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THE NEBRASKA MEDICAL CENTER

advancing health



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SERIOUS MEDICINE. EXTRAORDINARY CARE.

Olson Center for Women's Health Treats All Phases of Their Lives



Women now have a one-stop place to meet all their health care needs from adolescence to pregnancy and menopause. The Olson Center for Women's Health, located at the University of Nebraska Medical Center (UNMC) in the Durham Outpatient Care Center, has opened its new outpatient center offering a wide range of women's preventive and therapeutic health care services.

"This is a much more comprehensive approach to health care than you get in a typical office; it can provide women with a more complete solution to their health care needs," says Carl Smith, MD, professor and chair of the Obstetrics and Gynecology Department at UNMC and medical director of the

new Women's Center. After checking in, each guest will be given a personal pager and can choose to receive a massage or browse through educational materials in the adjacent women's resource center.

In addition to obstetricians and gynecologists, the center also will be staffed with internists, radiologists, a breast surgeon, a psychiatrist who specializes in mental health services for women, and physician specialists in high-risk obstetrics, perinatal ultrasound, dermatology, pain management, infertility, and endocrine and pelvic floor dysfunction. The staff also includes counselors available for genetics, social work, nutrition, weight management, smoking cessation, lactation and childbirth educa-

tion, as well as physical therapists to provide therapy for problems related to chronic pain, pregnancy and urinary incontinence.

A comprehensive breast center equipped with digital mammography, ultrasound and stereotactic breast biopsy technology also is available. Digital mammography, which is quickly becoming the new standard of care in breast cancer diagnosis, captures images in computer code,

providing physicians with crisper, brighter images of breast tissue. A recent medical study found that digital mammography was more accurate than film mammography as a screening tool for women with dense breasts, those younger than 50 and those who are premenopausal or perimenopausal.

Other preventive health care services include bone density screenings and a full-service, accredited, prenatal diagnostic unit. In addition, a women's resource center is staffed by clinical education and resource specialists to help educate and navigate women through their special health care needs. Staff are available to answer questions, assist with the Web and provide educational materials. No matter what your health care needs are, all your appointments may be scheduled during the same visit.

"The center provides a whole gamut of health care services for women," says Dr. Smith. "Women who use the center will be able to make expedited appointments for other women's services outside of OB/GYN to make their visit as convenient and efficient as possible." ■

For more information about women's services at The Nebraska Medical Center, visit us online at www.NebraskaMed.com.

Health Assessment Tools Confused about your cholesterol? Want to know if you're getting enough sleep? Think you know all there is to know about skin cancer or heart disease? Take these health quizzes and assessments to test your knowledge. Go to www.NebraskaMed.com.

Intrabeam Provides New Weapon to Treat Breast Cancer

The use of intra-operative partial breast radiation may provide a new, more convenient and successful treatment option for breast cancer patients in the near future.

The Nebraska Medical Center is one of a handful of centers in the country that is participating in a promising clinical trial that uses low-energy radiation therapy to treat breast cancer. Intrabeam therapy involves delivering a single dose of radiation to the cancer site at the time of surgery. In some early-stage patients, the therapy may be able to eliminate the need to perform the traditional six-week regimen of daily radiation therapy that is normally delivered to the breast after surgery.

“An intra-operative approach to partial breast radiation is at the cutting edge of treatment available for treating breast cancer,” says Robert Thompson, MD, radiation oncologist at The Nebraska Medical Center. “Preliminary trial results have been very promising.”

This procedure has the potential to make breast conservation available to more women by eliminating the geographic and time barriers posed by the six-week daily regimen of radiation therapy that accompanies lumpectomy, says James Edney, MD, surgical oncologist at The Nebraska Medical Center. Breast conservation involves preserving the majority of the breast by removing the tumor only. The procedure, called a lumpectomy, is an outpatient surgery that takes

about an hour. Lumpectomy is a much less radical operation than total mastectomy and provides better results, says Dr. Edney.

“Intrabeam therapy involves delivering an equivalent dose of radiation, but we are doing it in 25 minutes rather than stretched over six weeks,” says Dr. Edney. “And instead of radiating the entire breast, we are delivering the radiation to the exact site of the tumor, eliminating radiation to other tissue.”

Whether a woman will be a candidate for eliminating the six-week regimen of radiation therapy will be determined after receiving results of the breast biopsy taken at the time of surgery. “This decision will depend on several factors including the type of cancer involved, surgical margins, lymph node involvement and aggressiveness of cancer type,” says Dr. Thompson. “While I don’t expect Intrabeam to eliminate standard therapy, it has the potential to make breast cancer treatment easier and more convenient for many women in early stages of breast cancer.”

The Nebraska Medical Center is enrolling patients in the trial now. Talk to your physician to discuss your participation.

