

HOUSE CALL

YOUR GUIDE TO HEALTH AND WELLNESS

April 2011

A special interest publication of The Paducah Sun

Hope for their futures

Doctors aim to save fertility of kids battling cancer

Inside: *New developments help patients with brain injuries*



HOUSE CALL

YOUR GUIDE TO HEALTH AND WELLNESS

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ON & OFF THE VINE



Page 13:
10 ways to add
more vegetables
to your diet.

On the cover

Associated Press

Researcher Brian Hermann, left, of the Magee-Womens Research Institute processes a testicular tissue sample as part of a fertility preservation study. Researchers are preserving stem cells from the testicular tissue of boys diagnosed with cancer in the hopes that these cells will be used to restore fertility later.

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House Call is dedicated to providing our readers with helpful health related information. We strive to help answer the questions of current and ongoing concerns. This publication is not intended to take the place of medical experts, but rather inspire our readers to take an active role in their physical and mental well being.

wisdom for women

Meghan Lee, APRN
Women's Health Nurse Practitioner



Infertility: A Silent Issue

We hear stories from women, and see tears shed over an issue that some people take for granted everyday: the ability to conceive a child. Infertility affects approximately 10% of couples in the United States. So many questions arise month after month of trying to conceive, "Why me?," "Is something wrong?," "Is it me, or is it my spouse?" and "What can be done?" Disappointment can settle in to a young couples life and make one of the happiest times, a very sad one. Your health care provider can answer questions and offer treatment if you are struggling with infertility.

Infertility is most commonly defined as 12 months without being able to carry a pregnancy to full-term. If you are a woman over the age of 35, the amount of time is shortened to 6 months. In approximately 30% of cases, it is the female factor contributing to the infertility, likewise with the male. 20% of infertility is a combined male and female case and sometimes it can be unexplainable. Secondary infertility is defined as the inability to conceive after already having a successful pregnancy in the past. If you have had more than one miscarriage, you need to seek the help of your health care provider.

Most obstetricians and gynecologists will have an initial visit with you and go through a series of questions to try and determine possible causes of infertility. You may be asked

questions about your health history, menstrual cycle, current and past medications, and your partners history. A physical assessment may be done including a pelvic exam. They can offer counseling and discuss certain lab tests, medications, and diagnostic testing that may be beneficial in your treatment. Each case of infertility is completely unique and must be treated on an individual basis. Have an open line of communication with your health care provider for any questions or concerns. All women of childbearing age should be taking a daily folic acid supplement to reduce the risk of neural tube defects in a future pregnancy.

General guidelines given to women in order to have a healthy pregnancy are to maintain a healthy diet and exercise program in order to maintain a healthy weight. Take a multi-vitamin supplement daily, remain up to date on vaccinations, and do not smoke. Also check with your place of employment for possible exposure to chemicals. Your health care provider may want to draw baseline blood levels and perform a baseline pelvic ultrasound to determine any underlying cause of infertility.

If you and your partner have been trying to conceive for 6-12 months without success, please talk with your health care provider about possible options and treatment. Infertility does not have to be a silent issue.

Do you have a women's health question?
Send it to askthedoc@kentuckyobgyn.com

Susan K. Mueller, MD, FACOG • Sherri DiCicco, APRN • Becky Johnson, APRN, CNM

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The logo for Contemporary OB/GYN of Western Kentucky. It features the text "Contemporary OB/GYN of Western Kentucky" in a serif font. To the right of the text is a stylized illustration of a woman's profile, looking down, with several leaves floating around her head. The woman's figure is composed of simple lines.

On the Horizon

Doctors aim to save fertility of children with cancer

BY LAURAN NEERGAARD

Associated Press

WASHINGTON — The treatment beating back 9-year-old Dylan Hanlon's cancer may also be destroying his chances of fathering his own children when he grows up.

Upset that doctors didn't make that risk clear, his mother, Christine, tracked down an experiment that just might salvage Dylan's future fertility. Between chemo sessions, the pair flew hundreds of miles from their Florida home to try it.

Many of the cancer treatments that can save patients' lives also may cost their ability to have babies later in life. Young adults have options — bank some sperm, freeze embryos or eggs. Children diagnosed before puberty don't.

With childhood cancer survival reaching 80 percent, there's a growing need to find ways to preserve these youngsters' fertility — and patients like Dylan are on the front edge of research that's banking testicular cells and ovarian tissue to try.

"There are viable options, and they are on the doorstep," says Dr. Kyle Orwig of the University of Pittsburgh. He leads the study Dylan joined to store the stem cells boys harbor that later on will produce their sperm. The idea is to eventually transplant the cells back.

It may sound odd to discuss fertility issues still decades away even as parents agonize over whether a child will live or die.

Yet it can be hopeful: "We expect they'll live that long," says Dr. Teresa Woodruff of Northwestern University's Oncofertility Consortium, who works with girls' ovarian tissue. "If we protect their fertility now as a 9-year-old, we hope ... that tissue we've guarded can be used" when they're grown.

Researchers say several dozen boys

and girls, including some babies, so far are part of these early-stage experiments at a handful of medical centers.

And while there are no guarantees, Dylan's mother rests easier knowing "that I'm doing all I can do" for his future.

About 10 percent of the 1.5 million people diagnosed with cancer last year were younger than 45, more than 15,000 of them under 20. Woodruff says perhaps half of younger patients risk either some immediate fertility damage, or for girls the prospect of menopause in their 20s or 30s. It depends on the type of cancer and treatment. Numerous forms of chemotherapy, high-dose body-wide radiation, radiation aimed at the pelvis and some surgeries can leave patients unable to procreate.


Even young adults too often aren't told in time about fertility preservation options, despite guidelines issued in 2006 urging doctors to discuss them upfront.

Where does that leave the youngest patients? Boys don't produce sperm before puberty, ruling out sperm banking. Girls are born with all the eggs they'll ever have but those are in an immature state, so egg-freezing isn't an option.

Enter the new research.

In Holiday, Fla., a lump in Dylan Hanlon's chest turned out to be Ewing's sarcoma, a rare cancer, fortunately caught early. The prescribed nine months of chemotherapy began in September, turning fourth grade into home-schooling. Dylan has struggled with side effects and infections during every-other-week hospitalizations for the chemo. But it seems to be working; his mother was told the prognosis is good.

Then in December, Christine Hanlon stumbled across information from the



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Please see **CANCER** | 8

Iron Mom half-marathon planned for May

BY ALAN REED

areed@paducahsun.com

Winter weather, cold temperatures and rain keeping you cooped up? Running in a half-marathon in May's spring weather may be just what the doctor ordered.

Amy Peel, race co-director, said the Lourdes Paducah Iron Mom is May 7. The race starts and finishes downtown. The course takes runners west on Jefferson, through the West End to Stuart Nelson Park, on a trail through Noble Park, south on 26th and east along Madison to the race's end downtown.

