

HOUSTON Medical Times

Bringing Healthcare News to the Forefront

February Issue 2015

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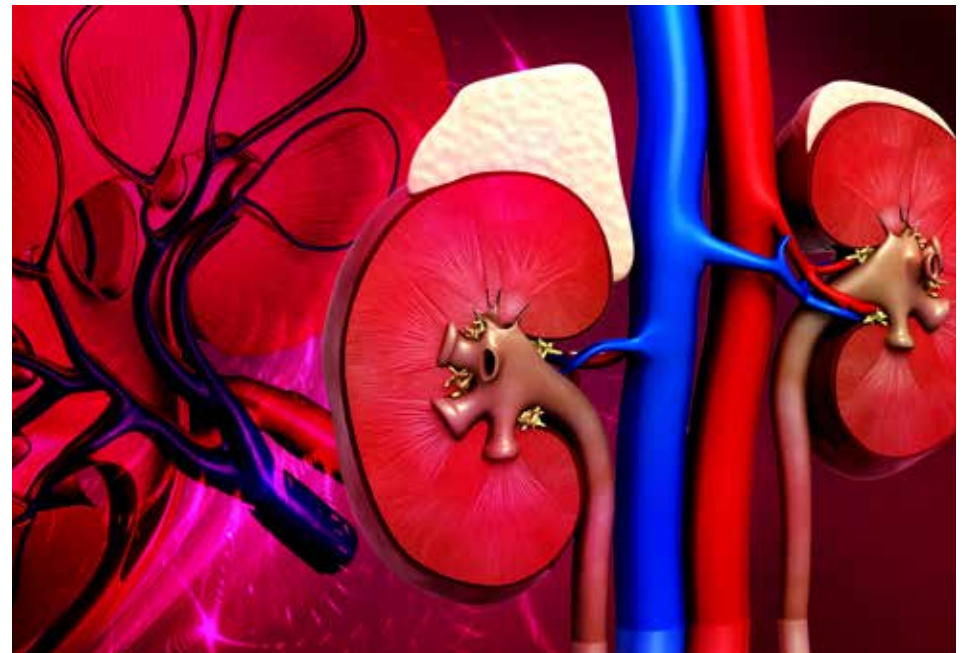
WHAT FUNCTIONS DO MY KIDNEYS PERFORM?



By Kashif J. Piracha,
MD, FACP, FNKF

Kidney disease is a major source of morbidity and mortality in the United States. Millions of Americans are affected by kidney diseases resulting from a wide variety of causes. As a practicing nephrologist (kidney specialist), I find that a large section of our population has very minimal and basic knowledge about kidney diseases and there is much ignorance about its prevalence. I feel that a large component of it is due to the fact that people don't know what functions our kidneys perform. Most people know that kidneys remove toxic waste from the blood and excrete it in the urine. That is true, however, there are a multitude of other functions the kidneys perform and today, I am going to try and elaborate upon some of the normal functions of the kidneys. Remember, you cannot understand kidney diseases unless you have a good knowledge about the normal functions kidneys perform.

-Removal of waste products from the body: Kidneys filter blood to produce urine. The major toxic substance removed by the kidneys is urea. Urea is an end product of protein metabolism. When kidneys stop working and the amount of urea rises in the blood, it leads to complications including inflammation



of the lining of the heart and alteration in the mental status.

-Regulation of fluid balance: If it had not been for our kidneys, we would drown in the fluids we drink. It is a common observation that drinking more water leads to greater amounts of urine production which is very dilute whereas when we are dehydrated, the urine produced is very meager in amount and very concentrated. There is a specific hormone in the kidney that is responsible for assessing the fluid status of the body and alter the amount of urine produced to keep the body fluid balance at an optimum level. This hormone is called anti-diuretic hormone (ADH).

-Regulate electrolytes including sodium, potassium, magnesium, calcium and phosphorus: Kidneys control the blood levels of electrolytes mentioned above. Each electrolyte has a specific function and their tight regulation is important to avoid dangerous complications. For example, a very low sodium level can cause seizures and coma. A very high potassium level can cause the heart to stop while a very low potassium level can cause muscles to become paralyzed.

-Control of blood pressure: Kidney is the most important organ in blood

pressure control. It is the responsibility of the kidney to produce specific hormones that regulate our body's blood pressure. An example of such a hormone is aldosterone produced by the adrenal glands that lie on top of both kidneys.

-Regulation of red blood cell production: Kidneys are responsible for producing a hormone called erythropoietin that acts on red blood cell precursors in the bone marrow to stimulate the production of red blood cells. When people develop chronic kidney disease, the production of erythropoietin declines resulting in a reduced number of red blood cells in the blood. This condition is called anemia. The symptoms of anemia include shortness of breath, weakness, fatigue and lethargy.