For more information about Intrabeam therapy, visit us at www.NebraskaMed.com. ■



Cancer Support for You

Cancer support groups can provide knowledge, hope, support and inspiration. To find out more about our cancer support groups, visit us at www.NebraskaMed.com.

Diabetes Health Fair

Saturday, March 15
9 a.m. to noon
The Nebraska Medical Center
Clarkson Tower
Lower Storz Pavilion



This free event will feature interactive sessions to help you better manage your diabetes. Join us for free presentations, cooking and exercise demonstrations, foot exams, door prizes and other hands-on activities. A physician also will be available to answer questions.

We Are Here for You 24 Hours a Day, 7 Days a Week

The Nebraska Medical Center allows you access to free health information whenever you need it and features:

- Access 7 days a week, 24 hours a day
- Bilingual options
- Physician referral
- Class or seminar registration
- A “call-me-back-later” feature through our website

800-922-0000

Help for Women with Depression

Depression is a pervasive and impairing illness that affects 19 million Americans each year. Women experience depression at roughly twice the rate of men. The good news is that depression is very treatable.

The Nebraska Medical Center offers the "Insight" program to assist women affected by depression in managing stress, improving self-confidence, enhancing communication, learning coping skills and establishing a network of social support. A group of five to eight women meets with a psychiatric clinical nurse specialist for two hours weekly for 15 weeks starting the week of February 11 through May 19. "The self-knowledge gained through the 'Insight' program enables women to function more effectively in their daily lives," says Debra Knop, RN, MSN, program coordinator. "Outcome data have demonstrated that women who have completed the program have increased self-esteem, are more hopeful and have fewer depressive symptoms, even up to a year later."

The program is for women who have mild to moderate depressive symptoms, have suffered from a major depressive illness in the past or are at risk for depression.

For more information about how you can get help for depression or to register for the program, call **800-922-0000**.



health & wellness

P R O G R A M S

Club activities are open to all individuals age 50 and older. Health and Wellness Club (H&W) members enjoy occasional discounts and special offerings. **For more information or to register, call 800-922-0000.**

Zoo Walking Club

Meets Fridays, 9 a.m. at the north gate. Must be a zoo member.

Third Thursday Art Encounter Club

Third Thursdays, 10:30 to 11:30 a.m., Jan. 17, Feb. 21, March 20
Free to Joslyn members; H&W Club members pay museum admission. Enjoy guided tours of Joslyn's permanent collection and special exhibitions. *Jan. 17: The Art of Robert Bateman and Sensational Sculpture; Feb. 21: More Behind the Scenes and Rules and Rebels; March 20: Elegance of the Qing Court*

H&W Club Bowling League

Tuesdays, 9 a.m.
Westlane Bowling Alley

151 North 72nd St.
Fee: \$5.50; no reservations required.

AARP Driver Safety Class

Saturday, March 1, 9 a.m. to 5 p.m.
Storz Pavilion, Rooms 1 and 2
\$10 payable to AARP day of class
Registration required; call **800-922-0000**.

Wellness Lunch and Learn: Medication Safety

Tuesday, Feb. 12
Jennifer Cowley, pharmacist
Storz Pavilion, Rooms 1 and 2
Lunch served at noon; speaker begins at 12:15 p.m.
Free. Registration required; call **402-559-4197**.

Visualizing Literature: Book Club for Art Lovers

Meets four times annually, 10:30 a.m. to noon
Joslyn Art Museum conference room
A series of moderated book discussions designed to explore connections

in the literary and visual arts. Includes a walk in the galleries. *Tuesday, March 11: American Gothic* by Steven Biel
Free to Joslyn members; \$7 for adults; \$5 for ages 62+. For more information, call Joslyn Art Museum at **402-342-3300**.

Vigor Tone, Mightier Bone

An ongoing, supervised strength and weight-training class geared toward older adults. The class meets on Mondays, Wednesdays and Fridays, 10 to 11 a.m., at the UNMC Center for Healthy Living, 40th and Jones Street. For more information, please call **402-559-5254**.

Tai Chi

A gentle and slow-motion exercise that increases overall fitness, coordination and balance. Six-week sessions at the Bloomfield Forum Retirement Facility, 9804 Nicholas St. To register, please call **402-559-5254**.



Interested in becoming a Health & Wellness Club member? Please call 800-922-0000.

Is It a Cold or Flu?

You're tired, achy, congested and downright miserable. Is it influenza or just a bad case of the common cold? Should you see your doctor or continue to rest and self-treat? Sometimes it's hard to know what to do. If your symptoms are severe, see your doctor. Seeking help early on may shorten the duration of your symptoms and prevent them from progressing to something more serious.

