

# DISCOVER RUSH



## INSIDE:

**Fighting epilepsy:**  
The right treatment can help you live seizure-free

**We've got your back:**  
Using emerging technology to relieve back and spine pain

**Minding your gray matter:**  
Comprehensive care, from stroke to rehabilitation

## IMPROVING YOUR QUALITY OF LIFE

# Simple steps can yield **big rewards**

**QUIT SMOKING.** Lose weight. Eat less fat. Most of us are aware that doing these things can help us lead longer, healthier lives.

But there are many other, less obvious things you can do to improve the quality of your life, says Vianka Legra-Delgado, MD, an internist at Rush University Medical Center.

Here are five that might surprise you:

**1. Do a crossword puzzle.** Researchers at Rush have found that mentally challenging activities, such as reading and playing chess, may have a protective effect on your brain.

"Regularly engaging your mind may help lower your risk for the dementia associated with Alzheimer's disease," Legra-Delgado says.

**2. See your dentist.** Good oral health can reduce your likelihood of developing heart infections, such as bacterial endocarditis, Legra-Delgado says.

A dental checkup is especially important for women who are thinking of becoming pregnant, since periodontal infections can increase the risk for premature delivery.



Vianka Legra-Delgado,  
MD

**3. Take small exercise breaks.** "People often say how difficult it is to take 30 minutes out of their day to exercise," Legra-Delgado says.

You can get the same health

benefits from three, 10-minute sessions of moderately intense activity, such as brisk walking or raking leaves.

"Just be sure you get your heart pumping for those 10 minutes," she says.

**4. Check your ergonomics.** If you work at a computer, look at the ergonomics of your workstation — how you fit and move in your environment. You can start by visiting the Division of Occupational Health and Safety at <http://dohs.ors.od.nih.gov>.

"An ergonomics review can help you avoid neck, back and eye strain," Legra-Delgado says.

**5. Stop the snore cycle.** When half of a couple snores, the other person loses sleep. The snorer is frequently tired too because people who snore loudly often have sleep apnea. In the most common

form of this condition, the airway is blocked, causing the person to stop breathing and wake up repeatedly.

Physicians at the Sleep Disorders Service and Research Center at Rush found that treating the snorer with continuous positive airway pressure, which keeps the airway open, results in better sleep for both people.

Remember that even small or simple steps toward better health can yield surprising rewards. ■

**WEB**

Take a free, confidential, online health assessment at [www.myrushhealthadvisor.com](http://www.myrushhealthadvisor.com) and receive a personalized health action plan.

QUALITY EPILEPSY TREATMENT AT RUSH

# Getting your life back



**CLASS** To find out more, come to a free class about the latest epilepsy treatments on Dec. 13. See page 6 for details or call (888) 352-RUSH (7874) to register.

“EVERYONE IN the pool — except DeFlorio.” This is what Mike DeFlorio’s teacher announced during high school swim team tryouts, singling him out as others had done for years.

DeFlorio has had epilepsy since he was an infant. Through the years he saw several physicians and tried many medications, without relief. By his 40s he was having only mild seizures, but that didn’t mean life was easy.

“He had one while we were driving,” says DeFlorio’s wife, Carla. “I had to grab the wheel at 60 miles an hour.”

## The right place

While DeFlorio had resigned himself to getting by with his condition, his wife saw things differently. It was Carla who finally found the treatment that changed her husband’s life. “She researched epilepsy treatment and



Andres M. Kanner, MD

found the best,” DeFlorio says.

Her research brought them to the Rush Epilepsy Center and Andres M. Kanner, MD, one of seven epileptologists, neurologists who

specialize in epilepsy treatment, at Rush University Medical Center.

## The right treatment

Epileptic seizures are caused by disturbances in the electrical functions of the brain. *Grand mal seizures* consist of uncontrollable shaking and loss of consciousness. Brief loss of awareness, such as DeFlorio experienced, is called a *complex partial seizure*.

About 70 percent of people with epilepsy can control their seizures with medications. For DeFlorio, however, medication wasn’t working. He needed surgery, but first he needed to understand his condition.

Kanner told them the seizures were probably coming from a damaged structure, called the *hippocampus*, in his brain’s right temporal lobe. He also explained that after so many medications had failed, DeFlorio’s chance of remaining seizure-free with medications alone was virtually zero.

