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DukeMedicine

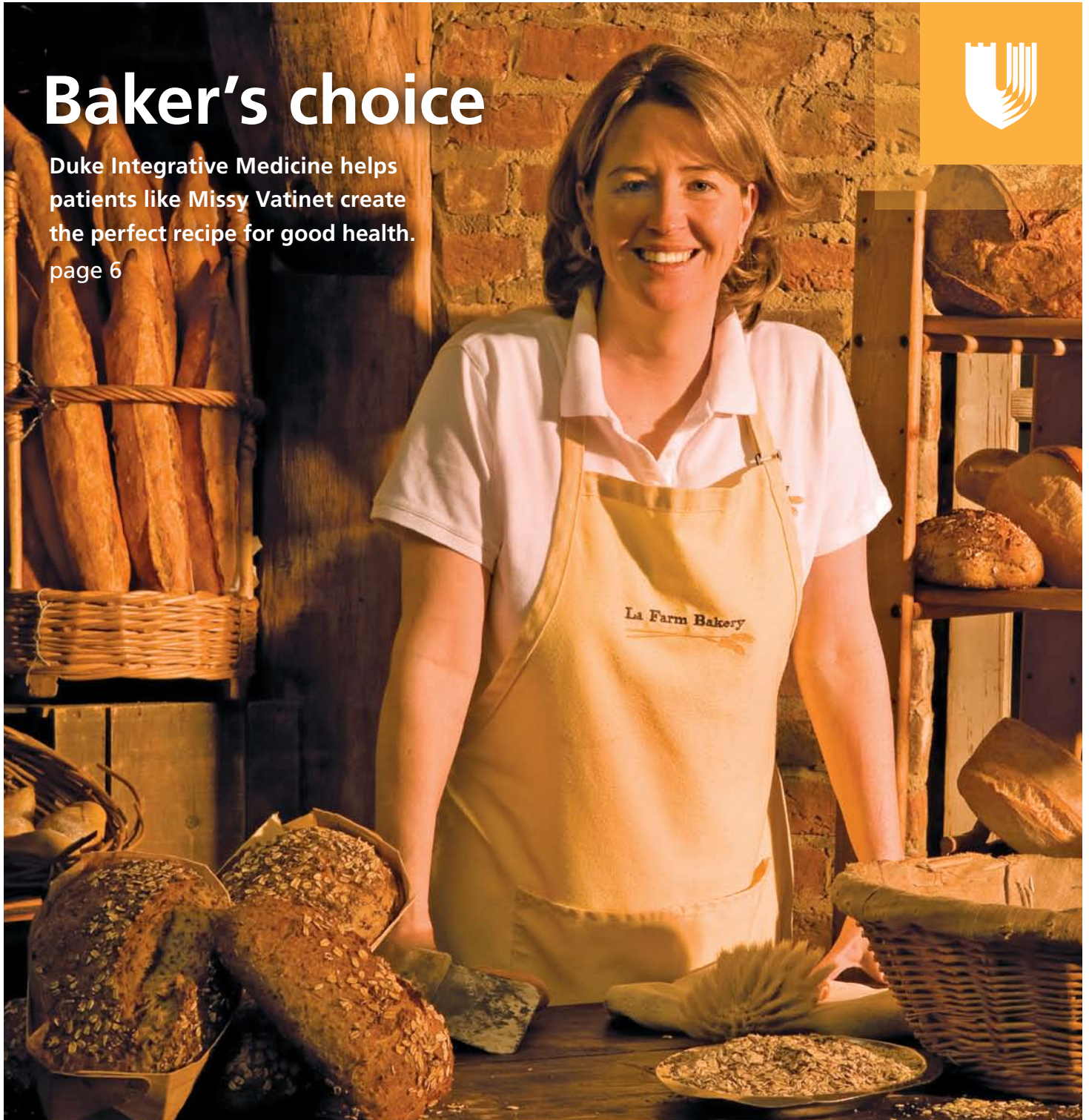
Real ideas for better health

SPRING 2008

HealthLine

Baker's choice

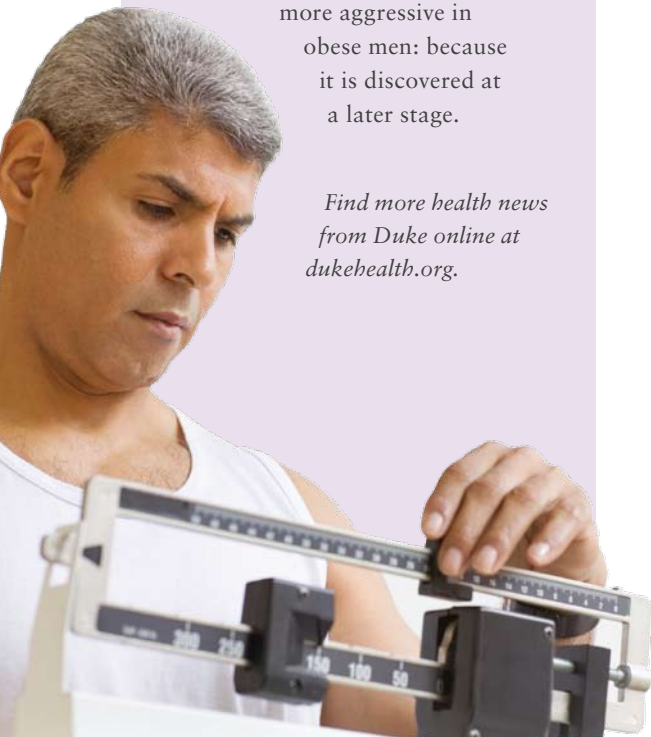
Duke Integrative Medicine helps patients like Missy Vatinet create the perfect recipe for good health.
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RETHINKING PROSTATE CANCER DETECTION

Doctors may soon retool their reading of PSA scores—the standard blood measurement used to detect prostate cancer—in obese men. A recent study at Duke shows that because obese men have more blood circulating throughout their bodies than normal-weight men, the concentration of prostate-specific antigen (PSA) in their blood can become diluted. Given that one in three Americans is obese, this finding could explain why prostate cancer is often more aggressive in obese men: because it is discovered at a later stage.