Influenza (the flu) usually comes on fast and furious and is accompanied by fever with temperatures of 101

and more, an achy body, fatigue, sore throat, runny nose and watery eyes.

Children may have an upset stomach and vomiting, but adults usually don't. "There is a short window of opportunity to shorten the course of symptoms for influenza," says Marge Bisenius, DO, family practitioner at The Nebraska Medical Center. "If you see your doctor within 48 hours, you can be prescribed an antiviral medication that can help reduce the severity and duration of symptoms."

Colds, on the other hand, will have symptoms that develop more slowly over several days. A cold includes upper respiratory symptoms such as congestion, cough, sneezing and sore throat. It also may be accompanied by low-grade fever and muscle aches, but symptoms tend to be milder than flu symptoms. If symptoms continue to worsen after several days, it may be time to seek medical advice, says Dr. Bisenius. Without proper care, respiratory infections can wear down your immune system and progress to more serious complications such as a secondary bacterial infection, bronchitis or pneumonia. If you develop more severe symptoms such as high fever, vomiting or chest pain, call your doctor immediately.

Strep throat is another illness that may mimic a cold or flu and requires medical attention. Strep throat includes several of these symptoms: temperature greater than 100 degrees for one to three days; swollen lymph nodes; abdominal pain; headache or nausea; red, inflamed throat and white and red patches on the tonsils, back of the throat and roof of the mouth. Strep throat can be treated with an antibiotic.

Unfortunately, there is not a quick cure or antibiotic for either the cold or flu. Antibiotics fight urinary tract

infections, strep throat and other illnesses caused by bacteria. To prevent the flu, nearly everyone, especially those in high-risk groups, should receive a flu shot each October or November before the flu season begins. The flu shot works by injecting inactivated flu viruses into your body, prompting the body to make antibodies to fight specific flu strains. The flu shot does not make you sick.

If you should find yourself under the weather, follow these self-care measures to help relieve your symptoms: drink plenty

of fluids, rest at home to prevent spreading the virus and take over-the-counter medications such as acetaminophen or ibuprofen. Talk to your doctor or pharmacist about taking other medications that might be helpful for your symptoms. ■



FREE BROCHURE

To order a FREE brochure on colds and flu, please call 800-922-0000.



For more information about influenza and the flu shot, visit us at www.NebraskaMed.com.

UPDATE

the latest medical research

Consumer Choice Winner for Fourth Straight Year!

The Nebraska Medical Center is the only hospital in Nebraska to earn the 2007 Consumer Choice Award, which represents the voices of thousands of patients across the state.

The National Research Corporation (NRC), an independent research firm based in Lincoln, Neb., interviewed more than 200,000 households to find out which hospitals offer the highest quality care.

"The fact that our selection for this award was made by our consumers makes this award especially meaningful," says Glenn Fosdick, FACHE, president and CEO of The Nebraska Medical Center. "For four straight years now, families have recognized The Nebraska Medical Center as the best place for health care whether a loved one is here for a checkup or lifesaving surgery."

This is the fifth time in six years that The Nebraska Medical Center has earned the Consumer Choice Award.

