death from skin disease and every hour one person dies of melanoma.

Skin cancers can have many different appearances, and can occur in an existing mole so it is important to routinely check your skin and have your physician to include a skin check with your annual exam. Key features to look for are known as the ABCD’s. Asymmetry, irregular borders, variation of color, and diameter (larger than 6mm or the size of a pencil eraser) are all things that should be considered when looking at suspicious areas on the skin. Also something to check into is any spot that bleeds or will not heal.

Prevention is the key to fighting this cancer. Wearing hats, long-sleeves, and pants help to cover vulnerable areas. Avoidance of the sun between 10am to 4pm, and wearing a sunscreen of at least 30 SPF that blocks both UVA and UVB rays. Also use sunscreen in the winter months when skin can still burn.



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# Something in the water



JOHN WRIGHT | The Sun

**Zach Carlson** (center), a petty officer with the United States Coast Guard, talks to homeowners as they stand in the submerged front yard of their home in the Shady Grove community of Massac County, Ill. Homeowners will need to take care to protect themselves from hazards in the water when cleaning up after flooding.

## Tetanus shots a must for flood relief volunteers

**BY ADAM SHULL**

ashull@paducahsun.com

Hepatitis B vaccinations aren't the worst idea before jumping in to help with flood relief efforts.

Receiving up-to-date tetanus shots, especially for those who have cuts or scrapes and come in contact with flood water, are a must.

"Hepatitis B shots may be a little overkill," said Dr. John Roach, who works out of Paducah Pediatrics, 1532 Lone Oak Road.

### Other flood concerns for the Purchase District Health Department

■ **Mosquitos:** "The mosquito species we see here don't typically carry disease," said Charlie Ross, public health director. "There haven't been any human cases of West Nile Virus in Kentucky in the last year."

"The health department works in conjunction with the agriculture department on mosquito control. We search out areas that have infestations and test the mosquitos, then they come in and spray them."

■ **Mold:** Carpet, sheet rock and wood under water for days and weeks will have to go, Ross said. As workers complete that task mold can affect the respiratory system. Like many illnesses, mold affects each person differently so people have to be aware of any symptoms arising in their respiratory system.

■ **Well water:** People in flooded areas and who access well water should not use their well before it is decontaminated, Ross said.

"Those are recommended because it (hepatitis) is a very hardy virus. ... The up-to-date tetanus shots, people

need to do that."

All flood victims and volunteers hoping to recover homes and prop-

erty from swollen rivers are warned about the water they are facing.

"There is all kinds of stuff in the flood water — debris, waste, snakes and leeches," said Charlie Ross, public health director of the Purchase District Health Department. "Anyone with open cuts or scrapes, or who gets cut by debris, should definitely get a tetanus shot."

Roach said tetanus shots protect people from the infection for seven years, but if someone suffers an injury or puncture wound, the latest shots need to be within five years.

The concerns over hepatitis B mostly come from the chance that sewage has leaked into flood waters,

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*House Call Monthly*

## FLOODING: Take care when cleaning up

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Roach said. Such contaminated material can be left behind in mud and sediment even after flood waters recede.

“Theoretically, there is some risk of hepatitis B in those circumstances,” Roach said. “It’s better to be safe than sorry.”

Hepatitis B is irritation and swelling of the liver due to infection with the hepatitis B virus, as the National Center for Biotechnology Information defines it on its website: [ncbi.nlm.nih.gov](http://ncbi.nlm.nih.gov). The infection is spread through contact with blood and other bodily fluids from someone infected.

Though vaccination and common sense squelch most every health concern about locals negotiating the flood waters, the severity of what can happen during volunteer efforts is hitting home.

“The disgusting stuff you’re going to subject your body to, I really had no clue,” said Jeff Biggs, pastor of



JOHN WRIGHT | The Sun

**Phillip Chesnut**, an electrical engineer with the Paducah Power System, stocks floor cleaner inside a semi trailer used for the Stuff the Truck flood relief drive outside the Paducah Power office on Broadway in May. Volunteers and homeowners cleaning up after flooding should be aware of hazards left behind.

