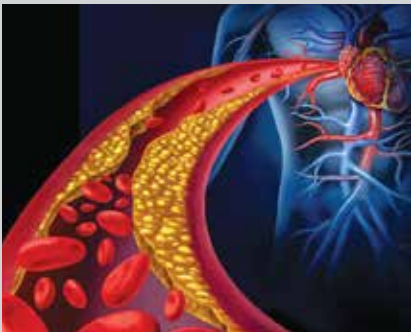


HOUSTON Medical Times

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May Issue 2017

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Seven Things Leaders Practice

Lessons from a surgeon-turned-executive coach reveal that when it comes to effective leadership, it isn't what you know. It's what you do — and what you see.

By Eddie Erlandson, MD

I recently asked a few medical students what they thought about the idea of peer leadership coaching. They were skeptical.

They said they'd prefer to be tutored by an expert — someone like me.

As a surgeon-turned-executive leadership coach, I've had the privilege of working with CEOs and executive teams at some of the country's top companies: Microsoft, Coca-Cola, Disney. And now, as director of leadership and coaching at the new Dell Medical School at The University of Texas at Austin, I can see why students might think I'd be the best mentor around.

But there is nothing magical about leadership (or about coaching it). Anyone can do it. You just need one thing: awareness.

Awareness is a muscle. We're all born with it, though some have more natural ability than others. The good news is you can partner with anyone — a friend, a coworker, a teacher, a family member — to develop your awareness muscle and become a more effective leader, better at communication, problem-solving, conflict resolution and decision-making.

In my role at Dell Med, I provide tools, models and methodologies to help doctors and students alike strengthen



their leadership abilities, including their awareness. Many of them draw from seven lessons I've learned — the things I do when it's time to lead. (Tip: it's almost always time.)

Understand That Leadership Is a Commitment

Becoming a strong leader is an inside process. You must first and foremost commit to becoming the best leader you can be. Then — and only then — can you apply methodologies to actively develop your skills.

Engage the Awareness Brain

There are two parts of the brain: your default brain and your awareness brain. We operate for most of our waking hours using the default brain, relying on autopilot approaches and themes honed early in life. To unlock new abilities and become the best leaders we can be, we must commit to engaging our awareness brain.

Awareness — of our peers, our patients, our families and ourselves — is the foundation of effective leadership.

Get Positioned to Give and Receive Feedback

Everyone gets up in the morning believing he or she is receptive to feedback. But as we move through the day, we put up sophisticated defense mechanisms.

At Dell Med, we use a methodology called "feedback agility" to break down those defenses. I see it as a loop. On one side is feedback receptivity. How do you make yourself more open to receiving feedback from others? On the other side is feedback impact. How do you effectively provide feedback to others?

Feedback agility requires your fullest dose of awareness.

But First, Connect

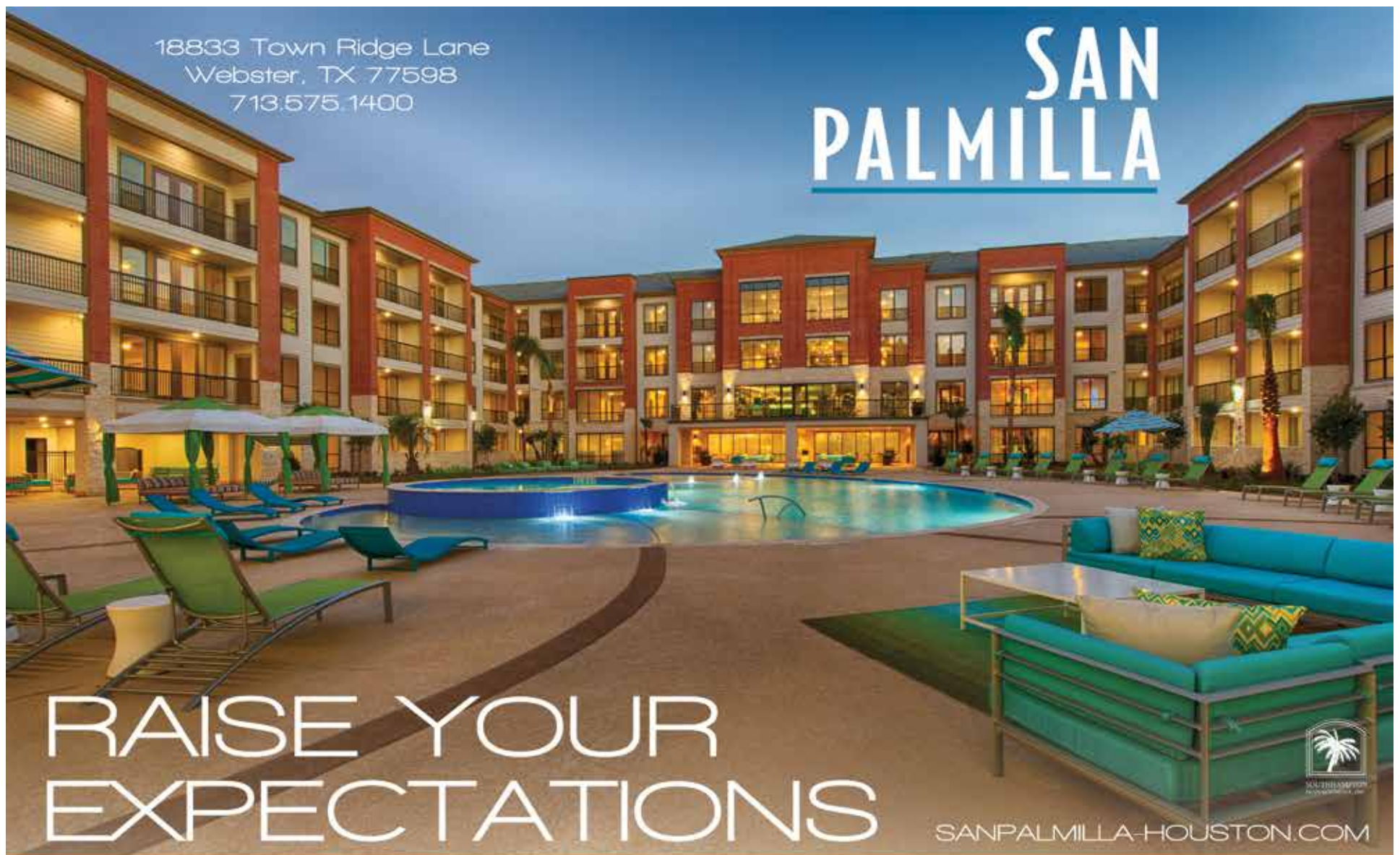
An effective communication pyramid includes the "three Cs" of influence — connect, convey and convince. At the base is the most important of the three: connect, connect, connect. Using your awareness muscle, you must first get to know your patient (or your client, or coworker). Often, in

To be an effective leader, you must always know where you're headed. Your approach may change as you go — but the end goal stays constant.