-Production of active form of Vitamin D: Vitamin D has several essential functions in the body and its most important function is development of healthy bones. Vitamin D is ingested in diet or produced in the skin from the ultraviolet rays of the sun. It travels to the liver to produce an intermediate form which then travels to the kidneys to produce the active form that is responsible for exerting its physiological

see Kidneys page 16

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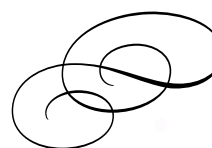
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Mental Health COPING WITH STRESS



By Margaret Jordan, PhD
Clinical Psychologist

Stress is a part of everyone's experience, and it is not always bad. We need good stress for motivation and high levels of performance. But most people think of stress as creating difficult feelings and having a negative effect on life. There is nothing inherently good or bad about the things that create the experience of stress. It is the perception someone has that determines whether the experience will feel negative or positive. For example, many people feel stress when they have to speak in front of an audience, but a politician usually does not.

Stress is experienced when a threat is perceived. Psychologists have developed a model for understanding and describing stress responses based on the idea that there is a natural inclination in humans for a return to

homeostasis when there has been a disruption, such as a threat. First, there is a feeling of alarm. Hormones such as adrenaline, norepinephrine, and cortisol are released, resulting in higher blood pressure, increased muscle tension, and greater energy levels.

If the perceived threat continues, the physical reaction is a build-up of resistance to the threat, until the threat is gone or the person is exhausted. In a prolonged experience of stress, people become fatigued and have a lower resistance to illness. Finally, when physical and mental resources for dealing with stress are depleted, symptoms of anxiety, irritability, withdrawal from relationships or work, self-destructive behavior, and poor judgment are likely to occur.

The best way to deal with a stress-inducing situation is to fix the problem that is causing stress. Someone who feels chronic stress from a long commute might decide to move close to work or retire. Very frequently, however, removing the cause of stress is not an option. If a family member is difficult to deal with, it may not be possible to

influence that person to change, or to avoid being around him or her. In this type of situation, the best way to cope is to deal with the negative feelings that come up in a constructive way.

Let's use the example of the difficult relative to illustrate some effective coping mechanisms. Every situation will need an individual approach, depending on the circumstances. For example, if your mother is difficult to be around because she says things that arouse stress in you, you may need to ask yourself how you can manage your relationship with her to limit the possibility that a stressful situation will develop. How often you see or talk to her, under what circumstances, and how you respond to her when she says something that creates stress in you are elements of your experience that you have some control over. It's not easy to change your pattern of interacting with someone who has such an important role in your life, so you may need help from your spouse or a friend who can talk this over with you. Many people also find that talking with an experienced psychotherapist can be very helpful in developing different emotional responses.

When you can anticipate a stress response, you have a better chance of avoiding the stressful situation or dealing



with it in a more balanced way. Being able to observe yourself is key in learning how to tell when stress might occur. In order to do this, you need to be in a good physical and mental condition, so taking care of yourself by exercising, eating healthfully, and getting good sleep is important.

Often it is difficult to break out of a period of ongoing stress, because energy levels become depleted. Social support is very important, especially having someone who is caring and nonjudgmental to talk with about your feelings and your difficulty coping. In this kind of conversation, it is possible to turn feelings that would otherwise be put into unproductive or destructive action into words that will help you work through the stressful situation. If your own efforts to cope are not working well enough, an experienced licensed mental health professional can be very helpful. ▼







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The cost of taking (or not taking) flu antivirals

By Elizabeth Grimm
Texas A & M Health Science Center

Should I take Tamiflu? It's a common question this flu season, which is shaping up to be a real doozy. With a vaccine that doesn't protect well against the more virulent-than-usual circulating flu strain – H3N2 – influenza is quickly reaching epidemic levels, leaving patients perplexed on the best remedies. Antiviral medications are one option, but many question whether or not they are necessary, or even helpful at all.

While antivirals won't cure flu the way an antibiotic might be used to cure a sinus infection, experts say they are still useful. This month, the Centers for Disease Control and Prevention (CDC) endorsed the use of antivirals to combat the spread of the flu, especially for patients at a high risk of complications. And infectious disease physicians like Cristie Columbus, M.D., vice dean of the Texas A&M Health Science Center

College of Medicine in Dallas, agree.

"I'm a big proponent of flu antivirals, which shorten the duration of illness and, perhaps more importantly, reduce the amount of contagious virus (or viral shedding), which can potentially help prevent secondary cases, particularly in vulnerable populations," she said.

The CDC has three recommended antiviral drugs:

- **Tamiflu (oseltamivir)** – Comes in liquid or pill form and is the most popular influenza antiviral medication; side effects include nausea, vomiting, dizziness and headaches.
- **Relenza (zanamivir)** – Comes as an inhalable powder; not recommended for people with breathing problems, because it could cause bronchial spasms.
- **Rapivab (peramivir)** – An intravenous medication, given as a single dose, and

recommended for people who are unable to tolerate Tamiflu or Relenza due to side effects.

All three antiviral drugs work by inhibiting neuraminidase, the protein that allows the virus to spread from cell to cell, which plays a key role in reducing the amount of contagious virus. The antiviral drugs could also reduce the duration of the flu by one-half to two days, especially if started within the first 48 hours of symptoms.

"If we can get antiviral medicines to patients as soon as the first symptoms are displayed, it could mean the difference between hospitalization and home-based care," Columbus said.

This is especially important for those at a high risk for flu complications, including aging adults, pregnant women, and those with underlying conditions, such as asthma or other chronic lung problems, and those who are already hospitalized. While there are differing opinions on the use of antivirals due to side effects in pediatric patients, Columbus recommends that children also be treated with antivirals.