Lone Oak’s New Hope Cumberland Presbyterian Church. Biggs was part of a church volunteer crowd 70 strong one Saturday in May. The group met at the First Baptist Church of Metropolis to coordinate, and

train for, relief plans.

Biggs said a Baptist disaster relief organization briefed the crowd about how best to clear mud and sediment from flooded homes, taking lessons from similar work after Hurricane

“There is all kinds of stuff in the flood water – debris, waste, snakes and leeches. Anyone with open cuts or scrapes, or who gets cut by debris, should definitely get a tetanus shot.”

### Charlie Ross

Public health director of the Purchase District Health Department

Katrina in New Orleans.

“I don’t mind the stuff I can see and whack with a stick,” Biggs said about the possibility of snakes and leeches. “It’s the stuff I can’t see that I don’t like.”

Roach said anyone interested in volunteering in flood relief efforts should contact their own doctor or their local health department for vaccination information.

*Sun staff writer Corianne Egan contributed to this report.*

Contact Adam Shull, a Paducah Sun staff writer, at 270-575-8653.

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# Dr. Withrow's HeartBeat



by Patrick Withrow, M.D.  
Vice President / Chief Medical Officer  
Western Baptist Hospital



As featured in The Paducah Sun's House Call • Available online at [paducahsun.com](http://paducahsun.com) and [westernbaptist.com](http://westernbaptist.com)

## Too much TV may increase kids' future heart disease risk

Children who spend too much time watching television or playing computer games may have an increased risk for future cardiovascular risks, according to a recent study published by the American Heart Association.

The study reported that kids who spend more time on the couch have narrower eye arteries than kids who are more physically active. Narrower arteries are a sign of future risk of heart disease.

### Who's at risk?

Researchers studied nearly 1,500 6- and 7-year-olds in Australia. On average, the children spent close to two hours a day watching TV or in front of a computer and 36 minutes participating in physical activity.

Kids who spent the most time glued to a screen had the narrowest retinal arteries. Likewise, those who were the most active had significantly wider retinal arteries.

Studies in adults suggest narrowed blood vessels in the eyes indicate increased heart disease risk since they are part of the brain's vascular system and respond to stress and disease just like other blood vessels.

Researchers said more studies need to be done, but the findings suggest a sedentary lifestyle even early in life can affect blood vessel health and increase cardiovascular risk.

### What can parents do?

The average child and teen in the U.S. spends seven hours a day watching television or using computers, phones or other electronic devices, according to the American Academy of Pediatrics. That is four more hours than the average TV-viewing time in 1999 and five hours more than the two-hour limit recommended by the AAP for children over age 2, according to WebMD.

Replacing screen time with activities

will benefit your child's health. The more children exercise and engage in physical activity, the healthier they will be. Parents can be role models by being active themselves and playing outside games with their family.

### Western Baptist helps children

Western Baptist is committed to fighting childhood obesity and making children — and their parents and caregivers — “heart smart.” With a grant from Western Baptist Hospital, Concord Elementary School this fall will become the fourth area school to launch Project Fit America, a fitness program aimed at reducing childhood obesity. Paducah's McNabb Elementary and Graves County's Central Elementary were awarded the program in 2007, while Lone Oak Elementary received it in 2009.

The grant includes playground equipment with fitness stations to offer new activity options, while the accompanying curriculum and teacher training for all grade levels

integrate a fit lifestyle in their daily lessons. We need to intervene early to educate children, parents, teachers and anyone involved in their care to make their adult lives healthy and happy. We know preventing or treating childhood obesity may reduce the risk of developing heart disease.

### Chest Pain & Stroke Hotline

If you have questions about heart attack or stroke symptoms, you can talk to a Western Baptist nurse free 24 hours a day on the Chest Pain & Stroke Hotline: 1-800-575-1911.