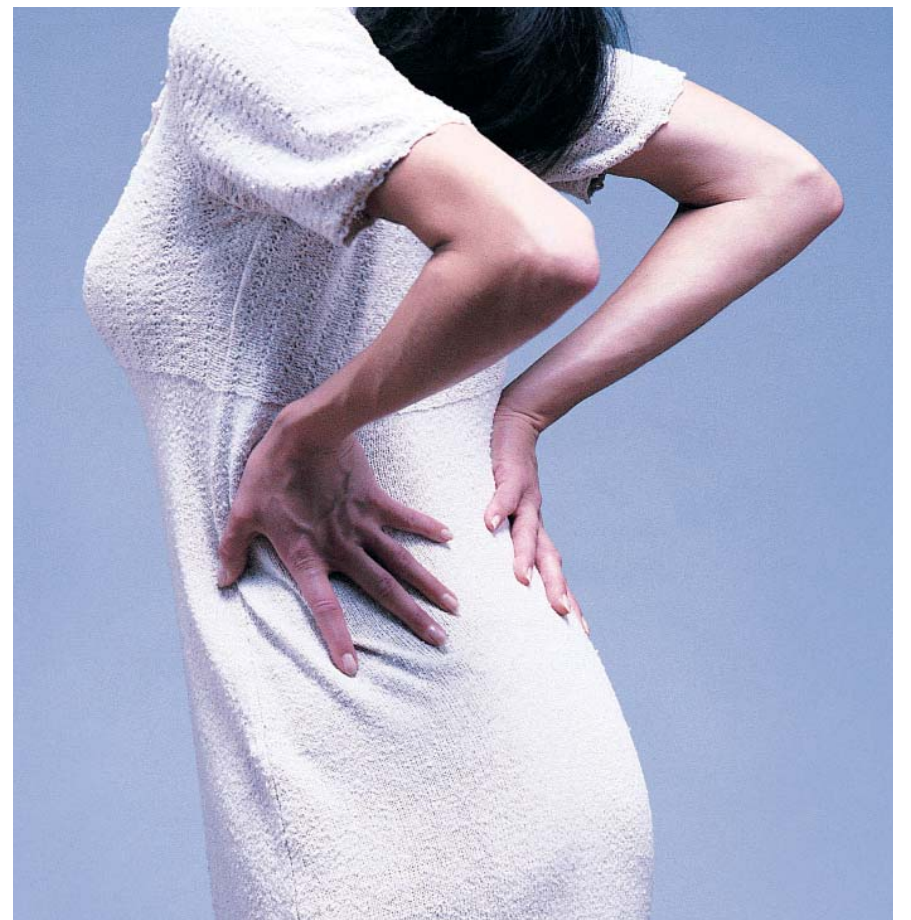
West Nile Virus Research Study

Have you been diagnosed with West Nile virus? Adults diagnosed with West Nile virus anytime within the last four years may be eligible for The Nebraska Medical Center research study, which is looking for a reason why people experience either mild or severe West Nile virus infections. For more information, call The Nebraska Medical Center at 800-922-0000.

NEED A DOCTOR?

For a doctor you can trust, call The Nebraska Medical Center information and physician referral line. The physicians at The Nebraska Medical Center are associated with one of the top medical centers in the region. For serious medicine and extraordinary care, call us at 800-922-0000.





The Do's and Don'ts of

It's the most common ailment after the common cold and the leading cause of disability for individuals younger than age 45. It's lower back pain, and nearly everyone will experience it at some time. The problem is, many people don't know what to do—or not do—when back pain strikes.

With proper rest and therapy, most individuals with back pain should be back to their normal routines within three weeks, says Angie Rakes, MD, headache and pain specialist at The Nebraska Medical Center's Pain Clinic. Ninety percent of individuals will be free of pain within three months. But what constitutes "proper rest and therapy"? Here are the do's and don'ts of back pain:

- **Do alter your activity level, but don't lie in bed all day,** advises Dr. Rakes. Light activity actually promotes healing. Slow down; do some stretching and walking. Avoid activities like weight lifting, repetitive bending or anything that aggravates the pain. Increase your activity as you feel better.
- **Ice the area for the first 72 hours.** Use a cold pack several times a day for up to 20 minutes a session. After several days, you should switch to using a heating pad to help loosen tight muscles and increase blood flow.
- **Take ibuprofen or acetaminophen.** Ibuprofen can help reduce swelling and inflammation. Acetaminophen helps reduce pain. You can use one or both depending on which provides you the most relief, says Dr. Rakes.

- **Sleep on your side.** Lying on your back or stomach may aggravate back pain by causing your back to arch. Sleep on your side with your knees bent toward your chest and a pillow between your knees to help keep your spine properly aligned.
- **Use a back brace judiciously.** A back brace may help for short periods when performing back-straining activities. However, overuse of a back brace may actually weaken your muscles.
- **Perform stretching and strengthening exercises.** Most people do not have strong abdominal or back muscles. Doing strengthening exercises to build these muscles will help support your spine. "Pilates exercises are an excellent way to build a fortress of muscles around the spine," says Dr. Rakes.
- **See a doctor if the pain does not subside.** If this is a first-time episode, most times you can self-treat, says Dr. Rakes. "However, if the pain has not subsided within three weeks or if lower back pain is accompanied by other symptoms such as pain shooting down the leg, night sweats, diarrhea, constipation or fatigue, you should see your primary care doctor," suggests Dr. Rakes.



Back Pain

If you experience a second episode, Dr. Rakes suggests seeing a physical therapist to learn specific stretching and strengthening exercises to support your spine.

If you still are not getting relief, it may be time to see a pain specialist, says Dr. Rakes. Specialists at the Pain Clinic can provide injection therapy to help alleviate pain. The last resort, says Dr. Rakes, is surgery. The most important point to remember for back pain is prevention. Building strong support muscles, as well as practicing good posture and proper lifting techniques, can go a long way toward preventing back injuries. ■

FREE Brochure

Learn stretching and strengthening exercises with our FREE brochure, *A Healthy Back for Life*. To order a copy, please call **800-922-0000**.



q&a...

There are so many herbal remedies available today. Are they really safe?