Tests confirmed Kanner’s diagnosis, and DeFlorio was on the road toward life-changing surgery. The focused, individualized care at the Rush Epilepsy Center helped him to be ready.

“They explained the procedure and made me feel comfortable about everything,” DeFlorio says.

Reassuring patients is an essential part of the process for neurosurgeon Richard



Richard Byrne, MD

Byrne, MD, who specializes in epilepsy surgery and removed DeFlorio’s damaged hippocampus.

“I’ve performed hundreds of these surgeries.

Knowing that really helps patients and families,” he says.

In fact, physicians at Rush were among the first in the United States to use surgery to treat epilepsy. They perform more of these surgeries than any other hospital in Chicago, which gives them a different perspective. And it means more options and a new outlook on life for people who haven’t been helped by medications.

## Living seizure-free

Like most of Byrne’s patients, DeFlorio hasn’t had a seizure since his surgery. Helping every patient become as close to seizure-free as possible is the goal of the team at the Rush Epilepsy Center, one of the leading centers in the Midwest.

The team uses a full range of medical and surgical options, including new technologies that aren’t widely available. For example, Rush is one of only two centers in Illinois that has state-of-the-art SISCOM imaging, which helps identify the origin of seizures in the brain when other tests don’t provide the necessary information.

The Rush Epilepsy Center is part of the neurosciences program at Rush, which is dedicated to treating even the most difficult neurological disorders. In fact, the program is ranked 15th in the nation by *U.S. News & World Report*.

This kind of quality care creates success stories like the DeFlorios’ every day at Rush. ■

## Innovation in epilepsy treatment

At Rush University Medical Center, research is focused on patient care, helping patients today and for years to come.

Physicians at Rush are testing the safety and effectiveness of two devices that they hope will provide new treatment options for some people with epilepsy.

In the **SANTE study**, a device is implanted in the thalamus — a part of the

brain that may modulate seizure activity.

The **Neuropace device** detects seizures before symptoms occur, and then sends counter-signals that can suppress some abnormal electrical discharges in the brain.

These studies may help identify the optimal stimulus conditions to control seizures. The result may be fewer or less severe seizures. ■

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

For information about DISCOVER RUSH, contact Erin Thorne at [erin\\_thorne@rush.edu](mailto:erin_thorne@rush.edu) or (312) 942-3215. For general information about Rush, call (888) 352-RUSH (7874).

Information in DISCOVER RUSH comes from a wide range of medical experts. Models may be used in photos and illustrations. If you have any questions about your health, please contact your health care provider.  
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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.

# Quality spine care at Rush

AFTER FIVE MONTHS of debilitating neck pain and arm numbness, Hinsdale resident Tom Conidi is finally symptom-free.

He says he has physicians at Rush University Medical Center — and curiously enough, his brother's knee — to thank for it.

## A tale of two knees

Conidi's circuitous journey began years ago when he blew out his own knee and had extensive surgery to repair it.

"They removed tendons, drilled and cut me in a couple of places," he says. "About 10 years later, my younger brother had a similar injury. Surgeons put three little holes in his knee and repaired it arthroscopically."

Seeing how far the field had advanced and how smooth his brother's recovery was, Conidi decided that, if he ever needed another operation, he



Frank Phillips, MD

wanted the latest, state-of-the-art procedure.

So when he herniated, or ruptured, two discs in his neck, he did some research and learned

about a procedure so new it was still in clinical trials at the Spine and Back Center at Rush — part of the comprehensive spine services there.

At the center, specialists in orthopedics, neurosurgery, pain and rehabilitation treat a variety of spinal problems, including ruptured discs in the neck and back.

In fact, Rush's ability to handle the most complex cases is one reason *U.S. News & World Report* ranks Rush No. 8 in the nation in orthopedics — higher than any other hospital in Illinois — and No. 15 in the nation in neurology and neurosurgery.

## Not just status quo

As Conidi discovered, herniated discs can be challenging to treat.

Discs — the spongy pads between the vertebrae of the spinal column that absorb shock and allow the body to bend — herniate when part of the gel-like substance that forms their center pushes through the disc's outer edge. This can put pressure on nerves, causing pain, numbness and weakness.