### Send your questions!

Do you have a cardiac question tugging at your heart? Send it to [heartbeat@bhsi.com](mailto:heartbeat@bhsi.com) or mail it to HeartBeat, 2501 Kentucky Ave., Paducah, KY 42003. If we use it in a future HeartBeat column, you will receive a Western Baptist Hospital door prize.

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*If you have questions about the symptoms of heart attack or stroke, talk to a nurse any time on our 24-hour hotline.*

# Baking for those with food allergies not easy

## Getting rid of processed ingredients can make food safer

BY ANNE BROCKHOFF

McClatchy-Tribune News Service

My daughter plotted her birthday cake for months, finally settling on a chocolate-flavored castle surrounded by Disney princesses.

I like decorating cakes, so my then-3-year-old's request ordinarily wouldn't have been a problem.

But this wasn't an ordinary year.

This was the year we learned my daughter's erratic sleep and constant tummy aches were caused by casein, the protein in dairy foods. The only treatment: eliminate all dairy from her diet, along with gluten, soy, tapioca, buckwheat, green peas, olive oil and half a dozen other foods a blood test indicated she couldn't tolerate.

It turns out our daughter is one of the millions of Americans who suffer from food sensitivities, or the inability to digest certain foods. And she's one of the lucky ones. Some 12 million have true allergies, where an immune response triggers symptoms ranging from mild itching to life-threatening swelling and breathing difficulties. Another estimated 2 million, many undiagnosed, suffer from celiac disease, an autoimmune reaction to gluten that damages the small intestine.

So for many people, food is a problem.

But it's also the answer, said Carreen Blankenship of Kansas City, Kan. She and her daughters, Olivia, 7, and Layla, 5, all have celiac disease. Layla also has food allergies.

"We tell the girls that you have the power to heal yourself, that you're



McClatchy-Tribune News Service

**Carreen (right) and Shawn Blankenship** cook dinner with their daughters, 7-year-old Olivia (far left) and Layla, 5, in their home. The Blankenship family cooks and bakes naked, which is a chef's term for stripping everything out of the food that can trigger allergies.

in control," Blankenship said. "That power is cool."

Blankenship wasn't always so confident. When Olivia was diagnosed with celiac disease in 2005, she was 10 months old and so sick that she "couldn't keep anything down or in," Blankenship said. As Olivia's first birthday closed in, Blankenship was frustrated and heartbroken.

"It was so devastating to think of not having a cake for her," Blankenship said. "I wondered, what do other parents do?"

What Blankenship did was throw herself into research, clean out her kitchen and begin cooking gluten-free — including learning to bake cupcakes for Olivia's party. She cooks with whole foods, passing on processed ingredients, in an approach often called clean, or naked, cooking.

"Our rule is that if you can't read it, don't eat it," Blankenship said.

### Gluten-free mind expansion

Wheat flour dominates baking for good reason. Wheat, along with a few

other grains, contains two proteins called glutenin and gliadin. When combined with water, these proteins form sheets of gluten that allow breads to rise and hold their shape when baked. Eggs provide structure and richness, while butter, cream and other dairy products add flavor and tenderness.

Removing such key ingredients from recipes can be frustrating, but it's also exciting, said Karina Allrich, who learned she had celiac disease in 2001 and began blogging at [www.glutenfreegoddess.blogspot.com](http://www.glutenfreegoddess.blogspot.com) four years later.

Allrich embraces flours like the light-flavored sorghum; buckwheat, a darker and more assertive flour; brown rice flour, the whole grain counterpart to white rice flour; quinoa, a delicate flour high in protein, calcium and iron; moist and high-fiber coconut flour; and flavorful nut flours like almond and hazelnut.

None of these fully replaces wheat flour, so two or more are usually

combined in gluten-free flour blends. Starch is added to mimic gluten's elasticity; interchangeable options include corn, arrowroot, potato (not to be confused with potato flour) and tapioca. Thickeners like xanthan gum or guar gum are added to help baked goods rise.

