

# DISCOVER RUSH



## SENSITIVE SUBJECTS ISSUE

### Healing hemorrhoids:

Rush offers the latest treatments for hemorrhoid relief

### Solutions for incontinence:

A personalized approach can put you back in control

### Take a pass on gas:

Bothersome gas may be a symptom of bigger problems

## Don't be bashful

### FIVE THINGS YOU SHOULD DISCUSS WITH YOUR DOCTOR

CONSIDER YOUR doctor's office a no-secrets zone, where you put aside embarrassment or discomfort for the sake of your health. Why?

Because not being open with your doctor may prevent you from getting the care you need.



Mona Mehrotra, MD  
Mehrotra, MD,  
an internal  
medicine specialist and pediatrician  
at Rush University Medical Center.  
Here are five potentially sensitive

“It is important that patients feel comfortable being open and honest with their doctors,” says Mona Mehrotra, MD,

issues that Mehrotra says are important to discuss.

**1} Depression.** Don't be ashamed or afraid to talk to your doctor about depression. It's a real illness that requires treatment.

Depression can worsen other health problems, interfere with your ability to comply with your doctor's instructions, and increase the risk of harming yourself or others.

**2} Inability to afford medications.** Your doctor won't have a clear picture of how your treatment is working if you're not taking your prescribed medications. And taking medication inconsistently could endanger your health.

Your doctor may be able to substitute a less expensive drug or refer you to a medication assistance program.

**3} Memory loss.** Older adults may associate it with aging or Alzheimer's disease, but memory loss isn't normal. Many causes can be treated.

Even Alzheimer's disease, though incurable, can be treated with medication that offers some benefit — especially early on.

**4} Smoking.** You know smoking can cause lung cancer, but it also contributes to other health problems. Knowing you smoke may change the way your doctor investigates certain symptoms.

Your doctor can also provide advice and suggest tools to help you quit.

**5} Sexually transmitted diseases (STDs).** A genital rash or discharge can signal an STD. Having an STD may put you at risk for other STDs, such as HIV, as well as hepatitis,

infertility and cervical cancer. For your protection, your doctor will likely order screening tests.

Remember, a little heart-to-heart with your physician is a big step toward better health. ■

click

Learn about symptoms of depression and other sensitive subjects that you shouldn't keep to yourself at [www.rush.edu/discover](http://www.rush.edu/discover). Take a free, confidential online health assessment and learn what personalized issues you should discuss with your doctor at your next appointment at [www.myrushhealthadvisor.com](http://www.myrushhealthadvisor.com).

## DON'T TOLERATE HEMORRHOIDS

# New treatments can bring relief

IF HEMORRHOIDS were a problem people talked about easily, you might know how common they are. In fact, most people have them at some point in their lives.



Marc Brand, MD

According to Marc Brand, MD, a colorectal surgeon at Rush University Medical Center, many people with hemorrhoids don't get help — often

because they don't realize relatively painless treatments are now available.

As an academic medical center, Rush is always looking for better ways to treat this common problem. Rush offers traditional treatments and minimally invasive procedures, which are less painful and provide faster recovery than conventional surgery.

### What are hemorrhoids?

Hemorrhoids are normal veins in the anal area that can no longer empty blood and become swollen and inflamed. They can be internal or external and

may cause pain, itching or burning. You may also see bright red blood on toilet paper or in the toilet after a bowel movement. Internal hemorrhoids may prolapse, or bulge, outside the anus.

Diarrhea, constipation, prolonged straining, pregnancy and aging can all cause hemorrhoids — as can simply standing for long periods.

### Getting help

For minor symptoms, be sure you have good bowel habits. Avoid straining, waiting too long to go or even sitting too long on the toilet. Instead, try again later. Fiber supplements are often very helpful. You can also try a nonprescription hemorrhoidal cream or suppository. But if your symptoms don't go away in about a week despite home treatment, it's time to see a doctor.