When physical therapy and epidural injections didn't lessen Conidi's pain, doctors he saw before coming to Rush recommended spinal fusion. This surgery involves removing the disc and

fusing the vertebrae together. It relieves pain but may limit movement. Furthermore, it can stress adjacent discs, potentially leading to future problems.

Because Conidi had two ruptured discs, these possibilities concerned him. So when he read online about clinical trials investigating the replacement of damaged discs with artificial ones, he was excited. Then he discovered through a friend of a friend that such studies were being conducted in his own backyard at Rush.

Conidi met Frank Phillips, MD, an orthopedic surgeon at Rush, and learned that he was a good candidate for a trial involving multiple artificial discs. Conidi signed himself up.

Now, with nearly full range of motion in his neck and no symptoms, it's a decision he hasn't regretted.

## Always looking ahead

In their efforts to advance spinal care, researchers at Rush continually seek new and improved treatment methods. In fact, they are currently studying several different artificial discs.

"The expectation is that they will put less stress on the healthy adjacent discs and maybe protect them from wearing out over time," Phillips says.

## Watch your back

If you haven't experienced back pain yet, chances are you will. In fact, eight out of 10 people do at some point in their lives.

Simple treatments, such as over-the-counter pain relievers, will often help. Overall, back pain can be quite severe for a few days or a week before it gets better. Within two to four weeks, most people note significant improvement.

You should see a doctor if you have any of the following symptoms, which might signal a serious problem that requires medical attention:

- Severe pain that does not lessen with rest, that becomes worse when you rest or that wakes you up at night
- Back pain after a fall or injury
- Back pain that extends down your leg or leg pain that increases if you lift your knee to your chest or bend over
- Pain accompanied by weakness, bowel or bladder problems, numbness in your legs, fever or unintended weight loss ■

Although Conidi's condition must be followed for several years, he's thrilled with the results so far. He also has some advice for others.

"Seek out people who are trying to move their science forward and looking at new or better ways to do things, rather than just doing what they know has worked for a long time," Conidi says.

"It's been life changing. I went from barely making it through the day to getting my life back."

**MORE** To read more life-changing patient stories from Rush, visit [www.rushstories.org](http://www.rushstories.org). ■

**CALL** For more information about the Spine and Back Center at Rush, call (888) 352-RUSH.





# Minding your gray matter

FOR JAMES BURNS, the numbness he felt in his right leg and arm late last winter was all too familiar. Just a year before, he had suffered a stroke — a “brain attack” caused by an obstruction or rupture that prevents blood flow to the brain — and experienced similar symptoms.

This time, Burns was brought to Rush University Medical Center. And because of that, he considers himself extremely lucky. It wasn’t Rush’s anticipated certification this year as a primary stroke center by the Joint Commission, which evaluates and accredits health care organizations around the country, that made him feel lucky. Nor was it that Rush rates among the top 3 percent of programs approved by the Commission on Accreditation of Rehabilitation Facilities.

In fact, Burns wasn’t even aware of these distinctions when he arrived in the Rush emergency room. Rather, Burns’ experiences during his stay at Rush convinced him that Rush was the right place for his care, not just for his stroke and rehabilitation but for his ongoing, overall health needs.

## Watching the clock

The moment Burns came to Rush, the emergency stroke response team jumped into action.

“When stroke is suspected, time is of the essence,” says Vivien Lee, MD, a stroke neurologist who treated Burns. “Millions of brain cells die every minute a stroke goes untreated.”

That’s why Rush follows a timed, standardized set of procedures, which requires that diagnostic tests, such as



Vivien Lee, MD

computed tomography (CT) scans and blood work, be given and evaluated immediately.

Since tests indicated that Burns was having a transient ischemic

attack, or TIA (a mild stroke in which the blockage resolves itself), doctors placed Burns on cholesterol-lowering medications and aspirin to prevent blood clots and reduce his risk of having another TIA.

Had Burns’ condition been more serious, the stroke team would have intervened with one of the many treatment options at their disposal. These include tissue plasminogen activator (TPA), a medication that dissolves blood clots, as well as novel procedures in which catheters are threaded through the arteries in an attempt to remove the clot and restore blood flow to the brain.