Michael Powell, pharmacist

Many people believe herbal remedies are safe because they're labeled "natural." However, herbal remedies contain pharmacologically active substances that can be dangerous to your health. No one should take herbal supplements unless recommended by your physician and approved by your pharmacist if you are taking them with other medications. Why? Herbal supplements are not regulated by the Food and Drug Administration (FDA), therefore, the information and claims listed on the label have not been substantiated by clinical research and there have been few clinical studies done on most supplements. In addition, herbs contain active ingredients that can alter your body functions and cause adverse reactions. They can be life-threatening when they interact with prescription or over-the-counter drugs. Herbal supplements are particularly risky for individuals who are pregnant or breast-feeding, are younger than 18 or older than 65 or are having surgery.

Surgical complications include an increased heart rate, altering the effectiveness of sedative anesthesia, excessive bleeding and suppressing your body's immune system, which interferes with healing. Individuals with certain medical conditions also have an increased risk for adverse effects, especially those with high blood pressure, thyroid problems, depression, Parkinson's disease, enlarged prostate gland, blood-clotting problems, diabetes, heart disease, epilepsy, glaucoma, history of stroke or organ transplant.



My period started when I was 10 years old. Does that mean I am at increased risk for cancer?

Steven Remmenga, MD, gynecological oncologist

Early onset of menstruation (menarche)—before age 12—is considered a risk factor for certain types of cancers in women. While the risk is fairly small for most cancers, you should discuss this risk with your doctor so that appropriate and timely screening tests can be scheduled. Early menarche is associated with an increased risk for breast cancer, endometrial cancer and ovarian cancer. With ovarian cancer, the more ovulation cycles a woman has in her lifetime, the more likely she is to develop ovarian cancer. Factors that can mitigate this risk include: multiple pregnancies, early onset of menopause and the use of birth control pills that stop ovulation, but not menstruation. Heavy menstrual bleeding, called menorrhagia, also can be a source of concern that could signal other medical problems such as cancer, uterine fibroids, polyps, endometriosis or liver or kidney disease. If you are soaking at least one pad or tampon an hour for more than a few hours, seek medical advice.

Need a PHYSICIAN REFERRAL?

Call us at **800-922-0000** or visit
www.NebraskaMed.com.



Determining Your Risk for Heart Disease: 5 Steps to a Healthy Heart

Heat disease is the leading cause of death for both men and women, but that doesn't mean it's inevitable. By taking control of your health and developing healthy lifestyle habits, you can reduce your risk.

Before you get serious about making changes, assess your current risk for heart disease. The best place to begin is your family history. Your individual risk rises significantly if you have a first-degree male relative who has had a heart attack before age 45 or a first-degree female relative before age 55, says Jeffrey Carstens, MD, cardiologist at The Nebraska Medical Center.

Your family history also will determine when and how often you should be screened. If family history is not an issue and you are otherwise healthy, Dr. Carstens recommends getting a physical every other year by age 40 and annually after age 50. Individuals with a strong family history should be monitored by their physician earlier and more aggressively. Your physical should include screenings for blood pressure, cholesterol and blood sugar, which together, can provide an effective gauge for determining your risk for heart disease, says Dr. Carstens. While you can't change risk factors like genet-

ics, age and race, you can take steps to minimize other risk factors for heart disease. The following risk factors rate very highly.

■ **Diabetes** The link between diabetes and heart disease is so strong that it has been called a coronary equivalent. What this means, says Dr. Carstens, is that someone who has diabetes has the same risk of having a heart attack as someone without diabetes who already has had a heart attack. You can reduce your risk and prevent full-blown diabetes by losing weight and exercising regularly.

■ **Smoking** "If you smoke, quit," advises Dr. Carstens. "In general,

people who smoke will see a significant decrease in their heart attack risk within the first year of quitting. After five years, their heart disease risk will return to baseline as if they had never smoked."

■ **High Cholesterol** "Cholesterol levels clearly predict one's risk for heart disease and sometimes actually drive your risk," says Scott Shurmur, MD, cardiologist at The Nebraska Medical Center. In addition to your total cholesterol level, know the components of your cholesterol: that is, HDL, LDL and triglyceride levels.

"High LDL levels—the bad cholesterol—in addition to elevated triglyceride levels, can have a greater impact on your risk than the total level alone," says Dr. Shurmur. The optimal level for a healthy individual is a total cholesterol level lower than 200 mg/dl, LDL below 100 mg/dl and triglyceride level below 150 mg/dl.

■ **High Blood Pressure** High blood pressure not only makes the heart work harder, but it also leads to hardening of the arteries. The optimal blood pressure level is 120/80.

■ **Diet/Sedentary Lifestyle** Being overweight increases your likelihood of developing other problems that increase your risk for heart disease such as high blood pressure, high cholesterol and diabetes. "Reducing your weight by just 10 percent can decrease your cholesterol level, blood pressure and your risk for diabetes," says Dr. Carstens. "If you lose this weight by exercising, you will gain even more benefits." ■



FREE BROCHURE

Are you at risk for a heart attack or stroke? To learn more, call **800-922-0000** to order our FREE brochure.