Find more health news from Duke online at dukehealth.org.



TAKE TODDLERS OFF THE NUTS

Children are being exposed to peanuts—and are exhibiting signs of life-threatening peanut allergies—at much earlier ages. A Duke study of a group of children born during or after 2000 showed that they were exposed to peanuts at 12 months, and had their first adverse reaction at 14 months. That’s in contrast to a decade ago, when first exposure was documented at 22 months, and first adverse reactions occurred at 24 months. Study authors say that there’s a valid reason to delay toddlers’ introduction to products containing peanuts, because older kids are better able to manage bad reactions and to tell someone if they are feeling funny.

See page 8 for information about an upcoming event at Duke Medicine’s Teer House on allergy-safe foods.

WRINKLES: THEY’RE BONE DEEP

Duke doctors have discovered it’s not gravity that’s aging your face—it’s the shift in your bone structure. Our face bones continue to grow as we age, and as they grow they lose support of the overlying soft tissues, skin, and muscle. The changes occur more dramatically in women than in men. This discovery could mean that future approaches to cosmetic eye and facial surgery may include restoring the underlying bony framework of the face to its youthful proportions.

HealthLine

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Pick our brains! We want to know what you want to know. E-mail us with your comments, questions, and requests for story topics—no health issue is too great or too small. We regret that we cannot respond to all questions, but we’ll make every effort to address your interest in a future issue of the newsletter.

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Visit us there to view articles, submit questions, register for classes, offer feedback, or add a friend to our free subscription list.

Duke Medicine HealthLine

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acupuncture

LAST YEAR DUKE anesthesiologists combined data from 15 small clinical trials and found that using acupuncture before and during surgery significantly reduces pain—and the amount of potent painkillers needed—for patients after the surgery is over. In a growing number of medical communities, this practice of inserting hair-thin, stainless-steel needles into the skin at specific locations is being embraced for treatment of conditions beyond pain and nausea, such as endometriosis, digestive concerns, chronic insomnia, and infertility.

HealthLine wanted to know more about the nuts and bolts of this Eastern-medicine tool that's making its way into Western medical toolboxes. We asked Janet Shaffer, the acupuncturist at Duke Integrative Medicine, to share her thoughts about:

When to go

“We encourage people to come in as soon as you feel a little achy, as soon as you notice daily changes such as calves that cramp, feet that don't tolerate walking the mall, or that you aren't able to eat your favorite foods or are living on Tums. Getting things balanced early on makes a huge difference.

“Some people come in and don't have anything wrong; they're just looking for an official time-out. It's a very deep rest for some people.”

When not to go

“I think there is a misconception that acupuncture can be magically useful for weight loss. Acupuncture can be helpful in facilitating weight-loss by preventing pain during exercise or kick-starting sluggish digestion. But I don't recommend it for weight loss unless a specific weight-loss program is also in place.”

How acupuncturists are trained

“We go to school for three to four years to study the theories of Eastern medicine. You can think of Eastern medicine as mixing the body's symphony on a soundboard; we learn about how to orchestrate that symphony properly. We learn what's an appropriate mix for someone who's 80 versus someone who's 16, and how different constitutions and body types have different preferences and different [symptoms and medical complaints]. Then we learn acupuncture points and how to combine acupuncture with herbal therapies. Finally we learn how to match Eastern diagnosis and treatment with Western diagnosis and treatment.”

About those sticking points

“It's almost unfortunate that we call them needles. They're metal and they have a point, but they're so small....Most people are pleasantly surprised how easy and painless acupuncture is. The patient's whole experience is: You have a little chat with the acupuncturist and then sack out for a 25-minute nap.”

event **Can it heal what ails you?**
Hear Janet Shaffer talk about acupuncture at Duke Medicine's Teer House on May 20. Registration is free. See page 8 for details.



WHAT THE QI?

So just how does acupuncture work? You can take your answer in occidental or oriental terms:

Western medicine says that insertion of needles stimulates the body's nervous system to release chemicals that change the feeling of pain and influence the body's internal regulating system.

Eastern medicine says that the insertion of needles restores the

regular flow of energy called *qi* (pronounced *chee*), stimulating the body's natural healing abilities.

The National Institutes of Health has issued a consensus statement that acupuncture has proven value for treating pain, nausea, and vomiting, and researchers are looking with promise at its use for asthma, menstrual cramps, and osteoarthritis. Duke Integrative

Medicine's Janet Shaffer says it's like a reboot to your body's system. “Your mind and your body have complete instructions on how to run—they've been on this project for a long time. Acupuncture is like having a staff meeting to get everyone back on the same page.

“People naturally have a brilliant ability to heal,” says Shaffer. “Sometimes we forget that.”



URGENT CARE

DO YOU KNOW HOW TO USE IT?

WANT TO MAKE Duke physician Kevin Broyles, MD, wince? Just say that unpleasant phrase: doc in a box.

When Broyles joined Duke's urgent care service 10 years ago, the field was still struggling to earn respect and acceptance from academic health centers. That's because urgent care centers were born in the late 1970s of an entrepreneurial spirit that some people believe can compromise patient care. Overhead costs in such centers are low; patients enjoy rapid access to health care, but the quality of that care is sometimes in question.

Everyone agrees that urgent care medicine meets a real need for rapid-access and after-hours health care in our communities, and academic health centers such as Duke have embraced the phenomenon. Broyles says this helps make sure patients who need urgent care have timely access that is backed by proper medical expertise.

"Not all urgent care centers are equal," Broyles cautions. "Duke Urgent Care centers have at least one board-certified, Duke-credentialed physician on duty with every PA or NP," he says. "And our urgent care doctors have extensive experience in both emergency and primary care medicine. So when you come here, you know you're getting the rapid access to care that well-seasoned PA and NP professionals can provide, plus the assurance that your care that is backed by a physician's depth of knowledge and training."

Know when to go

Broyles says it's important for people to know when urgent care is right for them, as well as what its limits are. "What an urgent care center can do is similar to what a doctor's office can do," says Broyles. "Our scope of care is more limited, however, because we do not try to provide ongoing care. Sometimes people think that we're part of the emergency medicine service, but we're not. Urgent care is a unique service."