Commercial blends are convenient and widely available. You can also make your own blend using guidelines from *Gluten Free Girl* ([www.glutenfreegirl.com](http://www.glutenfreegirl.com)) or *Living Without* ([www.livingwithout.com](http://www.livingwithout.com)).

### Tweaking the chemistry

Still, flour is just the start, said Elizabeth Gordon, author of "Allergy-Free Desserts" (John Wiley & Sons, 2010).

"I'm allergic to wheat and eggs, and when it comes to baking that's pretty much everything," said Gordon.

The solution is substitution. Gordon often uses applesauce or ground flax seed softened with water in place of eggs. Egg replacer and duck eggs also work. Sunflower seed butter stands in for peanut and a mix of vanilla rice milk and cider vinegar for buttermilk.

Gordon's main goals? Safety, of course, but also taste.

"I want everything to taste and have the same texture as what I'm used to eating," she said. "If I can't get that, I won't make the recipe."

### Read the label, often

Where a product was manufactured also matters. Even inherently gluten-free grains like oats or corn may contain trace amounts due to cross-contamination. Many people who are highly sensitive to gluten buy only ingredients labeled as gluten-free and produced in designated, gluten-free facilities. Look for details on the package, or, if in doubt, visit a brand's website or call the company.

## Ambushed by recurring cold sores? Here's why

BY ALEXIA ELEJALDE-RUIZ

McClatchy-Tribune News Service

For such a ubiquitous plague, cold sores can be mighty shaming.

In addition to the indignity of wearing a bulging, weepy blister on your lip, sufferers also must contend with the stigma of its source: HSV-1, a type of herpes simplex virus.

But unlike HSV-2, the virus that usually causes genital herpes, cold sores are not usually sexually transmitted (though they can be). Most people get infected with HSV-1 as kids, from kissy adults.

"It is one of the most common viral infections, and yet you're a pariah," said Dr. Adam Friedman, director of dermatologic research at Albert Einstein College of Medicine at Yeshiva University in New York. "People look at you like you're a leper."

About 70 percent of Americans

are infected with HSV-1, but just a third of those infected have cold sore outbreaks, said Bryan Cullen, professor in the department of molecular genetics and microbiology at Duke University Medical Center. Genetics likely separates the lucky from the unlucky, he said.

The hardy virus, which stays in your body your whole life, survives by moving up the sensory nerves after initial infection and vacationing in nerve bundles, where immune cells can't find and destroy it. Triggers such as stress, fatigue, sun exposure, picking at your lip or having a cold or the flu can reactivate some infected cells, which travel back to the initial infection site to cause a new outbreak.

There is no cure. Cullen and fellow researchers hope to find a way to disrupt the processes that keep the virus latent, so that they can coax it out of

hiding all at once and ambush it with medication. But they're not close to clinical trials, Cullen said.

Though there are rare cases of severe complications from HSV-1 — such as when the virus spreads to the brain in immunocompromised people, causing death or neurological damage — for the most part "the worst part about (HSV-1) is probably the social stigma," Friedman said.

Though the virus is most contagious during an outbreak, when the virus is "shedding," it's also possible to transmit when no outbreak is visible. According to a study published in 2008 in an oral medicine journal, at least 70 percent of people with HSV-1 shed asymptotically at least once a month.

Friedman recommends keeping your mouth away from others when you feel a cold sore coming, during

the outbreak and for a few days after it goes away.

Taking prescription antivirals can reduce healing time or prevent a blister from forming at all, clinical trials have shown. It's best to attack during the "prodrome" stage, when many people feel tingling or itching at the infection site, or have flulike symptoms, before a blister appears.

Friedman suggests applying ice at the first hint of a cold sore, holding it against the infected site for no more than 15 minutes, to reduce swelling. You might also soak a cotton ball in whole milk and hold it against the sore for 10 to 15 minutes daily, Friedman said. Milk contains the protein monacprin, which can halt HSV-1.

Finally, cover a blister with a thick emollient such as petroleum jelly to speed healing and protect the wound from bacteria, Friedman said.