For more information about heart disease, visit us at www.NebraskaMed.com.

Womens' Heart Disease Risk Rises with Menopause

If you're a woman approaching menopause, there's another issue that should be on your radar screen and that's your heart. For years, heart disease has been considered a man's disease. It isn't. Heart disease is the number one killer of women. In fact, every year since 1983, more women than men have died of heart disease, says Joseph Thibodeau, MD, cardiologist at The Nebraska Medical Center. It is estimated that approximately one in every three to four women will die of heart disease.

The primary difference between men and women is that the risk for heart disease increases dramatically once a woman reaches the age of 50, about the age of natural menopause. In young women who have undergone early or surgical menopause and do not take estrogen, the risk for heart disease is even higher.

Why this occurs is still not completely understood. It is thought to be linked to hormonal changes related to estrogen and progesterone. The Women's Health Initiative (WHI), a 15-year government study of postmenopausal women taking hormone therapy (HT), cast doubt on this theory when it showed a slight increase in the risk for heart disease in women taking combination HT (estrogen and progesterone). However, more recent studies have found that

HT given to younger women, at the onset of menopause, appeared to decrease the risk for heart disease, says Dr. Thibodeau.

The most important thing a woman can do is to reduce her modifiable risk factors, says Dr. Thibodeau. An international study called the Interheart found that 92 percent of heart disease is attributable to a modifiable



risk factor such as smoking, diet, exercise, diabetes, cholesterol or blood pressure. When family history was figured into the equation, the risk increased to just 93 percent. The bottom line, says Dr. Thibodeau, "if you do everything right, you will likely do well despite your family history."

Dr. Thibodeau also stresses the fact that heart disease is a lifetime process. "The beginning traces of

coronary artery disease have been tracked to individuals as young as their 20s," he says. "It's an accumulative process and the sooner you get started preventing heart disease, the better off you are." Each meal should be a healthy one, he notes. One recent study found that after eating a high-fat meal, the coronary arteries didn't dilate as vigorously as they did before the start of the meal.

By the time a woman reaches menopause, she should have a clear idea as to what her risk factors are, says Dr. Thibodeau. This includes cholesterol, blood pressure and diabetes. In addition, a waist circumference greater than 35 inches also has been shown to place a woman at higher risk for heart disease.

As an additional preventive measure, Dr. Thibodeau also recommends that all women take an omega-3 fish oil supplement. "Studies have shown that women who take one gram a day can reduce their risk for sudden heart attack death between 45 and 65 percent," he says. "Omega-3 has been shown to have many benefits, including increased joint health and reduced postpartum depression, macular degeneration and bipolar disorders." ■

Drug-Eluting Stents Provide Better Outcomes for Heart Patients

The use of drug-eluting stents in conjunction with angioplasty continues to be the preferred treatment option for treating patients with occluded arteries despite recent controversy suggesting otherwise, says Edward O'Leary, MD, cardiologist at The Nebraska Medical Center.

Approved by the FDA in April 2003, drug-eluting stents have been highly successful at preventing re-narrowing of the vessels through restenosis or the redevelopment of scar tissue after an angioplasty procedure. Stents are inserted after an angioplasty procedure has been performed to open the occluded vessel. The drug-eluting stents are coated with an immunosuppressant drug that is slowly released into the vessel walls over several weeks, discouraging scar tissue from forming. However, some recent studies have shown an increase in heart attacks in individuals with drug-eluting stents several years later due to clotting at the site of the stent.

Dr. O'Leary says doctors have since made adjustments to the length of time that patients receive an anti blood-clotting medication called Plavix, which has resolved that concern. The medication is now administered for one year compared to three months in the past.

"Whenever you have new technology, it takes several years to see the issues and to make adjustments to counter that data," says Dr. O'Leary.

If the site of the stent heals properly, Dr. O'Leary says he expects the stents to last the lifetime of the patient. Whether a patient will benefit from the drug-eluting stent depends on the size of the artery in question, the length of the lesion and the number of occlusions. Primary candidates for the drug-eluting stents include younger, otherwise healthy patients who can benefit from long-term use of the stents.



For more information about heart disease, visit us at www.NebraskaMed.com.

Finding Help for Fibromyalgia



You have pain and tenderness throughout your body and you often feel exhausted. Even after numerous tests, your doctor still cannot find the cause of your pain. If this describes your situation, you may have fibromyalgia.