"I recommend antivirals be prescribed for pediatric patients as per



Tamiflu and other antivirals can reduce the length of the flu by one-half to two days.

CDC guidelines, with symptom control for nausea if needed," Columbus said. "Particularly for high-risk pediatric patients, the benefit of antiviral treatment outweighs the risk of side effects."

For otherwise healthy individuals, starting antivirals in the first 48 hours can speed their recovery time, allowing for a quicker return to work and normal daily activities and, theoretically, preventing spread to others.

"Even if it's past the 48-hour window, previously healthy people who are exhibiting severe or progressive symptoms might benefit from antivirals," Columbus noted. Because flu is so widespread this season, the CDC recommends a

see **Flu Antivirals** page 16



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Healthy Heart

Stroke falls to No. 5 cause of death in U.S

By The American Heart Association

Stroke has dropped from the nation's fourth-leading cause of death to No. 5, according to new federal statistics. It is the second time since 2011 that stroke has dropped a spot in the mortality rankings.

According to the Centers for Disease Control and Prevention report released in late December, stroke swapped positions with unintentional injuries, which killed 1,579 more people than stroke in 2013.

"The fact that the death rate is declining from this terrible and devastating disease is gratifying news," said American Heart Association president Elliott Antman, M.D. "These statistics are a tribute to the many courageous survivors, healthcare professionals, researchers, volunteers and everyone else committed to fighting stroke."

"Still, far too many people are still dying from stroke, and too many people are suffering greatly from this disease," said Antman, a professor of medicine and Associate Dean for Clinical/Translational Research at Harvard Medical School and a senior physician in the Cardiovascular

Division of the Brigham and Women's Hospital in Boston.

The stroke death rate dropped slightly, from 36.9 percent in 2012 to 36.2 percent



in 2013. While the death rate from heart disease dropped somewhat between 2012 and 2013, it remains the No. 1 cause of death in the nation. Cancer is the second-leading cause of death, followed

by chronic lower respiratory diseases.

The decline in stroke deaths may be due in part to improvements in treatment and prevention, said Ralph Sacco, M.D., past president of the American Heart Association and chairman of neurology at the University of Miami Miller School of Medicine.

"There are more stroke centers now operating in the U.S., and the acute care

the U.S. is rising each year due to the aging of our population and other signs that strokes have increased in younger groups."

Indeed, despite the lower death rate, 432 more people died from stroke in 2013 than in 2012, the report found.

Stroke also remains a leading cause of disability in the U.S. In fact, the number of people having strokes – often with painful and debilitating after-effects – remains a major cause of concern. "Stroke is more disabling than it is fatal," said Sacco.

And that's why the American Heart Association remains committed to working with survivors, CEO Nancy Brown said.

"There is a great deal to be done on behalf of stroke survivors, who very often face highly debilitating consequences in the aftermath of this severe cardiovascular event," she said. "We are committed to standing by their side as we continue striving for new breakthroughs in stroke prevention, treatment and rehabilitation."

The speed of treatment is crucial to save lives and prevent disability from stroke, so it's important for people to

see **Healthy Heart** page 16

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Legal Health

WHAT'S NEW IN 3-D PRINTING?



**Bonnie Scott, J.D.
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As we move into 2015, stories about the use of 3-D printing (also called additive manufacturing) in the health care industry continue to hit headlines. Some 3-D printed products are already available to U.S. patients, including knee and cranial implants, while others, including a graft device to treat aneurysms, are coming down the pipeline.

In touch with this trend, in October 2014, the U.S. Food and Drug Administration (FDA) engaged industry stakeholders to discuss technical considerations surrounding 3-D printed

New 3-D Printed Devices in the Works

The Washington-based Aortica Corporation announced in November 2014 that it had raised \$7 million to complete a pivotal FDA study on its groundbreaking 3-D device intended to treat abdominal aortic aneurysms, or AAAs (enlarged bulges in the aorta that gradually get bigger and can eventually burst, causing severe internal bleeding and death).

Open heart surgery can be used to treat AAAs, but the gold standard treatment option is endovascular therapy, which involves the insertion of a graft through the femoral artery. Unfortunately, "[a]pproximately 30-40% of patients diagnosed annually in the U.S. with moderate to severe AAA disease are ineligible for less invasive endovascular therapy due to anatomical limitations." To address this, Aortica is developing a



products. However, this workshop was strictly focused on technical issues; "regulatory policy" was slated to be "a whole separate discussion."

Indeed 3-D printing presents many regulatory questions that currently translate to regulatory uncertainty. Still, leading innovators seem to be moving full steam ahead in the development of various 3-D printed technologies because of the value they offer patients. With the right kind of regulation, the "personalized medicine" these 3-D printers can provide could greatly advance the public health. Accordingly, many are hoping that FDA will soon move past technical discussions and work with stakeholders to develop the best possible regulatory framework to expand access to safe and effective 3-D printed devices.

Below is a roundup of recent news in the 3-D printing field. The buzz these stories are creating further demonstrates the need for FDA to take a more definitive stance on how it plans to regulate an increasingly complex array of 3-D printed products.

patient-specific 3-D printed endograft to make more candidates eligible for this gold standard treatment.