Also see your doctor if you see blood in your stools or on toilet paper, especially if you're older than 50 or have a family history of colon cancer. Although hemorrhoids don't cause cancer, bleeding can indicate other health problems, including colon or rectal cancer.

Depending on the size and location of the hemorrhoid, your doctor may



decide to perform one of the following surgeries right in the office:

- **Rubber band ligation** cuts off blood flow to the hemorrhoid, which withers away in a few days. Scar tissue forms, holding nearby veins in place.
- **Injection sclerotherapy** uses a chemical irritant to treat hemorrhoids that are too small to band. This also creates scar tissue that holds the hemorrhoid in place.
- **Infrared coagulation** uses a special light to create scar tissue to hold hemorrhoids in place.

For hemorrhoids that recur or are too big to treat with an office procedure, doctors have traditionally used excisional hemorrhoidectomy. This surgery removes the hemorrhoid but can be very painful.

Although excisional hemorrhoidectomy is sometimes still necessary, doctors at Rush now also perform two minimally invasive procedures that can get patients back to normal activity in about half the time.

- **Procedure for prolapse and hemorrhoids.** Instead of removing hemorrhoids, a circular stapler device is used to lift them back into their normal positions and reduce their blood flow, causing them to shrink.
- **The hemorrhoid treatment system.** Rush is the first hospital in Chicago to offer this newer procedure, which uses Doppler ultrasound to guide the surgeon to hemorrhoidal arteries so that they can be tied off. It also lifts prolapsed hemorrhoids.

These minimally invasive procedures have less risk and fewer postoperative problems than traditional surgery. And patients are often surprised at how well they work, Brand says.

"People who have these procedures feel much less discomfort than they expected," he says. "They quickly get back to enjoying life." ■

Learn more about hemorrhoids and treatments available at Rush at [www.rush.edu/discover](http://www.rush.edu/discover).

DISCOVER RUSH is published as a service for the Rush community.

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PLEASE NOTE: All physicians featured in this publication are on the medical faculty of Rush University Medical Center. Some of the physicians featured are in private practice and, as independent practitioners, are not agents or employees of Rush University Medical Center.

**President and Chief Executive Officer**  
Larry J. Goodman, MD

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For general information about Rush, call **(888) 352-RUSH (7874)**.

call

For more information, call **(888) 352-RUSH (7874)** to make an appointment with a doctor who can help you determine which treatment is right for you.

**A** SMALL but inconvenient leak when you laugh or sneeze. An unfortunate accident because you couldn't get to the bathroom in time. These scenarios describe one very common — and embarrassing — condition: urinary incontinence, or loss of bladder control.

According to Jerome Hoeksema, MD, a urologist at Rush University Medical Center who treats both men and women with urinary incontinence, one out of 10 people experi-



ences some form of urinary incontinence after age 65. But you don't have to be older than 65 to have it. Urinary incontinence can occur for many reasons, including the following:

- Weakened pelvic muscles as a result of childbirth
- Miscommunication between the brain and bladder (common with neurological disorders, such as stroke, Parkinson's disease and multiple sclerosis)
- An enlarged prostate gland or a prostate gland affected by surgery
- Cancerous or noncancerous growths in the bladder
- Thinning and drying of the skin in the vagina and urethra that can occur during menopause
- Urinary tract infections
- Lifestyle issues that may aggravate the bladder, such as drinking too much water, consuming caffeine and eating spicy foods

### First step: Diagnosis

Although there are products available, such as absorbable pads and protective underwear, that can help with urinary incontinence, there are more long-lasting solutions — many

## URINARY INCONTINENCE

# Where there's a problem, there's a solution

of which are available at Rush. The first step is to seek help.

"Some people don't go to the doctor because they are embarrassed or they assume surgery is their only option, but this condition is very common and there are many ways to treat it," Hoeksema says.