Eddie Erlandson, MD

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Mental Health

Women's mental health: a specialized approach



By Karen Hughes, DO,
Behavioral Hospital
of Bellaire

Women are the monarchs of the family, no matter what the culture, religion, race, or creed. A vast majority of women spend a lot of time making sure that others are taken care of, and less time is spent on self-recognition and needs. Life's hurdles can become higher to jump and may occur more frequently. Sometimes when challenges become insurmountable, women may begin to experience thoughts that are unhealthy and can trigger depression, anxiety, and in some cases even suicidality or aggression towards themselves or others.

The female body endures infinite physical and mental changes with the transition from childhood to early adulthood and on into late adulthood. With aging come various levels of personality and social changes. These changes come with the stages of life and can include marriage, childbirth,

hormonal fluctuations, and the rigors of lifestyle that often accompany the quest of many modern women to "have it all" and be Pinterest worthy in the process.

Like finger prints, all life experiences and occurrences are different. The female perspective or experience may sometimes carry a different burdened than that of the opposite sex. Studies show that women are more likely to experience some sort of trauma in their lives. This trauma may vary from instances of domestic abuse, verbal, physical, or sexual abuse. Many women do not receive the proper mental or physical care post experience and develop mental stress also known as PTSD. Another form of depression developed in women is Postpartum Depression or sometimes psychosis which can develop shortly after childbirth. If a new mother is experiencing postpartum depression prompt treatment can help manage symptoms. If ignored or left untreated it can lead to postpartum psychosis requiring immediate attention. This form of depression can cause the new mother to become a danger to herself, her family, and even her newborn. The

mentioned are just a few of the unique mental health needs of women. It is important to make sure that if you or a loved one is experiencing any of the following to immediately seek attention from a mental health professional in order to prevent a crisis.

If the pressures of life become over bearing and professional help is sought, there are tailored resources that can provide care to those women that seek to live a healthy and productive life. The Exclusively Women's Program at The Behavioral Hospital of Bellaire is a one of a kind program in Houston that provides care to women that are in need of a specially designed approach. The program has been developed for women by women, and can directly treat female needs for adults age 18 and up. The program has been developed to teach Women how to take care of their mind, bodies and spirit in order to promote a healthy recovery. The multidisciplinary team develops a treatment plan (dependent on the patient's needs) that focuses on recovery and coordinates the services that the patient needs. "All of the women that receive treatment on our unit (The Exclusively Women's Unit), are able to receive a level of care that exceeds expectation." Lead Mental Health Technician, Esther explains. "Patients are comfortable within their setting due to the all-female staff, and female group therapy sessions.



Sometimes it can be hard to talk about postpartum depression or traumatic life experiences with a male therapist or if males are present in the session. We are able to make them comfortable where they are right then, and transition them to the next level of their lives." The staff to patient dynamic on this unit is unique, in which there is a level of understanding for each case because it is one that can be experienced by the staff first hand.

Women are strongly encouraged by various organizations to prioritize mammograms and well women checkups. While all of which are vitally important, it is just as important for women to pay attention to their mental health as well. It is "ok" to check in with oneself at some point and find out where you are mentally. In all areas there are licensed professional counselors, social workers, psychiatrists, and for those who need urgent attention due to a crisis; Behavioral Hospital of Bellaire provides inpatient stabilization. All of these options can help women with the mental health attention that they need in order to live healthy lives.◆

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Geriatric Health

By Deborah Y. Liggan, M.D.

Cultural, ethnic, or religious affiliations may influence the degree and way people express pain and the ways in which their families react to the symptoms. Pain is affected by a myriad of subjective, unmeasurable factors, including level of attention, emotional state, personality, and past experiences.

Freedom from pain is basic to every care plan, and should be achievable in 90% of cases. Several studies have discovered a linear relationship between the degree of noxious stimulation and pain report, heart rate, and blood pressure readings. The essential feature of pain disorder is severe and prolonged pain that causes clinically significant distress or impairment in social, occupational, or other important areas of functioning. Patients with pain disorder often have long histories of medical and surgical care. In this article, specific medical problems have an unexpectedly high degree of morbidity.

Migraine Headache.

In migraine headache, pain usually affects one side of the head. Pain most commonly originates in the muscles

of the face, neck, and head; the blood vessels dilate and become congested with blood. Pain results from the exertion of pressure on nerves that lie in or around these congested blood vessels.

Some foods, beverages, and drugs can precipitate migraines in certain individual. Various other factors that have been implicated in the development of migraine headaches include cigarette smoking, bright lights, changes in the weather, altered sleep patterns, and skipping meals.

Consider symptoms that are a clue to the essentially neural origin of the attack. For several hours before an attack some patients describe tiredness, unexplained depression or elation. Yawning, craving for food or sugar may similarly forewarn of a headache the next day. Between attacks, the migrainous patient is normal. For a time, when psychosomatic medicine was much in vogue, there was insistence on a migrainous personality, characterized by tenseness, rigidity of attitudes and thinking, meticulousness, and perfectionism.

Abdominal Pain.

Consider the nature and location



of abdominal pain. Esophageal pain is generally described as pressing, constricting, or burning. It is usually located in the substernal area and, when severe, radiates through to the back.

Gastric pain (stomach) is perceived as a true pain (often burning or cramping in quality), the distress caused by both duodenal and gastric ulceration is experienced as a gnawing discomfort or as a hunger sensation rather than as

pain. The discomfort caused by peptic ulcer is often precipitated by fasting and is relieved by eating.

