

HEALTH & WELLNESS

Healthbeat

Locals who took part in landmark study reunite

Because of the 5,201 Forsyth County residents who participated in a long-running study of cardiovascular health factors, researchers at Wake Forest University Baptist Medical Center and colleagues have made major findings that have led to changes in health care policy at the national level.

Participants in the 20-year-old Cardiovascular Health Study (CHS) were invited to attend an appreciation event Tuesday, Nov. 13 at the Hawthorne Inn and Conference Center where they received a big "thank you" for their important contributions to medical science.

The CHS is a landmark study of aging and cardiovascular health that started in 1988 and is ongoing. Gregory Burke, M.D., principal investigator and professor and division head of Public Health Sciences, said the study has changed how the medical profession looks at aging.

"When we started, in fact, there was a dearth of information about treating and preventing disease in older adults. There was the thought that if they've made it to age 65, then they're ok and we shouldn't change anything, but this study has changed the way we think about older adults and their health."

In the beginning, the CHS involved 5,201 people over 65 years old from Forsyth County, Sacramento County, Calif., Pittsburgh, Pa., and Washington County, Md. The mean age of participants was 75 and the majority of the participants (64 percent) were women. Today, the youngest cohort member is now 84 years of age and the 84+ and older segment of the study population is the fastest growing. The study is sponsored by the National Heart, Lung, and Blood Institute.

Low carb diet may help fight prostate cancer, study finds

DURHAM — A diet low in carbohydrates may help stunt the growth of prostate tumors, according to a new study led by Duke Prostate Center researchers. The study, in mice, suggests that a reduction in insulin production possibly caused by fewer carbohydrates may stall tumor growth.

"This study showed that cutting carbohydrates may slow tumor growth, at least in mice," said Stephen Freedland, M.D., a urologist at Duke University Medical Center and lead researcher on the study. "If this is ultimately confirmed in human clinical trials, it has huge implications for prostate cancer therapy through something that all of us can control, our diets."

Freedland conducted most of the research for this study while doing a fellowship in urology at Johns Hopkins' Brady Urological Institute under the tutelage of William Isaacs, Ph.D., a molecular geneticist there.

The researchers published their results on Nov. 13, 2007 in the online edition of the journal Prostate. The study was funded by the Department of Veterans Affairs, the Department of Surgery and the Division of Urology at Duke University Medical Center, the Prostate Cancer Foundation, and the Department of Defense Prostate Cancer Research Program.

Other study authors include John Mavropoulos, Timothy Fields, Salvatore Pizzo and Bercedis Peterson of Duke; Amy Wang and Medha Darshan of Johns Hopkins University; William Aronson, Pinchas Cohen and David Hwang of UCLA; and Wendy Demark-Wahnefried of MD Anderson Cancer Center.

Brenner joins FIT program

Brenner Children's Hospital is opening the region's first and most comprehensive pediatric obesity program. Called Brenner FIT (Families in Training), the program has several components, including a year-long intensive treatment program for overweight children with an underlying medical problem.

Joseph Skelton, M.D., a pediatric gastroenterologist and national obesity expert, joined the faculty in August to head the center.

"We are very excited about Dr. Skelton's arrival," said Jon S. Abramson, M.D., physician-in-chief of the children's hospital. "He has a national reputation for his work with pediatric obesity and is doing novel research in the area of childhood obesity."

Skelton comes to Brenner's from Children's Hospital of Wisconsin and the Medical College of Wisconsin, where he headed an obesity program for four years.

"The Brenner FIT program will provide comprehensive, holistic, family-centered medical treatment for morbidly obese patients in the region," Skelton said. "Our program is comprised of medical care, research, community education and outreach. Early next year, we hope to include a surgical component to Brenner FIT as well."

Skelton and his team are also part of the Collaborative to Strengthen Families and Neighborhoods. The collaborative is a partnership between the children's hospital and the YWCA. This program was developed as a learning lab which engages the community in developing and testing potential solutions for important child health issues. The first health issue the collaborative will focus on is childhood obesity.