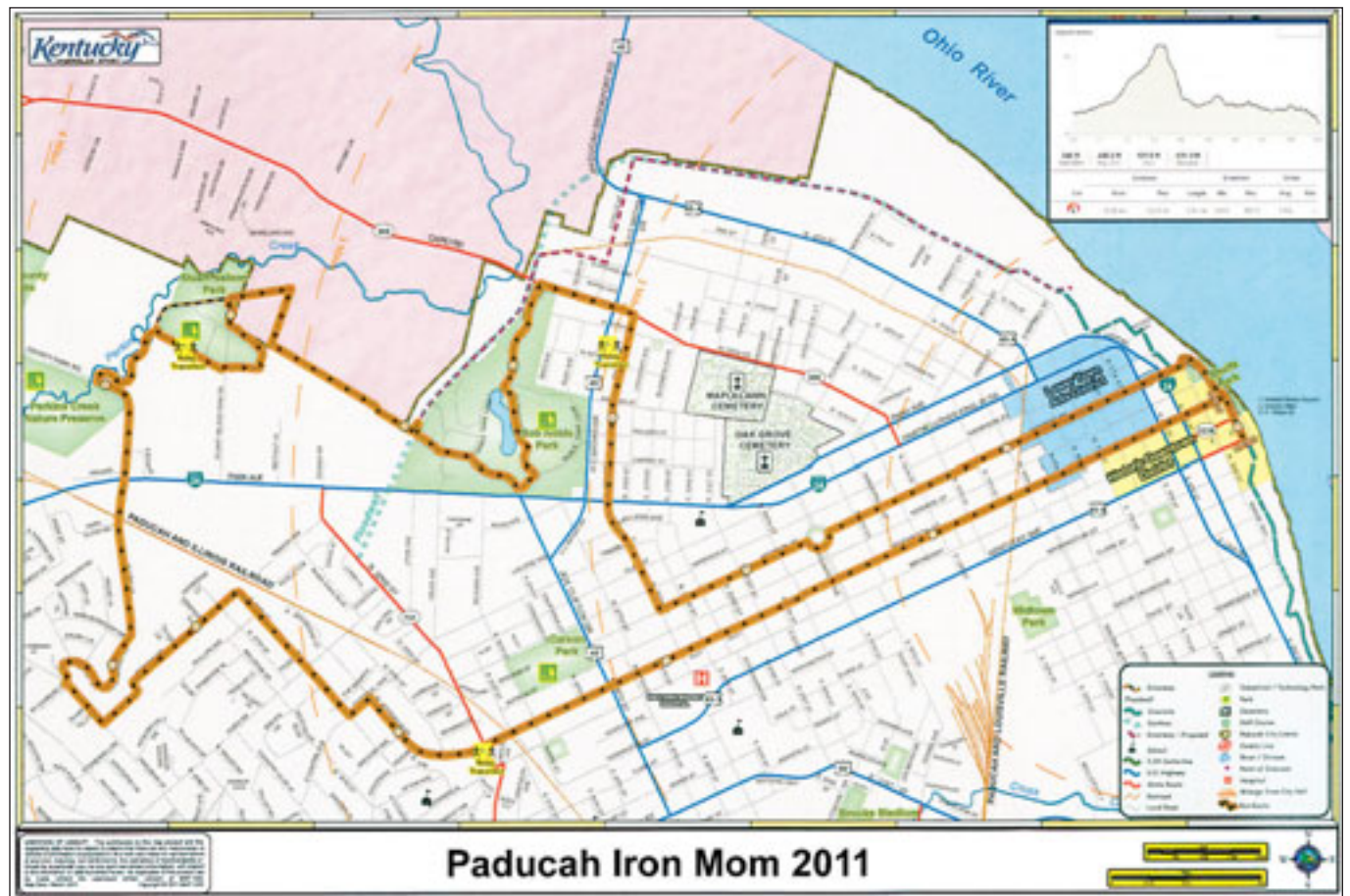
Fellow race co-director Mark Vance said the half marathon was the idea of city risk manager Cindy Medford. The marathon is open to individual men and women and teams of two or four. The event also boasts a 1-mile youth run.

"She wanted to have a marathon to honor mothers, and we think this is a great idea," Vance said. "We had a half marathon several years ago. As we ran it, it became less and less popular so we canceled it. It's a good time to bring it back because at a half-marathon in Memphis, we saw 70 people from Paducah participate."

By March 1, Peel said she had 300 runners enrolled in the race, but expects a total of 500. Proceeds from the race and entry fees go to Family Service Society. At the same time, Peel added that runners from eight states had enrolled in the race.

Vance said people interested in running can find training programs on the Internet. While March was at the limit of time for a person completely out of shape to begin training for the full distance, Vance said relay distances, 6.55 miles or 3.27 miles, could be attainable by people with less time or dedication to training.

"They have plans for every runner from a novice to an Olympic athlete," Vance said. "People generally need one longer run per week followed by three shorter runs. Most folks start slow and increase speed and distance."



Contributed photo

This map illustrates the route runners in the half marathon will take around Paducah.

Vance said he cross-trains, adding cycling and other exercises to his training regimen to stay in shape, work out multiple muscle groups, and avoid stressing joints and bones repeatedly. He added runners suffer less from arthritis than non-runners.

"Start by walking," Vance said. "You might want to get four miles in by alternating walking for four minutes and jogging for four minutes. Don't go in gung-ho early on because you'll have exercise pains that will leave a bad taste in your mouth and you'll avoid it."

Runners need properly fitting and comfortable shoes, Vance said. He considered a good rule of thumb is to replace shoes after every 300 to 500 miles on the run or every six months.

To pick a good shoe, he recommends the website roadrunnersports.com and its Shoe Dog function. The program asks about experience, injury, foot size and shape, and the type of running a person expects to do before making a recommendation.

Emily Wilson of Paducah said she entered an eight-week plan with five of her friends to prepare for the marathon. For Wilson and friends, it is their first race. By the second week in March, she ran five miles with her friends.

Wilson and her friends planned to run the first half of the route the week-end of March 12. "Every Sunday, we get together and run a little longer," Wilson said.

Wilson said her training includes a

run every other day. She incorporates a spinning program on a stationary bicycle and has strength training for overall fitness."

"Over Christmas, we gained some weight," Wilson said. "We thought a half-marathon was a good goal to set because we would have to get into shape. The biggest benefit has been the friendships. We stay in contact every day about the marathon and consider each other to be good friends."

To learn more, visit paducahironmom.com. Online registration may be found at active.com. No registration will be available on race day.

Contact Alan Reed, a Paducah Sun staff writer, at 270-575-8658.

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Dr. Withrow's HeartBeat



by Patrick Withrow, M.D.
Vice President / Chief Medical Officer
Western Baptist Hospital



As featured in The Paducah Sun's House Call • Available online at paducahsun.com and westernbaptist.com

Panic attack or heart attack?

If you feel your heart pounding, shortness of breath and chest pain, are you having a panic attack or a heart attack? How can you tell the difference?

The signs and symptoms of a panic attack are similar to those of a heart attack. Anyone experiencing chest pain and other heart attack symptoms of unknown origin should call 9-1-1 immediately.

