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From the Research and Clinical Trials Administration Office

Cartilage Autograft Implantation System Study

The Department of Orthopedics is participating in a pilot study to evaluate the safety and performance of the Cartilage Autograft Implantation System (CAIS) for primary surgical treatment of articular cartilage lesions on the femoral condyle.

To qualify, participants must:

- Have articular damage (ICRS Grade III or less) on femoral condyle (medial, lateral or trochlear groove) with sufficient healthy, non-weight-bearing cartilage for harvest
- Be candidates for primary surgical treatment
- Be between the ages of 18 and 55

For more information, please contact Brian Cole, MD, at bcole@rushortho.com. Prospective patients should contact Michelle Foulke at (312) 432-2381.

Hallucinations and Sleep Disturbances in Parkinson's Disease

The Department of Neurological Sciences, Section of Movement Disorders, is participating in a study looking at the treatment of hallucinations and sleep disturbances in patients with Parkinson's disease.

To qualify, participants must:

- Be between the ages of 40 and 85
- Have idiopathic Parkinson's disease
- Have had bothersome chronic hallucinations (visual, auditory, tactile or olfactory) two or more times a week for at least two months*
- Have troublesome nocturnal sleep disturbances*

For more information, contact Jennifer G. Goldman, MD, at (312) 563-2900. Prospective patients should contact Luci Blasucci at (312) 563-2900.

*As determined by a movement disorders physician at the time of the patient's first office visit.

RUSH Programs and Services Spotlight

The RUSH University Hypertension Center

For the past 14 years, the RUSH University Hypertension Center has been a nationwide leader in the treatment of hypertension, providing care for more than 2,000 of the region's most difficult-to-treat hypertensive patients.

The center assesses patients, typically for a second or third opinion, who have had difficulty with blood pressure control, or who have cardiovascular problems or kidney disease. Many of their patients have resistant hypertension, a blood pressure reading (top and/or bottom) of higher than 140/90 mm Hg even during triple-drug therapy. Because of their expertise, physicians at the hypertension center are able to achieve blood pressure control in 65 to 70 percent of these patients — a rate few other places in the world can achieve. In fact, the national average for controlling blood pressure for all people with hypertension who are being treated is just 34 percent.

The center also offers:

- Expertise in the care of patients with secondary hypertension — high blood pressure due to a specific cause, such as a blocked kidney artery or a tumor — and people with diabetes and chronic kidney disease.
- Ambulatory blood pressure (ABP) monitoring, using a small portable device to record a patient's blood pressure measurements at regular intervals throughout the day and night. This is used to diagnose "masked" hypertension (normal readings in the doctor's office but elevated readings everywhere else) and "office resistance" (treated patients with elevated readings in the doctor's office but normal readings everywhere else, also called "white coat hypertension"), which affect millions of people but often go undiagnosed.

Physicians at the center work with referring physicians to meet the needs of each patient. "It's up to the referring physician to determine what our role in the patient's care will be," says director Henry R. Black, MD, who recently played a major role in revising the national hypertension guidelines. "We have the flexibility to give a consultation and provide a roadmap of how medications should be administered, or to take care of patients until their blood pressure is under control — whatever is in the best interest of the patient."

Participating Physicians

RUSH University Hypertension Center
1700 W. Van Buren St.,
Suite 470
(312) 942-3133

Henry R. Black, MD, director

William J. Elliott, MD, PhD

Philip R. Liebson, MD

focus on CONTINUING MEDICAL EDUCATION

Upcoming CME courses at RUSH

From Primary Care to Surgical Care — A Multidisciplinary Approach to Managing the Female Pelvic Floor

Saturday, October 7, 2006

8 a.m. to 2:45 p.m.

Credit hours: 7

Sponsor: The Program for Abdominal and Pelvic Health

Location: Maggiano's, 111 W. Grand Ave., Chicago

Cost: \$25

Contact: Mary P. Kraus, program manager, Program for Abdominal and Pelvic Health at RUSH

Phone: (312) 942-7274

E-mail: mary_p_kraus@rush.edu

33rd Annual RUSH University Medical Center Course on Computed Tomography and Magnetic Resonance Imaging of the Brain, Head, Neck and Spine

October 16 – 17, 2006

8 a.m. to 5 p.m. (both days)

Credit hours: 15

Sponsoring department: Department of Diagnostic Radiology and Nuclear Medicine

Location: Omni Chicago Hotel, 676 N. Michigan Ave., Chicago

Cost: \$550.00

Contact: Michael S. Huckman, MD, Department of Diagnostic Radiology and Nuclear Medicine

Phone: (312) 942-5781

E-mail: mhuckman@rush.edu

Clinical Corner

New Surgery for Back Pain Focuses on Preserving Motion in the Spine

Traditionally, the surgical solution to back pain caused by disc degeneration has been spinal fusion, which generally includes removal of the affected discs and fusion of the vertebral segments. Over time, the bone grows, fusing the vertebrae together. This prevents any motion in the area, thereby reducing pain.