Brenner FIT accepts patients ages 2 to 18. Brenner Children's Hospital is part of Wake Forest University Baptist Medical Center. For more information, visit www.brennerchildrens.org or call 716-2255 or 1-800-446-2255.

State of Breast Cancer report available online

Findings show advances, challenges

SPECIAL TO THE CHRONICLE

Susan G. Komen for the Cure has published the State of Breast Cancer report, a first-ever, reader-friendly snapshot of where the United States and the global community are in the quest to end breast cancer forever.

Written for readers who have an interest in breast cancer but no formal background in the biology of the disease, the State of Breast Cancer provides information on advancements in diagnosis, treatment and research that have made breast cancer a survivable disease for more than 2 million people in the United States. But the news is not all good. The report also explores cultural, social, educational and financial barriers — or disparities — that prevent many people from getting screened and receiving life-saving breast cancer care.



The State of Breast Cancer report provides practical ways for people to engage in the breast cancer movement. An extensive breast cancer resource list is included, as well as a glossary of terms.

"The State of Breast Cancer will surprise and upset many readers. People who get upset are usually inspired to take action, and that is what we hope readers will do," said Hala Modellmog, president and CEO of Komen for the Cure.

The report reveals that despite all the medical advancements that have been made, more than 40,000 people — roughly the population of Burlington — will die of the disease in the U.S. this year.

Susan G. Komen for the Cure founder, Ambassador Nancy G. Brinker, provides a foreword for the 36-page report.

In it, she says, "This first-ever State of Breast Cancer report is guided by the simple truth that has inspired Susan G. Komen for the Cure for the past 25 years: every one of us has the opportunity—in fact, the responsibility—to help save lives today and, ultimately, end this disease forever. You're not holding just another report—you're holding a roadmap, a detailed plan for action."

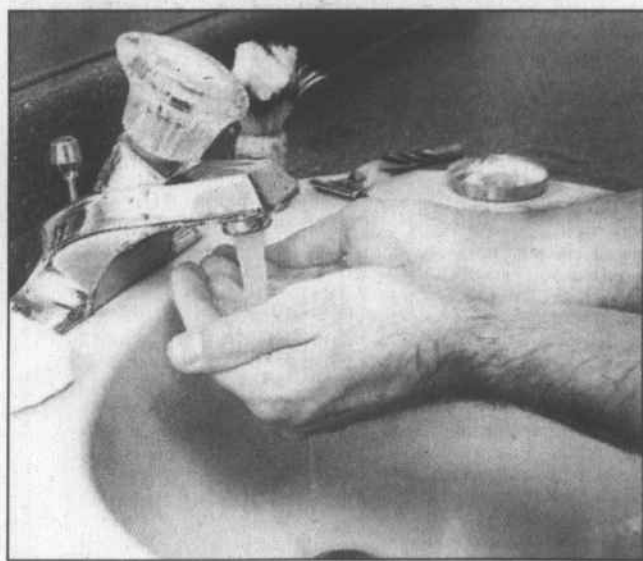
The State of Breast Cancer report is available in PDF form at www.komen.org/sobc2007.

MRSA: What's all the Hype?

There has been a lot of talk in the news lately about MRSA, or Methicillin-resistant Staphylococcus aureus. In 2005, more than 94,000 people in the United States developed MRSA, and more than 18,000 of those individuals died from the infection. MRSA is a type of staph infection that is resistant to certain antibiotics that are usually used to treat infections, including the drugs methicillin, oxacillin, penicillin, and amoxicillin. Resistance to antibiotics occurs when bacteria change so that they can survive an attack of antibiotics designed to destroy them. This mutation makes the bacteria very hard to treat. While MRSA is a threat to people of all racial and ethnic backgrounds, one study found that African Americans have a higher incidence of MRSA than do their white counterparts.

There are two classes of MRSA, which are determined the mechanism through which MRSA is spread from person to person. These types include Community-Associated MRSA and Healthcare-Associated MRSA.