Duodenal pain is also felt in the epigastric area or slightly to the right of it, and it may radiate through to the back. Small intestinal pain is generally diffuse and poorly localized. Colonic pain is better localized, often to the lower abdomen. Temporary relief is obtained by passing gas when colonic

see Geriatric Health page 17



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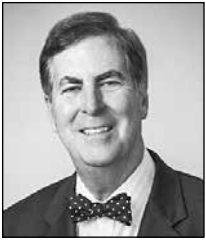
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Legal Health

A Perilous "Advice of Counsel" Defense Results in Disclosure



By Stuart M. Gerson
Epstein Becker &
Green, P.C.

Parties in both civil and criminal cases where fraud or corporate misconduct is being alleged frequently attempt to defend themselves by arguing that they lacked unlawful intent because they relied upon the advice of counsel. Such an assertion instantly raises two fundamental questions: 1) what advice did the party's attorney actually give?; and 2) what facts and circumstances did the party disclose, or fail to disclose, in order to obtain that opinion? To answer these questions, it is well understood that raising an advice of counsel defense consequently waives attorney/client privilege. But what about the so-called "attorney work product" doctrine? While attorney/client privilege protects confidential communications between clients

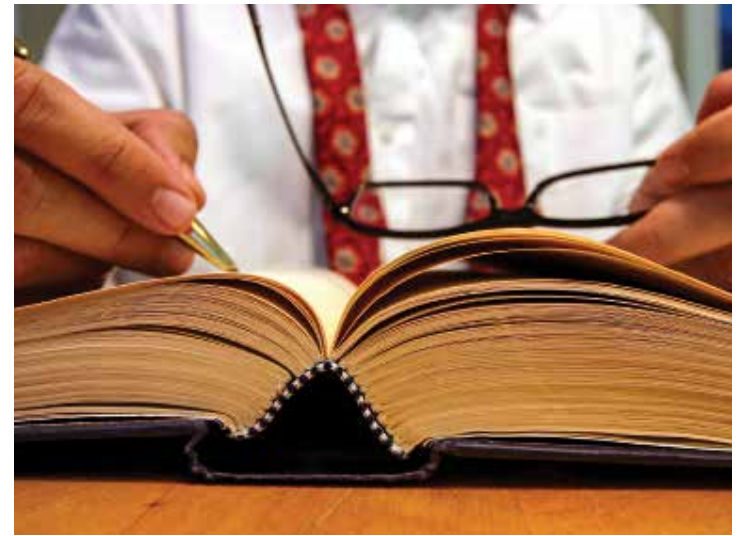
and their lawyers related to seeking or obtaining legal advice, attorney work product is protected because it includes the analyses and strategies prepared by and for the attorneys themselves in anticipation of litigation or other adversarial engagements. Should assertion of advice of counsel expose the attorney's work product to discovery?

A cautionary analysis of that question was provided recently in the District of South Carolina, where the defendants in a False Claims Act lawsuit who asserted an advice of counsel defense were ordered to hand over to government prosecutors all attorney communications related to an alleged Medicare kickback scheme. *United States ex rel. Lutz v. Berkeley Heartlab, Inc.*, 2017 BL 111755, D.S.C., No. 9:14-cv-230, April 5, 2017).

The *Lutz* court readily acknowledged that there is a difference between attorney/client privilege and the work product doctrine, but it went on to hold that, in the case at bar, work-product protection was waived.

The court quickly disposed of attorney/client privilege. After all, analysis of the advice actually given necessarily depends upon getting past the privilege, which is not absolute in any event. The court also recognized that the same *rational* e logically applies to any work-product materials that actually were shared with the client as part of the advice process. Accordingly, the point of controversy comes down to whether work product protection is to be held waived as to materials prepared by the lawyers that never were shared with the client. Here, the court recognized that there is competing authority.

Ultimately, the court relied upon a line of cases holding that, when a party asserts an advice of counsel defense, the waiver of the work product protection extends to "uncommunicated work product." Thus, the court concluded that to rebut the defense, the



government was entitled to discover "what facts were provided by [Defendants] to [their counsel]; discover what facts [Defendants' counsel] may have obtained from any other sources other than Defendants; discover the legal research conducted by and considered by [Defendants' counsel]; discover the opinions that [Defendants' counsel] gave [Defendants] and discover whether [Defendants] selectively ignored any of the facts and opinions given [them] by [their counsel] in reaching a decision..." While a defense lawyer would be unlikely to express any outright agreement with this,

see Legal Health page 17

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Oncology Research

Spreading out cancer
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By Jorge Augusto
Borin Scutti, PhD
Houston Medical
Times

This month represents an exciting time for the cancer community in Houston. Thanks to Houston Medical Times, we are making significant progress leading information to our readers against many diseases we call cancer. I hope you had an informative year following my articles and I can't tell you enough how much I appreciate your attention and trust. Today we are celebrating 2 years of writing scientific articles about cancer – development, progression and treatment. During 2 years and 24 articles later we have put together several discoveries in the field of cancer genomics, computational biology, cellular biology, immunology and immunotherapy that have already led to numerous anticancer therapeutics that precisely target cancer cells than the treatments that have been the mainstay of cancer care for decades such chemotherapy and radiotherapy.

Research is our best strategy to fight against cancer. It governs the new development of new and better ways to prevent, diagnose, detect, treat and cure cancer. This advances are beating down overall U.S. cancer incidence and deaths rate besides increasing the number of patients who are living longer, higher quality lives after cancer diagnosis and treatment.

In my articles I have been highlighted cancer is not only one disease. It is a collection of diseases characterized by the uncontrolled growth of cells and many cancers are progressive in nature, providing distinct points for medical intervention to prevent, detect it early or treat it. The accumulation of mutations in the genetic material of a cell over time is the predominant cause of cancer initiation and progression. To make clear, a genetic mutation is a change in the type or order of the four letters (deoxyribonucleic acid – DNA) units called bases that make up the genetic material. The order or sequence of DNA bases is a key determinant of what proteins are produced by cell and how much are produced. Many different



types of mutation contribute to cancer initiation and progression, primary by altering the amount or function of certain protein. There are many cancer risk factors in our environment, including environmental pollutants and occupational cancer-causes agents such as tobacco use (FDA has had the authority to regulate tobacco products since 2009), obesity/overweight, pathogens (**Bacteria:** Helicobacter pylori – stomach cancer; **Parasites:** Clonorchis sinensis and Opisthorchis viverrini – biliary, gallbladder and pancreatic cancer and Schistosoma haematobium – bladder cancer; **Viruses:** Epstein-Barr virus (EBV) – Hodgkin and certain non-Hodgkin lymphomas and stomach and nasopharyngeal cancers; Hepatitis B/C Virus (HBV and HCV) – Hepatocellular carcinoma; Human