Researchers in Washington, D.C. are also making waves in the development of 3-D printed products. George Washington University assistant professor, Lijie Grace Zhang, recently received a \$2.2 million NIH grant to study the use of 3-D printing to build human tissue. Zhang ultimately hopes to build 3-D printed organs in her lifetime. One obstacle she will have to overcome, however, is the task of printing vascular tissue, such as veins and arteries, which was cited by Zhang as the biggest challenge in tissue organ regeneration.

What about Cost?

Because of the cutting edge nature of 3-D printed products, you might assume they are incredibly expensive. But, according to Maryland surgeon, Chris Cannova, this is not necessarily the case. Cannova, who performs knee

Mark Cuban and nation's top four children's hospitals to host startup pitch competition at SXSW Interactive



Dallas Mavericks Owner, Mark Cuban

The nation's top four pediatric institutions are coming together to host the first ever "Impact Pediatric Health Pitch Competition" on March 16, 2015 at SXSW Interactive in Austin, Texas. The event will attract digital health and medtech startups from across the country that are focused on improving children's health.

"Digital health companies are just now

waking up to the unique and loyal nature of the pediatric patient population," says Brian Lang, the event's producer. "Our message to digital health companies is to design with us in mind, and you'll capture a loyal market for your product."

Internet pioneer, billionaire, angel investor, NBA team owner, Shark Tank member, and father of three Mark Cuban will emcee the Impact Pediatric Health Pitch Competition. Companies selected to present will pitch a panel of nationally-recognized venture capitalists and hospital executives.

The participating institutions—Boston Children's, Cincinnati Children's, The Children's Hospital of Philadelphia and Texas Children's Hospital—are looking for the most innovative digital health and medtech startups that are solving problems to make and keep kids healthy.

Accounting for roughly 25 percent



of the U.S. population, the pediatric market offers significant potential for new companies and products. "The pediatric market is hungry for innovations," said Lang "We're focused on treating sick kids and helping them get well, and keeping kids healthy and safe day-to-day and throughout their life," he added.

This pitch competition gives companies the opportunity to pitch venture capitalists, and visibility and exposure to pediatric institutions that represent potential customers and access to patient populations.

Within the broad categories of digital health and medical technologies, Impact Pediatric Health is particularly interested

in remote monitoring, mental health, prematurity, patient safety, gamification and population management.

"Kids are more than our future, they are our 'now,'" Lang stated. "Kids are some of our highest users and early adopters of technology. With the increase in big data, wearables and global connectivity, it's imperative that we capitalize on these trends with the goal of improving children's health."

The total pediatric healthcare market in the U.S. is estimated at \$186 billion and spending on children's health has grown nearly 12 percent since 2007. ▼

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The Road to Wiping out Alzheimer's disease



By: Alexandria Williams
Alzheimer's Association Houston and Southeast Texas Chapter

The diagnosis of any disease given to a family member is devastating. Knowing that someone whom you love so much was perfectly healthy one minute to not knowing how much longer they will be with you the next is a blow to anyone's peace of mind. But imagine finding out that someone who you care so deeply for is not only diagnosed with a deadly disease, but eventually will not remember you or your name? Well these are some harsh realities when dealing with Alzheimer's disease. One can only imagine and pray

the disease have early onset Alzheimer's (also known as younger-onset), which often appears when someone is in their 40s or 50s.

Again, unfortunately this is the reality of many Americans and their over 15.5 million caregivers. Chris Ewing is a caregiver currently on her journey. When we asked Mrs. Ewing what it is like to be a caregiver for her husband she stated, "It is stressful, challenging, confining, and overwhelming at times. Repetition, repetition, repetition! A typical day is a test of patience. I can't tell you how many times a day my husband asks me the same questions and can't find things! I have total responsibility for our household (i.e., decision making, paying bills, maintenance, housework, meal preparation, etc.). My husband



that the situation never becomes their reality.

Alzheimer's disease is the 6th leading cause of death in the United States and kills more than breast cancer and prostate cancer combined. Every 67 seconds someone in the United States develops Alzheimer's disease which turns into over 5 million Americans living with the disease. Shocking right? These numbers can be frightening which is why awareness needs to be raised, and the public should be properly educated on what exactly the disease is.

So what is Alzheimer's? Alzheimer's is a type of dementia that causes problems with memory, thinking and behavior. Symptoms usually develop slowly and get worse over time, becoming severe enough to interfere with daily tasks. Alzheimer's is not a normal part of aging, although the greatest known risk factor is increasing age, and the majority of people with Alzheimer's are 65 and older. But Alzheimer's is not just a disease of old age. Up to 5 percent of people with

depends on me for everything and gets anxious if I am out of his site. I literally do not leave the house without him and must keep a watchful eye on him so he doesn't get lost!" Chris also tells us that. "You don't have to do it alone!!! She is 100% right! You are not in this alone. There are various resources, support groups, and programs for you to engage in for that much needed support. Many of these resources can be found at Alzheimer's Association Houston and Southeast Texas Chapter.