If it's not your heart, the heart palpitations felt during a panic or anxiety attack are often not serious and do not signal a health concern. However, research has shown that emotional stress can contribute to the development of heart disease.

Panic attacks

A surge of fear can overcome someone

experiencing a panic attack, and they often believe they are going to die. They may experience heart palpitations, difficulty breathing, nausea, chest pain and sudden chills.

Unlike a heart attack, a panic attack is not medically dangerous. However, if you experience these symptoms, you should rule out a heart attack first. If it's not your heart, then you can alleviate some of the worry when you do experience a panic attack.

Does stress cause heart disease?

Stress is a normal part of life, but your heart can be affected by it. There is some evidence that stress can accelerate atherosclerosis, the build-up of plaque in the artery walls, especially in people with Type A personalities.

Chronic stress can cause increased inflammation of the blood vessels, associated with an elevated risk of atherosclerosis. People under chronic stress also tend to have other cardiovascular risk factors, such as smoking or overeating. Chronic stress also may cause coronary constriction or spasm, which decreases blood flow to the heart muscle and can cause chest pain or heart attack.

In addition, severe emotional stress can precipitate more acute cardiac conditions, including sudden cardiac death. Extremely stressful life events, including death, divorce and natural disasters, are associated with a significantly increased risk of cardiac death due to elevations in blood pressure, heart rate and accelerated blood clotting.

No one can avoid stress, but take steps to control your response to stress if you think you may be at risk for stress-related heart disease.

Chest Pain & Stroke Hotline

If you have questions about heart attack or stroke symptoms, you can talk to a Western Baptist nurse free 24 hours a day on the Chest Pain & Stroke Hotline: 1-800-575-1911.

Send your questions!

Do you have a cardiac question tugging at your heart? Send it to heartbeat@bhsi.com or mail it to HeartBeat, 2501 Kentucky Ave., Paducah, KY 42003. If we use it in a future HeartBeat column, you will receive a Western Baptist Hospital door prize.



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Associated Press

Dylan Hanlon (right) reads a book with his grandfather Ken Hanlon, of Saugus, Mass., at Dylan's home in Florida. Dylan is currently undergoing chemotherapy for Ewing's sarcoma.

CANCER: Preserving fertility of young boys and girls presents different challenges

CONTINUED FROM 4

patient advocacy group Fertile Hope that revealed Dylan's chemo bears a high risk of infertility. She began hunting options. The first study she found accepts only the newly diagnosed.

An only child, Dylan "loves babies. He told me one day he was going to have 10 kids," Hanlon says. Learning the risk late "broke my heart. ... He might have lost an opportunity."

Finally she tracked down Orwig, who oversees a multi-hospital program called Fertility Preservation in Pittsburgh that offers services to men, women, boys and girls.

Orwig and other researchers have re-

stored fertility in a range of male animals — mice, rats, pigs, dogs — by storing and reimplanting sperm-producing stem cells.

Testing the technique in boys requires biopsy-style removal of a small amount of testicular tissue. No one knows how many stem cells are floating among the millions of other cells frozen from that sample, or how many are necessary. But Orwig says the more tissue collected, the better.

Dylan joked, "So Ma, I'll be a guinea pig?" Hanlon says he easily agreed.

Most of his sample was frozen, for Dylan's later use if he wants it. The rest went to Orwig's lab for research — and two weeks later came the good news that Dylan's tissue indeed harbored stem

cells despite a few months of chemo.

Key to this approach will be multiplying stored stem cells so that many more can be injected back, adds Dr. Jill Ginsberg of Children's Hospital of Philadelphia, who has banked cells from more than 25 boys in her own study. Her research partner at the University of Pennsylvania is working on that step.

Girls pose a different challenge.

Some young women have had strips of their ovaries removed and frozen before cancer treatment, and then transplanted back a few years later. It's considered experimental even for adults, with 13 births reported worldwide so far, says Northwestern's Woodruff.

Now researchers are banking the

same tissue from girls. It requires laparoscopic surgery. Storing enough isn't the issue: Egg follicles are progressively lost through life, so a girl harbors more than even a 20-something, Woodruff says. A bigger unknown is how long they can be frozen.

Also, there's a possibility cancer cells could lurk in frozen tissue. So Woodruff is going the next step, researching ways to force those stored follicles to ripen into pure eggs in a lab dish.

However the different experiments pan out, Hanlon says more families should be told about them: "Doctors should have this information, have it there to give to the parents. Let the parents decide."

Addiction & recovery

OxyContin abuse rages despite police efforts

**BY BILL ESTEP
DORI HJALMARSON
AND HALIMAH ABDULLAH**

McClatchy-Tribune News Service

LEXINGTON — Shawn Clusky has seen every side of Kentucky's battle with pain pill addiction over the past 10 years.

Clusky first tried OxyContin at age 17 with his school buddies, shortly after the high-powered narcotic painkiller went on the market. He was an occasional user and seller until about age 21, when he became fully addicted.

When he was 25, he got arrested at a Lexington gas station for selling \$15,000 worth of pills. Clusky received probation, but was still using until he was sent to the WestCare rehabilitation center in eastern Kentucky.

He now works there as a counselor.

"A lot of times people believe a drug addict comes from poverty," he said. Not true. "Nine out of 10 of the guys I partied with came from millionaire families. Their parents didn't use; they had good families."

Ten years ago, Kentucky learned it had a major drug problem.

OxyContin, a powerful prescription painkiller, was being abused at alarming rates in the Appalachian areas of eastern and southern Kentucky. A decade later, the level of pain pill abuse throughout the state and across the country is at epic levels, officials say.

Despite some successes — including several high-profile drug arrests across the country, increased treatment programs and the adoption of prescription drug monitoring programs in 43 states — the problem is now so entrenched that the cheap flights and van rentals drug traffickers use to travel from Florida to Kentucky and other states to peddle "hillbilly heroin" are nicknamed the "OxyContin Express."

The sheer scope of the problem is a key reason.

Kentucky often ranks at or near the top in U.S. measures of the level of prescription pain pill abuse.



McClatchy-Tribune News Service

Larry Garrett (left), Josh Shanks and Chad Witt (foreground) clean up the courtyard and flower beds at WestCare residential drug abuse treatment center in Ashcamp, Ky.

According to a study by the Substance Abuse and Mental Health Services Administration, there was a fourfold increase nationally in treatment admissions for prescription pain pill abuse during the past decade. The increase spans every age, gender, race, ethnicity, education, employment level and region.

The study also shows a tripling of pain pill abuse among patients who needed treatment for dependence on opi-

oids — prescription narcotics.

The rate of overdose-related deaths among men in Kentucky more than doubled from 2000 to 2009 and tripled among women, according to the state Cabinet for Health and Family Services.

Nearly every family in eastern Kentucky has been touched by prescription drug addiction and death.

In the late 1990s, it was easier to find OxyContin — pure oxycodone with a

time release — in Kentucky. The pill's maker, Purdue Pharma, was selling it "hand over fist" to doctors in eastern Kentucky, rich with coal mine injuries and government health care cards, Clusky said.