Because early intervention benefits patients in the long run, rehabilitation specialists met with Burns within 24 hours of his admittance to the Stroke Care Unit to determine his needs and start him working on the basics, such as sitting up and getting in and out of bed.

“Through it all, the staff at Rush clearly explained to me what was being done and why,” Burns says.

This ongoing communication, which included educational pamphlets about stroke, eased Burns’ anxiety and motivated him in the recovery process.

**CLASS** Call (888) 352-RUSH (7874) to register for a free stroke screening, including a blood pressure reading and one-on-one risk assessment with a stroke specialist, on Dec. 11, 2 to 5 p.m.

## Ingredients for a quality stroke program YOU’LL FIND THEM AT RUSH

- The ability to perform tests and make assessments in an emergency room setting within 45 minutes
- A range of treatment options, including tissue plasminogen activator to break up blood clots and endovascular procedures to clear blockages
- Endovascular stroke specialists and stroke neurologists at the ready 24 hours a day, seven days a week
- A hospital floor dedicated to stroke patients and staffed by nurses specially trained to care for these patients
- Early introduction of rehabilitative therapy, which has been shown to improve how well and how quickly patients recover
- A comprehensive rehabilitation program in the same location as the hospital
- Patient education materials ■

## A team approach to recovery



Christopher Reger, MD

Burns' multidisciplinary rehabilitation team, led by Christopher Reger, MD, a physical medicine and rehabilitation specialist at

Rush, met twice a week to establish his treatment goals.

During his stay in Rush's rehab unit, they took an aggressive approach — which has been shown to produce better results — to helping him regain strength, mobility and balance on his right side and improve his speech. Each day Burns completed two hours of physical therapy, one hour of occupational therapy and one hour of speech therapy.

To help Burns and patients like him, therapists at Rush have many tools in their arsenal, including equipment to help with gait and balance; new devices like Bioness, a splint-like apparatus that uses electrical stimulation to help reduce stiffness and increase range of motion in the arms and legs; and a simulated grocery store and bedroom where patients practice everyday tasks.

"Our goal is to get patients home and back to their daily routines," Reger says.

Although he found the experience grueling, Burns grew to appreciate the dedication of the staff and the compassion with which they provided therapy. He quickly developed a rapport with the team, teasing them by jokingly assigning nicknames, like "the assassinator" for his physical therapist.

## A more complete continuum of care

Over the years, patients like Burns have voiced a desire to continue their

rigorous rehabilitative care at Rush after their hospital stay is over. In response, Rush opened an adult day program last spring. This intense outpatient therapy program is designed for patients who require more than one kind of rehabilitative therapy.

Today, Burns is back at work as a union representative, but his relationship with Rush is far from over. He now sees an internist and a nutritionist at Rush, who help manage his blood pressure and weight. As much as he appreciated his experience at Rush, he wants to make sure he doesn't end up back in the emergency room. ■

**CALL** To learn more, attend the free class "Stroke: Know the Warning Signs" on Feb. 13. See page 6 for details.

## Keys to successful rehabilitation

- An aggressive approach (e.g., multiple therapies given simultaneously or on the same day) for all patients, from those with range-of-motion difficulties to those with paralysis
- Leading-edge therapies and devices, such as Bioness
- A multidisciplinary team approach that includes physical medicine and rehabilitation physicians, physical therapists, occupational therapists, speech-language pathologists, social workers, nurses and psychologists
- Ongoing communication among the team (at Rush, this involves twice-weekly meetings) and between the team members and the patient
- Outpatient care provided by the same team that cares for patients during hospitalization ■

## The head-heart connection

### A POSSIBLE LINK BETWEEN STROKES, A HEART DEFECT AND MIGRAINES

A treatment that prevents strokes in some patients appears to have an unexpected benefit — it may also eliminate or reduce migraine headaches in patients with a certain heart defect.

For several years, doctors worldwide have heard from migraine sufferers who said their headaches abated after they had a stroke-related heart defect repaired using an experimental, nonsurgical procedure.

Now, Clifford Kavinsky, MD, PhD, a cardiologist at Rush University Medical Center, and researchers from 14 other U.S. medical facilities are conducting a yearlong study to scientifically evaluate those cases.

