

CONSULTS

NEWS FOR PHYSICIANS FROM THE UCONN HEALTH CENTER

IN THIS ISSUE

- Implant Procedure for Depression
- Mitral Valve Disease and Timing of Surgery
- Endocrinologist Brings Expertise in Diabetic Care
- Good Outcomes for Bone Infection
- Down Syndrome Screening
- Cancer Fatigue Clinic Opens

CONTACT US

Want to learn more about the UConn Health Center? **Please contact: Rick Daddario Physician Outreach Manager UConn Health Center 860-679-1695 or 877-676-1733**



Rick Daddario

IMPLANT PROCEDURE OFFERED FOR TREATMENT RESISTANT DEPRESSION

The Health Center is offering vagus nerve stimulation (VNS) therapy for serious depression, a new treatment approved recently by the Food and Drug Administration.

The treatment involves implanting a small generator about the size of a stopwatch just under the skin in the left side of the chest and tunneling thin thread-like electrodes under the collarbone to wrap around the left vagus nerve, which relays signals to a part of the brain related to mood and anxiety. Implantation of the device is done in same-day surgery by Kourosh Parham, M.D., Ph.D., an otolaryngologist. Then, after a period of about two weeks, psychiatrists work with the patients to program the device to send intermittent, mild electrical pulses through the vagus nerve to the brain and monitor the response.

“It’s a welcome addition to the treatments we have for chronic depression, which is one of the most prevalent and serious illnesses in this country



Kourosh Parham, M.D., Ph.D., displays the implant used in vagus nerve stimulation therapy.

and around the world,” says Leighton Huey, M.D., chairman of the Department of Psychiatry. “About 20 to 25 percent of patients suffering from serious, chronic depression respond incompletely or not at all to conventional treatment. We are making the VNS therapy available to patients who have been treated for major episodes of depression at least four times without success or with only partial success.” For those who respond, the effectiveness of VNS therapy seems to grow over time and improvement seems to be maintained for the long term for some people. Some will have full remission of their symptoms, according to Huey.

“Our program is the only comprehensive one in the state,” says Huey. “We will be working with physicians around Connecticut to make them aware of this treatment and to help them evaluate their patients who might benefit from it.”

For more information on VNS therapy, contact Dr. Huey or the Department of Psychiatry at

MITRAL VALVE DISEASE AND TIMING OF SURGERY



Bruce T. Liang, M.D.
*Director of the Pat
and Jim Calhoun
Cardiology Center*

Coronary artery disease can cause a form of mitral regurgitation, known as ischemic mitral regurgitation. This usually results from the stretching or displacement of the papillary muscle that holds the valve to the ventricle. Generally, coronary bypass surgery or angioplasty does not correct ischemic mitral regurgitation. Valve repair or replacement is needed.

TIMING OF SURGERY

The following categories can help determine the optimal timing of surgery for patients with mitral valve disease.

CATEGORY 1 ASYMPTOMATIC AND NORMAL LEFT VENTRICULAR FUNCTION. Surgical repair of the mitral valve is recommended in asymptomatic patients with normal left ventricular function if the repair can be guaranteed or nearly guaranteed.

CATEGORY 2 SYMPTOMATIC BUT NORMAL LEFT VENTRICULAR FUNCTION. The presence of any symptoms in patients with severe mitral regurgitation will be an indication for surgery. The physician needs to be aware of patients who mask symptoms by subconsciously or consciously curtailing the level of their physical activity and altering their lifestyle.

CATEGORY 3 ASYMPTOMATIC BUT WITH ABNORMAL LEFT VENTRICULAR FUNCTION.

Once again, the physician needs to be aware of patients who alter their lifestyle to mask symptoms. An exercise test or sequential exercise test in patients with mitral regurgitation can be helpful detecting a change in exercise capacity. Serial echocardiograms measuring the left ventricular ejection fraction (that is, the amount of blood pumped out of the ventricle with each beat) are very helpful. For example, if the ejection fraction falls below 60 percent or left ventricular end systolic dimension increases above 45 mm, then it is time to consider surgery, before left ventricular function deteriorates further.

CATEGORY 4 SYMPTOMATIC AND WITH ADVANCED LEFT VENTRICULAR DYSFUNCTION.