Because it's less expensive to go to an urgent care center than an emergency room, many people are motivated by cost to try urgent care first. "What should drive folks is not cost, but the most appropriate place for you to get your care," says Broyles. "When patients come to Urgent Care for true health emergencies, they have to be transferred to an emergency room—this not only delays their own treatment, but also hinders the care to other patients."

Other people use urgent care as they would a primary care physician—though some urgent care centers welcome these "frequent flyers," Duke Urgent Care's policy is to recommend them to a primary care doctor for needs such as routine physicals, Pap smears, and regular care for chronic illness. "Because we work hard to get patients in and out within an hour, and because we rotate our staff continuously, urgent care is just not a good way to get long-term health care," says Broyles. ■

Test your triage power: Where should each of these scenarios send you: the ER, urgent care, or your doctor's office?

1. It's Easter weekend and your spiral-sliced ham turned out not to be very well sliced at all, so you pull out your favorite kitchen knife to help it along. Before you know it, you've spiral-sliced your finger.
2. Your young granddaughter is visiting—and she's been up screaming since 1 a.m. It's now time to start the coffee, and the poor toddler is still whimpering and pulling at her ear.
3. For the last hour, you've had heartburn like you've never known it, despite the 10 Tums you chewed 40 minutes ago. In fact, you're starting to worry that it's not heartburn at all. You have a terrible feeling in your chest—could it be chest pain? A heart attack? You're just not sure.
4. It's your family's first trip of the season to Jordan Lake, and your husband's foot finds the one protruding nail on the whole dock. Now, when was the last time he got a tetanus shot?


5. Your youngest took her new bike out for a spin and came limping home, her ankle swelling.

6. Your oldest took his bike out for a spin and couldn't limp home—when you pick him up, nothing looks broken but he can't stand on that leg or move his foot at all.

7. You wake up Saturday morning sure that someone has sprinkled broken glass down your throat. Never has a weekend felt longer to you than it does at this moment.

Answers: For situations like 1, 3, and 6—severe cuts and burns, broken bones, seizures, and anything that might be a heart attack—the emergency room is the place to go; in case of a true emergency, you should always call 911. For everything else, start with your primary care physician or the physician on call for your doctor group, who will advise you where to go.

Wait—where's urgent care in the mix? They can step in any time for non-emergency situations, but they are meant to be the place you go only when your primary care physician is unavailable.



Neither doctor's office nor emergency room, urgent care is a medical service **in a class of its own.**

WHAT ABOUT THE "MINUTE CLINIC"?

A new kind of health care is on the scene: little retail clinics, in stores such as CVS and Wal-Mart, that are tied to store pharmacies and offer a short menu of health services. "These clinics don't have the support of a doctor on site," Broyles says. "But to some people with very straightforward, two-minute needs," such as a flu shot or a strep test, "they can be helpful."

THE PHYSICIAN ASSISTANT: A DUKE ORIGINAL

Duke is the birthplace of the physician assistant (PA)—its program, the nation's first, celebrated its 40th anniversary last year. A PA's training qualifies him or her to handle a wide range of diagnostic and therapeutic care; they are qualified to do all of the procedures and clinical work that falls under the scope of a primary-care doctor's office or urgent care center. PAs in Duke's urgent care clinics always consult with a Duke-credentialed physician about patient treatment.

DUKE URGENT CARE CLOSE TO YOU:

Duke Urgent Care, now 10 years old, has two locations in Durham and plans to expand into Wake County in the coming year.

Duke Urgent Care Center
1901 Hillandale Road
Suite D
Durham, NC 27705
919-383-4355

Duke Urgent Care South
5716 Fayetteville Road
Durham, NC 27713
919-572-1868

Duke urgent care centers are open from 8 a.m. to 8 p.m., 365 days a year.

Shifting the goal



Patients of **massage therapist Tracey Moon** and **acupuncturist Janet Shaffer** can await their appointments in Duke Integrative Medicine's soothing Quiet Room.

MISSY VATINET, PRESIDENT of Cary's La Farm Bakery, wasn't interested in slowing down. "I love my life of craziness," she says. "I just want to balance it, to assure all my goals are achieved in optimal health." And she was just about ready to fly to Texas to do so. "I was searching for a doctor who was adept at conventional medicine but who also understood alternative medicines and proactive approaches to health care." Then a friend recommended the book *Consciously Female* by Tracy Gaudet, MD, director of Duke Integrative Medicine. "I instantly fell in love with her view of medicine," Vatinet says.

The model of integrative medicine addresses one of the consequences of today's highly specialized health care system: fragmentation. "Even great doctors don't always talk to each

INTEGRATIVE MEDICINE IS CHANGING THE MEDICAL PLAYING FIELD FROM DODGING DISEASES TO WINNING THE WELLNESS GAME.

other—let alone to other health-care professionals—about patients they may have in common," says Gaudet. But through the integrative approach, the patient's physician coordinates all her health care needs, whether it's referrals to specialists or recommendations for complementary care such as massage or mind/body therapies.

As a member of the annual program at Duke Integrative Medicine, Vatinet initially worked with her doctor and a health coach to define what "optimal health" means to her. "My doctor and I sat at a table and talked for over an hour about my health history. Then after taking my history to a team of specialists in gynecology, diet, acupuncture, and so forth, she brought me a plan—a three-ring binder of programs that she spent another unrushed hour explaining." The plan included suggestions for medical and complementary care of Vatinet's individual health needs, as well as ways to help her and her husband, Lionel, successfully balance what Vatinet calls the "fabulous stresses" that come with their business and busy lifestyle.

Throughout the year, Vatinet has unlimited access to her physician, and her physician has monthly meetings with her entire integrative team—which includes the health coach and other therapists whose disciplines span the evidence-based medical and psychological traditions of both Western and Eastern medicine.

Vatinet says that the complementary medicine strategies she's tried have been enlightening in some surprising ways.