Herpes Virus type 8 (HHV, also known as Kaposi sarcoma herpes virus) – Kaposi sarcoma and certain forms of lymphoma; Human Immunodeficiency Virus (HIV) – Kaposi sarcoma and non-Hodgkin lymphoma; Human Papillomavirus (HPV) – Anal, cervical, head and neck, oral, penile, vaginal and vulvar cancers; Human T-cell Lymphotropic Virus type 1 (HTLV-1) – T-cell leukemia and lymphoma; Merkel Cell Polyomavirus (MCV) – skin cancer, physical inactivity, diet, alcohol, reproductive factors, ultraviolet light/ionizing radiation exposure and prescription drugs. More than half of global cancer cases are result of preventable causes. About 35% of US cancer diagnoses are related to people using tobacco, 20% to people being overweight or obese, being

see Oncology Research page 18



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More Nursing Faculty Key to Addressing National Nursing Shortage



By Sue-Ella Mueller/
Texas Woman's
University

The demand for nurses exceeding the available supply dates back as early as the 1930s and has remained a cyclical problem that has had nursing organizations and the federal government scrambling to beat back nursing shortages ever since.

One historically repeated solution – that of increasing student recruiting efforts – has been extremely successful recently. In fact, more than 68,000 qualified applicants were turned away from baccalaureate and graduate nursing programs in the U.S. in 2014, according to the American Association of Colleges of Nursing. This begs the question then, with the Bureau of Labor Statistics projecting 1.2 million nursing vacancies between 2014 and 2022, then why is the number of disappointed applicants so high?



Suzanne Scheller, MS, RN, Assistant Clinical Professor at Texas Woman's University Nelda C. Stark College of Nursing, works with a nursing student during a pediatric simulation

“That we have large number of applicants is a good sign that we’ve made inroads in making the career more visible and appealing to young people, but what we haven’t been able to address is the faculty shortage,” says Ainslie Nibert, RN, Ph.D., FAAN,

associate dean of Texas Woman's University's Nelda C. Stark College of Nursing in Houston. “Faculty are aging more rapidly than the nursing workforce. We’re losing the most knowledgeable in the field, the ones with the most curriculum experience,

and we’ve not been very successful in recruiting nurses currently in clinical practice into the faculty role.”

The faculty shortage is something nursing governing boards have been aware of and tracking for 20 years, but it has yet to be effectively addressed. Those in the role of faculty are typically masters- or doctoral-prepared, but only those holding a PhD are eligible for tenure at most universities. Add that to lower than average wages compared to advanced-degree nurses working in clinical settings, and the explanation for the lack of faculty becomes clearer.

“I think there’s also a misconception out there of what a faculty member actually does. A faculty member isn’t confined to a classroom 100 percent of the time. Faculty at TWU, for example, are truly devoted to their students, but they also spend time as researchers, speakers, and volunteer health activists within their community. They assume leadership roles within professional nursing organizations, and are involved in many other fulfilling activities,” says Nibert.

see More Nursing Faculty page 18



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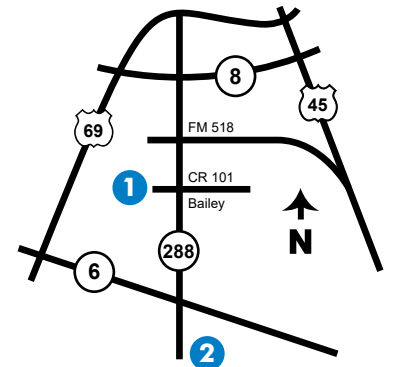
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Healthy Heart

Stroke: Myth vs. Fact



By Suzie Flores
American Heart Association

Strokes kill more than 130,000 Americans annually; do you know your facts? Stroke is the No. 5 cause of death and a leading cause of disability in the United States, according to the American Stroke Association. But despite the frequency of stroke, there are still many misconceptions surrounding it. May is American Stroke Month and the American Heart Association wants to help you separate fact from fiction.

Here's the truth behind some of the most common stroke myths:

Stroke Myth: "I'm too young to worry about heart disease."

Fact: How you live now affects your risk for cardiovascular diseases later in life. One in three Americans has cardiovascular disease, but not all of them are senior citizens. For Nicki James, her stroke happened when she was only 27 years old.

"The day I had my stroke was May 6, 2007, and I had just arrived at church that day," said James. "All of a sudden, I started to feel heavy on my right side and I noticed I was sort of falling on the gentlemen next to me. My boyfriend had come in, he was talking to me, and I didn't realize that I wasn't speaking to him."

For James, she had suffered an Ischemic Stroke caused by a misdiagnosed Congenital Heart Defect.

"I thought a stroke was something that happens to older people. I had no idea it could happen to a 27-year-old," said James.

Strokes can happen in young people, including infants. Nearly a quarter of strokes occur in people younger than 65. Regardless of age, the warning signs of strokes are the same.

James, a Houston-based lawyer and mother of two, said that she had no clue she had suffered from a stroke until she realized she couldn't sign her name on hospital paperwork. An active marathon runner, James said she had absolutely no risk factors, despite the misdiagnosed congenital heart defect. Now, she's become an advocate for educating women on not ignoring the signs, and getting help when necessary.

While the risks do increase with

age, things like overeating and an inactive lifestyle can cause plaque to accumulate and lead to clogged arteries later in life. But even if you lead a completely healthy lifestyle, being born with an underlying heart condition can be a risk factor.

Stroke Myth: "Strokes are typically difficult to recognize."

Fact: A common acronym to identify signs and symptoms of a stroke is F.A.S.T or Face, Arm, Speech, Time to call 911. If a person is experiencing facial droop, if his or her arm or leg goes weak, if he or she has slurred or garbled speech, get that person to the emergency room as quickly as possible. Sometimes other symptoms appear, separately, or in combination with F.A.S.T. signs. These include sudden confusion, trouble speaking or understanding speech, sudden numbness or weakness on one side of the body, sudden trouble seeing in one or both eyes, sudden trouble walking, dizziness, loss of balance or coordination, or a sudden severe headache with no known cause. If someone shows any of these symptoms call emergency medical services immediately.

