

MEDICAL  
BRIEFSWilliam Beaumont  
speaker's bureau

William Beaumont Hospital is making its medical experts available to local community and civic groups. The hospital's speaker's bureau offers more than 600 experts to discuss a wide range of health-related topics. The presentations are free upon request to civic and service groups, social clubs and other not-for-profit organizations.

Topics include: Female health concerns like menopause and pregnancy; general health subjects such as weight loss, high blood pressure, back care, heart disease, cancer and memory; as well as legal issues like living wills and patient rights.

Presenters also provide support materials. Presentations last about one hour and include a 15-minute question-and-answer session. Some include slide shows.

Six weeks advance notice is required, and audience groups must include a minimum of 20 attendees. For more information, call (248) 551-0116.

Multiple Sclerosis  
support groups

The National MS Society offers several support groups in the community:

- MS Support Group meets the second Wednesday of the month at 7:30 p.m. at NMSS, 21311 Civic Center Drive in Southfield, call (800) 243-5767.
- Significant Other Support Group for people with a loved one with MS meets the second Wednesday of the month at 7:30 p.m. at NMSS, 21311 Civic Center Drive in Southfield, call (800) 243-5767, ext. 230.

- Job Club for people with MS looking for work meets the third Wednesday of the month at 2 p.m. at NMSS, 21311 Civic Center Drive in Southfield, call (800) 243-5767, ext. 230.

Teens and  
mouthguards

Thousands of teens each year get hurt on the playing field, the basketball court, or while skateboarding, hiking or during other activities. Blows to the face in nearly every sport can injure your teeth, lips, cheeks and tongue.

A properly fitted mouthguard, or mouth protector, can protect your teeth and smile. You don't have to be on the football field, however, to benefit from a mouthguard. New findings in sports dentistry show that even in non-contact sports, such as gymnastics, mouthguards help protect teeth.

There are three types of mouthguards: 1) the ready-made, or stock mouthguard; 2) the mouth formed "boil-and-bite" mouthguard; and 3) the custom-made mouthguard crafted by your dentist. Mouthguards should be resilient, tear-resistant and comfortable. They should fit properly, be durable and easy to clean, and not restrict your speech or breathing.

Before and after each use, rinse with cold water or with an antiseptic mouth rinse. Clean it with toothpaste and a toothbrush. Store it in a firm, perforated container to allow air circulation. Avoid high temperatures, such as hot water, hot surfaces or direct sunlight, which can distort the mouthguard.

For more information on your oral health, visit [www.smilemichigan.com](http://www.smilemichigan.com), the Web Site of the Michigan Dental Association.

## Making connections

There are several ways you can reach the Observer Health & Fitness staff. The Sunday section provides numerous venues for you to offer newsworthy information including Medical Databook (upcoming calendar events), Medical Newsletters (appointments/new hires in the medical field) and Medical Briefs (medical advances, short news items from hospitals, physicians, companies). We also welcome newsworthy ideas for health and fitness related stories.

To submit an item to our newspaper you can call, write, fax or e-mail us.

CALL:  
(248) 901-2576

WRITE:  
Observer & Eccentric Newspapers  
(Specify Databook, Newsletters or Briefs)  
Attn: Susan Steinnmueller  
505 East Maple  
Birmingham, MI 48009

FAX:  
(248) 644-1314

E-MAIL:  
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Infection  
control

*Hospitals work  
vigilantly to keep  
germs away*

BY MAUREN MCGERTY  
SPECIAL WRITER

There's a common belief about infection and disease the medical community would like to wash its hands of: If you want to get sick, just go to the hospital.

Interestingly, medical professionals believe vigilant hand-washing is most likely to reduce or prevent infection and disease from spreading among patients and medical professionals.

"Always number one is hand washing before patients, between patients and after patients," said Dr. Alison K. Brooks, an infectious disease specialist who treats hospital-acquired infections, such as

post-operative and diabetes-related wound infections or urinary tract infections, and community-borne diseases such as HIV, chicken pox or meningitis at Providence Hospital in Southfield. "All hospitals have an infection control protocol."

In a typical large hospital, an infection control plan may be monitored by a committee, while a smaller hospital's department may be managed by a director of nursing.

At Garden City Hospital, Laura Kehler, infection control coordinator, looks at both patient and employee safety in relation to infections.

"Our goal is to protect both patients and employees," Kehler said. "We also broaden the scope to protecting the community. Anything we might identify here in the hospital may be occurring in the community."

Hospital-derived  
infections

Benchmarks for incidence of infections and infectious diseases are set by the Centers for Disease Control in Atlanta.