If those patients are right, the key to some migraines apparently rests in the heart — not the head.

The focus is on a tiny opening between the heart's top two chambers, called a *patent foramen ovale* (PFO). This opening usually exists only in a developing fetus, to make blood circulation more efficient. Soon after birth, it usually closes.

In about 25 percent of adults, however, the opening remains. Normally, this is harmless. Sometimes, though, a small blood clot crosses from the right side of the heart to the left and from there travels to the brain, where it can cause a stroke.

Patients who have had one of these strokes sometimes undergo a procedure to seal the opening, which reduces the risk for future strokes. For unknown reasons,

some of these stroke patients who also had migraines found that the procedure dramatically reduced headaches as well. If researchers can document these claims, it could lead to effective treatment for these particular migraine patients.

"Life is miserable for migraine sufferers," Kavinsky says. "If we could help some of these people, we could make a big difference in their lives."

The study, known as MIST II, includes about 600 people with both migraine headaches and the heart abnormality. Half will have the abnormality repaired, while the other half will not.

The procedure employs a tiny device shaped like two open umbrellas joined at the handles that is placed in the heart via tubes extending up from veins in the leg.

After the procedure, patients will report each month on migraine frequency, intensity and duration. Researchers will compare the groups after one year.

"There's a lot we don't understand about migraines," Kavinsky says. "But this study should help us learn more and perhaps ultimately ease the suffering of thousands of people who have migraines related to this heart abnormality." ■

**MORE** MIST II is expected to enroll about 15 patients at Rush. If you're interested in participating, contact Christina Giannoulis at (312) 942-9489 or e-mail [clinical\\_trials@rush.edu](mailto:clinical_trials@rush.edu). For more information, go to [www.rush.edu](http://www.rush.edu).

# RUSH UPCOMING EVENTS

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

## Epilepsy: New Treatments and Mood Disorders

Thursday, Dec. 13

6 to 8:30 p.m.

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

Advances in medicine have brought many new therapies to people who have epilepsy and the mood disorders associated with epilepsy. As an academic medical center, Rush remains on the leading edge of these new technologies. Please join us as experts at Rush discuss the latest surgical and nonsurgical options for people with epilepsy.

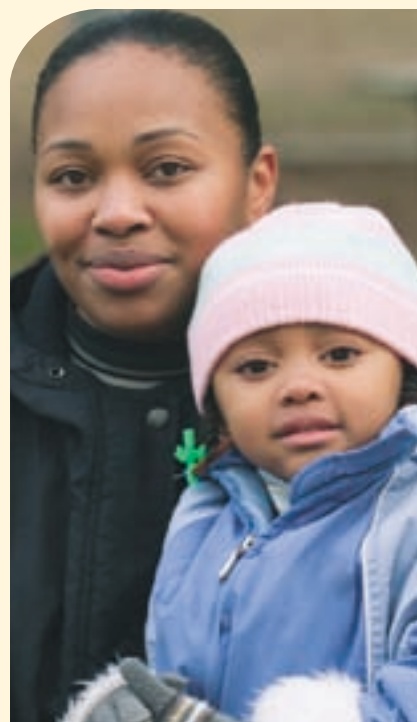
## Advancements in Lung Cancer Treatment

Saturday, Jan. 19

9 to 11:30 a.m.

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

In 2007, there will be more than 200,000 new cases of lung cancer diagnosed in the United States. New diagnostic and treatment strategies are providing hope for the future of fighting this grave disease. Join medical oncology, thoracic surgery and radiation oncology experts from Rush as they discuss the latest investigational treatment studies and groundbreaking research. Other topics include lung cancer screening, novel targeted therapies, advanced chemotherapy approaches, the latest



radiation treatments and minimally invasive surgical options for both early and advanced lung cancer.

## The Culture of a Woman's Heart

Wednesday, Feb. 20

5:30 to 7:30 p.m.

Searle Conference Center  
Room 542, 1725 W. Harrison St.