The Alzheimer's Association Houston and Southeast Texas Chapter helped Chris out by, "I was really struggling when I first contacted the Alzheimer Association, trying to handle it alone. My husband refused to go to or talk about to anything related to Alzheimer's. He was in denial, so initially I attended an early onset support group, but it was too difficult to leave him alone. Finally, Teri Miller an Early-Stage Manager invited us to attend (Learning Together) an early stage program which was a real blessing. It opened the door for my

see Alzheimer's page 16

Marketing Essentials

Doctor Uber” House Calls. Did Anyone See That One Coming?



By Stewart Gandolf, MBA
CEO & Co-Founder
HealthCare Success
Strategies

Competition in hospital and healthcare marketing—already a nightmare in many market areas—has a new player. And you probably didn’t see this one coming.

Previously, we alerted readers to how big box retailers, CVS, Walgreens, and other health-related brands are repositioning themselves to carve out a larger and more active role in health care delivery.

Now—seemingly out of left field—the on-demand ride share outfit Uber launched an innovative, one-day pilot program under the banner of UberHEALTH. What’s a taxi service

doing in the medical provider sector?

The core concept of delivering healthcare to the consumer is a modern-day mobile-enabled version of a medical house call...sort of. The one-day test provided on-demand flu shots in three major cities. Uber drivers (the transportation connection) would, upon request, bring a registered nurse (who administered the vaccine) to customers in New York, Boston or Washington, DC.

Here’s a bit of the backstory and what it might mean to healthcare marketing’s competitive landscape. Uber has had some negative publicity, but this doesn’t look like a one-time stunt to help polish its image.

Uber Technologies is a big and fast-growing outfit. Although a relatively young, privately-held company, this isn’t simply a smartphone app startup for ride-sharing. Surprisingly you can connect with Uber services in over 100

cities in the US as well as cities in 45 other countries. The Wall Street Journal pegs the company valuation at over \$41 billion. This means Uber has the size to move into new territory if it wants.

Uber didn’t think this up in the back of a taxi. The concept—although only a pilot program—has genuine medical community connections. The flu-prevention-on-demand idea originated with Harvard Medical School’s HealthMap Vaccine Finder and Passport Health who partnered with Uber.

Probably not a one-trick-pony. We haven’t heard what’s next from UberHEALTH, but we’re likely to see more under the slogan on their blog: “Bringing House Calls Back.” There are more vaccines than flu shots that could be offered, that is if they stick to vaccines alone. In India, more comprehensive, cloud- and mobile-based preventive care packages are available for seniors as well as family health care packages.

Convenience is very appealing. Quickly grabbing a ride to the airport has proven to have consumer appeal, in spite of the fact that convenience has an extra cost. Attaching greater convenience to healthcare delivery could easily gain



traction with select demographic groups.

Does on-demand healthcare have a future?

As Forbes reported, “The rise of smartphones, and online services that connect patients and providers, means that some health care services are increasingly going on demand.

“Uber framed Thursday’s flu shot initiative as ‘bringing the house call back,’ but that’s not quite right. Instead, it was more like just-in-time delivery to bring health care services to your smartphone.”

And virtually everyone has a smartphone, right? Stay tuned, healthcare marketing professionals. Check your smartphone for updates. www.healthcaresuccess.com ▼



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NEW FIELD OFFERING ANTIDOTE FOR PHYSICIAN BURNOUT



By Freemu K. Varghese, M.D.

billion each year.

So how can these statistics be reversed? What causes pressure ulcer wounds? Who is most at risk? And what opportunities exist for physicians and others in the medical field to treat such wounds?

Because one's skin becomes thinner and begins breaking down over time, the elderly are more vulnerable to this phenomenon. When constant pressure is exerted to a particular area of the body – mostly hips and buttocks – or a lack of blood flow reaches the lower extremities, these painful wounds develop – sometimes in as little as 2 hours. Statistics show that 67% of wounds are found on the hips and buttocks while 25% affect legs and feet.

Interestingly, pressure ulcer wounds are often misdiagnosed and mismanaged even by trained medical professionals. The need for wound care specialists is growing in direct relation to the increase of aging baby boomers and their elderly

parents. Patient deaths would be greatly reduced if more trained specialists were available.

My decision to change the course of my career is spurred by the demand for such specialized care, the satisfaction that comes from treating these vulnerable patients, the flexibility that allows me to set my own schedule without having to be on-call and the excellent compensation opportunities inherent in the field. It's important to note that pursuing this area of medicine does not necessarily require changing your area of specialty, but simply adds another dimension to it.

Further fueling the demand for qualified physicians are federal laws requiring nursing homes to be more vigilant when it comes to the prevention and treatment of pressure ulcer wounds. They face stiff fines and penalties should patients fall victim. Instead of incurring exorbitant costs for ambulance transportation, hospitalization, et al, many facilities are retaining companies like Skilled Wound Care to schedule regular visits by physician teams.

This exciting new frontier in medicine comes during a time when



changes in the American healthcare system are leaving many physicians disillusioned with their careers. Many are working harder than ever yet are barely able to cover the costs of running their practices.

Like me, many of my fellow physicians are finding their purpose again. They are saving lives on a daily basis and that brings tremendous satisfaction and a newfound excitement to their careers. The fact that they can create their own schedules and earn a high rate of pay makes the jump particularly attractive.

(Some Basic Care...)