"Hypnotherapy was something I had not done before," she says, "and it gave me a different way to look at some of my personal relationships. That helped me not only as a person but also from a business perspective, because customer service is such a big part of my passion." She's also added acupuncture, nutrition consultation, and expressive arts therapy to her wellness repertoire, and she and her husband, who is co-owner of La Farm Bakery, underwent mindfulness-based stress reduction training. "We have always viewed growth and stress as reality of life," Vatinet says. "Duke Integrative Medicine has given us the tools to avoid health implications that stress and an unbalanced lifestyle can cause. Now we can enjoy a hectic professional season with the confidence that we can play hard, work hard, and live a full, healthy life."

Getting personal

"One of the key elements of integrative medicine is the personal health coach, who gives each patient the tools to put her plan into action," says Shelley Wroth, MD, medical director of Duke Integrative Medicine. "The health coach helps people look deeply and creatively at their life goals. What are the things that really bring them meaning and joy, and then what are the health issues that get in the way of that? In that way, people can connect their health goals with a deeper meaning of why they would make various lifestyle changes."

"It's been amazing," says Vatinet of her work with her coach, Julie Kosey. "I've worked with top business consultants in

event **Get integrative information:** Attend a free information session about Duke's integrative medicine programs—including a tour of the facility—with director Tracy Gaudet, MD. March 19, April 16, May 21; 6:30–8 p.m. To register, call 1-866-313-0959.

See the calendar on pages 8–9 for a listing of upcoming free lectures offered at Duke Integrative Medicine.

my working life, and Julie brings that same insight to my personal life—and she holds me accountable for it.” For example, she says, Kosey helped her stick to a goal of taking time for herself, even during the heat of the holiday season. “I was able to take a few significant periods of down time, which I wouldn't have done without her constant reinforcement. She and the rest of the team help me see my health differently—and I am a firm believer that the clearer you see where you want to go, the faster you'll get there.

“I grew up in a small town,” Vatinet says, “so even though I never had any significant health problems, the doctor always knew me personally.” Integrative medicine, she says, has brought back that sense of connection with her physician—and with her own health. “I think this process is the way health care in this country will go, and the way it needs to go.” ■

Nutritionist Beth Reardon and exercise specialist Noah St. John at the center's gourmet cafe, which is open to the public



INTEGRATIVE IMMERSIONS

What's the Duke Three-Day?

Duke Integrative Medicine offers a health immersion program: a three-day retreat in which participants have access to a team of experts from a range of medical and complementary disciplines, who consult and plan a strategy for optimizing health, whether it's to prepare for or recover from surgery or cancer therapy, to navigate a life change such as menopause, or to recharge and kick-start a more healthful lifestyle.



Medical director Shelley Wroth and health psychologist Jenn Davis in the center's meditation room, which offers patients a view of Duke Forest

How does a health immersion work?

Participants in the health immersion program spend three days at the Integrative Medicine facility. During that time they receive:

- An in-depth appointment with a physician to identify and prioritize health issues and establish wellness goals
- Sessions with a health coach to brainstorm and strategize ways to make these goals a realistic part of everyday life
- Five sessions with an assortment of health professionals to explore treatment and wellness options such as yoga, acupuncture, mindfulness meditation, self-hypnosis, nutrition, exercise physiology, psychology, reiki, or massage therapy. The sessions are selected by the patient, in conjunction with a nurse, based on the patient's unique goals and needs.
- A comprehensive, personalized, long-term wellness plan, created by the patient's team of caregivers
- Three months of follow-up with the health coach to track progress and problem-solve

The immersion practice gives both the patient and the physician ample time to make sure they're meeting the standard health needs as well as their whole wellness picture. “We very much believe that the patient-provider relationship should be a partnership,” says medical director Shelley Wroth. “The goal of the health immersion is to help our patients plan for health as opposed to just treating disease.”

Duke Integrative Medicine also offers an annual membership. For more information, call 1-866-313-0959 or visit dukeintegrativemedicine.org.

MARK YOUR CALENDAR

Healthy Happenings



Teer House, a gracious historic home in Durham, provides community, patient, and family education as part of Duke Medicine's Department of Education Services. It's located at 4019 N. Roxboro Road.



These events at Duke Medicine's Teer House are free unless noted, but registration is required. Sign up online, or call 1-888-ASK-DUKE.

EVERYTHING BABY

Teer House offers a variety of classes on childbirth, breastfeeding, child rearing, and healthy families. Go online to find dates and times for classes including:

Getting in shape after baby

Core-strengthening and -stabilizing classes—bring baby!

Motherhood: The new reality show

Bring baby, pack a lunch, get pediatrician tips, and help brainstorm ideas on surviving motherhood.

Infant and child pediatric life support

(\$35 individual; \$50 couple) Learn infant and child CPR and safety strategies.

Choosing quality child care

Get an overview of affordable, safe child care options in Durham.

Baby on the move!

Have fun playing with your baby while encouraging their motor skills to develop.

The ABCs of guardians, wills, and trusts:

The basics for new parents

An introduction to estate planning, tailored

SPECIAL TOPICS

Vein therapy: Knowing your options

Thursday, April 10, 7–8:30 p.m.

Cynthia K. Shortell, MD, (see page 10) explains the differences in treatment options and facilities for vein therapy for cosmetic or medical reasons.

Acupuncture: Right for what ails you?

Tuesday, May 20, 7–8:30 p.m.

Janet Shaffer (see page 3, 6) explains how acupuncture can complement traditional treatments for illness and pain.

ADHD: Success strategies for family, friendships, and school

Monday, March 31, 6:30–8 p.m.

Learn about resources and parent support networks that can help you cope with ADHD and be an advocate for your child.

ADHD: School advocacy and homework management

Monday, April 28, 6:30–8 p.m.

Get information on ADHD, homework management, and communicating with your child's school.

WHEN HEALTH CHANGES

Living with an ostomy: Current strategies

Tuesday, May 6, 7–8:30 p.m.

Learn tips for managing ostomy care, new products available, improving nutritional status, and coping with lifestyle changes.

Clotting, collards, and coumadin: What do they have in common?

Monday, March 10, 6:30–8 p.m.