Clusky said a high school friend who worked at a pharmacy would steal the pills for his friends, so "it didn't cost any of us anything."

When many of the eastern Kentucky pill sources dried up after law enforcement raids in 2001, Clusky said, the trade moved to Mexico, where oxycodone could be bought for pennies over the counter and sold for as much as \$100 a pill in the rural U.S. Clusky began making trips to Nuevo Laredo, driving back home with thousands of pills. By this time, heroin was his drug of choice. He often traveled to larger cities, where heroin could be found more cheaply.

"Five hundred dollars worth of heroin would last me a week. Five hundred dollars worth of oxy would last me one day," Clusky said.

Clusky lived part time in Ohio, sometimes making three doctor-shopping trips a day from Lexington to Dayton. He did a few stints in rehab, at one point trying methadone and Suboxone to treat his opiate addiction. It didn't work.

"I was as useless to society on methadone as I was on heroin," he said.

Nationally, prescription drug abuse has become a front-burner issue. There are more recovery options available now than a decade ago, but many states still don't have enough treatment available for all who need it.

Though Kentucky was no stranger to the abuse of prescription drugs long before federal regulators approved OxyContin in 1996, so many people in rural areas, including Appalachia, started abusing OxyContin in the late 1990s, it earned the nickname "hillbilly heroin."

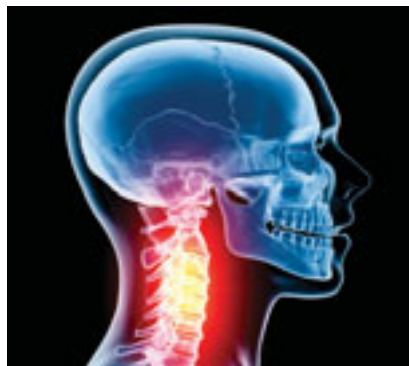
Many chronic pain sufferers said the drug helped them immensely.

But abusers figured out they could

Please see **ADDICTION** | 16

Neck Pain

The cause of anyone's pain is complicated. Adding to a patient's confusion about pain is the fact that pain in one part of the body frequently has its cause in another part of the body. For example, a problem in your neck can cause pain not just in your neck, but also in your head, your shoulder blades, or somewhere in-between, on either the left or right. Just treating the area that hurts often only helps for a little while—eventually the pain will come back. A physician trained in Interventional Pain Management can help you by treating the cause of your



Your neck pain treatment may include medication, interventional techniques, or physical therapy

pain, not just the symptoms.

Your neck, called the cervical area, is made up of seven bones called vertebrae. Pain can be caused by the nerves in these vertebrae, the joints that allow you to move your neck, or even the soft discs that act like cushions between the vertebrae.

Pinpointing the exact location in your neck that is the source of your pain is the specialty of an Interventional Pain Physician.

When you see a physician trained in Interventional Pain Management, you will be given a thorough exam and asked



By Laxmaiah Manchikanti, MD
 Medical Director, Pain Management Center of Paducah and Marion
 Associate Clinical Professor
 Anesthesiology and Perioperative Medicine. University of Louisville.
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questions about the location and severity of your pain. Your treatment will attack your pain from many directions, including injections and nerve blocks, oral medication, physical therapy and exercise, and counseling.

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MEETING THE HEALTH NEEDS OF PATIENTS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, OR NATIONAL ORIGIN

Neurological Health

New developments help patients with brain injuries

BY ALAN REED

areed@paducahsun.com

Attention to traumatic brain injuries that members of the military and high-profile athletes suffer allows patients at all levels to receive some of the best and newest treatments.

Dr. Allen Sills, director of neurosurgery community practice at Vanderbilt University Medical Center in Nashville, Tenn., said traumatic brain injuries (TBI) may range from an internal injury, like a concussion, to an open wound such as a gunshot. TBI may vary from mild to severe. The most common causes he sees come from motor vehicle wrecks. Others come from leisure activity and sports.

"In the short term, a brain injury can cause headaches and problems with attention and concentration," Sills said. "Long-term, depending on severity, we may see patients facing problems with memory, concentration, dealing with social situations and decision making. More severe injuries could result in loss of cognitive and speech abilities or motor function."

Sills said advances have been made in diagnosis and assessment of brain injuries. While many are not observable externally, or even through imaging, neurological responses and brain ability can be measured in eye movement and computerized tests. Early detection may mean an athlete with a concussion may be removed from a game, minimizing additional risk and damage.

While research continues on treatment, Sills said few treatment options exist. Most treatments revolve around preventing additional damage, supporting body function and providing an environment for recovery. Once the patient is able, rehabilitation begins with a focus on restoring as much body and brain function as possible.

Terri Traugher, state director for Neuro Restorative Kentucky, works out of the Paducah office. She said her office provides therapy for people with brain injuries including physical, speech, occupational and behavioral therapies.

"I want to be able to live independently before long. ... Therapy has helped me be patient, control my nerves and with hyperactivity. Now I'm happy I can be productive and actually do something."

Timothy Mosier

Receives therapy at Neuro Restorative Kentucky

"No brain injury is alike," Traugher said. "So no rehabilitation process is the same. There is a different outcome for each patient."

Neuro Restorative of Paducah provides residential services in 20 homes and provides therapy for 60 residential and non-residential participants. It also has a wood shop to provide training and support for people recovering from TBI.

New therapies used by Neuro Restorative include techniques and systems developed for military TBI patients include a device called a SAEBO and Dyna Vision. Traugher said the SAEBO fits over a patient's arm. It is a mechanical system that provides tension and helps retrain muscles and the brain to promote better arm function.

The Dyna Vision works like a wall-mounted game of Simon with many more buttons. Persons using it must press lighted buttons in sequence and recall a set of numbers. Traugher said the system enhances vision, memory and attention span.

"Our therapists focus on teaching them how to live: things like getting up, grooming, getting dressed, meal preparation, laundry, budgeting and shopping. We take them into the community and work on social skills," Traugher said. "Our goal is to maximize their potential for independence and quality of life."

Timothy Mosier, a participant at Neuro Restorative, spent a day working in the facility's wood shop. He said he suffered a brain injury in 2000 when shot seven times by a former friend. He's undergone therapy for hearing loss and blindness in one eye and received behavioral therapy for anger management and to improve coping skills, life skills and money management.

"I want to be able to live independently before long," Mosier said. "I want to live on the farm with my brother and work with him. Therapy has helped me be patient, control my nerves and with hyperactivity. Now I'm happy I can be productive and actually do something."

Tabitha Devine, a behavioral specialist at Neuro Restorative, said brain injuries may cause people not to realize a behavior is verbally, physically or sexually inappropriate. Many have a low tolerance for frustration, she said. Therapists work with participants to reward good behavior.

Brenda Bradford serves as president of the Paducah Brain Injury Support Group.

"We see patients of all ages. Our youngest is 14, and he was in an ATV accident. The oldest is 69 and fell from some scaffolding at work. A lot were in auto or motorcycle accidents. A few were beaten, and we have a couple of gunshot wound patients," Bradford said.

