

# HEALTH & WELLNESS

ISSUES CONCERNING THE WELL-BEING OF THE AFRICAN AMERICAN COMMUNITY

## Exercise may help leg arteries for some

GREYFUSS  
ASSOCIATED PRESS

WASHINGTON — For some, pain can lead to gain — even, paradoxically, to less

many people with intermittent claudication, a form of arterial disease characterized by leg pains and cramps triggered by walking, can lose their ability to walk pain-free. They take part in a walking program, experts say. The catch is the program makes them walk less hurt.

What I tell my patients is to walk four or five times a week to get rid of pain — and a little far out stop before it gets excruciating," said Dr. David L. Dawson, an Air Force lieutenant colonel who is an associate professor of surgery at the Uniformed Services University of the Health Sciences in Bethesda, Md.

Intermittent claudication is more than simply a debilitating condition, however. Clogs in the arteries are considered warning signs that the patient may have coronary artery disease as well, Dawson said. Up to 40 percent of people with intermittent claudication die within five years, Dawson said.

Intermittent claudication is more common as people age. And most patients with intermittent claudication don't seek treatment, believing the pain is just signs of aging, Dawson said.

Doctors tend to pay little attention to the claudication itself, focusing on the more severe problems underlying the leg pains, he said. Symptoms of intermittent claudication often do not worsen over time.

Intermittent claudication does not show itself when a person is

inactive. But the condition can make it painful to walk a block, or even a half block, without resting. The ailment can interfere with activities of ordinary living, such as walking the aisles of a supermarket.

"It's like having a plugged fuel line in a car," Dawson said. "You can idle OK, but when you step on the gas, it sputters and stalls."

Clogs in the arteries reduce the ability of oxygen-carrying red blood cells to move to muscle cells. Exercise makes muscles more efficient in using the oxygen they can get.

Dawson is coauthor of an article in the journal *Pharmacy and Therapeutics*, which recommends exercise and drugs as a first-line therapy before doctors consider medical procedures to widen or replace damaged blood vessels. In the treatment options outlined in the paper, only patients with pain at rest — a sign of extensive artery problems — would be referred directly to a vascular surgeon.

Vascular surgeons also see the value of trying exercise first. A treadmill program can double or triple the time or distance a patient can walk, said Dr. William R. Hiatt of the University of Colorado Health Sciences Center in Denver.

An intermittent claudication patient may start the course of treatment at a very slow pace of 1 mile per hour, and wind up as fast as 3 miles an hour, which would count as a minimum brisk walk for a healthy person, Hiatt said.

The training program requires working into the point of pain and resting, repetitively, for up to 50 minutes. In his studies, 90 percent of people who start a three-month program stay with it until the end, Hiatt said. Others in less-well-monitored programs would probably do less well, he said.

Exercise has to be part of a



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monitored program, Hiatt said. "If you just tell a patient to go out and walk, it doesn't happen," he said. The pain puts off the unsupervised patients, he said.

Drugs can also fight intermittent claudication. Dawson and other researchers found that patients given a new drug, Pletal, increased their pain-free walking distance by 58 percent.

The drug seems to help the arteries widen, he said. "But it doesn't work for everybody — probably about half — and it takes weeks to months for the effect to be seen, he said.

More aggressive treatments than exercise have their place, said Dr. Gary J. Becker, assistant medical director for the Miami Cardiac and Vascular Institute.

"Intermittent claudication, when it is early and mild, tends to

respond nicely to a monitored exercise program," Becker said. As with other peripheral vascular problems, the patients also have to not smoke, and to control their cholesterol and blood pressure, he said.

Medical procedures are a logical next step for those in whom lifestyle changes have not worked and who still want active lives, such as letter carriers whose jobs depend on walking or exercisers who want to continue their sports, Becker said.

One option is a balloon angioplasty, in which a tiny balloon is threaded through an artery and expanded. Another is an artery bypass operation. But Becker said people who won't give up smoking, for example, are not good candidates for these more aggressive treatments.

## Device reduces impotency risk

THE ASSOCIATED PRESS

CHARLESTON, S.C. — There is less risk of impotence after surgery for prostate cancer with a new device that allows doctors to save the right nerves.

The device helps a surgeon locate the two nearly invisible nerves entwined with blood vessels and tissue that cause erection so they can be avoided when cutting away a cancerous tumor.

"Studies, so far, have very good results," said Dr. Gerald Hull, assistant urology professor at the Medical University of South Carolina.

Hull said the technology is too new to know what the long-term results will be — it is used at just 17 medical centers nationwide — but he sees a "potentially great benefit."

The new technique should encourage men to be screened for prostate cancer, which is highly curable if treated early, but still is the second leading cause of death in men nationwide.

The numbers are especially disturbing among African American men. The disease is the most common form of cancer in black men. Eighteen percent of cancer deaths among black men are a result of prostate cancer.

"What most men worry about is, 'I'm going to be impotent.' That scares them from having any surgery," said Bob Strobel, who talks with men at a prostate cancer support group in Charleston. "It scares men away from being diagnosed and tested."

