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Health
FITNESS ■ MEDICINE

Rx briefs

Geriatrics
The University of Michigan's Turner Geriatric Clinic is hosting a six-week seminar titled "Caring for Aging Relatives" 6-8 p.m. Wednesday evenings, March 12 to April 16. Topics covered in the seminar include: the caregiver role, Medicare and Medicaid, legal issues, community resources, depression and dementia, substance abuse, physical changes of growing older, and planning for the future.

Participants will meet in Room 1139, Geriatric Center Level 1, 1500 E. Medical Center Drive, Ann Arbor, MI 48109. There is a fee of $30 per person and $50 per couple. Scholarships are available. Please call (734) 764-2556 to register. The deadline is March 5.

Super athlete
The Botsford Center for Health Improvement will offer the "Masterful Athlete's Program: Play at the Top of Your Game" 7 p.m. beginning Tuesday, March 4. This three-week class will help you to break through to higher performance by discovering the secrets of professional and Olympic athletes. Learn strategies to improve your performance, no matter what your sport.

Instructor Carrie Ann Apap is a certified medical hypnotherapist who has worked with sports teams to improve performance and motivation.

The fee is $175. Individualized sessions also available. To register, call (248) 477-6100. The center is at 29750 Grand River Avenue, between Haggerty and Meadowbrook in Novi.

Governor's Award
Canton Health Center was one of six University of Michigan Health System sites honored with the prestigious 2002 Governor's Award of Excellence for Improving Preventive Care in the Ambulatory Care Setting. The award was recently presented to the UMHS sites by the Michigan Peer Review Organization and former Michigan Gov. John Engler.

Specifically, the award honors the UMHS sites' commitment to continuously improving preventive services in the areas of diabetes care, yearly mammograms, and adult immunizations for influenza and pneumococcal pneumonia.

In an effort to make a healthy impact of not only Medicare recipients, but also all of Michigan's residents, Engler challenged health centers and physicians' offices across the state to further their preventive services before leaving office in 2002.

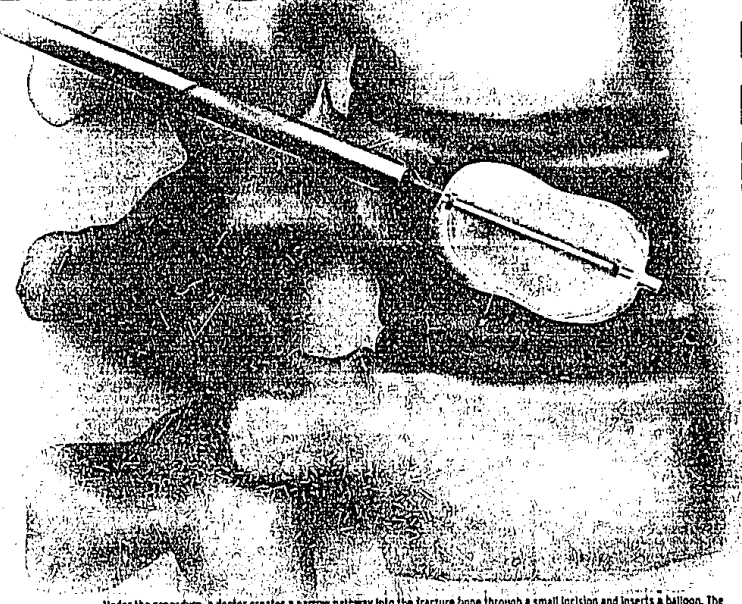
Other U-M sites honored were Brighton Health Center, Briarwood Medical Group, Briarwood Family Practice, Chelsea Family Practice, and Turner Geriatrics Center.

Tea
Drinking lots of tea may reduce a person's risk of dying after a heart attack, according to the American Heart Association.

In the Determinants of Myocardial Infarction Onset Study, participants who drank the most tea were the least likely to die during the three or four years after a heart attack. Researchers suspect that this may be because tea has flavonoids, antioxidants found naturally in various foods derived from plants. Flavonoids are thought to prevent cardiovascular disease.

NEW PROCEDURE OFFERS HOPE FOR

BACKACHE RELIEF



Under the procedure, a doctor creates a narrow pathway into the fracture bone through a small incision and inserts a balloon. The balloon is inflated slowly with a specialized liquid. This allows the fracture's position and shape to be viewed via real-time C-ray.

BY RENEE STOGLUND
STAFF WRITER

Oh, my aching back" may become a much less-used lament thanks to procedures being implemented at St. Joseph Mercy Hospital in Ann Arbor.

Neurosurgeons at St. Joseph's are using a "balloon" device in a minimally invasive procedure that allows them to repair spine fractures. The KyphX Inflatable Bone Tamp (balloon) allows doctors to repair a collapsed portion of the bone in the spine through a small incision.

A vertebral compression fracture (VCF) occurs when a bone in the spine fractures and collapses. The most common cause is osteoporosis, which most people associate with hip fractures. Over 700,000 VCFs occur each year in the United States. Until now, VCFs were one of the only fractures not traditionally treated in an orthopedic manner with reduction and fixation.

After a VCF is diagnosed, the doctor creates a narrow pathway into the fracture bone through a small incision and inserts a balloon. The balloon is inflated slowly with a specialized liquid. This allows the fracture's position and shape to be viewed via real-time C-ray. The doctor uses the balloon's inflation to attempt an orthopedic fracture reduction, with the goal of returning the vertebra to a more normal position and shape.