Surgical repair for primary valvular disease may still be beneficial even if the ejection fraction is in the abnormal range. Otherwise medical therapy, with diuretics, anticoagulation, and control of atrial fibrillation, is recommended.

For more information, call Dr. Liang at 860-679-4944 or the Calhoun Cardiology Center at 860-679-3343.

ENDOCRINOLOGIST BRINGS EXPERTISE IN DIABETES CARE

Pooja Luthra, M.D., an endocrinologist specializing in care for patients with diabetes, thyroid diseases, osteoporosis, and other endocrine problems, is now seeing patients at the Health Center in Farmington.

Dr. Luthra recently completed a fellowship in endocrinology and metabolism at the UConn School of Medicine. She is a graduate of Maulana Azad Medical College in New Delhi, India, where she also completed postgraduate training in pediatrics. At the UConn School of Medicine, Dr. Luthra also completed an internship and residency in internal medicine

before pursuing her fellowship.

She joins the Diabetes Education Program, which recently received its third consecutive Certificate of Recognition from the American Diabetes Association.

Dr. Luthra is a welcome addition to the program, which gives patients comprehensive, individualized education.

To make a referral to Dr. Luthra or the Diabetes Education Program call the Physician's Referral Line at 1-877-676-1733. Dr. Luthra can be reached at 860-679-2073.



Pooja Luthra, M.D.

GOOD OUTCOMES FOR BONE INFECTION

Using a team approach to diagnosis and treatment, the Bone Infection and Skeletal Trauma Reconstruction Program at the Health Center has achieved successful results for the vast majority of its patients.



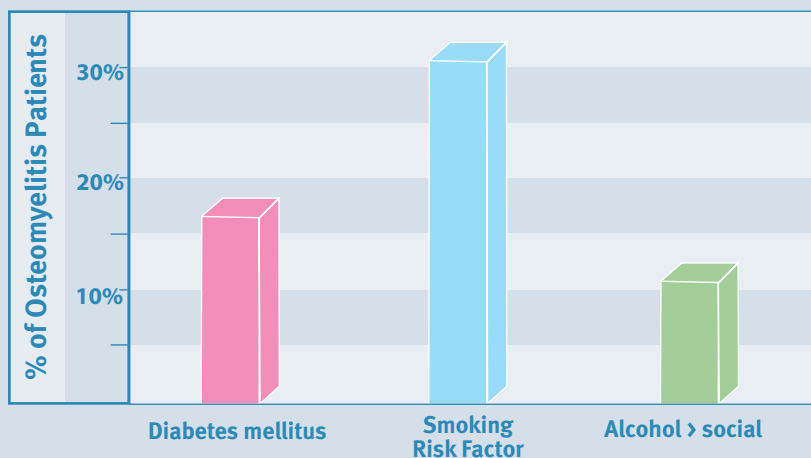
Karen Livingston, M.S.N., A.P.R.N.

Bone infection or chronic osteomyelitis can be very difficult to treat. “It has the reputation of being incurable, and historically people who had it thought they would have it forever,” says Bruce Browner, M.D., chairman of the Department of Orthopaedics and an orthopedic trauma surgeon, who is part of the team. “Our team approach has achieved successful outcomes for most of our patients, even those whose condition was

complicated by serious trauma, diabetes, vascular disease, or smoking,” says Browner, who works with Edward Pesanti, M.D., an infectious disease specialist, and Karen Livingston, an advance practice registered nurse. They began their multi-disciplinary program 14 years ago and have since added a plastic and reconstructive surgeon, Rajiv Chandawarkar, M.D., to their team.

“The condition was difficult to treat until it was recognized that bacteria could hide inside dead bone, inaccessible to the body’s host-defense mechanism and antibiotics,” says Browner.

Risk Factors for Chronic Osteomyelitis in Our Patient Population



The team uses surgical debridement with other procedures, including bone distraction, muscle flap implantation, and bone grafts, to restore bone and soft-tissue integrity, along with rigid stabilization with external fixators. Then, the choice of antibiotic is based on sensitivity patterns of microbes isolated during surgery, administered intravenously at first and then orally, with close clinical follow up.