Before determining a treatment plan, doctors must find the problem's source by performing a thorough physical exam, which can include the following:

- Obtaining a thorough medical history
- Doing a urinalysis
- Performing an ultrasound to determine if the bladder empties completely
- Using a cystoscope, a tube with a small camera, to get a closer look at the bladder
- Measuring bladder pressure with a test known as urodynamics

### Customizing a treatment approach

Once the doctor identifies the type and cause of incontinence, he or she can work with you to find the best treatment approach. This could include diet changes and other behavioral strategies, medications (including those to relax the bladder) or one of the more than 200 different types of surgeries.

Here are some common approaches used by doctors at Rush.

- **Timed voiding**, in which patients use the clock, rather than their bodies, to tell them when to urinate

- **Pelvic floor muscle exercises**, called Kegel exercises, which can be learned with the aid of a physical therapist or urologist (for women only)
- **Electrical stimulation procedures** to strengthen pelvic floor muscles (for women only)
- **Injection of materials**, such as collagen, around the urethra to keep the sphincter muscles closed and stop urine from leaking
- **Slings** surgically inserted around the urethra to lift it into a normal



To contact a urologist or a specialist with expertise in treating incontinence, call (888) 352-RUSH (7874).

position and exert pressure on it to help with urine retention

- **Artificial sphincters** (devices commonly used in men following prostate cancer treatment or because of enlarged prostate glands) fit around the neck of the bladder, keeping the urinary sphincter shut tight until it's time to urinate, when patients push a button located under the skin

Whatever the cause, if you suffer from incontinence, you are not alone and there *are* options. ■

Go to [www.rush.edu/discover](http://www.rush.edu/discover) for a description of the different types of urinary incontinence.



# The truth

## ABOUT ERECTILE DYSFUNCTION

KNOWING THAT upwards of 50 percent of men older than 40 have some degree of erectile dysfunction (ED) probably isn't comforting if you're one of them.

Many men equate sexual function with manliness, says Laurence Levine, MD, a urologist at Rush University Medical Center.

"ED can reduce self-esteem and make a man more irritable and less productive at work and can affect his interactions at home," he says.

That's true even though the main cause of ED is almost always physical, not psychological, Levine says.

### An early warning sign

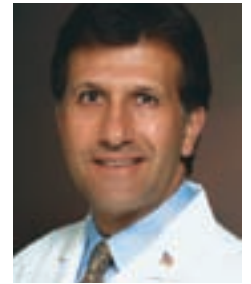
Most of the time, ED is caused by poor circulation, often brought on by diabetes, hypertension, cholesterol imbalances or smoking.

It's important to keep in mind that poor circulation and its causes don't just lead to ED. They can also lead to other serious problems, such as atherosclerosis, the buildup of plaque inside blood vessels that can cause a heart attack or stroke.

"ED may be present as early as three to four years before any vascular problems are recognized," Levine says. "In fact, it may be the earliest indication of vascular disease."

For that reason alone, it's important to tell your doctor if you are experiencing ED, Levine says.

ED might also be associated with medication side effects, a hormone



Laurence Levine, MD



## Is my period normal? Abnormal periods could be a sign of a bigger problem

Short or long, heavy or light, most women assume their periods are normal because that's all they've known.

But very heavy or very light periods could signal a health problem.

Periods are considered too heavy when you need a new tampon every hour. Some women may have very light periods and be normal. Missing a period, especially for more than one month, may be abnormal.

You should also be concerned when bleeding is different in any way from your usual cycle, says Alexis Jones, MD, an obstetrician/gynecologist at Rush University Medical Center.

### Sources of trouble

Abnormal bleeding can occur with the following:

**A bleeding disorder.** The blood doesn't clot normally, making it harder to stop bleeding. Lifelong heavy periods could be a symptom.

It's important that a bleeding disorder be diagnosed, because it can be life threatening if not treated, says Leonard Valentino, MD, director of the Hemophilia and Thrombophilia Center at Rush. Rush is one of only a few facilities in the country to offer a

multidisciplinary bleeding disorders clinic focusing on the needs of females with blood-clotting disorders.

Available treatments include hormonal, intravenous, oral and nasal spray medications to reduce bleeding.