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# Top of the Chart

## Study challenges rural lack of access to surgery

BY LINDSEY TANNER

Associated Press

**CHICAGO** — A surprising study of nearly 46 million Medicare patients says older residents in rural areas are more likely to have any of nine common surgeries than people in cities.

Back surgery, hip and knee replacements, and prostate removal were among the operations performed more often in rural Medicare patients, the study found. Emergency surgeries and elective operations alike were more common among rural residents.

The results seem to challenge the idea that city dwellers have better access to medical care, but experts say the research raises more questions than it answers.

“When I first saw the result, I looked at it and said maybe I got it backwards,” said lead author Dr.

Mark Francis, a researcher at Texas Tech University Health Sciences Center in El Paso. The study doesn't indicate where rural residents had surgery. It's likely many had to travel some distance, which would be risky when urgent surgery is needed.

The study didn't report on how the patients fared after their operations. Nor did it say whether rural residents had worse health overall than city dwellers, although some previous research has suggested that is generally true.

The authors say their findings could mean that rural residents are sicker, getting treatment they don't need, or more likely to delay treatment for aches and pains until they worsen and require surgery.

It's also possible rural residents have less access to non-surgical treatments, or view them as less desirable.

But the real reasons can't be gleaned from the study, which was a data analysis on all Medicare patients in 2006.

Though the cases are five years old, Francis said the results likely reflect current practice and noted that he had found similar trends going back to the 1990s. He said it's unlikely the recession had much impact because these patients are covered by Medicare.

The researchers used ZIP codes and a government classification system that designates regions on a 10-point scale, with 1 being the most urban and 10 the most rural. They compared surgery rates among residents in regions 7 to 10 — the most rural — with the most urban areas.

Francis said colleagues told him, “If you find a 5 percent difference, that would be a big difference from

a public health policy view.” But the contrast between the two groups was larger than that for all but one of the operations — abdominal aortic aneurysms.

Rural residents were almost 20 percent more likely to have heart valve replacements, and about 15 percent more likely to get knee or hip replacements or spine fusion surgery. Smaller but still noteworthy differences were found for prostate surgery, appendectomies, surgery to remove neck artery blockages, and surgery to fix broken hips.

Dr. Sam Finlayson, a Dartmouth Medical School surgeon and researcher, called the results provocative but said, “I don't think this study can negate all of the evidence that there are pockets of problems with access to surgical care across rural America.”



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# Orthopedic Insight

## Keep Arthritis From Controlling Your Life

BY DR. THANE DEWEESE

### Let's get the bad news out

of the way: Currently, there is no known cure for arthritis. But the good news is that there are several treatment options available that can manage the symptoms and provide long-term results. As one of the most pivotal parts of the body, the knee joint can wear out. The smooth coating on the end of the thigh and leg bones called cartilage can peel away gradually and result in the raw exposed bone ends rubbing against each other, causing severe pain. The pain is usually worse with walking and standing, and eventually worsens to the point that it impairs everyday function. When the pain is severe enough that it prevents you from doing things you need or want to do, or wakes you at night, it's time to fix it.

### Managing the symptoms

First you might try Advil, Aleve or Tylenol. There are also many prescription medications you can take, but none have been shown to be any more effective than over-the-counter medicines. A medication that seems to help some people is glucosamine, which is a building block for healthy cartilage. Finally, you might consider having your knee joint injected

with a potent anti-inflammatory called cortisone. Injections manage the pain for weeks and some times months, but you almost always need to keep repeating the injections as the cortisone becomes less effective over time.

### Long-term solutions

If non-surgical methods are not controlling your pain, you may be a candidate for surgery. Arthroscopy of the knee is an outpatient surgical procedure where two small incisions are made and instruments are inserted to "clean up" the knee, or in other words, it will smooth the rough edges where cartilage has peeled off.

But the best long-term solution that is durable and proven to provide a pain-free lifestyle is a knee replacement. Over half a million knee replacements are performed each year in the United States.