Stroke Myth: "The most common sign of a stroke is pain."

Fact: The most common symptoms of stroke include sudden onset of numbness or weakness on one side, double vision, confusion, lack of coordination, and trouble understanding what someone is saying. If you experience any of these symptoms, call 911 immediately. You can have a stroke with no warning signs and no symptoms, other than the stroke itself. While some people experience transient ischemic attack (TIA) often referred to as a "mini stroke" others are caught completely off-guard.

This American Stroke Month the American Heart Association and its national Together to End Stroke partner, Medtronic, want you to know and understand the signs and symptoms of a stroke. Nearly 28 percent of Houston area deaths each year are attributed to cardiovascular disease.




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What Happens to My Liver When I Drink Too Much?

Those drinks are scarring your liver

By Nicole Bender

Drinking too much can take a toll on your body, affecting your brain, heart, pancreas and liver. The liver is the largest intestinal organ and is situated in the upper right portion of the abdomen. It plays a major role in digestion, energy storage, detoxifying chemicals and metabolizing drugs, which is why it can be adversely affected when an individual drinks too much alcohol.

But how much is too much to drink? "It differs between men and women because women tend to absorb more alcohol into their bodies and take longer to break it down," said Natalie Johnson, PhD, an assistant professor at the Texas A&M School of Public Health. The recommended cap on number of standard drinks for women is one serving per day or eight per week; for men, no more than two drinks per day or 15 drinks per week is recommended. Any more than that could be considered heavy drinking, which is linked to liver disease. "Binge drinking, especially repeatedly, can also tax the liver," Johnson said, "and the short-term effects of intoxication have been associated with many health problems, including alcohol poisoning and injuries both unintentional, such as car crashes or falls, and intentional, such as violent crimes or sexual violence."

In the beginning stages, it is difficult to initially know if your liver is being damaged because the liver does not have pain receptors. Later, jaundice—the yellowing of the skin or eyes—is the most common sign that the liver is damaged for nearly every stage of alcoholic liver disease. Some stages of the disease are reversible, but when the damage is too extensive, the body can begin to shut down and a liver transplant may be necessary. Complete liver failure will result in death within 3–4 days. If you are concerned, a health care provider can conduct a series of liver function tests to measure certain enzymes or proteins in the blood. These tests will help determine if any liver damage has occurred and what the prognosis is for each stage of alcoholic liver disease.

Steatosis

Steatosis is fatty liver and is the first stage of liver disease. If you regularly drink at least three drinks in a day, it is likely that you may have developed a fatty liver. Drinking heavily for more than a few months will likely lead to significant fat development within the



liver. "Often, those who are obese or have type 2 diabetes will have fat in their liver and need to be cognizant of the health implications if compounded with drinking," Johnson said. Fatty liver is not life threatening and can be reversed if you stop or reduce your alcohol intake. However, over time, if the habit continues, the liver can become scarred, potentially resulting in serious issues. So put the drinks down before further damage ensues.

Alcoholic hepatitis

Alcoholic hepatitis is inflammation of the liver, and about 30–40 percent of people with severe alcoholic hepatitis can die within a month. Commonly, those with alcoholic hepatitis will show signs of jaundice, loss of appetite, weight loss, weakness, nausea and malnutrition because a majority of calories are consumed through alcohol. Signs of severe alcoholic hepatitis are:

- The accumulation of fluid in the abdomen called ascites, and routinely referred to as a "beer belly," which resembles the stomach of a pregnant woman
- Confusion from the buildup of toxins that a healthy liver typically eliminates
- Kidney and liver failure

Fibrosis

Fibrosis is the when the liver begins to scar and typically follows liver inflammation. Because of this, controlling inflammation can potentially allow the liver to re-generate and reverse fibrosis. In its early stage, the fibrous scars can be broken down with water or weak acids. However, if heavy drinking is continued, the fibers will thicken and can only be broken down with collagen enzymes, if at all.

Cirrhosis

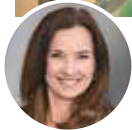
Cirrhosis stems from severe fibrosis and is the most serious stage of liver scarring. The scar tissue causes deformities to the liver's internal structures and limits its ability to function. "It is not reversible," Johnson said, "and those who drink and have hepatitis B or C, which are viral infections that attack the liver, are more likely to develop cirrhosis than those with the diseases who do not drink." In

see Liver Health page 16

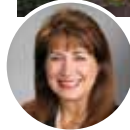
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These 5 Tests Better Predict Heart Disease Risk

By Cathy Frisinger

Five simple medical tests together provide a broader and more accurate assessment of heart-disease risk than currently used methods, cardiologists at UT Southwestern Medical Center found.

Combined, results from the five tests – an EKG, a limited CT scan, and three blood tests – better predict who will develop heart disease compared with standard strategies that focus on blood pressure, cholesterol, diabetes, and smoking history, researchers reported.

“This set of tests is really powerful in identifying unexpected risk among individuals with few traditional risk factors. These are people who would not be aware that they are at risk for heart disease and might not be targeted for preventive therapies,” said Dr. James de Lemos, Professor of Internal Medicine.

The five tests, and the information they provide:

- A 12-lead EKG provides information about hypertrophy, or thickening of the heart muscle.
- A coronary calcium scan, a low-radiation imaging test, identifies calcified plaque buildup in the