**Endometriosis.** Tissue from the lining of the uterus grows outside the uterus on other organs. Symptoms can include chronic pelvic pain and heavy or abnormal bleeding. However, symptoms can vary.

"In fact, some women may not feel pain at all and don't find out they have endometriosis until they have problems conceiving and undergo testing," Jones says.

Thirty to 40 percent of women with endometriosis are infertile. Experts believe that scar tissue prevents fertilization or attachment of the egg.

Treatment includes hormone therapy or surgery to remove excess endometrial tissue. The uterus or ovaries may also be removed.

**Fibroids.** These uterine tumors can range from the size of a pea to the size of a grapefruit but are almost never cancerous. Symptoms include heavy periods with clots, bleeding between periods and pelvic pain.

"If you have fibroids and bowel and bladder issues, problems getting pregnant, problems during pregnancy

or anemia, it's time to seek treatment," Jones says.

Treatments for fibroids may include hormone therapy, surgical removal or a hysterectomy. Less invasive treatments include uterine artery embolization, which cuts off the blood supply to the fibroid, causing it to shrink.

**Graves' disease.** If you experience a lighter period than normal and fatigue, trouble sleeping, trouble getting pregnant, frequent bowel movements, irritability, weight loss, heat sensitivity, increased sweating, muscular weakness, changes in vision or how your eyes look, rapid heartbeat or hand tremors, you may be experiencing symptoms of Graves' disease. This autoimmune disease causes the thyroid gland to produce excess hormones.

Treatments include medications to lower thyroid hormone levels, radioactive iodine to destroy the thyroid or surgical removal of the thyroid.

### Getting help

If you're concerned that your period seems heavier or lighter than is considered normal or your period has changed, physicians at Rush can help you get to the bottom of it. Call **(888) 352-RUSH (7874)** to make an appointment. ■

imbalance, depression, obesity and even an uncommon scarring condition of the penis, called Peyronie's disease.

## ED and prostate cancer

Likewise, many prostate cancer treatments can cause ED.

"If you have had prostate cancer treatment, it's common to experience changes in your ability to get an erection, and it's nothing to be embarrassed about," Levine says. "There are treatments that can help and new prostate cancer treatments with a lower risk of erectile problems."

For example, Rush offers prostate cancer patients a high-tech, nerve-sparing surgical technique using the da Vinci Surgical System that allows surgeons to see high-definition images of the prostate. This system enables

surgeons to better protect the nerves and other structures that affect erections. (See page 7 for details.)

Rush also offers brachytherapy, a precisely targeted radiation therapy, to treat prostate cancer and minimize the risk of ED.

Post-treatment rehabilitation programs, including a comprehensive medication therapy Levine offers at Rush, can encourage nerve regeneration and restore erectile function.

## Don't be in denial

Regardless of the cause, ED should not be ignored, Levine emphasizes. "No matter what your age, if you're having problems with your erections, talk to your primary care doctor or a urologist and get to the root of the problem." ■

## Excuse me: A chat about gas

Even the most sophisticated among us pass gas — often more than 14 times a day without realizing it.

When it happens unexpectedly, it can be embarrassing. But is flatulence ever more than just a social faux pas?

Most of the time, gas is not a medical problem, says Mark DeMeo, MD, a gastroenterologist at Rush University Medical Center. Sometimes, though, it can signal something more serious.

## What causes gas?

Gas comes from the air you swallow when you eat or drink too fast and from the normal function of your colon. Excess swallowed air is removed by belching or eventually expelled through the rectum.

In the colon, gas is created when food is broken down by bacteria. Some foods, such as lactose (the sugar found in milk), are harder to digest than others.

"Most sugars are absorbed in the small intestine, but those that aren't move on to the colon, where there are high concentrations of bacteria, and then it's feeding time at the zoo," DeMeo says. "It starts generating a lot of gas."

Other sugars, such as those found in beans and cabbage, can also cause gas, as can most starches and some types of fiber.

Sometimes gas itself isn't to blame. It's how our bodies react to it.