Fibromyalgia is a chronic condition associated with widespread pain in the muscles, ligaments and tendons. The condition also may cause fatigue, anxiety, numbness in the hands and feet, headaches and digestive problems. Fibromyalgia is twice as common in women as in men.

The good news is that “with active management of the disease, the symptoms can be controlled and mini-

mized,” says Chris Criscuolo, MD, pain medicine specialist at The Nebraska Medical Center’s Pain Clinic. Management of the condition is geared toward symptom management. The Pain Clinic offers a combination of self-care practices, medications and other therapeutic modalities to provide relief for most patients. Other modalities include massage, physical therapy, aquatic therapy, acupuncture and myofascial trigger points.

Dr. Criscuolo stresses the importance of practicing healthy lifestyle habits such as good nutrition, exercise and adequate sleep. “Inactivity and an unhealthy lifestyle appear to exacerbate symptoms,” he says, “as

do stress, changes in weather, sleep deprivation, smoking, excessive alcohol and caffeine intake.”

Medications include a combination of muscle relaxants, anti-inflammatories and pregabalin, an antiseizure medication that also is used to treat some types of pain. It is important to remember that there is not one therapy or combination of therapies that works for everyone, says Dr. Criscuolo. Treatment is as individual as each person.

What causes fibromyalgia is still unknown. Several theories include origination from a viral or bacterial infection, sleep disturbances or an injury or trauma, particularly to the upper spinal region. The type and intensity of symptoms can vary greatly from day to day. Unfortunately, there is no cure and individuals must learn how to manage and cope with the disease.

The disease also is difficult to diagnose as there is no inflammatory process or abnormal labs to confirm a diagnosis, says Dr. Criscuolo. It also can mimic other inflammatory diseases like rheumatologic disorders.

Diagnosis must include tenderness in at least 11 of 18 tender spots that has lasted for at least three months.

Patients who have no success with conventional therapies may be candidates for cognitive behavior therapy available through the Pain Management Center at the University of Nebraska Medical Center, the only multidisciplinary pain center in this part of the country. This four-week program involves a multidisciplinary team of health care professionals who work together to develop an effective pain management program. The team includes clinical psychologists, physical therapists, women’s health physical therapists, nurses specializing in pain management, physician pain specialists and neurosurgeons.

“This program incorporates psychological management of pain, as well as techniques such as bio-feedback, mediation and relaxation,” says Dr. Criscuolo, medical director of the center. “It teaches patients coping skills and techniques to better manage pain throughout their daily lives.” ■

Got Pain?

Chronic pain is more treatable than ever before. Advances in medications and new therapies are providing relief for many types of pain that may have been considered untreatable in the past. The Nebraska Medical Center’s Pain Clinic, the most comprehensive pain clinic in the region, is dedicated to treating all types of pain. For more information, visit us online at www.NebraskaMed.com or call **800-922-0000** to make an appointment.



To learn more about fibromyalgia, visit us at www.NebraskaMed.com.

New Therapies Improve Outlook for Multiple Sclerosis

New treatment therapies combined with aggressive management of symptoms continue to improve the outlook for individuals with multiple sclerosis (MS). “Twenty years ago, we had no treatments for MS patients,” says Kathy Healey, PhD, APRN, nurse practitioner for the multiple sclerosis program at The Nebraska Medical Center. “Today, with new medications and more aggressive management of the disease, we are able to change the course of this disease for many patients.”

MS is a central nervous system disorder that for some can be severely debilitating if proper diagnosis, treatment and long-term care are not sought. “There’s a window of opportunity with this disease,” says Healey. “The earlier you start treatment, the better success you will have at slowing the progression and severity of the disease in the long run.”

Early symptoms can include arm or leg weakness, numbness and tingling, loss of coordination or balance, impaired vision, eye pain and dizziness. As the disease progresses, in some individuals these symptoms often worsen and become permanent. Some individuals may be left with severe disabilities such as paralysis and loss of vision.

The MS Clinic at The Nebraska Medical Center, one of a few in the region, provides a comprehensive team approach to treating MS patients to help minimize symptoms

and improve quality of life. Patients receive care from specialists in areas such as neurology, physical and occupational therapy, psychiatry and urology. Because the condition of MS patients is often changing, the clinic follows patients on a regular basis to adjust treatments as necessary to provide better control of symptoms.

One of the latest treatment therapies recently introduced for MS includes the monoclonal antibody called natalizumab. The drug works by binding with a T-cell receptor, believed to play a primary role in MS, which prevents the T-cell from entering the brain and spinal cord. “This treatment is more effective at controlling the relapse rate and the development of new lesions in the central

nervous system than current treatments,” says Healey. Because the drug works by modifying the immune system in the brain and spinal cord, it does carry a small risk for a serious brain infection.