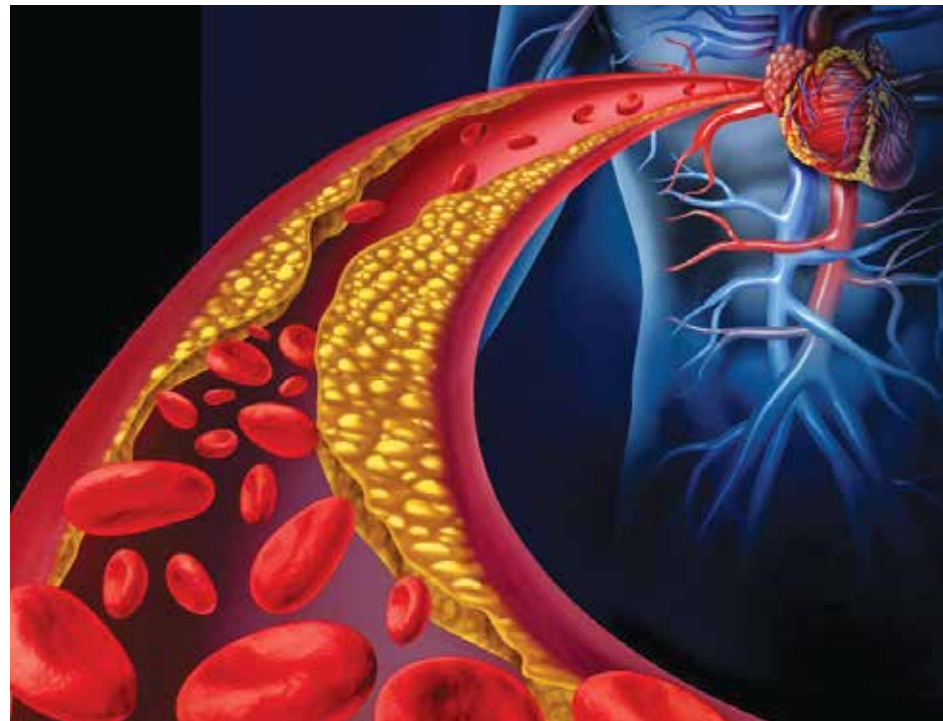
arteries of the heart.

- A blood test for C-reactive protein indicates inflammation.
- A blood test for the hormone NT-proBNP indicates stress on the heart.
- A blood test for high-sensitivity troponin T indicates damage to heart muscle. Troponin testing is regularly used by hospitals to diagnose heart attacks, but high-sensitivity troponin fine-tunes that measure, pointing to small amounts of damage that can be detected in individuals without any symptoms or warning signs.

Four of the five tests are currently readily available and the fifth – high-sensitivity troponin T – will be available soon.

Researchers used data from two large population studies, including the Dallas Heart Study, that each followed a large group of healthy individuals for more than a decade. Their study, which appears in the journal *Circulation*, was partly funded by NASA to develop strategies for predicting heart disease in astronauts.

The new study focused on a broader spectrum of cardiovascular disease events rather than only those related to cholesterol plaque buildup, as



traditional risk assessment does.

“A major focus of this study is to expand the scope of risk prediction beyond just heart attack and stroke. We believe that people are interested in the whole portfolio of heart problems that can develop including heart failure and atrial fibrillation,” said Dr. Amit Khera, Professor of Internal Medicine and Director of UT Southwestern’s Preventive Cardiology Program.

The set of five tests not only

expanded risk prediction to include the likelihood of heart failure and atrial fibrillation, but also proved to be a better predictor of heart attack and stroke than currently recommended approaches. Heart failure is a chronic condition in which the heart progressively weakens and atrial fibrillation is a heart rhythm problem. Both conditions have been increasing as the population ages. ♦

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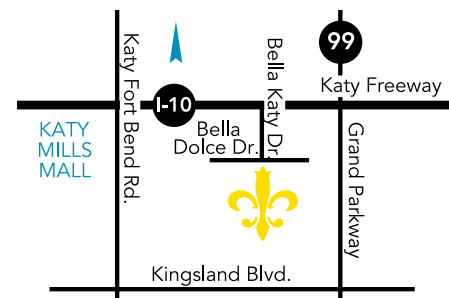
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Nora's Home Hosts "Yoga on the Meadow" to Benefit Organ Transplant Patients

By Rick DeLaRosa
Houston Medical Times

Quote from Mom Mariela

"The process of waiting for a heart is not easy. To have a 4-year-old understand everything that's going on is hard work. Staying away from home and moving a lot has been a hassle. The moment we walked into Nora's Home we felt a warm welcome. My daughter and I have been blessed with amazing people who have poured their hearts out to make us feel cared for. To watch my daughter smile every time she sees the staff is a blessing that I am thankful for. Nobody said it would be an easy journey but the team at Nora's Home has helped us."

More than 150 yogis flocked to The Houstonian Hotel, Club and Spa to celebrate healthy living with



Crowed in Yoga Stance

Nora's Home during its inaugural "Yoga on the Meadow" event. The event kicked off "Donate Life Month" and educated the public about the needs of organ failure and transplant patients while inspiring attendees to maintain a healthy lifestyle. Proceeds from the event benefitted transplant patients and their families staying at Nora's Home, which supports them during the trials of organ transplantation in the Texas Medical Center.

Master of Ceremonies Jay Rodriguez of Sunny 99.1 welcomed guests to a yoga wonderland, which included free yoga classes throughout the day, tree holding contests, healthy cooking presentations and door prizes. Attendees were also given the chance to hear the powerful testimonial of a Nora's Home patient, 4-year-old Maria, and her mother Mariela. The family resides in Brownsville, Texas and is currently waiting on a heart at Texas Children's Hospital.

Several vendors provided samplings for post-yoga workouts including Second

Servings, whose mission to alleviate hunger and reduce waste, helped keep the crowd sated. Visitors were also encouraged to enter a raffle for a stainless steel 1981 DeLorean. Funds generated by the raffle will support Nora's Home facility and programs. The raffle drawing will be held on Friday, May 5th at Nora's Home "Giving Back to the Future" annual gala. ♦



4-year-old Maria and mother, Mariela, speak to "Yoga on the Meadow" crowd alongside Cher Harris, The Houstonian Club Assistant General Manager and Kayla Lehmann, Executive Director of Nora's Home."

About Nora's Home

Opened in 2013 as the first transplant hospitality home in the Gulf Coast region, Nora's Home welcomes patients and their families at any stage of the transplant journey. The hospitality home aims to ease burdens many patients face by helping reduce the immense expense and stress incurred while undergoing transplant care by providing affordable lodging in a loving, home-like environment. Located at 8300 El Rio Street in Houston near the Texas Medical Center, the self-supporting facility includes 16 private bedrooms and baths, a fully-equipped kitchen, community room, meditation room, education center, and provides free shuttle services to and from the medical center.

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Memorial Hermann Cypress Hospital Now Open for Business

A burst of energy has entered the Cypress area with the opening of Memorial Hermann Cypress Hospital. The 32-acre master-planned campus hosts an 81-bed hospital with state-of-the-art operating rooms, an intensive care unit and neonatal intensive care unit (NICU).