During its first seven years, the clinic treated 82 patients. The infection was cured in all but one patient, and none experienced reactivated infection during a median follow up of 56 months, says Browner.

“For many patients, chronic osteomyelitis is a painful, disabling disease process. It gives us tremendous satisfaction to stay with a patient over time and really fix their problem,” says Browner.

For more information on the Bone Infection Clinic, call 860-679-6650 or the Physician’s Referral Line at 877-676-1733.

CANCER FATIGUE CLINIC OPENS

A new clinic at the Health Center’s Carole and Ray Neag Comprehensive Cancer Center offers treatment and support for the debilitating fatigue affecting many patients undergoing treatment for cancer.

“Many patients receiving treatment for cancer are seriously affected by fatigue,” says Jayesh Kamath, M.D., Ph.D., who established the clinic for cancer fatigue and is conducting research into its possible causes and treatments. “It can cause patients to quit their jobs or retreat from social activities and seriously disrupt their lives. And, there is a correlation between persistent fatigue and poor prognosis.”

Unfortunately, he adds, many patients believe there is little that can be done about the condition.

In fact, serious fatigue in cancer patients is sometimes related to anemia, to thyroid problems, or to electrolyte disturbances, all of which can be treated medically with generally good results, according to Kamath. “Fatigue in some cases can also be related to depression and anxiety. Treating the symptoms with medications and with individual or group therapy can benefit the patients.”

For those patients for whom there is no identifiable, reversible cause of the fatigue, Kamath and his colleagues in

continued on page 4



Winston Campbell, M.D., performs an ultrasound at the UConn Health Center.

MORE EVIDENCE FOR VALIDITY OF FIRST TRIMESTER SCREENING FOR DOWN SYNDROME

A stepwise screening strategy for Down syndrome pioneered at UConn Health Center is more effective and accurate than first or second trimester testing alone, according to recent research in *The New England Journal of Medicine*.

The results of a study on the various approaches to Down syndrome screening provided additional evidence for the validity of first trimester screening using nuchal translucency measurement and serum biochemical tests.

“Importantly, the study demonstrates that a stepwise sequential screening strategy in which first trimester screening is followed by a second trimester risk evaluation (that incorporates the first trimester data with the second trimester serum testing) is one of the most effective protocols available,” says Peter Benn, Ph.D., professor and director of the Diagnostic Human Genetics Laboratories at the Health Center, who with James F.X. Egan, M.D.,

chairman of the Department of Obstetrics and Gynecology, pioneered the approach two years ago.

“This approach maximizes the detection rate (92 percent), is associated with a lower false positive rate (3 percent) compared to first- or second-trimester testing alone, and provides patients with evolving risk information as new data becomes available,” says Benn.

The study called the First- and Second Trimester Evaluation of Risk (FASTER) was published last fall (November 10, 2005).

To make the complex evaluation of risk, the second trimester serum sample must be processed at the Health Center’s Human Genetics Laboratory and the nuchal translucency must be performed at an approved ultrasound site, according to Benn.

For more information on the stepwise screening strategy, call Dr. Benn at 860-679-3614 or the Maternal Fetal Medicine Department at 860-679-3387.

CANCER FATIGUE CLINIC OPENS

continued from page 3

the Department of Psychiatry are studying new treatments. “There is a hormone produced by the body which is believed to increase energy levels. We will be conducting a small clinical trial to examine its effect on fatigue in breast cancer patients. We also plan to study a small group of breast cancer patients to see if their fatigue is related to immune system dysfunction.”

The fatigue clinic is supported by a gift from the Charlotte Johnson Hollfelder Foundation, which was established by Fred Hollfelder in honor of his wife, who survived breast cancer and died of an unrelated illness. “Support for the fatigue clinic is a way to honor my wife’s memory,” says Hollfelder. “She suffered from fatigue during her cancer treatment and I felt helpless. She would be delighted to know I was trying to do something for others.”

For more information on the Cancer Fatigue Clinic call the Physician’s Referral Line at 877-676-1733 . To contact Dr. Kamath call 860-679-6727. Patients interested in the breast cancer fatigue clinical trial may call 877-252-2225 for more information.



Jayesh Kamath, M.D., Ph.D.



Remarkable Care Through
Research and Education