Discussion of coumadin, various indications

AGING WELL

Safe driving course (\$10)

Thursday, April 3, and Friday, April 4; 9 a.m.–2 p.m.

A two-day series for motorists ages 50 and older. Learn about normal changes in vision, hearing, reaction time, and practical techniques to compensate for these changes—no tests, no driving.

Untangling the web of Medicare

FINANCIAL FOCUS

Home buying seminar

Monday, March 10, and May 12, 6:30–8 p.m.

Financial stresses in the family

Thursday, April 3, 7–8:30 p.m.

Learn to identify and negotiate differences in spending and saving styles.

Solving the mystery of credit reports

Monday, April 7, 6:30–8 p.m.

Retirement strategies for women

Monday, April 21, 6:30–8 p.m.

10 steps to financial success

Wednesday, May 21, 6:30–8 p.m.

OTHER DURHAM EVENTS

Look Good . . . Feel Better

Durham Regional Hospital

Radiation Oncology Conference Room

Mondays, March 17, April 21, May 19; 6 p.m.

to the concerns of new parents

Little talking hands: Sign language for your baby

Reduce frustration and tantrums, build language skills, and enter your baby's world with American Sign Language for infants.

ADHD parenting series (see special topics)

FINDING SUPPORT

Surviving change and losses

Thursday, April 10, 7–8:30 p.m.

A one-time class to help you explore types of losses, the grieving process, and coping with feelings of loss

Coping with change and losses group

Wednesday, March 5, April 2, May 7; 1–2:30 p.m.

Diabetes group

Tuesday, March 18, April 15, May 20; 6–7:30 p.m.

Hepatitis C group

Tuesday, March 11, April 8, May 13; 7–8:30 p.m.

Low-glycemic diet group

Monday, March 3, April 7, May 5; 6:30–8 p.m.

Stroke group (at Durham Regional Hospital)

Monday, March 10, April 14, May 12; 1–2:30 p.m.

for therapy, duration of therapy, and interactions with diet, medication, alcohol, and other disease states.

Aphasia: Communicating after a brain injury or stroke

Tuesday, March 18, 2–3:30 p.m.

Wednesday, April 16, 6:30–8:00 p.m.

Explore how to communicate with someone who has aphasia following a brain injury or stroke.

TOOLS FOR WELL-BEING

Loosen up with watercolor (\$25)

Saturday, May 3, 10 a.m.–12 noon

Learn fundamentals of watercolor to help paint away the stresses in your life.



Gardening with drought-tolerant plants

Wednesday, March 19, 7–8:30 p.m.

Discover annual plants that do well with minimal water needs. Learn gardening tips for when the water is low.

dukehealth.org

Find the class you're looking for online—learn more, sign up, and get directions.

Thursday, April 24, 6:30–8 p.m.

Learn what, when, where, and how to do things when it comes to Medicare.

Mental confusion: Normal aging or dementia?

Monday, May 5, 7–8:30 p.m.

Explore differences in dementia and/or mental confusion. Identify strategies to help yourself or a loved one when concerned about memory loss.

EATING WELL

Safe foods for families with peanut allergies

Wednesday, March 12,

6:30–8:30 p.m.

Explore online and local sources of peanut/allergy safe foods for the whole family that are tasty and easy to prepare.

Pleasing picky preschoolers: Improving your child's nutrition

Wednesday, May 14, 6:30–8:30 p.m.

Discover mealtime strategies that encourage healthy eating and get healthy recipes that will be pleasing to a toddler's picky palate.

Cooking with seafood (\$10)

Thursday, May 15, 6–8 p.m.

Executive sous chefs from BonAppetit teach you how to prepare delicious seafood entrees while discovering important nutritional benefits.

A class for cancer patients to learn beauty techniques while they undergo chemotherapy and radiation treatments. Participants receive a free cosmetics kit and instruction by beauty professionals. To register or for more information, call 919-470-6524.

American Red Cross blood drive

**Durham Regional Hospital, First-level classroom
Wednesday, April 9, and Tuesday, June 11;
10–2:30 p.m.**

Give the gift of life. Call Hilda Southerland at 919-470-6524 for an appointment.

Ladies Night Out: Menopause and hormone replacement

**Durham Regional Hospital, First-level classroom
Tuesday, March 18; 7 p.m.**

Get answers to your questions about the managing menopause and its symptoms. Register by calling 919-403-4DRH.

Integrative Medicine monthly series

Duke Integrative Medicine offers a free monthly lecture series, held in the beautiful integrative medicine facility on Duke's Center for Living campus. Call 1-866-313-0959 to register, or learn more online at dukeintegrativemedicine.org.

March 20: It's a matter of time: How to prioritize to achieve a healthy balance

April 17: Simply green: Integrating organic foods into your lifestyle

May 15: I quit! What to do when you're sick of smoking, chewing, or dipping

Therapeutic golf intensive

April 20–23

Improve your game and your well-being:

Polish your golfing skills with top golf

professionals while experiencing the therapeutics of Integrative Medicine, such as physical therapy, mind/body mastery, conditioning, stretching, and more. Call 1-866-313-0959 for more information and prices.

Love your legs

UNDOING THE WEBS OF SPIDER
AND VARICOSE VEINS



“There are no incisions, no terrible bruising, no possible nerve damage.”

— CYNTHIA SHORTELL, MD

D.C. DOESN'T FIT the stereotype of a varicose vein patient. First of all, he's a man. He's also a young graduate student and athlete who's more likely to be hanging from a rock in the mountains than waiting tables or pursuing another vein-punishing occupation. "Varicose veins began to form in my legs when I was in high school and worsened over the next 10 years," he says. "Not only were the veins unpleasantly visible, but my legs often felt heavy, achy, and persistently itchy." He had trouble standing for long periods of time—so much so that he was considering giving up one of his favorite activities: standing in the student section during Duke basketball games.

Duke vascular surgeon Cynthia Shortell, MD, says that too often, patients like D.C. who have painful veins just live with it. "Often physicians will tell patients that there's nothing more that can be

done for their problem," she says. Or, worse, physicians will dismiss varicose veins as a cosmetic issue that doesn't warrant much attention. But spider veins, varicose veins, and other forms of venous disease can also cause serious medical problems such as dangerous blood clots (called deep vein thrombosis, or DVT), in addition to pain and discomfort.