"Memorial Hermann Cypress Hospital is focused on providing a superior patient experience. From the design of the facility to the selection of the staff, we sought to create an environment that really thought about the patient's needs. We believe we will quickly become the healthcare provider of choice for Cypress and the surrounding communities," says Scott Barbe, Sr. Vice President and CEO of Memorial Hermann Cypress.

The more than 100 Memorial Hermann Cypress affiliated physicians span more than 20 specialties, including orthopedics and sports medicine, neurology, general surgery, cardiology and OB/GYN. They will be supported by a medical staff with more than 2,200 combined years of experience.

"I am especially proud of the nurses we have hired at Memorial Hermann Cypress," said Jessica Rivas, Chief Nursing Officer for the hospital. "For areas like our NICU, many of our nurses have specialty certifications. We hope patients will rest easy, knowing everyone caring for them is both highly trained and compassionate."

Memorial Hermann Cypress was completed on a 24-month accelerated construction schedule and is currently one of the country's largest tilt wall hospitals. In a tilt-up construction project, the building's walls are poured on site in large slabs of concrete and



Rendering of Cypress master-planned campus

then raised into position. In total, the facility contains 20,000 cubic yards of concrete, more than 2,500 tons of steel framing, and 211 miles of data cables. In order to accommodate future growth, the Cypress campus master plan also includes the capacity to nearly double the number of inpatient beds to 145 in the current patient bed tower, the construction of a dedicated Memorial Hermann Life Flight® helipad and space for two additional patient bed towers and two additional medical plazas.

"We really focused on the future when designing these buildings," said Kyle Stanzel, Vice President of Operations and Chief Operating Officer at Memorial Hermann Cypress. "We wanted to ensure our campus would be ready and able to grow alongside this already quickly growing community when the time comes and that need is there."

The new campus successfully connects the Cypress community to Memorial Hermann's fully integrated, comprehensive care network which includes more than 250 care delivery sites, each one offering world-class clinical expertise, patient-centered care and leading-edge technology. The system, with its exceptional affiliated medical staff and more than 25,000 employees, is committed to providing compassionate, superior service while advancing health in Southeast Texas. ♦

Liver Health

Continued from page 12

an effort to prevent liver cancer from developing, halting the consumption of alcohol is highly recommended for anyone with cirrhosis.

Liver cancer

"Hepatocellular carcinoma (HCC) is the most common form of primary liver cancer and is now the second-leading cause of cancer mortality worldwide," Johnson said. While there are multiple types of liver cancer, alcohol-induced liver cancer

results in HCC. Treatment options are radiation, chemotherapy, surgery to remove cancerous portions of the liver or a liver transplant.

Be honest with your health care providers about your alcohol consumption no matter how much you regularly or irregularly drink. Doing so will allow them to better work with you to address issues and improve your health. ♦

7 Things Leaders Practice

Continued from page 1

our hurry to provide “value,” physicians jump to the second level of the pyramid first, attempting to convey what they perceive as important information. And sometimes, doctors skip straight to the final C, attempting to convince a patient to agree to a treatment plan or approach that he or she doesn’t want.

Bottom line: if you haven’t created a connection first, you may be right, but no one will hear you.

Know That It’s Better Together

Physicians, those of us who are the hard-chargers, thoroughbreds and

virtuosos, get lulled into believing that we can successfully run our own show. When I first heard about the concept of collaborative leadership many years ago, my cynical surgeon brain told me it would never work in health care. But it’s at the very core of what we’re doing at Dell Med. We are committed to working together — with our peers, students, patients and the larger community — to be the best physicians we can be. That commitment strengthens us all.

(Physician,) Heal Thyself

To effectively care for others, you

must first take care of yourself. The practice of leadership is incredibly demanding, and it’s a long haul. It can be difficult to make time for yourself — and it can even feel selfish to do so. At Dell Med, we talk about self-care strategies like mindfulness, meditation, diet and exercise.

Keep the End Goal in Mind

If you had asked me what my ultimate goal was when I was a young doctor, I would have said that it was to be the best surgeon I could be. Now I know that it was actually to be the

best surgeon I could be so that I could provide the best health and health care to the patients I was treating.

To be an effective leader, you must always know where you’re headed. Your approach may change as you go — but the end goal stays constant.

This article originally appeared in RETHINK: a publication powered by Dell Medical School at The University of Texas at Austin, online at dellmedrethink.com. ♦

Geriatric Health

Continued from page 4

pain generally is crampy of an aching quality unless perforation occurs, and then it is often severe and constant.

Pancreatic pain is excruciating and constant and usually located in the upper abdomen with radiation through to the back, but it may be felt in almost any area of the abdomen. The pain is frequently associated with vomiting.

Appendicitis often begins as diffuse abdominal pain that intensifies over hours as it settles in the right lower quadrant. The pain of appendicitis is often aggravated by extension of the right leg. Gallbladder pain begins in the right upper quadrant and when it is severe, may be aggravated by deep inspiration, is replaced by a dull, aching sensation that persists for hours after the severe pain subsides. The treatment of patients with abdominal pain depends on the severity of the pain, its rapidity of onset, and the nature of the underlying condition.

Low Back Pain is often one of the

most common human afflictions. Between 70% and 80% of the population experience back pain sometime during their lives. The patient experiences pain that may be severe in the back, buttock, or one or both thighs. Usually, these symptoms follow a recent increase in physical activity for that patient, such as gardening, lifting, or an infrequently play sport. There would be many fewer back problems if adults kept their trunk muscles in optimal condition by regular exercise such as swimming, walking briskly, running, and callisthenic programs. Daily within the next 12 to 36 hours, as the soft tissues swell, pain develops and is associated with a feeling of muscular stiffness. Morning is the ideal time for exercising, since the back of the older adult tends to be stiffest following a night of inactivity. Sleeping with the back hyperextended and sitting for long periods in an over-stuffed chair or a badly designed car seat are particularly likely to aggravate backache.

Cancer Pain. Cancer is a malignant neoplasm in which the basic structure and activity of the cells have become deranged, usually because of changes in the DNA. These mutated cells grow wildly and rapidly and lose their similarity to the original cells. The malignant cells spread to other areas by invading surrounding tissues and by entering the blood and lymphatic system. If left untreated, the malignant neoplasms result in cancer as the second leading cause of death in the United States.