People with irritable bowel syndrome (IBS), for example, may feel bloated even when they have a normal amount of gas, DeMeo says. That's because their intestinal muscles and nerves are highly sensitive to the stretching sensation caused by gas.

Besides IBS, other conditions linked to gas symptoms include celiac disease, Crohn's disease, colon cancer — even ovarian cancer. People may also attribute the pain associated with heart disease, gallstones or appendicitis to gas-related pain.

## Getting help

Most of the time, over-the-counter medications or simple changes in diet will reduce the discomfort associated with gas. But if they're not working for you, it's time to see your doctor. It's especially important to talk to a doctor if you also have abdominal pain, vomiting, diarrhea, constipation or unexplained weight loss.

Your doctor will evaluate your symptoms, give you a full physical exam and review your medical history. He or she may also suggest, as DeMeo does, that you keep a food diary to see how your diet influences your symptoms.

To rule out a serious disorder, your doctor may further recommend a colonoscopy or sigmoidoscopy — both of which examine the large intestine — or an upper gastrointestinal series, which examines the esophagus, stomach and first section of the small intestine.

Treatment will depend on your age, overall health and medical history; the extent of your condition; your tolerance for medications, procedures or therapies; and your expectations and preferences.

"If symptoms associated with gas are bothering you, come in," DeMeo says. "Let us make sure there is nothing seriously wrong and then come up with some treatment strategies to help you get relief."

**class** For more information about celiac disease, come to a **free class** on Wednesday, Nov. 7. See page 6 for details. ■

**call** To make an appointment with a gastroenterologist at Rush, call **(888) 352-RUSH (7874)**.

Join us Tuesday, Oct. 16, for a free class on prostate health. See page 6 for details.



## It's not all in your head



Sometimes anxiety, stress or sadness do more than just bounce around inside your head. Sometimes they cause physical problems.

Back pain, trouble sleeping, an upset stomach or sexual problems are all among the common ways the body expresses itself when something isn't right emotionally.

This mind-body connection can go both ways. People coping with a long-term illness, for example, might find themselves also coping with depression.

"For your health, it's important to deal with these issues," says Sharon Jedel, PsyD, a clinical psychologist in the Division of Digestive Diseases at Rush University Medical Center. "For help in developing coping strategies, talk to your doctor, a psychologist or other mental health professional, especially if your feelings are interfering with your quality of life."

**class** To learn more about the mind-body connection, visit Rush for a **free class** on Wednesday, Oct. 24. See page 6 for details. ■

# RUSH UPCOMING EVENTS



## Women's Health Talks: Part 3 Migraine Headaches, Osteoporosis and Gynecologic Cancers

Wednesday, Sept. 19  
6 to 8:30 p.m.

Armour Academic Center  
Room 994, 600 S. Paulina St.

This is the third of Rush's three-part series on women's health. Experts at Rush will address three serious issues that affect women's health at all ages: migraine headaches, gynecologic cancers and osteoporosis. Learn the triggers and treatments for migraine headaches as they relate to women, preventive measures to protect you and your loved ones from gynecologic cancers, and how to strengthen your bones at every stage of life to prevent and treat osteoporosis.

## Prostate Health: What You Need to Know

Tuesday, Oct. 16  
6 to 8 p.m.

Armour Academic Center  
Room 994, 600 S. Paulina St.

Men's health experts at Rush will discuss important health issues for all men, including benign prostatic hyperplasia (or enlarged prostate),

testosterone replacement therapy and prostate cancer risks and treatments, such as TomoTherapy. Included in the talk will be a demonstration of new technology offered at Rush for surgically treating prostate cancer — the da Vinci robotic system.

## Comprehensive Management of Celiac Disease

Wednesday, Nov. 7  
6 to 8:30 p.m.

Professional Office Building  
Room 542, 1725 W. Harrison St.