Why veins fail

In normal circulation, veins function as the body's return service: after arteries deliver oxygen-rich blood to your tissues, veins return the spent blood to your heart for rejuvenation. As muscles contract, the blood is squeezed forward in the veins. When muscles relax, one-way valves within the veins shut to prevent blood from flowing backward.

If vein walls become weak or damaged, or if the valves are stretched or injured,

the system stops working normally and blood flows backward when the muscles relax. This is what creates purple varicose veins, or their smaller, sometimes paler counterparts called spider veins. The damage often results from the force of a person's body weight, which is why it most often develops in pregnant women and in men and women who spend a lot of time on their feet. Shortell says that a person's vulnerability to this damage is influenced primarily by his or her genetics.

The effects of backwards blood flow compound the damage to the veins: blood build-up creates unusually high pressure, resulting in even more stretching, twisting, and swelling of the veins. They can even become leaky, allowing fluid inside the veins to leak into surrounding tissue, which then causes swelling. The result is legs that ache, feel heavy, or even itch. "Sometimes people are afraid to mention

The Duke Vein Clinic offers treatment for a range of venous diseases, including:

- Spider veins
- Varicose veins
- Leg swelling and leg pain
- Chronic venous insufficiency
- Leg skin changes
- Leg ulcers
- Phlebitis
- Deep vein thrombosis (DVT)

The clinic includes a venous malformation team, which sees patients from all over the world with serious congenital malformations.

Vascular surgeon Cynthia Shortell, MD, says that there are physicians who will treat venous disease without proper training, because there's no credentialing mechanism for venous disease. "When you go to see someone for the treatment of varicose veins, you really need to know what their qualifications are," she says.

Find care for venous disease at a Duke clinic close to you:

Duke Vein Clinic
Duke Clinic 2B
200 Trent Drive
Durham, NC 27710
919-681-2884

Duke Aesthetics Center
1300 Morreene Road
Durham, NC 27705
919-681-8555

AVOID THE OLD WIVES' TALES

The Duke Vein Clinic answers some common questions about venous disease:



Does crossing your legs cause varicose veins?

No, crossing your legs does not create enough pressure in your leg to cause your veins to become damaged.

How about wearing knee-high stocking or socks with a tight band?

No. Although a tight band can be uncomfortable to existing varicose veins, the stocking or sock band does not create enough pressure to damage a vein.

How do I prevent varicose veins?

You may not be able to completely prevent varicose veins, but there are ways to decrease your chance of having them: improving your overall physical health, exercising to help pump blood back to your heart, and maintaining a healthy weight.

Do varicose veins increase my risk for a blood clot?

It depends—a doctor can determine if your varicose veins signal an increased risk for blood clots in your deeper veins. "We do ultrasound to test the veins and see how severe the problem is and where it is," says Shortell. "We also learn a lot from talking with the patient about her symptoms and any previous treatments."

some of their symptoms to me because they think it's silly," says Shortell of problems such as night cramps and even some cases of restless leg syndrome. "But these symptoms are real."

Shutting down the leaky pipes

Varicose veins aren't the only forms of venous disease, but they are the most common. The size of the vein has little to do with whether or not it causes pain and swelling, says Shortell, and the treatments for these conditions—for either medical or cosmetic reasons—are fast and often nonsurgical.

Spider veins and small varicose veins can be treated with injections called sclerotherapy, a chemical-based process that requires no surgery at all. "Even the most severe cases may not need surgery or anesthesia. There are no incisions, no terrible bruising, no possible nerve

damage," says Shortell.

Larger varicose veins and other venous diseases many need endovenous ablation, a popular treatment approach which can be done with a laser or a radiofrequency catheter. Both therapies seal the vein shut by, essentially, cooking it. "I tell my patients that the process is like closing a Ziploc bag," Shortell says.

One patient who underwent ablation at Duke says the treatment made her realize how accustomed she'd become to living with painful legs. "Before my treatment, I could actually predict changes in the weather, because changes in barometric pressure in the air caused my legs to throb more than usual," she says. "Now, unless I check the weather report, I have no idea that a storm is on its way." ■

event **Clear the spiders' webs:** Hear Cynthia Shortell, MD, talk at Duke Medicine's Teer House about the latest procedures to remove spider and varicose veins. April 10, 7 p.m.; registration is free and can be done online at dukehealth.org or by calling 1-888-ASK-DUKE.

event **Coumadin and DVT:** Learn more about coumadin, a drug commonly used to prevent and treat blood clots in the legs, at Duke Medicine's Teer House. March 10, 6:30 p.m.; registration is free and can be done online at dukehealth.org or by calling 1-888-ASK-DUKE.

colon cancer

THE CHOICE REALLY IS YOURS



Surgical oncologist Yale Podnos says screening for colon cancer is a must.

is enough to make most people a little queasy. That's got a lot to do with why this preventable, treatable, and ultimately beatable disease is the third leading cause of cancer deaths in the United States.

"It's not the most comfortable thing to think about or talk about," says surgical oncologist Yale Podnos, MD, medical director of Duke Cancer Center Raleigh. "But screening works—especially for colon cancer." That's because the tumors in the colon begin as non-cancerous growths called polyps. Early testing allows physicians to identify and easily remove these trouble spots before they develop into full-fledged cancer.

Screening is important not only because it is so effective, but also because colon cancer can be silent while it progresses—these tumors may not produce any detectable symptoms until they've

COLON CANCER IS the poster child for the lifesaving potential of preventive screening: these types of tumors are readily detectable and increasingly curable when caught early. Trouble is, the very thought of a colonoscopy

advanced to a life-threatening stage.

Fighting the quease factor

Colonoscopy—the procedure Katie Couric underwent on *The Today Show* in 2000—has long been the gold standard for catching colorectal cancer, but the list of effective screening tests doesn't begin and end there. Duke oncologist Johanna Bendell, MD, says that men and women should have some type of screening generally starting at age 50: yearly testing to check for blood in the stool, a flexible sigmoidoscopy every five years, or a colonoscopy every 10 years. And when it's your health at stake, once a decade isn't too much to ask.