An MS diagnosis is made through a combination of a clinical history, neurological evaluation, MRI, and if necessary, a spinal tap. If you suspect you or a loved one has MS symptoms, talk to your physician.

The future for MS patients is promising, notes Healey. Additional forms of monoclonal antibodies, as well as oral drugs that provide additional benefits, are expected to be introduced in coming years that will continue to improve the quality of life for these patients. ■



Ministrokes May Signal More to Come

Have you ever experienced a sudden but brief loss of feeling in your left arm and leg? Your vision may have become blurred and you may have even become dizzy and lost your balance. Within minutes, your symptoms disappeared.

It’s likely you experienced a ministroke or transient ischemic attack (TIA). A TIA is a temporary interruption of blood flow to a part of your brain that lasts several minutes to 24 hours and then disappears. The symptoms of TIA are the same as for a stroke; however, because they are usually brief, they usually leave no apparent permanent effects.

“This is a very significant event and should not give someone a false sense of reassurance,” says Pierre Fayad, MD, neurologist at The Nebraska Medical Center. “Anyone who has experienced a TIA is at much higher risk of suffering a stroke or a cardiac event in the near future and should be evaluated and treated for a stroke, regardless of how long the TIA lasted.”

The good news is that with proper evaluation and treatment, steps can be taken to prevent a recurring stroke that could result in permanent damage. The Nebraska Medical Center is home to the only stroke center in the region dedicated to the prevention and management of stroke. The center staffs specially trained professionals who use a well-defined, systematic approach to the treatment of stroke patients to achieve optimal results.

Stroke is a medical emergency. If you or a loved one should experience any of the following symptoms, call 911:

- Sudden trouble walking
- Sudden trouble speaking or understanding
- Sudden trouble seeing
- Sudden severe headache
- Sudden weakness or numbness on one side



For more information on our multiple sclerosis program, visit us at www.NebraskaMed.com.

Take Charge of Your Health!

Don't Miss Out!

The Nebraska Medical Center is offering the following health information resources free of charge.

To receive your free information, call us at 800-922-0000.

- Colds and Flu brochure
- A Healthy Back brochure
- Heart Attack Risk brochure

Sign Up Today for Free E-Mail Newsletters

Receive valuable health information on a monthly basis and get the latest updates on our classes and services relevant to your interests. Register under "Health and Wellness" at www.NebraskaMed.com.



Can Antioxidants Lower My Risk for Cancer?

If you're relying on vitamin and antioxidant supplements to help you get your daily dose of nutrition and cancer-fighting power, you may be doing your body more harm than good. Recent studies show high doses of supplements that isolate specific nutrients and antioxidants have no benefit in reducing cancer risk, and in some cases, may be harmful to your health. Antioxidants are nutrients that assist in cancer prevention by helping the body protect itself against damage to cells caused by free radicals. Free radicals are highly reactive molecules within our bodies produced through normal metabolism. "The problem," says Nicole Fox, medical nutrition therapist specialist at The Nebraska Medical Center, "is that when these antioxidants are taken as high-dose supplements, they do not appear to have the same cancer-fighting properties as they do when eaten as part of a well-balanced diet. In addition, your body can absorb only so much of a certain nutrient at one time. What your body doesn't need or can't absorb is discarded by the body as waste."

Antioxidant nutrients include vitamin A, vitamin C, vitamin E and various plant-based chemicals called phytochemicals (carotenoids and lycopene). Foods rich in antioxidant vitamins and phytochemicals are pri-



marily found in plant-based foods and include deep yellow-orange and red fruits and vegetables, dark leafy green vegetables, cruciferous vegetables (cabbage, broccoli, cauliflower and Brussels sprouts), allium vegetables (onions and garlic), nuts and grains, legumes, and soy products.

To maximize dietary intake of these nutrients, Fox recommends eating a colorful diet of at least five servings of fruits and vegetables each day. Two of the most common vegetables consumed in the United States—white potatoes and iceberg lettuce—are not as rich in cancer-preventing nutrients. Fox suggests replacing your white potato with a sweet potato for greater nutrient value and adding a variety of lettuce greens such as romaine lettuce or spinach and other fresh vegetables to your iceberg salad.

Other dietary recommendations for cancer prevention include controlling portions, limiting intake of foods high in saturated fats and substituting more fruits, vegetables and whole grains for common snack foods like french fries, potato chips, doughnuts and ice cream.

"When it comes to what you eat, there's nothing as good as the real thing," says Fox. "Popping a vitamin at the end of the day doesn't negate a poor diet." Fox also stresses that, "diet is just one piece of the puzzle when it comes to reducing your risk for cancer. Maintain a healthy weight and exercise regularly. Regular exercise helps move food through the digestive system faster and reduces the body's exposure to carcinogens in the diet." ■

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