With training, you will learn some key preventive measures as well as proper treatment protocols. Improper lifting

see Wound Care page 18

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Want to Help Fellow Texans? Volunteer!



By Jeff Carmack
Texas Department of
Aging and Disability

"I could leave the job, but I couldn't quit caring."

-- Dan Maxwell

Two-time Vision Award winner Dan Maxwell can't seem to volunteer enough. "You never know what you're going to discover when you get involved," he said. "But you do know you're going to be needed and you do know it's going to be fulfilling."

Maxwell worked nearly 34 years in the Media Services unit at the Lufkin State Supported Living Center, a facility that supports people with intellectual and developmental disabilities. Beyond

you still my brother?" "

Maxwell has twice been the recipient of a Texas Department of Aging and Disability Services (DADS) DADS Vision Award for his volunteer efforts; the first, in 2010, went to him and the other members of his band. The second, in 2012, went to him for his long-term devotion to his friend.

In fiscal 2013, more than 2,700 Texans provided approximately 93,000 hours of volunteer service helping people served by DADS. The value of their time spent with older adults and/or people with physical or developmental disabilities is estimated to be more than \$2 million. Maxwell's service shows that the impact extends much further than dollars and hours; friendships are priceless.

DADS works with state and local businesses, community leaders and citizens to ensure that older Texans and



his official duties, he also played in a band that entertained residents at a monthly dance.

During his tenure there, Maxwell became friends with a teen-age resident who had no close family. He "adopted" Maxwell as a friend and confidant. "He saw me as someone he could talk to -- someone who wasn't in a position of authority.

"This guy would stop by my office daily and say hello and visit. At some point, he started calling me 'brother.' "

When Maxwell retired in 2010 and moved to Austin, he wanted to maintain contact with his friend, so he kept playing in the band. Today, he returns to Lufkin to play his monthly gig, and he and his friend spend time together shopping, eating out and simply enjoying each other's company.

When he returns to Lufkin for his Tuesday night gig, "the first words out his mouth after he says hello are, "Are

people with disabilities are provided with programs and supports that promote and enhance individual well-being, dignity and choice.

Would you like to volunteer?

DADS is always looking for volunteers. You can help by:

- Volunteering individually or as part of a group to help the people DADS serves.
- Helping your community to age well and live well.
- Partnering with DADS to benefit Texans who are older or have disabilities.

Make a phone call

The following programs do not require a DADS application. All others do. Please call the number indicated to get started:

- Benefits counseling: Volunteers

see Age Well Live Well page 18

The Framework

HCA Gulf Coast Division "Cuts the Ribbon" for Pearland Medical Center Pearland's First Hospital Opens to Patients

HCA Gulf Coast Division President, Maura Walsh; Pearland Medical Center CEO, Matt Dixon; Hospital Board of Trustees Chairman, Kevin Fuller; Pearland Mayor, Tom Reid; Manvel Mayor, Delores Martin; and Reverend Brian Giggie "Cut the Ribbon" for

a general nursery. The hospital will also feature an imaging department, which includes 3D digital mammography, magnetic resonance imaging, computerized tomography, catheterization lab, echocardiogram testing, and nuclear medicine modalities.

"This ribbon-cutting is a



HCA Gulf Coast Division President, Maura Walsh; Pearland Medical Center Board of Trustees Chairman, Kevin Fuller; Pearland Medical Center CEO, Matt Dixon; Manvel Mayor, Delores Martin; Pearland Mayor, Tom Reid; and Reverend Brian Giggie "Cut the Ribbon" for the new \$71 million Pearland Medical Center.

the new \$71 million Pearland Medical Center.

The event marked the entry into the community of HCA's new 144,000 square-foot facility opened January 21, 2015. The 33-bed, acute-care hospital will include medical/surgical beds, intensive care beds, an emergency department, labor and delivery and postpartum recovery suites, dedicated cesarean-section operating rooms, surgical suites, and a Level II NICU in addition to

celebration for and about the entire community and region, and the future of health care for all the communities we serve," said Matt Dixon, Pearland Medical Center CEO. "This new hospital is not only a demonstration of HCA Gulf Coast Division's commitment to bring the very best health care close to home, but also of our dedication and commitment to the future of our community and the long-term growth and success for the community." ▼

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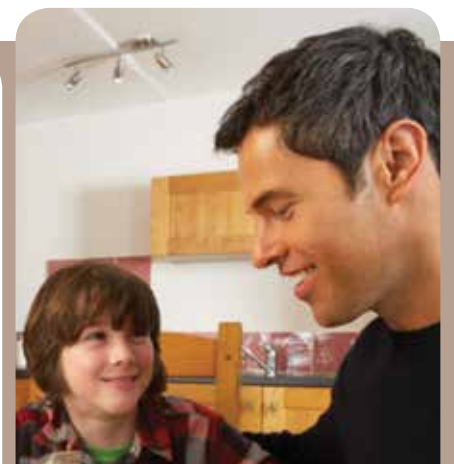
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UH Study Links TV Use and Unhealthy Eating

Findings Suggest People Who Watch TV Understand Nutrition Less

By Melissa Carroll
University of Houston

According to a University of Houston (UH) researcher, all of those hours in front of the television may lead to increased snacking.