Many Americans live with celiac disease without realizing they have it — in part because celiac disease mimics other digestive diseases, such as irritable bowel syndrome, ulcerative colitis, depression and Crohn's disease. Celiac disease is a gastrointestinal disease that causes damage to the small intestine due to sensitivity to gluten, a protein found in wheat, rye, barley and possibly oats. Experts from the adult celiac program at Rush will discuss the medical, nutritional and psychological aspects of managing celiac disease.

## Rush Generations presents: Older adult and caregiver programs

All Rush Generations programs are held at Rush University Medical Center, Searle Conference Center, 5th floor (Elevator II, Professional Building), 1725 W. Harrison St., Chicago.

### Staying in Motion: Hip and Knee Replacements

Wednesday, Aug. 15  
1:30 to 3 p.m.

Experts will provide the latest information on hip and knee replacement surgeries and the rehabilitation therapies that help ensure their success.

### Kidney Health

Wednesday, Sept. 5  
Noon to 1:30 p.m.

Learn how to prevent kidney disease, as well as how to manage it and live a healthy, active life.

### Don't Wait for a Crisis: Planning Ahead for the Care of Aging Relatives

Saturday, Sept. 29  
10 a.m. to 2 p.m.

Many people are unprepared for the demands of caring for an aging parent, relative or friend ... don't let that be you! Join us for a panel discussion on care planning and a health fair for caregivers sponsored by the Chicago Department on Aging. Lunch will be provided.

### Understanding Medicare and Prescription Drug Coverage

Wednesday, Oct. 10  
1:30 to 3 p.m.

Get the latest updates on Medicare insurance and prescription drug coverage, including Illinois state assistance programs. This is the time to get your questions answered!

### The Mind-Body Connection

Wednesday, Oct. 24  
1:30 to 3 p.m.

Learn how mental and emotional factors influence health and how some mind-body skills can promote overall well-being. There will be an opportunity to practice effective mind-body skills in a group setting.



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Because space is limited, please call to reserve your seat. For more details and to register, call (888) 352-RUSH (7874). Free parking in the Rush garage is available with validation.



## A new approach to treating brain tumors at Rush

**AN INNOVATIVE**, minimally invasive procedure allows surgeons at Rush University Medical Center to access and remove brain tumors through the nose.

While traditional open surgery requires cutting large holes in the skull, transnasal surgery leaves no scars and offers patients a shorter hospital stay and potentially fewer complications.

A neurosurgeon and a head and neck

surgeon are guided by a computerized mapping system and an endoscope, a rigid tube that carries a light source and a minicamera. The camera images are magnified on a screen, which shows the surgeons exactly where to thread the tiny surgical instruments. The tumor is then removed through the nostril.

The procedure can be used for most tumors located where the skull joins the nose or spine. ■

## Zeroing in on prostate cancer

**TWO RECENT ADDITIONS** to the cancer-fighting arsenal of the Coleman Foundation Comprehensive Prostate Cancer Clinic at Rush — TomoTherapy and the da Vinci Surgical System — are making it possible for doctors to treat prostate cancer more effectively and with fewer side effects than more invasive procedures.

TomoTherapy uses computed tomography (CT) to scan for the exact location of a tumor. Because of this remarkable accuracy, it is possible to direct a higher dose of radiation at a tumor with a lower risk of affecting surrounding tissues and organs.

Also helping surgeons achieve incredible surgical precision is the same high-definition (HD) technology that enhances your TV viewing experience.

Rush was the first hospital in Chicago to install an HD version

of the da Vinci Surgical System, which integrates three-dimensional HD laparoscopy and state-of-the-art robotic technology to virtually extend the surgeon's eyes and hands into the surgical field.

While traditional surgery to remove the prostate gland requires an eight- to 10-inch incision, da Vinci prostatectomy involves five, one-centimeter incisions. And the precision and 360-degree rotation of the microinstruments help surgeons avoid vital nerves, reducing the common side effects of many prostate treatments: incontinence and erectile dysfunction.