Once the doctor has achieved the desired result, the balloon is deflated and removed. The doctor then finishes the procedure.

"The current standard for care for VCFs is bed rest, pain medications and back braces," said Dr. Jason Bradley, a neurosurgeon with Saint Joseph Mercy Health System. "This standard care is designed to help manage the pain, not correct the spinal deformity. With this new device, we can repair the source of and eliminate the pain instead of treating the pain."

The signs of a VCF are often debilitating back pain and stooped posture. Called kyphosis or "Dowager's Hump," the spinal deformity is often seen in the elderly. VCFs can lead to health problems such as chronic pain, eating and sleeping disorders, difficulty walking or performing normal daily activities and an increased risk of serious or fatal lung disorders. This is a result of the chest and abdomen becoming compressed, making normal activities – walking, eating and sleeping – painful or difficult.

> 'Ten-year follow-up results in Europe have been very exciting with the lumbar disc. The preliminary results in the United States show similar high rates of success.'
>
> Dr. Douglas Geiger
> orthopedic spine surgeon, St. Joseph Mercy Hospital

ARTIFICIAL DISCS

Many people with chronic low back or neck pain have a condition known as degenerative disc disease (DDD), which often starts with an injury that weakens the disc and creates excessive motion. Over time this instability, coupled with ongoing inflammation, produces pain that can become chronic.

Doctors at St. Joseph's recently opened two nationwide FDA investigational studies that may revolutionize treatment for patients facing surgery to treat chronic neck and back pain. The study will evaluate the safety and effectiveness of an artificial disc. Saint Joseph Mercy Health System is the only site in Michigan that is currently conducting the study.

Typically, patients for whom conservative treatments have failed would undergo a surgical procedure, or disc fusion, where bone is taken from another area of the body and is placed between two disc bones. This bone graft is often augmented with plates, screws, rods or cages to provide additional support to the fused area. With an artificial disc, the diseased disc is replaced with an artificial disc. If successful, the new implants will reduce neck or back pain, provide better motion and reduce the risk of disc degeneration at other levels.

"This could be a remarkable advancement because instead of requiring a fusion with its potential long-term risks, we can relieve the pain from pressure on the nerves while preserving spinal motion," said Dr. Steven Swanson, chief of neurology at St. Joseph Mercy Hospital. "Results of this study should demonstrate that patients will be more functional and have fewer problems in the future."

For some people, DDD can be successfully treated with anti-inflammatory drugs combined with physical therapy – resulting in lower-grade, acceptable but tolerable pain that may occasionally intensify. Others may require stronger therapies, such as oral steroids or epidural injections, or surgical procedures such as discectomy (removal of disc). For many, these conservative treatments are unsuccessful, and they are left with fusion surgery as their only option.

But there are drawbacks to fusion surgery.

Fusion surgery stops the motion at a painful segment of the spine by removing the disc and fusing the bones together. This can change the area's mechanics and range of motion. An artificial disc, on the other hand, preserves motion.

For the back (lumbar), an artificial disc made of plastic and metal is screwed into the vertebrae. For the neck (cervical), a stainless steel device composed of two metal plates that interface via a ball and socket mechanism is inserted into the disc space. Both devices are intended to reduce pain by replacing the diseased disc while restoring the disc height and re-establishing normal motion and stability.

"Ten-year follow-up results in Europe have been very exciting with the lumbar disc. The preliminary results in the United States show similar high rates of success," said Dr. Douglas Geiger, orthopedic spine surgeon at St. Joseph's. Geiger is the first surgeon in Michigan to implant this artificial lumbar disc.

Participants in these studies will be randomly placed into either the investigational group (those receiving the artificial disc) or the control group (those receiving standard fusion surgery). Participants in either study must meet all inclusion/exclusion criteria. This includes people who are otherwise healthy, have not had a previous fusion and have failed conservative treatment for three

Study shows narrowing gap in access to proper dialysis

BY LINDSEY TANNER
AP MEDICAL WRITER

CHICAGO (AP) – A program to improve kidney dialysis appeared to narrow the racial and gender gaps in the quality of care given to patients in the United States.

Blacks and men in the program were still less likely than whites and women to receive adequate dialysis. But the differences became smaller.

In 1993, only 46 percent of white patients and 36 percent of black patients received the right amount of dialysis. In 2000, those figures jumped to 87 percent and 84 percent respectively.

Also in 1993, only 54 percent of female patients and 31 percent of male patients received adequate dialysis, compared with 91 percent and 82 percent respectively in 2000.

The study analyzed data on 58,700 kidney failure patients who participated in a project to improve the treatment from 1993 to 2000. The program was sponsored by the Centers for Medicare and Medicaid Services, the federal agency that oversees the federal medical insurance program. Nearly half the patients were 65 or older.

The findings appear in Wednesday's Journal of the American Medical Association.

The program to improve dialysis included educating health-care workers with workshops and reading material about how to improve the care of patients getting dialysis.

In dialysis, a machine performs normal kidney functions of removing waste products from the blood and excess fluid from the body.

Patients generally undergo dialysis three times a week for about four hours at a time. The optimum treatment can be achieved by changing the length of a session, the rate of blood flow or the size of the blood filters.

The study was led by Dr. Ashwini Sehgal, an associate professor at Case Western Reserve University.

Sehgal said the reasons for the racial and gender disparities are unclear. He said one possibility is that blacks and men tend to be larger than whites and women and thus require longer sessions, and doctors often fail to give them more dialysis.