A recent UH study conducted by professor Temple Northup suggests people who watch excessive amounts of TV tend to eat more unhealthy foods and might not understand the foundations of a healthy diet.

“A number of previous studies found a relationship between TV use in terms of the number of hours watched per day

A ‘fatalistic view toward eating well’ and ‘nutritional knowledge’ are two of the measurements Northup included in a cross-sectional survey of 591 participants. He also included ‘television and news media usage’ and ‘nutritional intake.’ Northup says the research model is based on similar measures that look at cancer prevention.

In a review of the cancer prevention studies, Northup found that people who adopt a fatalistic view towards cancer, a view that it is too difficult to understand causes of cancer well enough to do anything about it—tend to have lower self-efficacy toward reducing risky behaviors that may cause cancer. In



and unhealthy food consumption,” said Northup, assistant professor at UH’s Jack J. Valenti School of Communication. “In essence, the number of hours of TV you watch per day, the more unhealthy foods you eat. A common explanation for this is that TV watching is sedentary and encourages snacking.”

Northup documents the relationship between television use and unhealthy food consumption in the study, “Understanding the Relationship between Television Use and Unhealthy Eating: The Mediating Role of Fatalistic Views of Eating Well and Nutritional Knowledge.” This study recently was published in The International Journal of Communication and Health.

“There was very little prior research on the psychological reasons this relationship might exist beyond that it’s a sedentary activity that encourages snacking,” he said “I wanted to investigate underlying psychological reasons that this relationship might exist.”

the context of TV use and unhealthy eating, he believed that those with a more fatalistic view toward eating well tend to eat more snack foods. If these individuals think nutrition is too difficult to understand, they will probably give up trying to eat well, he said.

“I found people who watch more TV had both a poorer understanding of proper nutrition and a more fatalistic view toward eating well compared to those who watched less TV. In turn, those two items predicted snacking behaviors,” said Northup. “It is important to understand how people develop knowledge about nutrition, including examining nutritional messages found within the media.”

Northup suggests that because consumers are inundated with advertising for unhealthy food and messages about the latest trends in what you should (or shouldn’t) eat; they develop these poor attitudes toward and knowledge about eating well. ▼

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Kidneys

Continued from page 1

functions. In chronic kidney disease, the production of active form of vitamin D is decreased and that results in decreased bone health and increased likelihood of fractures.

I have tried to enlist some of the common functions of the kidneys in an easily understandable language that would help you understand the complex

role kidneys play in the human body. I hope you found it beneficial.

Kashif Piracha, MD FACP FNKF is a practicing nephrologist in the North Houston area. Dr. Piracha received his medical degree from King Edward Medical University in Lahore, Pakistan in 2000. He completed his residency in

Internal Medicine from Memorial Health University Medical Center in Savannah, Georgia from 2003-2006. Subsequently, he practiced for six years as a hospitalist in Fort Worth, Texas from 2006-2012. He then completed his fellowship in Nephrology & Hypertension from SUNY at Stony Brook, New York from 2012-2014. Dr. Piracha is certified by the

American Board of Internal Medicine in Internal Medicine and Nephrology. He has also been elected a Fellow of American College of Physicians (2012) and National Kidney Foundation (2013). His areas of interest include acute kidney injury and chronic kidney disease. He can be reached at kashifjpiracha@yahoo.com.▼

Flu Antivirals

Continued from page 4

decision to treat for influenza should not depend on a positive flu test. However, this has led to complications with some insurance companies, who require a positive test result before they will cover the cost of Tamiflu. “It’s unfortunate, because, depending

on the test used and availability of testing, results can be falsely negative or delayed, all of which contributes to the flu spreading further,” Columbus said. “Tamiflu can be expensive, especially if you have to pay out-of-pocket, but it may be the difference between a relatively

mild illness and a trip to the hospital for some.”

When deciding whether or not to fill a Tamiflu prescription, consider this: One less day of feeling sick could help reduce the spread of the H3N2

virus this season and could keep you or a loved one out of the hospital and ultimately, it might even save your life. ▼

Healthy Heart

Continued from page 5

know the stroke warning signs and to act fast when they present themselves. The best way to recognize the sudden signs of stroke and what actions to take is to follow the steps of “F.A.S.T.”

F.A.S.T. stands for:

F - Face Drooping: Does one side of the face droop or is it numb? Ask the person to smile.

A - Arm Weakness: Is one arm weak or numb? Ask the person to raise both

arms. Does one arm drift downward?

S - Speech Difficulty: Is speech slurred, are they unable to speak, or are they hard to understand?

T - Time to call 9-1-1: If the person shows any of these symptoms, even if the symptoms go away, call 9-1-1 and get them to the hospital immediately.

Online resources about heart disease and stroke are available at the following sites:

- “Comprehensive information

about heart disease and stroke” www.heart.org

- “Comprehensive information about stroke” www.strokeassociation.org
- “NCHS Data Brief: Mortality in the United States 2013” located at: www.cdc.gov

Be sure to follow AHA/ASA news on Twitter @HeartNews.