Cancer pain exists in two categories: nociceptive and neuropathic pain. Although there is tremendous variation in how patients describe pain, the following terms are useful:

- Nociceptive pains may be sharp if musculoskeletal, gnawing or aching if muscular, and crampy if originating from an internal viscus.
- Neuropathic pains are more difficult to describe and may be

more diffuse; they may be burning, lancinating, sharp, or tearing.

Once the diagnosis of cancer has been established, therapy must include some type of pain control. Advances in cancer treatment continue to lengthen survival among cancer patients. As patients live longer, the need for effective pain control has gained increased importance for improving the quality of life. Pain can be either acute or chronic; pain of more than 3 months’ duration is usually considered chronic. Several clinical features differentiate acute from chronic pain. The earlier the stage at which cancer is diagnosed, the better the prognosis. Remote effects of cancer on the nervous system is a term used to describe nervous system dysfunction of unknown cause occurring either exclusively or with greater frequency in patients with cancer. ♦

Legal Health

Continued from page 5

one recognizes that an experienced judge is dealing with the reality of litigating the frequent situation where the client might have given the lawyer incomplete or misleading information about the facts, and the lawyer’s opinion very well would not have been given, or would have been different, if a more complete rendition of what

was to be relied on in opining had been made. Attorney notes, even if not shared with the client, very well may contain narrative information from client interviews that usefully addresses the issue of what the client actually disclosed (and didn’t) when asking for advice.

In sum, while less scholarly

and comprehensive than it might have been, the *Lutz* opinion did appropriately enunciate the issues, distinguish the two doctrines and reached a supportable conclusion. One could, however, envision a case in which a trial court would be upheld for not ordering disclosed work product materials that had not been shared

with the client. But as Lutz warns: don’t count on it. Advice of counsel is a risky defense that must be approached carefully. Problems are best avoided by attorneys asking searching questions and assuring that all relevant matters have been disclosed before opening. ♦

Oncology Research

Continued from page 6

physically inactive or consuming a poor diet and about 15% by pathogens listed above. In 2016 in the USA the overall cancer death rate is decreasing and the number of cancer survivors is increasing. In order to obtain an overall picture in 1971, 1 in 69 people was a cancer survivor, representing a total amount of 3 millions. In 2016, 1 in 21 people was a cancer survivor, representation a total a total amount of

15.5 millions from those 112.370 were children or adolescents. All this advances have been made by investments from the U.S. federal government administered through the National Institutes of Health (NIH) in particular National Cancer Institute (NCI) and U.S. Food and Drug Administration (FDA) helping the approval of safe and effective anticancer therapeutics.

Progress against cancer occurs when individuals in different segments of biomedical research community work together. Anything we as a newspaper and I can do as a scientist to build a sense of community, share information's about cancer and make our readers feel like they are part of something greater than themselves is our mission. Thank you for reading my articles month after month. ♦

Healthy Heart

Continued from page 10

The American Heart Association aims to eliminate more myths about heart disease and stroke through education and events. Upcoming Houston area events

include Houston Go Red for Women Luncheon - Friday, May 12, 2017, Montgomery County Go Red for Women Luncheon - Friday, May 19, 2017, and Save a Life at Houston

Museum of Natural Sciences - Saturday, June 3, 2017. For more information and how to get involved in your community visit www.heart.org/houston. ♦

More Nursing Faculty

Continued from page 8



Ainslie Nibert, RN, Ph.D., FAAN, associate dean of Texas Woman's University's Nelda C. Stark College of Nursing in Houston. She adds, "So, often a new nurse may think that the only way to move up the career ladder is to become a nurse manger in a hospital, or a nurse practitioner in the community. While these are certainly great career pathways, there are many other opportunities available for career advancement. Until someone gets involved as a graduate student, they may not even know about a particular career path that is very suited to their interests. They need to take advantage of the freedom to explore multiple avenues for career progression by expanding their professional networks and exploring all sorts of jobs where they could make a difference, which may be vastly different from the first job they ever took as a nurse." In an effort to entice more nurses

into seeking an advanced degree, universities like TWU are making it easier by offering 100 percent online and hybrid courses, part-time programs and opportunities to individualize areas of concentration related to their chosen research interests. These enticements may not be enough to increase faculty size at universities across the nation, however, and other solutions to solving the ever-present nursing shortages will need to be explored. One model that is being endorsed by some are nurse run clinics that would be staffed by nursing students supervised by nursing faculty and other senior health care practitioners. Students in nursing and other health care disciplines from the same university would be able to work together to provide patient care. These types of clinics rely heavily on partnerships between universities and larger health care institutions to be sustainable over the long term. "I can see this type of clinical experience being mutually beneficial for all parties," Nibert says. "It would provide a great opportunity for students to gain an interdisciplinary perspective by working with health care practitioners from a variety of health

disciplines before entering the field as a Registered Nurse." Whether these types of clinics become a real solution for addressing faculty shortage will depend on just how willing health care institutions are to collaborate with universities that have nursing programs. But one thing is true: with an aging Baby Boomer generation requiring extended medical attention, the number of nurses needed, and therefore the nursing shortage, will continue to grow annually over the next decade. As one study conducted by the Council of Physician and Nurse Supply predicts, the number of nursing graduates will need to increase by 30 percent per year in order to keep up with the demand. And the only way to place enough new Registered Nurses in clinical practice tomorrow is by increasing the number of nursing faculty who can teach them today. ♦

Texas nursing by the numbers, according to the Texas Center for Nursing Workforce Studies:

- 224,780 RNs in 2016
- 45 = average age of Texas nurses
- 66 percent are employed by hospitals
- 11.2 percent have earned a master's degree
- Less than one percent hold a Ph.D.

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Editor
Sharon Pennington

Director of Media Sales
Richard W DeLaRosa

Senior Designer
Jamie Farquhar-Rizzo

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Distribution
Robert Cox
Guillermo Mendez

Accounting
Liz Thachar

Writers
Jorge Augusto Borin Scutti, PhD
Denise Hernandez MS,RD,LD

Office: 713-885-3808
Fax: 281-316-9403

For Advertising
advertising@medicaltimesnews.com

Editor
editor@medicaltimesnews.com

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