You may be aware that heart disease affects women differently than men, but did you know that ethnicity can create additional risk factors? Join women's heart experts at Rush for an informative program that will outline your individual risk factors based on your ethnicity and explain how you can be proactive about your heart health. Breakout sessions for African-American, Asian, Caucasian and Latina groups will follow the main presentation. Light refreshments will be served. All attendees will be entered into a free raffle drawing for fun prizes.

## 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.

### Pérdida de la Memoria y la Demencia: Causas, Diagnósticos y Tratamientos

Miércoles, 12 de diciembre

1:30 a 3 p.m.

¡Según envejecemos surgen muchas preguntas sobre la memoria y nuestro estado cognoscitivo! Acompañenos mientras expertos de Rush responden a sus preguntas en el área de pérdida de la memoria y la demencia.

### Complementary and Alternative Medicine

Wednesday, Jan. 9

1:30 to 3 p.m.

More and more patients are seeking alternative treatment options from their health care providers. Ask questions and learn about complementary and alternative medicine from experts in the field.

### Boomers' Retirement Reinvention Strategies

Saturday, Jan. 26

Noon to 1:30 p.m.

Baby boomers are now negotiating work on their own terms, becoming more involved in their communities and finding new uses for leisure time. Come discover the top three retirement trends for baby boomers and practical steps to discovering exciting opportunities for the next phase of your life.

### Stroke: Know the Warning Signs

Wednesday, Feb. 13

Noon to 2 p.m.

Experts will present vital information about how to reduce your risk of having a stroke and how to best respond to the warning signs.

### Gastrointestinal Health and Colon Cancer: Everything You Need to Know

Wednesday, Feb. 27

1:30 to 3 p.m.

Experts at Rush will discuss gastrointestinal health, and participants will receive a free colon cancer screening quiz. Also learn how stress and anxiety affect your gastrointestinal tract, and develop techniques to manage your overall health.



**WEB** Do you want helpful information delivered directly to your e-mail inbox each month? Sign up for *Discover Rush Online*, our monthly e-newsletter, at [www.rush.edu/discover](http://www.rush.edu/discover).

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

## Quality rankings help you choose the care that's right for you

When you're buying a new car, you might check Consumer Reports to find out how the model you like measures up to the competition. But how do you assess the quality of medical care when selecting which hospital is right for you? It may not seem so easy for the average patient.

Fortunately there are organizations that help: The Joint Commission, the University HealthSystem Consortium (UHC) and U.S. News & World Report are a few of the key organizations that assess medical care through either accreditation or a ranking system.

### Survey says: Rush makes the grade

Just as the Department of Public Health inspects restaurants, the Joint Commission visits hospitals to make sure they are upholding appropriate standards of care.

Last year, the Joint Commission instituted a new method of surveying patient care: following patients from the moment they enter the hospital, through treatment to when they leave, by reviewing medical charts for appropriate documentation and by interviewing hospital staff.

At their most recent visit to Rush University Medical Center in September 2006, the Joint Commission surveyors re-accredited the Medical Center for the next three years. Further, they reported on Rush's outstanding nurses, the clear involvement of its medical staff in safety and quality issues, the cleanliness of the Medical Center, and the coordination of services across different clinical areas.

### A review by peers

UHC is an alliance of nearly 90 percent of the nation's nonprofit academic medical centers. Based on patient outcomes data that measure patient safety, mortality, efficiency and equity of care, UHC's rankings are entirely objective.

In the most recent rankings, Rush was ranked in the top five academic medical centers in the nation. And for the third year in a row, Rush received a perfect score in the category "equity

of care." This ranking measures the extent to which patients receive the same quality of treatment and have the same outcomes regardless of their gender, race or socioeconomic status.

### Among the nation's best hospitals

When *U.S. News & World Report* released its annual "Best Hospitals" issue this July, only 173 medical centers out of the 5,462 hospitals evaluated made the cut in one or more specialties. Rush was ranked in 11 out of 16 — more specialties than any other hospital in Illinois. And in three specialties — orthopedics, kidney diseases and geriatrics — Rush programs were rated the highest in Illinois.

Hospitals are ranked by specialty areas, not specific procedures, so that patients can choose hospitals based on their expertise in treating a variety of illnesses within that area.

What does this mean to you, the patient? It means, for example, if your heart disease worsens to the point that a transplant is needed, a hospital ranked within the top 50 best hospitals in the country for heart and heart surgery should be able to handle the full continuum of heart disease care, not just one or two procedures.