"The incidence of infection within the hospital is dependent on what procedure you have done," Brooks said. "It's also dependent on the hospital where you're being treated. All hospitals have different rates of infection occurrences....The benchmarks mean that if a hospital is over a certain amount, then you need to look at specific infection control guidelines and see what has gone wrong. But, no hospital is the same because a coronary artery bypass graft might have an X percent risk of infection, whereas an appendectomy

## Reduce use of antibiotics

BY MAUREN MCGERTY  
SPECIAL WRITER

According to Kathy Petersen, staff specialist in infection control and epidemiology at the University of Michigan Health System in Ann Arbor, it's a good idea to reduce antibiotic use.

"One big issue we face is resistant micro-organisms," Petersen said. "Those are bacteria that are resistant to antibiotics."

Overuse occurs when patients demand antibiotics to alleviate cold or flu symptoms. "We try to help

educate the public on when antibiotics are good to use and when they're inappropriate. Most colds and flu are caused by viruses, and not bacteria," she said. "Sometimes, antibiotic resistance develops in the hospital or a long-term care facility. Patients get antibiotics for benzodiazepine infections, such as urinary tract infections. The antibiotics can kill all the bacteria, leaving resistant bacteria."

For more information, call the Michigan Antibiotic Resistance Reduction Coalition at (313) 961-3161 or log on to [www.mi-marr.org](http://www.mi-marr.org).

would have a wide percent." Surgical site infections are fairly common, according to Kehler. "Our goal is to remain lower than the national average," she said. "The national average depends on the surgery."

Data is also derived from and provided to county and state health departments, U.S. Food and Drug Administration, Occupational Safety and Health Administration, and professional groups such as the Michigan Society for Infection Control ([www.msic-online.org](http://www.msic-online.org)) and the national Association for Professionals in Infection Control and Epidemiology Inc. ([www.apic.org](http://www.apic.org)).

Similarly, a program for "infection surveillance" is used by the U-M Health System in Ann Arbor. "We count infections to determine whether there may be an outbreak going on or to determine a baseline rate of infections," said U-M's Kathy Petersen, staff

specialist in infection control and epidemiology. "If it looks too high, then we read in the literature [for] a certain rate; and if ours is above that, we try to bring it down....We especially target procedures that are high-risk, high-volume and tend to have high morbidity."

Those procedures may include cardiac surgeries and lung and liver transplants, among others, performed in hospital settings.

"We also follow patients who have intravenous catheters placed into blood vessels for intravenous feeding or to deliver medication for development of blood infections," Petersen said.

Pneumonia and staph infections, generally, doesn't pose a high risk to other patients or medical staff.

"Depending on what type of pneumonia it is, the risk is low to others," Brooks said. "If somebody is coughing up a lot or having a lot of secretions, a

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## UM scientists discover new risk factor for heart disease

ANN ARBOR, Mich. - High levels of leptin, a hormone produced by fat cells in the body, could explain why obese people develop dangerous blood clots — which can cause heart attacks and strokes — more often than people who are not overweight.

The association between obesity and blood clots is well known; but the cause has remained a mystery. Now, new research with mice, conducted by scientists at the University of Michigan Medical School and published in the April 8 issue of the *Journal of the American Medical Association*, indicates that leptin may be responsible.

"Our results suggest that clot formation begins with some type of interaction between leptin and the leptin receptor on platelets — blood cells which stick together to make clots," says Daniel T. Eitzman, M.D., a cardiologist at the U-M Cardiovascular Center and an assistant professor of internal medicine in

the Medical School.

Knowing how to block this leptin-receptor interaction could help prevent heart attacks and strokes in people who are either obese or overweight, which is half the adult population of the United States.

According to Eitzman, leptin released by fat cells regulates body weight in part by suppressing appetite. When leptin levels in blood go up, the brain signals us to stop eating. But the system breaks signals for those who are grossly overweight. Since they have more and larger leptin-producing fat cells than thinner people, their leptin levels increase substantially with every pound of additional weight gain.

When leptin reaches very high levels in the blood, Eitzman explains, obese people become resistant to leptin's signal — making them increasingly vulnerable to leptin-induced blood clotting.

While it certainly plays a major role, Eitzman emphasizes that leptin may not be the only factor involved.

"The link between obesity and cardiovascular disease is very complex, and there is much we don't know about how other blood clotting factors are regulated in obesity," he says.

Eitzman's discovery of the relationship between leptin and clotting was a lucky accident. Originally, he had no intention of focusing on leptin at all. He just wanted to examine how obesity affects blood clot formation. So he decided to use the fattest laboratory mice he could find — a strain of mutant mice that just happened to be missing the gene required to produce leptin.

When Eitzman began his experiments, the first

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