Bradford said many people come to support groups to discuss changes in their behavior and deal with stresses caused by their injuries. She gave the example of her daughter Jennifer, 32, who suffered a brain injury in a wreck

Paducah Brain Injury Support Group

■ Where: Western Baptist Hospital, Conference Room A in Doctor's Office Building 2.

■ When: 7-8 p.m. the third Tuesday of every month.

■ Intent: The meetings are for brain injury patients and their families. The group averages 25 to 40 people per session.

16 years ago.

"When she got home from her rehabilitation, she fell into a major depression. She could no longer do what a 16-year-old could do. In her mind she could, but her body wouldn't let her. It's extremely hard to grasp not being able to do some things you used to do ever again."

Bradford said a support group allows patients and families to share stories and a common experience. They work through difficulties together and compare ways they've overcome their injury to help each other.

"Everyone has some problems — people with injury, their families, caregivers — but everyone focuses on the injury. It's the common denominator that draws us together."

Contact Alan Reed, a Paducah Sun staff writer, at 270-575-8658.



Can new ice cream lick health troubles?

BY EDWARD M. EVELD

McClatchy-Tribune News Service

Let's admit it: Attempts to make ice cream healthier by deleting fat and sugar didn't work. At least not for true ice cream lovers.

But rather than taking stuff out, what if you could add an array of healthy ingredients to ice cream without wrecking it in the process?

Researchers at the University of Missouri-Columbia are in the final throes of taste-testing their "multifunctional ice cream."

University food chemist Ingolf Gruen knows he and his team are in touchy territory. Americans love ice cream and eat a lot of it. But by adding four components — antioxidants, dietary fiber, probiotics and prebiotics — the scientists think they have hit on something.

Adding probiotics or "good" bacteria to food products is hot right now, although experts caution that some health claims need to be scrutinized.

Whether their fruit-flavored, full-fat ice cream concoction ever goes commercial isn't known, but it might be available this summer at Buck's Ice Cream Place, the College of Agriculture's shop famous for its "Tiger Stripe" flavor.

While there are some decent low-fat and no-fat ice creams, Gruen said, they aren't preferred.

"Food is all about taste," he said. "If something doesn't taste good, people don't come back. We do a lot of sensory studies in our department."

Those trials are led by Ting-ning Lin, a doctoral candidate who got hooked more than two years ago on the idea of ice cream with a larger purpose.

Lin is aware of potential criticism, that good-for-you ice cream could promote over-consumption. The other way to look at it: If you're going to occasion-

ally indulge, a treat might as well have healthy additions.

"Ice cream is high-fat compared with other products, so moderate eating is still very important," Lin said.

The challenges of adding function to ice cream have been many. Turns out ice cream is easy to mess up. Besides taste, there's texture and even the way it behaves in your mouth.

"You want a clean melting profile," Gruen said. "It can't be sticky or gummy or gooey. On the flip side, you don't want it to be too watery, to melt too fast."

Adding dietary fiber wasn't too difficult, except to determine how much could be included without altering flavor and texture. The proper amount seemed to be equivalent to 15 percent of the recommended daily intake. Many Americans consume about half the recommended fiber in a day.

Adding antioxidants was a bit thorny. Last year, the U.S. Food and Drug Administration said only Vitamins A, C and E could be called antioxidants, so the ice cream needed a fruit addition that would fit the bill. Acai, a trendy Brazilian fruit, was the choice.

"It's a little bit exotic and has given us some flavor challenges," Gruen said. "It's not a flavor people recognize — chocolate and woody. It's different."

What about blueberries?

"Good point," he said. "We might, in fact, switch. We're playing around with it."

Adding probiotics proved the toughest challenge. The term refers to "good" bacteria, live microorganisms that have been tested for health benefits, such as countering gastrointestinal problems, diarrhea and irritable bowel syndrome.

The researchers chose *Lactobacillus rhamnosus*. The bacteria couldn't be grown in ice cream, but, after their



inclusion, they needed to survive the hard freeze of ice cream storage. Researchers learned they could keep the bacteria alive in frigid temperatures, but then another issue arose. The bacteria like to clump together, which became a texture problem, a little bit crunchy, like biting into ice crystals.

"We had to get those clumps into smaller pieces without destroying the cells," he said.

You also can add prebiotics to your diet. Prebiotics are food for the beneficial bacteria living in the colon. Gruen and Lin chose inulin.

Inulin is a laxative at certain levels, and a laxative is not something most people want in their ice cream. Getting

the amount right was crucial.

"Our native, colonizing microbes play an important role in health," said Mary Ellen Sand-

ers, a probiotics expert and consultant to the food industry. "Recent research has highlighted that humans have an ongoing relationship with them. They talk to us. We talk to them. They talk to each other.

"The question has been, if we add microbes to this already colonized system, can we further promote health?"

Among the reasonable conclusions from research so far: Some probiotics can decrease gastrointestinal side effects from antibiotics. Some can help with irritable bowel syndrome and intestinal regularity. Some can improve the reaction of your immune system.

On & Off

The Vine

Add more vegetables to your diet

Vegetables are important for a good diet — they can reduce risk of stroke, heart disease and some cancers and can contribute to healthy weight.

The people at TOPS (Take Pounds Off Sensibly), a nonprofit weight-loss support group, came up with a Top 10 list of ways to get more veggies in your diet. Some you may already do and some may be new ideas:

1. Make a “pasta” dish with spaghetti squash instead of noodles.
2. Puree cooked vegetables and add them to stews, gravies, and soups.
3. Add raw spinach leaves and an extra-ripe banana to a fruit smoothie. It may sound strange, but the sweetness of the banana masks the taste of the spinach.
4. Baking? Add shredded carrots to muffins or bread.

5. Instead of cheese and meat, pile your morning omelet with onions, mushrooms, and red and green peppers. Chop vegetables the night before to save time in the morning.

6. Add chopped spinach to meat when preparing meatballs or hamburgers.

7. Try mashed cauliflower instead of mashed potatoes. Experiment with different flavorings such as garlic, a dab of butter, and Parmesan cheese.

8. Add salsa to a breakfast burrito, pile it on a veggie burger, or use it in place of high-fat, creamy vegetable dips.

9. Puree pasta sauce with vegetables such as winter squash or chopped broccoli.

10. Add chopped carrots to casseroles or meat loaf.

McClatchy-Tribune News Service



Try adding vegetables in unexpected dishes to add more nutrition to your diet.



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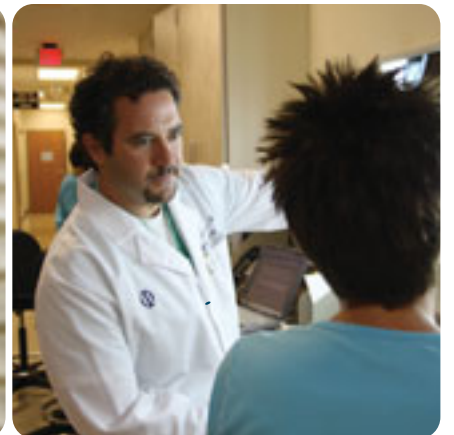
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Over 40

Study sees benefit to early menopause hot flashes

BY LINDSEY TANNER

Associated Press

CHICAGO — Hot flashes that bedevil many women in menopause might actually be a good thing, depending on when they strike, according to new data from a long-running government study.