Prostate cancer surgery can stretch or sever the nerves that

cause erection and it could take longer than six months for a patient to heal and know whether he would regain normal function.

Now, Hull said he can test the nerves with the device immediately to determine whether they work.

The device is most successful with relatively young, healthy, potent men who are in the early stages of cancer, Hull said. Surgery is meant to cure cancer; therefore sparing nerves in advanced cancer cases is not a top priority, he said.

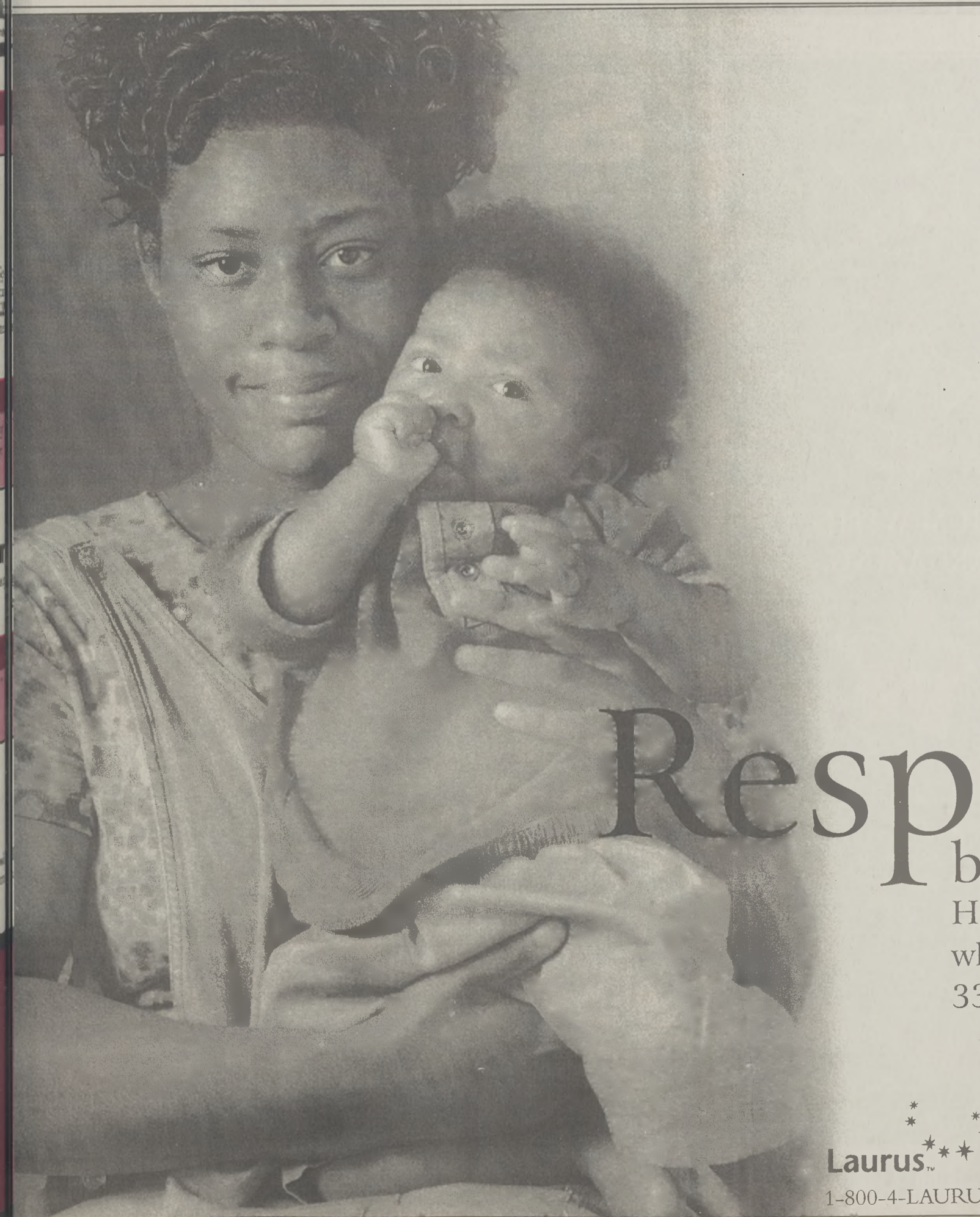
If a patient is younger than 60 and has full function before surgery, he has about a 70 percent chance of full recovery to perform sexually if both nerves are spared and just 30 percent if one nerve is spared, Hull said.

The success rate decreases with age, Hull said. A man older than 65 with normal function has a 50 percent chance of achieving normal erections if both nerves are spared, he said.

Nerve grafts are another alternative to save a man's potency after surgery, Hull said. Nerves can be harvested from a patient's leg and grafted into place. The nerve device can then be used to test whether the nerves work.

A wand or probe attached to the device has finger-like extensions and eight electrodes. On contact, a low volt of electricity excites the nerve and lights up a monitoring screen.

Prostate cancer treatments also include radiation, seed implants, hormone therapy and possibly chemotherapy.



"I expected judgement and criticism.

I found sensitivity and love.

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