The Spine and Back Center at RUSH is now offering a new technique as an alternative to fusion. The innovative Dynesys Spinal System uses the same surgical approach as traditional fusion surgery but employs flexible materials instead of the stainless steel or titanium typically used in fusion. The flexible material effectively supports the spine and preserves anatomical structures without rigidity, enabling the spine to function more normally. The recovery time — about three months — is also far less than the six to nine months of recovery time after spinal fusion.

Frank Phillips, MD, an orthopedic surgeon at RUSH, has been performing the surgery on patients who are experiencing a mild degree of instability in the lumbar region. These patients would typically undergo fusion surgery but would not be candidates for artificial disc replacement. “My patients have all done better than expected with the Dynesys System,” Phillips says. “It’s another tool, along with disc replacement, in our move toward motion preservation.”

Progress Notes

Lois K. Halstead, PhD, RN, has been appointed to the newly created position of vice provost for university affairs. In this role, she will have overall accountability for the operations of RUSH University. Halstead has been at RUSH since 1984 in a variety of roles, most recently as associate dean in the College of Nursing, and for the past year she has been acting dean of the College of Nursing.

Paul J. Jones, MD, has been appointed to the newly created position of associate provost for student affairs. He will be responsible for enrollment services, student life and student community service activities throughout the university. Jones is currently assistant dean for medical student programs in RUSH Medical College.

INTRODUCTIONS

The following is a list of physicians who joined the Medical Staff of RUSH University Medical Center between May 1, 2006, and June 30, 2006. The Medical Staff Office and the Office of Marketing Communications have made every effort to publish accurate information that is as complete as possible; however, if the information below is incorrect or we have omitted information, we apologize and ask that you contact Muriel Coleman in the Medical Staff Office at (312) 942-5496.

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FOR OUR PATIENTS

New Navigator Provides Vital Assistance for Cancer Patients

RUSH has partnered with the American Cancer Society (ACS) to provide a valuable resource for cancer patients and their families: a full-time patient navigator. **Erin Kessler, LCSW**, has been selected to take on this newly created role at RUSH.

Before coming to RUSH, Kessler was a social worker at the University of Chicago Hospitals. In her new position at RUSH, she helps patients and their families access support services, provides useful information and removes potential roadblocks so that patients can receive the best cancer treatment care possible. She meets with patients, either by phone or in person, to assess their needs and to provide the necessary support. She can help patients:

- Access transportation services
- Locate support groups and local ACS programs
- Apply for financial grants
- Obtain referrals to community services
- Get wigs
- And more

Although she is an employee of the ACS, Kessler has an office in Suite 809 of the Professional Building and works closely with RUSH staff to provide quality care for RUSH patients. She maintains records of all requests for service, information and support, and keeps track of services provided unmet needs.

To contact Erin Kessler, please call (312) 563-2409 or page 85-7301.

NEWS TO USE

Project Uses Technology to Target and Treat Depression in Older Adults

Robyn Golden, MA, LCSW, director of older adult programs, and **Stan Lapidus, MS**, project manager, Department of Preventive Medicine, are spearheading a project called BRIGHTEN: Bridging Resources of an Interdisciplinary Gero-mental Health Team via Electronic Networking, which is being supported by a three-year grant from the Retirement Research Foundation of Chicago. **Laurie Bederow, LCSW**, is BRIGHTEN project coordinator.

BRIGHTEN will apply new approaches to identify and treat depression in older adults by screening patients in four diverse medical practices: **RUSH University Internists; Kehoe, Palmer and Djordjevic, SC; University Neurosurgery** and **Rehab Associates of Chicago**. The project will offer an assessment and treatment plan specific to each individual’s needs through a coordinated, interdisciplinary treatment program, which will include specialties not routinely involved in depression-treatment programs.

The team will use e-mail, fax and telephone conferencing to hold discussions about each patient with other clinicians, such as occupational therapists, physical therapists and dietitians. With this approach, physicians can pool their expertise even if they can’t physically meet to discuss cases due to time or travel constraints. This should result in more comprehensive, cohesive care and better outcomes for patients with depression.