Women who had hot flashes at the start of menopause but not later seemed to have a lower risk for heart attack and death than women who never had hot flashes, or those whose symptoms persisted long after menopause began.

By contrast, among the few women who developed hot flashes late — in some cases many years after menopause began — there were more heart attacks and deaths when compared with the other groups.

The research involved more than 60,000 women followed for an average of almost 10 years. It's the first to examine timing of menopausal symptoms and subsequent risks for heart problems and deaths, said co-author Dr. JoAnn Manson, chief of preventive medicine at Harvard's Brigham and Women's Hospital.

Recent studies linked hot flashes with higher blood pressure and cholesterol levels, which could suggest a higher risk for heart problems, but the new research offers a more detailed look, Manson said.

Lead author Dr. Emily Szmuiłowicz, an endocrinologist with Northwestern University's medical school, said the results should reassure millions of women who experience hot flashes or night sweats, which are essentially hot flashes that can be bothersome enough to awaken women.

The results suggest "there may be a positive side" to having these annoying symptoms, Szmuiłowicz said.

The study was released online in the journal *Menopause*.

Dr. Elsa-Grace Giardina, a Columbia University specialist in women's heart disease who was not involved in the study, said the research has several lim-

itations and that more rigorous study is needed to prove the results.

Few women developed hot flashes long after menopause began, and for at least some, previous use of hormone pills may have increased their risks for heart problems, Giardina said.

But more than one-third of the women with late-onset symptoms never used hormones, and Szmuiłowicz said the researchers took past hormone use into consideration and still found timing of symptoms played a role.

Menopause occurs when women stop having periods and estrogen levels dwindle. Most women experience symptoms including hot flashes that can last for several years. But they don't usually persist indefinitely or begin long after the beginning of menopause.

Hot flashes aren't well studied but are thought to result from blood vessels dilating in response to the normal hormone fluctuations of menopause, Manson said. If they occur long after menopause begins it could signal a blood vessel abnormality that could also affect the heart, she said.

The research involved 60,027 women from the ongoing Women's Health Initiative observational study, examining disease risk factors and health outcomes and funded by the National Institutes of Health.

Women were in their early 60s on average, about 14 years past the start of menopause, when they answered questionnaires about their health, education history, and symptoms including hot flashes and night sweats. Cardiovascular problems and deaths were tracked during almost 10 years of follow-up.

More than one-third, or almost 25,000 women, had early symptoms — hot flashes at the onset of menopause that had stopped before they enrolled. Just 1,391 had late symptoms — hot flashes at enrollment but not at the start of menopause.

About 2.5 percent of women with early symptoms had heart attacks, com-

pared with 3.4 percent of women with no symptoms and 5.5 percent of those with late symptoms. Also, about 6 percent of the early symptom women died, versus 11 percent of the late symptom group and 8 percent of the symptomless women. Women who had persistent hot flashes throughout menopause had risks similar to those without symptoms.

Giardina noted that high blood pressure, high cholesterol, diabetes and obesity — which all can contribute to heart problems — were more common among the late symptom women.

But the researchers said they accounted for that and still found that timing of menopause symptoms played a role in later heart attacks and deaths.

Dr. Gary England, a Paducah OB/

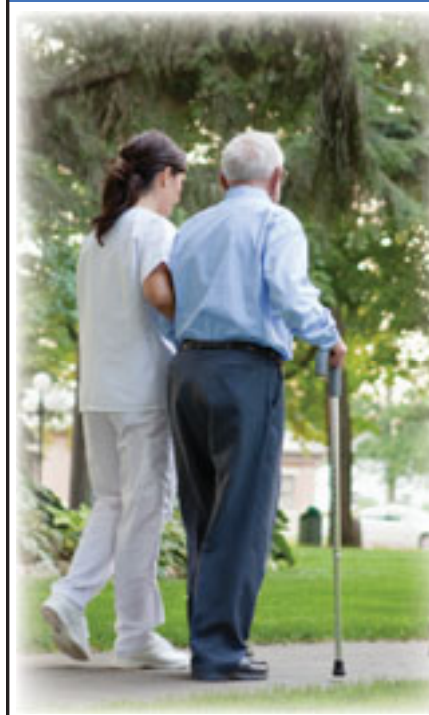
GYN, said he did not plan to change treatment for menopausal women after the study. He said while compelling, the study presented an unclear picture. He said variables like the study subjects weight and smoking habits were not factored in the study. He also wants to see the study's results duplicated in follow-up studies.

England said the study's hypothesis states the constriction and dilation of blood vessels may break up plaque in the vessels.

"I'm not recommending women avoid hormone replacement therapy. It still promotes better quality of life."

Paducah Sun staff writer Alan Reed contributed to this story.

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It's Your Body

Tennis pro's woes serve notice of embolism

BY JANE GLENN HAAS

McClatchy-Tribune News Service
Word from the tennis world is that Serena Williams' absence from the game could stretch to almost a year after two new health scares — a blood clot in her lungs followed by a hematoma.



Williams

The Washington Post reported that the 13-time Grand Slam singles champion hasn't played an official match since winning Wimbledon in July because of a foot injury she suffered at a restaurant.

About the embolism and hematoma, the Post quotes Williams saying her latest health problems are "extremely hard, scary and disappointing. I am doing better. I'm at home now and working with my doctors to keep everything under control."

Williams is 29. We tend to associate hematomas and embolisms with older patients. So we asked the opinion of Dr. Steven Schiff, a cardiologist and medical director of invasive cardiovascular services for MemorialCare Heart and Vascular Institute of Orange Coast Memorial Medical Center in Fountain Valley, Calif.

"Actually," he says, "This can happen to anybody — usually from sitting in a cramped position for a long time, or to a patient who is put on prolonged bed rest, and sometimes someone who has had hip or knee surgery."

The solution is usually compression stockings and blood thinner.

Q A pulmonary embolism is a blockage of the main artery of the lung or one of its branches — usually by a blood clot that has traveled from the deep veins in the legs. I've had one from sitting too long in an airplane seat — economy coach syndrome, they call it. But Serena is an athlete. Are they susceptible?

A While it's not common for the normal, healthy population walking

Avoiding deep vein thrombosis while flying

Here are some suggestions to avoid deep vein thrombosis on a long flight — the most common cause of the problem.

■ Make sure you have an appropriate sitting position. Try to keep your thighs clear of the edge of your seat so the hard edge will not compress the thigh and reduce blood flow.

■ To keep the blood flowing more freely, rest your feet on your hand luggage or keep your feet on the leg rest if you are traveling in business class or first class.