The American Heart Association/ American Stroke Association receives

funding mostly from individuals. Foundations and corporations donate as well, and fund specific programs and events. Strict policies are enforced to prevent these relationships from influencing the association’s science content. Financial information for the American Heart Association, including a list of contributions from pharmaceutical companies and device manufacturers, is available at www.heart.org/corporatefunding. ▼

Legal Health

Continued from page 6

replacements with 3-D printed implants, explained that insurance companies see a knee replacement as a knee replacement regardless of the type of implant used. He noted that both insured and Medicaid patients receiving 3-D printed implants only face a minor cost increase compared to traditional implants as most insurance

companies will cover the CT scan needed to size the patient’s knee to create the 3-D printed implant (and such scans only cost a few hundred dollars).

3-D printed products will undoubtedly continue to be a hot topic in 2015. And, hopefully, FDA will respond by offering

some more definitive insight into its regulatory intentions with respect to these products. While it is difficult to predict what FDA guidance on this topic might look like, previous remarks from an Agency official suggest that it will likely focus on manufacturing (i.e., how 3-D printing actually occurs and the materials

used). Overall, it seems FDA is trying to avoid stifling 3-D printing innovators in carrying out its regulatory efforts as the Agency views 3-D printing as an important component of the personalized medicine movement. ▼

Alzheimer’s

Continued from page 8

husband to go with me. Since then we have participated in the Brain’s Without Borders and are now finishing our first session of (Discovering Connections) a

program where people with Alzheimer’s participate in various activities such as painting and photography. The support, advice and counseling has been amazing

and priceless! My husband has become more accepting of his diagnosis and has actually made friends and looks forward to going to the meetings. I have learned

so much from everyone. We have also formed a great group of couples who meet regularly for dinner and socializing. It

see Alzheimer’s page 18



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Alzheimer’s

Continued from page 16

has been so liberating to be with others on this same journey.” says Chris. The Alzheimer’s Association is here to help in any way possible. The Alzheimer’s Association Helpline (800.272.3900) is open 24 hours and day, seven days a week, and is offered in 140 languages. The staff is trained and knowledgeable about any aspect of Alzheimer’s disease that you may have a question about. The Alzheimer’s Association offers care consultations which are a free service that is done with a staff

member to give supportive listening and assistance with planning and problem solving. Services include support groups, care consultations, message boards, e-newsletters, professional trainings, and early-stage programs to name a few. No matter what obstacle or question you might have, the Alzheimer’s Association is there to help.

For more information on volunteering, Speaker’s Bureau, donating,

or becoming an advocate. reach out to the Alzheimer’s Association! They are there to help, and are located at 6055 South Loop East Houston, TX 77087. Or you can visit them at www.alz.org/Texas. As you can see, the road to wiping out Alzheimer’s is a long one, but with your help it is possible! #EndAlz ▼

Wound Care

Continued from page 10

and turning, for instance, are two of the most common causes of skin tears. You can avoid them by using sheets to help shift the body’s position and since skin on skin contact leaves the elderly vulnerable to tears, we encourage patients to wear long sleeves and stockinettes for protection.

Among other preventive measures:

- Avoid excess baths (should only bathe for 3-5 minutes 2-3 times per week)
- Keep water temperature

- lukewarm
- Add bath oil
 - Do not use most soap products as they contain detergent (Dove is the exception) Avoid using washcloths
 - Pat dry
 - Apply moisturizer immediately after bathing and reapply 4 times each day
 - Stay well hydrated
 - Avoid caffeine, spices and

- alcohol
- If a wound develops, do not to use hydrogen peroxide or Dakins Solution as these solutions kill healthy tissue and impede the healing process.

Skilled Wound Care based out of Los Angeles recently expanded its operation to Houston. They offer training and there are a number of positions available for interested physicians. For more information visit www.SkilledWoundCare.com/employment/ or contact Kacey Cao at (310) 445-5999.▼

Age Well Live Well

Continued from page 10

are trained to provide guidance to help people age 60 and older, people with disabilities who are eligible for Medicare, their families and caregivers understand their legal rights and help them with applying for public entitlements. Call 800-252-9240

- Long-term Care Ombudsman: Volunteers help residents of nursing homes and assisted living facilities resolve concerns. They are trained problem-solvers and help ensure residents’ rights and choices are respected. Call 800-252-9240
- Surrogate Decision-making Program: Volunteers make decisions on behalf of people with intellectual and developmental disabilities who can’t make certain treatment decisions for

themselves and have no guardian. Call 512-438-4275

- Silver Lining: Silver Lining is a partnership between DADS and the Girls Scout councils in Texas. Participating troops visit their chosen facility four times a year and interact with residents. Call 800-889-8595 or email VolunteerDADS@dads.state.tx.us. Complete an application

Volunteers for the following programs need to complete a volunteer application:

- Internships: DADS offers volunteer internships and practicum opportunities to enrolled college students. Students can work in various program areas in the agency including at the state office in Austin, community services and regional offices located

throughout the state, or one of the state supported living centers

- State supported living centers: Each center has its own volunteer and internship program that assists in providing round-the-clock residential treatment and training services to people with intellectual and developmental disabilities.. Volunteers must undergo a criminal background check and additional training.

Once submitted, you will be contacted by the program area you selected. Volunteers and interns at state supported living centers also have to undergo a criminal background check.

If you would like to get involved, call one of the number above or 800-889-8595. ▼



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