So what is a knee replacement? In this surgery, a 4- to 6-inch incision is made over the front of the knee, and the worn cartilage surfaces on the end of the thigh and leg bones are

**"There are also many prescription medications you can take, but none have been shown to be any more effective than over-the-counter medicines."**

carefully removed. In all, about a half cup of bone is removed. All of the muscles, tendons and ligaments are preserved. The ends of the bones are then capped with rugged, polished metal and plastic parts that are precisely sized for each knee. These caps replace the painful worn joint surfaces. These parts are then glued to the ends of the bone to allow for immediate use.

At the first month follow-up visit, most patients are bending their new knee well and walking with much less pain than they had before surgery. By two to three months after surgery, most patients are happy with their new knee and returning to work and hobbies without pain. Most patients enjoy complete pain relief and are able to return to activities they haven't been able to enjoy in years.



Dr. Thane DeWeese is a Fellowship Trained Total Joint Specialist. He has practiced in Paducah at Lourdes Hospital since 2001. He is board certified in orthopedic surgery and is a member of the American Academy of Orthopaedic Surgeons, American Medical Association, Kentucky Medical Association and McCracken County Medical Society. To schedule an appointment, call (270) 554-0505.



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# It's Your Body

## Study: Genetic variation plays role in nicotine addiction

BY KAREN KAPLAN

McClatchy-Tribune News Service

**LOS ANGELES** — What makes nicotine so addictive? The answer to that question could help researchers develop a drug that would help smokers give up cigarettes for good.

A study published online this week provides some useful clues. Researchers zeroed in on a particular gene called OPRM1. This gene contains instructions for building a type of receptor that allows opioids — including drugs like heroin and morphine as well as opioids produced inside the body — to make their presence known in the brain, triggering release of the feel-good chemical dopamine. Nicotine prompts the body to produce more of its own opioids, which in turn releases more dopamine.

At a particular location on the OPRM1 gene, many people inherit an A (short for adenine) from both parents. But some people inherit a G (short for guanine) from at least one parent. That small difference can affect whether smokers become addicted to nicotine — and the cigarettes that contain them.

So researchers from the University of Pennsylvania and colleagues recruited 12 smokers with the common A/A version of the gene and 10 smokers with at least one G in the crucial spot. All were asked to abstain from smoking overnight.

Then they were given a cigarette and examined with an imaging technology called positron emission tomography, or PET, which allows researchers to track biological function inside the brain. (Each of the smokers did the test twice — once with a real cigarette and once with a dummy cigarette that contained no nicotine, though they weren't told which was which.)

It turned out that a lot more was going on in the brains of smokers

with the A/A version of the gene. After smoking the real cigarette, the opioid receptors in their brains were a lot more active than they were in smokers with a G version of the gene. The researchers don't know why that small genetic change made such a marked difference. But they added that their observations are consistent with prior studies —

in mice — that found that having a G version of the gene made nicotine less appealing and easier to give up compared with having the A/A version of the gene.

The researchers called the study "a critical first step" to figuring out the biological link between different version of the gene and smoking behavior. The findings may also shed light on addiction to other types of drugs, they said.

The study was published by the Proceedings of the National Academy of Sciences.



# Children's Health

## Alternative treatments for autism can be appealing to desperate parents

BY FRANK D. ROYLANCE  
AND MEREDITH COHN

McClatchy-Tribune News Service

**BALTIMORE** — After her daughter Jodie was diagnosed with autism, Alison Singer went online, searching desperately for anything that looked like it might help her little girl.

She tried gluten-free and casein-free diets and supplements. She sprinkled something called DMG on her daughter's French toast. She even heard from a doctor who suggested buying a giant electromagnet that could reorganize ions in the brain.

"Parents are very vulnerable when their children are diagnosed. They want to do anything and everything to help their children, and they fall prey to these charlatans peddling the 'cure du jour,'" said Singer, who lives in Scarsdale, N.Y.