■ Get some exercise during a long flight. Keep mobile by doing some foot exercises, such as rotating your ankle 10 times in both directions,

or spreading your toes and lifting them toward your legs, then pointing them away.

■ A brisk walk before takeoff will help improve circulation before boarding.

■ Drink water. Avoid too much alcohol.

■ Wear compression stockings or elastic flight socks to help prevent swelling in lower legs. This is particularly important if you have varicose veins.

■ Take aspirin the day before, one during the flight and one a day for three days after. If you cannot take aspirin, try herbal remedies such as pine bark or Ginkgo biloba.

McClatchy-Tribune News Service

around, it does happen. The good news is that once we make a diagnosis, most patients survive.

The risk is a clot in the leg goes traveling and ends up in the lung. It can also come from other places, of course — like the pelvis or arms — but usually it comes from the leg.

Q What are the symptoms?

A Swollen legs are one. Other definitions include difficulty breathing, chest pain and palpitations. Clinical signs include low blood oxygen, saturation and cyanosis, rapid breathing, rapid heart rate. Severe cases can lead to collapse, abnormally low blood pressure and sudden death.

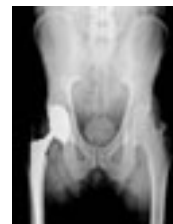
Q So how do you diagnose this condition?

A Diagnosis is based on these clinical findings in combination with laboratory tests and imaging studies, usually a CT pulmonary angiography. Treatment is typically with anticoagulant medication, including heparin and warfarin.

Q You said nobody's exempt?

A You can't keep it from happening, but it doesn't happen very often.

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DePuy Orthopedics touted its ASR™ line of hip implants as a godsend for relatively young patients with debilitating hip problems. But the dream of regaining mobility became a nightmare for many.

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What does this recall mean to you? Here's how to find out:

1. See your surgeon, even if you have no symptoms yet. Be alert for inflammation, swelling, pain, and popping/grinding sounds that indicate trouble.
2. Ask your surgeon about testing. These implants may release cobalt and chromium into the blood. Poisoning from these heavy metals may cause heart trouble, convulsions, blindness, and depression.
3. Obtain legal advice. There is a deadline for making a claim. Bowling Green Attorney Stephen Hixson is accepting cases against DePuy. He has 39 years of experience in complex cases involving medicine, science, and engineering. Mr. Hixson will consult with you without cost or obligation.

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THIS IS AN ADVERTISEMENT.

ADDICTION: Legislators hope a federal crackdown on ‘pill mills’ will stop drug trafficking

CONTINUED FROM 9

crush a pill and snort or inject it, destroying the time-release function to get a whopping 12 hours’ worth of the drug in one rush.

OxyContin quickly became the drug of choice in eastern Kentucky.

“You could leave a bag of cocaine on the street and no one would touch it, but leave one OxyContin in the back of an armored car and they’ll blow it up to get at it,” U.S. Attorney Joseph Famularo said at the February 2001 news conference announcing the first major roundup involving the drug.

By 2002, a quarter of the overdose deaths in the nation linked to OxyContin were in eastern Kentucky, authorities said.

Police, regulators and elected officials charged that Purdue Pharma, the Connecticut-based maker of OxyContin, marketed the drug too aggressively, feeding an oversupply and diversion onto the illicit market.

Purdue Pharma denied that, but the company and three top officials ultimately pleaded guilty in 2007 to misleading the public about the drug’s risk of addiction and paid \$634.5 million in fines.

Authorities had begun pushing back long before that against growing abuse of OxyContin and other prescription drugs, but addicts and traffickers kept finding ways to get pills.

“Law enforcement adjusts, and the criminals adjust,” said Frank Rapier, the head of the Appalachia High Intensity Drug Trafficking Area, which includes 68 counties in Kentucky, Tennessee and West Virginia.

Kentucky Rep. Hal Rogers’ voice

grows tight with frustration whenever he talks about the prescription drug epidemic that’s gripped Appalachia for more than a decade.

“Crook doctors operating these pill mills” in Florida are running rampant and are fueling the flow of illegally obtained prescription drugs to states such as Kentucky, Rogers, a Republican and the chairman of the House Appropriations Committee, told Attorney General Eric Holder during a recent hearing. “My people are dying.”

The White House “has got to act,” Rogers said. “We’ve got more people dying of prescription drug overdoses than car accidents.”

The Obama administration counters

that it’s the first to publicly call the prescription drug abuse problem an epidemic, has stepped up drug arrests and has directed millions in funding to state monitoring programs. The administration says it also has focused efforts on the Appalachia High Intensity Drug Trafficking Area, which includes 68 counties in Kentucky, Tennessee and West Virginia.

In the meantime, Rogers hopes legislation he’s co-sponsoring with Rep. Vern Buchanan, a Florida Republican, calling for a tougher federal crackdown on so-called “pill mills” — pain clinics that dispense prescription drugs — will help stem the flow of drugs across state lines.

The measure includes provisions to support state-based prescription drug monitoring programs; to use the money from seized illicit operations for drug treatment; to strengthen prescription standards for certain addictive pain drugs; and to toughen prison terms and fines for pill mill operators.

“You could leave a bag of cocaine on the street and no one would touch it, but leave one OxyContin in the back of an armored car and they’ll blow it up to get at it.”

Joseph Famularo
U.S. Attorney



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Spanking 1-year-olds is common in depressed dads

Associated Press

CHICAGO — Just like new moms, new fathers can be depressed, and a study found a surprising number of sad dads spanked their 1-year-olds.

About 40 percent of depressed fathers in a survey said they'd spanked kids that age, versus just 13 percent of fathers who weren't depressed. Most dads also had had recent contact with their child's doctor — a missed opportunity to get help, authors of the study said.

The American Academy of Pediatrics and many child development experts warn against spanking children of any age. Other studies have shown that kids who are spanked are at risk of being physically abused and becoming aggressive themselves.

The researchers said spanking is especially troubling in children who are only 1, because they could get injured and they "are unlikely to understand the connection between their behavior and subsequent punishment."

The study was released online Monday in the journal *Pediatrics*.

The authors analyzed data on 1,746 fathers from a nationally representative survey in 16 large U.S. cities, conducted in 1999-2000. Lead author Dr. Neal Davis said that was the most recent comprehensive data on the subject, and he believes it is relevant today. Depression among fathers is strongly tied to unemployment rates, which are much higher now than a decade ago, he said.

The men were questioned about depression symptoms, spanking and interactions with their 1-year-olds, but weren't asked why they spanked or whether it resulted in physical harm.

Overall, 7 percent of dads had experienced recent major depression.

Some likely had a history of depression, but in others it was probably tied to their children's birth, similar to postpartum depression in women, Davis said. A pediatrician now with Intermountain Healthcare in Murray, Utah, Davis did the research while at the University of Michigan.

Postpartum depression is more common in women; by some estimates as many as 25 percent develop it shortly after childbirth. Severe cases have been linked with suicide and with deaths in children including several high-profile drownings.