Here's a breakdown of the four major colon-cancer screening procedures:

Fecal occult blood tests analyze stool samples for blood, which may signal polyps or cancer. They involve placing small amounts of stool on special cards that are examined under a microscope. Most primary care physicians perform the tests. Eating too much vitamin C or iron could muddle the results, so you will need to regulate your diet in the days leading up to the test. **How often?** Every year.

Flexible sigmoidoscopy is a procedure in which a physician looks at the lower third of the colon and surrounding areas with a

small, tube-like camera. Performed in a doctor's office with minimal sedation, sigmoidoscopy will detect most colon cancers. However, if polyps are detected, a full colonoscopy might be in order. Complication risks are minimal. **How often?** Every three to five years.

Colonoscopy is no walk in the park, but it remains the best way to visualize the entire colon. It involves threading a luminous tube into and around the colon to detect abnormalities. The preparation can be cumbersome—you need to clear your bowels beforehand, which usually involves a short-term liquid diet and taking heavy laxatives or other drugs. The risk of side effects is higher than in other tests, although still fairly low for most patients. **How often?** Every 10 years.

Virtual colonoscopy is a less invasive alternative to the standard procedure. Though it involves the same preparation protocol as traditional colonoscopy, the procedure itself uses a CT scan to produce pictures of the colon for analysis. Data on the accuracy of virtual versus normal colonoscopies have been mixed—and, as with sigmoidoscopy, any irregularities mean you'll also have to undergo a full colonoscopy. Still, the procedure carries less risk for complications and doesn't involve IVs or sedation. **How often?** Every 10 years. ■

HEDGING YOUR BETS: WHAT YOU CAN DO NOW

Consistent, healthful diet and exercise habits paired with awareness of any changes in your body will always be your best tools to fight and detect colon cancer—and most other cancers, as well.

- **Keep it moving:** Studies have shown that moderate exercise, in addition to all its other health benefits, can cut your risk of developing colorectal cancer by nearly 50 percent.
- **Eat colorfully:** Large population studies have shown that diets full of folate, calcium, and vitamin D are associated with lower rates of colon cancer.
- **Be attentive:** If you notice any irregularities in your bowel habits, blood in your stool, or abdominal pain, see your doctor immediately. If colon cancer is producing these symptoms, it already may be at an advanced stage.
- **Know when to be screened:** Begin periodic screening at age 50, or earlier if you have inflammatory bowel disease, certain genetic disorders such as Lynch syndrome, or a family history of polyps or colon cancer. If an immediate relative has been diagnosed with colon cancer, begin screening at least 10 years before you reach the age at which your relative was diagnosed.



event **Living with an ostomy:**
Learn about getting on with your life after a colostomy surgery. Registration is free. See page 8 for details.

FIND DUKE GI HEALTH AND CANCER SERVICES CLOSE TO YOU:

Duke Gastroenterology

Duke Clinic 2G/2H
Trent Drive
Durham, NC 27709
919-684-6437

Duke GI at Brier Creek

10441 Moncrieff Road, Suite 101
Raleigh, NC 27617
919-684-6437

Duke GI of Raleigh

3480 Wake Forest Road
Raleigh, NC 27609
919-684-6437

Duke Comprehensive Cancer Center

Morris Cancer Clinic
200 Trent Drive
Durham, NC 27710
1-888-ASK-DUKE (1-888-275-3853)

Duke Cancer Center Raleigh

3404 Wake Forest Road
Raleigh, NC 27609
919-862-5400

+++++ WHEN THE TEST IS POSITIVE +++++

What if your screening reveals tumors in your colon? Removal of the tumors themselves can be done through laparoscopic surgical techniques, which means small incisions, reduced pain, and a speedy recovery time. Recent treatment advances are making surgical cure possible for more and more patients—even those with advanced-stage cancers. “For people who have had colon cancer spread to the liver or lungs, we’re now able to

shrink those tumors down and remove them,” says Bendell. A host of new chemotherapy and biologic therapy agents has eased the treatment experience and improved survival rates of patients with more advanced forms of colon cancer. Physicians used to have just one chemotherapy drug at their disposal; they now have six. “There’s been so much progress made with therapies that a lot of cancers that we once called incurable we can now think of as chronic diseases,” Podnos says.



“We’re now able to shrink tumors down and remove them.”

— JOHANNA BENDELL, MD

“Some patients ...
go back to work
the same day.”

Millie Behera, MD on a new fix for fibroids

LOCATION IS EVERYTHING, says Duke gynecologist Millie Behera, MD, about fibroids, the non-cancerous growths of tissue in the walls of the uterus that affect up to 50 percent of women by the time they are 50. Fibroids can be as tiny as a marble or as large as a melon, but where they grow is often what makes the difference in whether they cause no problems, mild annoyances, or extremely disruptive symptoms from excessive bleeding during periods to painful periods to feelings of pressure in the abdomen and difficulty with voiding.

Fibroids are a hot research focus—not only because they are so common, but also because they’re still a mystery. “We haven’t figured out what causes them,” says Behera. “It may be something that’s related to our hormones, the menstrual

cycle, our environment, or genetics.” It’s known that fibroids are exacerbated by obesity and hypertension, and that they are more common among African American women than other races. “We’ve got a lot of pieces that we’re just starting to put together,” says Behera, “but to explain them fully we’ve still got a long way to go.”

A new focus for therapy

Dealing with fibroids, however, is getting steadily easier. While research into medical therapies continues, surgeries to remove fibroids are now conducted laparoscopically, sometimes with robotic assistance. That means the incisions are getting smaller—and in one new treatment, they’ve gone away altogether. Duke’s Fertility Center (part of the Duke Department of Obstetrics and Gynecology) is the only

facility in North Carolina that offers the newest option for removal of fibroids: focused ultrasound ablation, which uses pulses of ultrasound energy to destroy fibroid tissue while leaving the surrounding tissue unharmed.

“Some patients who have the procedure hop off the table and go back to work the same day,” says Behera, “and the chances of complications are low. We like to say that it’s beyond minimally invasive—it’s basically noninvasive.