Singer's experience illustrates the frustration that often drives parents of autistic children to alternative treatments. Many are desperate to find something — anything — that works.

Families participating in a database at the Kennedy Krieger Institute in Baltimore — the largest autism database in the world — report using 381 different treatments. On average, families use five treatments simultaneously and spend \$500 a month on them. A few use dozens, and the record is 56.

The problem, autism experts say, is that mainstream medicine has been very slow to identify the causes of autism and to identify effective medical or behavioral therapies. Among those now regarded as supported by randomized, controlled scientific studies are the Applied Behavior Analysis and Early Achievements Program used at Kennedy Krieger; certain

speech, language and occupational therapies, and melatonin therapy.

"There is sort of an old adage in medicine that says: 'When there are no good treatments for a disorder, or a disease, there's a proliferation of treatments,'" said Dr. Paul Law, director of Kennedy Krieger's Interactive Autism Network and the father of an 18-year-old with autism. The database has more than 38,000 participants from all 50 states.

Law said it's "impractical and probably wrong to tell families not to do anything that's not evidence-based. But it is important to encourage families to have a rational approach to the things they try ... so you don't wind up on 20-some interventions."

Long before Jeff Sell had heard of Geier, his 16-year-old twin sons, Ben and Joe, were diagnosed with autism, high testosterone levels and early, or "precocious," puberty.

"I come from a school where, if it's not going to do any harm to my sons, by God I'm going to try it," he said. His sons were never patients of Dr. Geier's, and never received Lupron. But like many parents of autistic kids, Sell was left on his own to try to find a treatment that worked.

Sell, now vice president for public policy and general counsel for the Autism Society in Bethesda, Md., said parents' frustration in trying to find effective therapies is understandable.

"There are moments that you just want to treasure, and then gut-wrenching times when your child doesn't sleep for three days and is on the bed screaming and holding his stomach in pain ... It's all-consuming. And that leads to: 'Whatever I can find to help my child cope and get through the day, I'm going to try it.'"

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Your neck, called the cervical area, is made up of seven bones called



vertebrae. Pain can be caused by the nerves in these vertebrae, the joints that allow you to move your neck, or even the soft discs that act like cushions between the vertebrae. Pinpointing the exact location in your neck that is the source of your pain is the specialty of an Interventional Pain Physician.

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# Living Well

## Tests may leave some with low-thyroid disease untreated

BY MARNI JAMESON

McClatchy-Tribune News Service

Millions of Americans — mostly women — could find the key to more energy, easier weight control, sharper thinking, less depression, less infertility, lower blood pressure and lower incidence of heart disease. It all depends on who wins a 10-year-old medical debate.

The holdup is the number on a lab test — specifically, the reference range for thyroid-stimulating hormone.

Many physicians who specialize in endocrine disorders, including thyroid disease, think lab limits for thyroid-stimulating hormone are too broad, leaving many patients who suffer from low-thyroid disease undiagnosed and untreated.

Marilyn Arnst of Orlando, Fla., fell in that gap.

“I was cold all the time, even in the hot Orlando summer,” said Arnst of the symptoms she felt seven years ago, when she was 49. “I would wake up feeling drowsy, and need to lie down in a couple hours. I was confused and foggy and kept finding more hair in my hairbrush.”

The wife and mother asked her primary-care doctor to check her for low-thyroid disease. He ran the usual blood tests and told her she was fine. Her thyroid-stimulating hormone was 3.44. Most medical laboratories put the normal range for that hormone between 0.4 and 4.5 (milliunits per liter) or even as high as 5.5.

A nurse practitioner friend told her to go back to the doctor and insist on more testing. A blood test for thyroid antibodies came back positive, confirming she had low-thyroid disease, or hypothyroidism.

“My doctor felt terrible,” she said, although in fact he only did what most doctors do. Unless they specialize in endocrine disease, most physicians go by the labs. He started Arnst on thyroid medication. Shortly afterward,

she recalls, “I woke up and felt like myself again: clear, awake and alive.”