Less is known about depression in new dads and the study raises important awareness about an under-recognized problem, said Dr. Craig Garfield, an assistant pediatrics professor at Northwestern University and co-author of a *Pediatrics* editorial.

With fathers increasingly spending time on child



Associated Press

Chris Illuminati, 33, sits with his one-year-old son Evan in their New Jersey home. Illuminati said he had depression symptoms starting when his son was about 4 months old. New research finds a surprising number of depressed new dads spank their young children.

care, including taking their kids to routine doctor visits, it's important for pediatricians to pay attention to dads' mental health, Garfield said. Close to 80 percent of depressed and non-depressed dads had recent contact with their child's doctor, according to the study.

Davis said his office is working on screening dads for depression and offering referrals to mental health services — a practice he and his co-authors recommend for all pediatricians.

Chris Illuminati, a Lawrenceville, N.J., writer and stay-at-home dad with a 1-year-old son, says he read postpartum brochures the pediatrician gave his wife during an office visit. He said he found himself silently answering yes to questions about symptoms.

Illuminati said he'd never experienced depression, but starting from the time his son was a few months old, he began feeling unusually down, sleep-deprived, trapped and resentful toward a baby who slept fitfully and had disrupted his life.

The 33-year-old father stressed that he loves his little boy, and has never spanked him, but has felt the frus-

tration that might lead others to do so.

"There have been times where I've wanted to, but I've pulled back," Illuminati said.

Overall, 15 percent of fathers had recently spanked their children. Besides being more likely to spank, depressed dads were less likely to read to their kids — an activity the researchers called part of positive parenting. About equal numbers of depressed and non-depressed dads reported other positive interactions, such as playing games with their kids. The researchers said reading requires more focus that may be difficult when depressed.

Illuminati said he had been finding ways to avoid his son once his wife got home from work, and realized he probably needed help. "I didn't know who to talk to. I felt like a wuss if I mentioned it to anyone," he said.

Blogging about fatherhood helped, he said, and his sadness has mostly subsided now that his son is older.

"It should be studied," Illuminati said. "The hardest part is going to be getting guys to talk about it ... or even recognize it."

It's in the Genes

Sports star in the making? Gene test could tell

BY LINDSEY TANNER

Associated Press

CHICAGO — Was your kid born to be an elite athlete? Marketers of genetic tests claim the answer is in mail-order kits costing less than \$200.

Some customers say the test results help them steer their children to appropriate sports. But skeptical doctors and ethicists say the tests are putting profit before science and have a much greater price tag — potentially robbing perfectly capable youngsters of a chance to enjoy activities of their choice.

“In the ‘winning is everything’ sports culture, societal pressure to use these tests in children may increasingly present a challenge to unsuspecting physicians,” according to a commentary in the March 9 *Journal of the American Medical Association*.

Scientists have identified several genes that may play a role in determining strength, speed and other aspects of athletic performance. But there are likely hundreds more, plus many other traits and experiences that help determine athletic ability, said Dr. Alison Brooks, a pediatrician and sports medicine specialist at the University of Wisconsin in Madison.

A handful of companies are selling these tests online. In some cases, the tests screen for genes that are common even among non-athletes. As science advances, Brooks said, “My guess is we’re going to see more of this, not less.”

Bradley Marston of Bountiful, Utah, bought a test online a year ago for his daughter Elizabeth, then 9.

She’s “a very talented soccer player,” and Marston wanted to know if she had a variation of a gene called ACTN3, which influences production of a protein involved in certain muscle activity.

One form of the gene has been linked with explosive bursts of strength needed for activities such as sprinting and



Associated Press

Elizabeth Marston practices soccer at a local school in Utah. Bradley Marston bought a genetic test online a year ago for his daughter Elizabeth, then 9, that showed she has an advantageous gene form for sports — results her father hopes will help her get into elite sports programs or win a sports scholarship to college.

Please see **SPORTS** | 19

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SPORTS: Gene tests still controversial

CONTINUED FROM 18

weight lifting.

The ACTN3 test sold by Atlas Sports Genetics was developed by Genetic Technologies Limited, an Australian firm. Atlas' \$169 kit consists of two swabs to scrape cells from the inside of the cheek. Customers return the used swabs to the Boulder, Colo., company and receive an analysis several days later.

Elizabeth Marston's test showed she has a sprinting-related gene form — results her father hopes will help her get into elite sports programs or win a sports scholarship to college.

Marston said he ordered the test partly out of curiosity, but approached it cautiously and talked with Elizabeth to make sure she could handle it.

"She told me, 'Well, Daddy, I just have to try harder'" if the results came back negative, Marston said.

Elizabeth has loved soccer since age 4 and said she's happy with the results.

But even at age 10, she knows it will take more than genes to reach her goal of playing in the Olympics.

"I think I would have to train hard," she said.

Nat Carruthers, operations president for Atlas Sports Genetics, says the company has sold several hundred test kits since it began marketing them in 2008.

"Our goal is to help people become the athlete they were born to be," not to exclude kids from sports, Carruthers said.

He said critics have misrepresented the test "to sound like we're telling parents what their kid should do and how good their kid will be. That's not at all our claim or desire," he said.

CyGene Laboratories, based in Coral Springs, Fla., sold a similar \$100 swab test online for different sports-related genes until last fall, but it has suspended operations.

CyGene also sold kits online advertised as testing for human diseases, but Mark Munzer, the company's former president, said that industry is reeling from a Food and Drug Administration crackdown last year on efforts to sell disease-related gene tests in retail pharmacies.

The FDA scheduled a hearing to receive feedback from an expert panel on how the agency should be regulating direct-to-consumer genetic tests that make

"This type of genetic testing is elective at best and should actively involve the children in the decision-making process."

Dr. Lainie Friedman Ross

Medical ethicist and pediatrician,
University of Chicago

medical claims. Marketers of sports gene tests that don't make medical claims aren't FDA regulated.

University of Maryland researcher Stephen Roth, a specialist in exercise physiology and genetics who has studied the ACTN3 gene, said the science of how genes influence athletic ability "is in its infancy" and that marketers' claims are based on "gross assumptions."

Roth said roughly 80 percent of people worldwide have the ACTN3 gene that has been linked with explosive force. The fact that few of them become elite athletes underscores that it takes more than genes to make a sports star.

Also, about 20 percent of people have a gene variation that inhibits production of the protein involved in explosive force. That doesn't mean they can't excel in sports, Roth said, citing a Spanish long jumper who made it to the Olympics despite lacking that protein.

Dr. Lainie Friedman Ross, a medical ethicist and pediatrician at the University of Chicago, said the tests raise ethical questions when used in children because they're too young to understand the possible ramifications and to give adequate consent.

"This is recreational genetics with a real serious potential for harm," Ross said. "People are going to think, 'If my kid has this, I'm going to have to push real hard. If my kid doesn't have it, I'm going to give up before I start,'" she said. Instead, Ross said, parents should "let kids follow their dreams."

"While parents have the authority to make health care decisions about their children, this type of genetic testing is elective at best and should actively involve the children in the decision-making process," Ross said.

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