Community-Associated MRSA
According to the Centers for Disease Control and Prevention (CDC), MRSA infections that are acquired by persons who have not been hospitalized or had a medical procedure within the last year are known as Community Associated-MRSA (CA-MRSA) infections. CA-



MRSA infections usually manifest as skin infections, such as pimples and boils, and occur in otherwise healthy people. Risk factors associated with the spread of CA-MRSA include close skin-to-skin contact, openings in the skin such as cuts or abrasions, contaminated items and surfaces, crowded living conditions, and poor hygiene. Those groups at higher risk for contracting CA-MRSA include athletes, military recruits, students living in dorms, children (via schools), prisoners, and anyone in unclean living conditions.

Healthcare-Associated MRSA

More commonly, MRSA is spread through hospitals or other healthcare environments, such as nursing homes and dialysis centers. This type of MRSA is known as Healthcare-Associated MRSA (HA-MRSA). HA-MRSA accounts for approximately 85 percent of MRSA cases. According to the CDC, these infections occur most frequently

See MRSA on A13

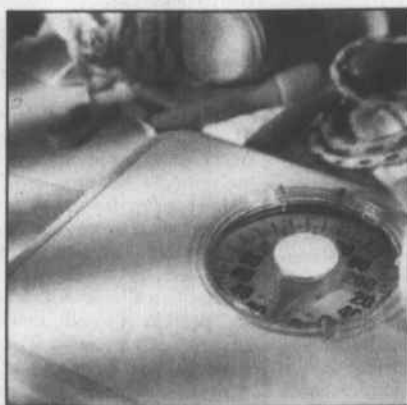
Study: Trust fund helping N.C. kids lose weight

SPECIAL TO THE CHRONICLE

RALEIGH — The N.C. Health and Wellness Trust Fund (HWTF) childhood obesity grants succeeded in helping children achieve a healthy weight through small, dietary changes, according to an evaluation of the grant program conducted statewide by East Carolina University.

East Carolina University researchers reviewed the results of 19 childhood obesity grant projects funded by the Trust Fund that aimed to help North Carolina children achieve a healthy weight. ECU researchers looked at 1,346 children from four to 18 years of age who were grouped into one of four categories when the projects began: underweight, healthy weight, overweight and obese.

Using approaches such as nutrition lessons that encourage less sweet beverage consumption, 90 percent of the children stayed in their category or improved over the three years of study. Among overweight and obese children in the study, 51 percent improved their weight category. For some, improving their weight category meant they actually lost weight. For others, it meant they grew taller



while maintaining their weight. Some did both.

"Childhood obesity is a real challenge for North Carolina, and there are real consequences for the future health and well-being of our kids," said HWTF Chair Lt. Gov. Bev Perdue. "These evaluation results demonstrate how important healthy eating is to

Atlanta's Grady in poor condition

THE ASSOCIATED PRESS

ATLANTA — For generations, Grady Memorial Hospital has treated the poorest of the poor, victims of stabbings and shootings, and motorists grievously injured in Atlanta's murderous rush-hour traffic.

Now, Grady itself is in grave condition.

Staggering under a deficit projected at \$55 million, the city's only public hospital could close at the end of the year,

leaving Atlanta without a major trauma center and foisting thousands of poor people onto

emergency rooms at other hospitals for their routine medical care.

"I don't have the words to describe the onslaught of health care needs that will hit the region if Grady were to close," said Dr. Katherine Heilpern, chief of emergency medicine at the Emory University medical school, which uses Grady as a teaching hospital and supplies many of its physicians. "This is a huge deal. We may literally have people's lives at stake if the Grady Health System fails and spirals down into financial insolvency."

On Monday, Grady's governing board of political appointees was scheduled to consider turning day-to-day operation of the hospital over to a nonprofit board in hopes the move would attract big corporate donations and enable Grady to keep its doors open.

Founded in 1892, Grady has struggled financially for years. But now it has reached a crisis because of rising health care costs, dwindling government aid, a lack of paying customers, and years of neglect — a situation not uncommon among urban hospitals like Grady that primarily serve the needy.

In addition to losing money on patient care, Grady needs an estimated \$300 million to repair and modernize its buildings and acquire new equipment such as CT scanners and an up-to-date computer system.

The loss of Grady would be unconscionable to many political and civic leaders in this booming metropolitan area of 5 million people. The overwhelming majority of the 900,000 patients treated at Grady each year are poor and

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