“The patient's recovery is like night and day compared to traditional open surgery,” says Kalyan Latchamsetty, MD, co-director of the clinic. “Along with TomoTherapy, da Vinci represents a quantum leap in our ability to treat prostate cancer.” ■

## Clinical Trials at Rush

### CROHN'S STUDY

The Section of Gastroenterology and Nutrition at Rush University Medical Center is participating in a study to determine whether diet or dietary supplements can safely and effectively help people with Crohn's disease maintain remission.

Participants must meet the following criteria:

- Have documented Crohn's in the ileum and/or colon that has not been active for at least two weeks
- Have no ileostomy, colostomy, history of bowel obstruction or current strictures

This is a partial list of inclusion and exclusion criteria. For more information, contact Susan Mikolaitis, RD, LD, at **(312) 563-3892**.

### INSOMNIA STUDY

The Sleep Disorders Service and Research Center at Rush is participating in a study designed to evaluate the diagnoses assigned to patients who complain of insomnia. This is not a treatment study. Participation involves six visits to the sleep center plus two consecutive overnight sleep studies at the lab. Upon completion of the study, participants will have the opportunity to receive feedback about their sleep.

Participants must meet the following criteria:

- Have a sleep complaint at least three times per week
- Report daytime dysfunction as a result of a sleep complaint
- Be at least 18 years old

This is a partial list of inclusion and exclusion criteria. For more information, please contact Lindsey Gluszek at **(312) 563-4292**.



Visit [www.rush.edu/clinicaltrials](http://www.rush.edu/clinicaltrials) for more information about clinical trials at Rush. ■





Don't  
let it get  
under  
your  
skin

**M**AYBE IT STARTED with an itch and progressed to a rash. Or it began as a rash and kept growing. Either way, you have a skin condition that's becoming a serious irritation.

It could be one of the following two common conditions: eczema or psoriasis.

### Eczema

More than 15 million Americans have atopic dermatitis, an inflammatory skin condition, also called eczema, that researchers believe is an overreaction of the immune system to irritation.

It frequently starts with an itch. Scratching results in a rash — usually

dry, itchy, red patches — though in some people it may bubble and ooze.

“Eczema often appears on the face, so it's visible to everyone, which can affect your self-esteem,” says Michael Tharp, MD, chairperson of the Department of Dermatology at Rush University Medical Center.

Frequently the neck, folds of the arms and backs of the legs are also affected. Continued scratching can make the skin thick and leathery.

Good skin care is vital to treatment, Tharp says. Your dermatologist can recommend soaps and moisturizers, such as ceramide-enriched creams (ceramides are important oils normally found in the skin). He or she can also advise you on the use of inflammation-reducing corticosteroid or calcineuron-inhibitor creams and perhaps phototherapy — exposure to certain wavelengths of ultraviolet light that prevents the exaggerated immune response that leads to inflammation.

**Psoriasis**

Psoriasis, another inflammatory skin condition, is a buildup of skin cells that can itch or hurt. Researchers believe it is caused when the immune



Michael Tharp, MD

system stimulates skin cells to grow more rapidly than they can be shed.

These patches of reddened, raised skin covered by silver-white

scales often appear on the scalp, knees and elbows.

The latest treatment involves the use of biologics — human or animal proteins or antibodies that block psoriasis early in its development by targeting the overactive immune cells. Rush offers all five biologics approved by the U.S. Food and Drug Administration. Some of these medicines can be administered at home; others must be given in a doctor's office.

### Help for every skin problem

Whether you have eczema, psoriasis or something else that concerns you — adult acne, varicose veins, rosacea (excessive facial flushing) or birthmarks — you don't need to suffer. Call (888) 352-RUSH (7874) to make an appointment with a dermatologist. ■

## DISCOVER RUSH

### \$5 million grant for cancer care

The Coleman Foundation has awarded Rush University Medical Center a \$5 million challenge grant in support of the Medical Center's outpatient cancer programs. It is the largest grant the private, Chicago-based foundation has made in its 56-year history. The foundation will contribute one dollar for every dollar Rush raises to renovate and expand current outpatient cancer facilities, up to the grant maximum of \$5 million.

[www.rush.edu](http://www.rush.edu)

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