*U.S. News & World Report* rankings are based on three equally weighted elements: reputation, mortality rate and care-related factors — such as patient volume, availability of nurses and advanced technology. ■



**WEB** For other current clinical trials, visit [www.rush.edu/clinicaltrials](http://www.rush.edu/clinicaltrials).

## Clinical Trials at Rush

### EARLY RHEUMATOID ARTHRITIS STUDY

The Department of Rheumatology is conducting a study to compare the safety and efficacy of a combination therapy compared to a monotherapy in subjects with early rheumatoid arthritis. Treatment will be assigned randomly.

Participants must meet the following criteria:

- Be at least 18 years old
- Have had rheumatoid arthritis for less than one year

This is a partial list of inclusion and exclusion criteria.

**CALL** For more information, please contact Rita Tharpe at (312) 563-2956.

### PARKINSON'S DISEASE STUDY

The Department of Neurological Sciences is participating in a large Parkinson's disease study to determine if creatine is more effective than placebo in slowing the clinical decline of patients with early, treated Parkinson's disease. "Treated" is defined as receiving dopaminergic therapy (dopamine agonists or levodopa) for more than 90 days but less than two years. Patients will be assigned randomly to receive creatine or placebo.

Participants must meet the following criteria:

- Be willing and able to give informed consent to commit to long-term follow-up (a minimum of five years)
- Have Parkinson's disease (asymmetric features including bradykinesia plus resting tremor and/or rigidity) within five years of diagnosis

This is a partial list of inclusion and exclusion criteria.

**CALL** For more information, please contact Jeana Jaglin at (312) 563-2900. ■



# Quality nursing care: **Above and beyond**

WHEN A HOSPITAL is awarded Magnet status from the American Nurses Credentialing Center, that means its nurses are among the top 5 percent nationwide — the cream of the crop. And Rush University Medical Center's nurses have received this prestigious four-year designation twice.

For patients like Barbara Harris who are battling life-threatening illnesses, being cared for by top-notch nurses — especially ones specifically trained in different specialties like many of the nurses at Rush — is essential to their physical and emotional well-being.

Harris has been coming to Rush since being diagnosed with breast cancer in 2005. She was then diagnosed

with Hodgkin's lymphoma in 2006 and is currently being treated for non-Hodgkin's lymphoma.

It was during her first visit to the hematology clinic at Rush that Harris met the clinic's nurse coordinator, Theresa Asai, RN, BSN. Asai made an immediate and lasting impact on her patient — so much so that Harris was among the more than 30 patients and colleagues who nominated Asai for the Leukemia Research Foundation's 2007 Nurse of the Year Award.

"On the days I had chemotherapy, Theresa would call me that evening or the next day to see how I was doing," Harris says. "She extended care and comfort beyond the call of duty."

The award recognizes highly skilled, dedicated and compassionate nurses, so it's not surprising that Asai was chosen as a recipient. In fact, she is the third nurse in her department to win the award.

## Working as a team

Although many nurses at Rush receive individual awards, it's their willingness to work collaboratively with their fellow nurses and with physicians and other staff that has the greatest effect on patient care.

"The nurses act as a team," Harris says. "They're always willing to help you, even if you're not their patient." That's because Asai constantly

preaches the importance of teamwork to her staff.

"We don't work alone," she says. "We are here to help wherever and whenever we are needed — in the clinic or in the department — to meet every patient's needs."

For Asai and the rest of Rush's Magnet nurses, providing that something extra to help ensure patients' physical and emotional well-being is all in a day's work. ■

**WEB**

To learn more about the award-winning nurses at Rush, visit [www.rush.edu/discover](http://www.rush.edu/discover) and click on "Nursing at Rush."

## DISCOVER RUSH

RESULTS ARE IN!

### Rush one of the top hospitals in the nation

You can take comfort in knowing that you have access to quality care at one of the best hospitals in Illinois.

- Rush ranked among the top five academic medical centers in the nation.
- *U.S. News & World Report* ranked Rush higher than any other hospital in Illinois in orthopedics, kidney diseases and geriatrics.

Read more about these recognitions on page 7. ■

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

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