The thyroid governs metabolism. When it doesn't make enough thyroid hormone, people feel sluggish, have trouble concentrating, gain weight and feel cold. Left untreated, thyroid disease can lead to more-serious health problems, including elevated cholesterol, heart disease, osteoporosis, infertility and depression.

Conversely, an overactive thyroid causes people to feel anxious, jittery and hot, and can cause rapid heart-beat and insomnia.

Overseeing all this is the brain's pituitary gland. When it senses that the thyroid isn't producing enough thyroid hormone, it sends out thyroid-stimulating hormone to tell the thyroid gland to step up production.

Low thyroid is 20 times more common, and among those it affects, 80 percent are women.

Most hypothyroidism occurs when the body makes antibodies that attack the thyroid gland. Treatment is simple and involves taking a daily pill.

Mark Lupo, a Sarasota, Fla., endocrinologist who specializes in thyroid disorders, estimates that 25 million Americans, or about 12 percent of adults, currently have a low-thyroid condition, and only half are captured. He attended the annual meeting of the American Association of Clinical Endocrinologists in April and said the debate about the lab range was still in full swing.

Many endocrinologists think the labs' upper ranges of 4.2 to 5.5 are too high and should be 3. Opponents think lowering the limit would lead to increased costs and overtreatment.

“A lot of folks in the 2.5 to 5.0 range have mild depression and wind up taking anti-depressants when they really need thyroid medication,” Lupo said. The same is true for patients taking medication for high blood pressure or high cholesterol.

“If low thyroid is the underlying



McClatchy-Tribune News Service

Marilyn Arnst has a new lease on life after receiving treatment for her thyroid. She is very active now and enjoys working in her garden and playing her guitar. Initial lab tests indicated Arnst's thyroid was functioning properly, but a blood test confirmed hypothyroidism.

cause of another problem, if you treat the thyroid, the other problems get better, and the need for other medications often goes away,” he said.

Among the most outspoken opponents to narrowing the reference range is Martin Surks, an endocrinologist and professor of medicine and pathology at Albert Einstein Medical Center in New York.

Lowering the rate would come at a cost, because it would mean a lot more testing, he said.

“Once diagnosed, patients have to have annual blood tests, regular doctors' visits and daily medication. All that adds up. Plus, identifying patients with a disease gives them a label they will carry the rest of their lives, which has insurance implications.”

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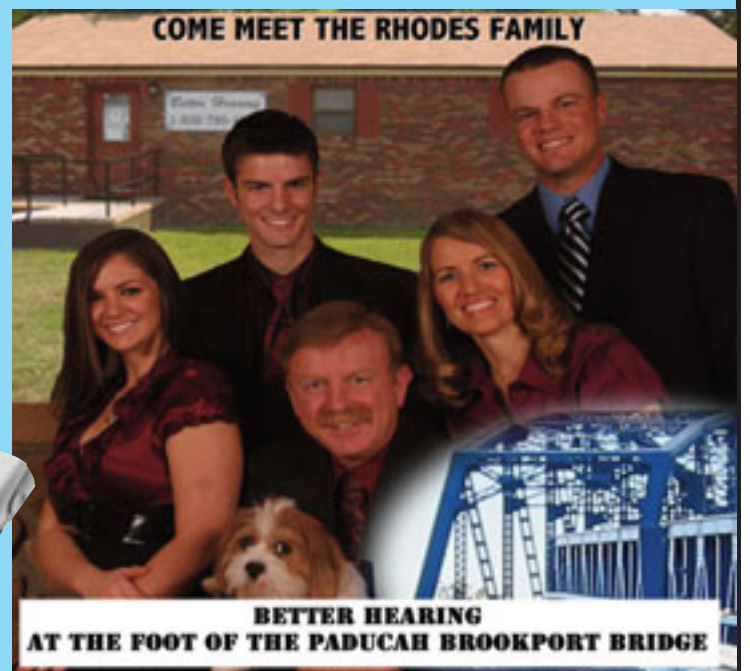
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