“It’s really exciting to give this option to women who don’t want surgery but who are struggling with their symptoms,” she says. “Women with fibroids have a lot of different options available to them now.” Behera answered a few of *HealthLine’s* questions about the therapy (see facing page):



FIND DUKE FERTILITY CENTER OFFICES CLOSE TO YOU:

Durham

5704 Fayetteville Road
Durham, NC 27713
919-572-HOPE (4673)

Raleigh

2406 Blue Ridge Road
Suite 200
Raleigh, NC 27607
919-783-4299

Greensboro

1126 N. Church Street
Suite 203
Greensboro, NC 27401
336-235-0944

Q. Could fibroids keep me from having a baby?

We find that fibroids may be present in many cases of otherwise unexplained infertility. However, fibroids' effects on fertility are still controversial—the only times when it's clearly a factor are when a fibroid is altering the shape of the uterine cavity. In those cases, fibroids can cause problems with both conception and carrying a baby to full term.

Q. What happens during focused ultrasound ablation?

The woman lies down with her belly on a special panel called ultrasound transducer. She's inside an MRI machine, having a real-time MRI scan to map out the fibroids that we want to remove. Ultrasound beams are focused through the transducer into her belly. Where the beams meet, they destroy the fibroid without affecting the surrounding tissue, and there is essentially no pain. We do give the woman medication to sedate her for the procedure, but that's because she has to lie still for 2 to 3 hours. She's awake during the procedure.

Q. Is this procedure a cure?

This procedure is not a cure. As with any conservative treatment, there is a small chance that the ablated fibroids will grow

back, or that new fibroids will develop. Recurrence is a possibility with any surgical, procedural, or drug treatment, except for hysterectomy (which is surgical removal of the uterus). A hysterectomy is the only definitive cure for fibroids.

Q. Are there other treatments?

If you have a fibroid, I always discuss all the options. One option is to do nothing, particularly if the fibroid is small or there are no symptoms. There are also medications that may help, but there's a lot of work still to be done in that arena. Fibroids respond to the hormones in your cycle, so drugs that suppress these hormones can reduce fibroid size and symptoms. But hormone suppression has side effects, so it's not recommended for long-term use. Other medical treatment options are being studied.

Q. How do I know if I'm a good candidate for focused ultrasound?

Your doctor can refer you for screening. Focused ultrasound is a new procedure, approved by the FDA in 2004. The initial trials were limited to perimenopausal women, so for now only women who have completed childbearing years are eligible. Although pregnancies after this procedure have been reported, further study is needed in this area. That's next on the horizon. ■

DUKE FERTILITY CENTER

The Duke Fertility Center has the only focused ultrasound treatment facility in North Carolina—and one of the few in the United States. This is only the latest of its accolades: the Duke Fertility Center was the first program in the state to have success with a frozen embryo baby and one of the first in vitro fertilization babies.

Services include:

- Diagnostic testing for men and women
- Fibroid treatment
- Methods for ovulation induction
- Donor egg recipient program
- In vitro fertilization
- Psychological services

The Duke Fertility Center is also the area's only member of the Advanced Reproductive Care (ARC) Family Building Program, which makes its services more affordable for women with limited financial resources.



EYES ON THE ROAD

Ed Spencer's* memory isn't what it used to be, and his wife was concerned about his increased anxiety while driving. But a trip to the DMV for driving assessment was about the last thing Ed intended to do, so instead the two talked with their physician, who referred Ed for a clinical driving evaluation at Duke's Health Center at Lenox Baker.

Ed was evaluated in the clinic, then had a behind-the-wheel evaluation in his neighborhood. He had some trouble remembering all the street names on some familiar routes, but otherwise he was competent to drive safely. The occupational therapists recommended that Ed drive only within a five-mile radius of his home, during daylight hours—no highway driving. Ed was relieved to still have some driving privileges and a clear understanding of the reasoning behind his restrictions.

The Duke Driving Program offers driving evaluation and preparation for adults and new drivers, as well as anyone who has recovered from an illness or injuries.

Driving assessments include testing for thinking skills, physical abilities, reaction time, and vision. "Ninety percent of the information we need to drive safely comes through our eyes," says Duke occupational therapist Laura Juel, OTR/L. "Sometimes an updated glasses prescription will help a driver a lot."

When necessary, the occupational therapists work with patients to incorporate low-technology assistive devices in their cars, such as mirrors and steering knobs. When it's recommended that a person stop driving, a therapist helps him develop a strategy for navigating his life without getting behind the wheel.

"We aren't connected with the DMV," Juel says, "And we aren't in the business of taking licenses away. Our recommendations are individualized, taking into account the patient's medical condition, social support, and access to alternative transportation. Our goal is to educate people on maintaining their independence and safety at home and in the community."

*not his real name



Health Center at Lenox Baker: Old house, new home

Named for Duke's first medical student, Lenox Baker was once part of Children's Hospital. It is now home to a range of outpatient physical and occupational therapy services:

- Neurorehabilitation
- Driving evaluations
- Aquatic physical therapy
- Wheelchair evaluations
- Amputee and prosthetic training
- Women's health services for incontinence and pelvic pain

Duke Health Center at Lenox Baker
3000 Erwin Road
Durham, NC 27705
919-684-2445 or 919-684-0873

event Safe driving course

April 3 and 4; 9 a.m.–2 p.m. Duke Medicine's Teer House.

A two-part series for motorists ages 50 and older provides information about normal changes in vision, hearing, reaction time, as well as practical techniques to compensate for these changes—no tests, no driving. The fee is \$10; register online or by calling 1-888-ASK-DUKE.

event CarFit

April 5, 9 a.m.–1 p.m. Lenox Baker parking lot.

Join Duke experts for this program that helps older adults check out how well their personal vehicles "fit" them. Learn about community-specific resources and activities that could make your vehicles fit better, enhance your driving safety, or increase your mobility in the community. Call 919-668-3988 for more information.

Keys to safe driving

Duke occupational therapists are available to speak about driving safety for church groups, living centers, and other organizations. Please call 919-668-3988 for more information.