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Clinical CORNER

Study Shows Association Between Pain and Menopausal Status

Past research studies have described musculo-skeletal pain as one of many commonly reported physical symptoms in women transitioning through menopause.

In a recent study of more than 2,200 women representing a diverse group of ages, ethnicities, lifestyles and medical conditions, physicians and researchers at RUSH sought to determine if reports of pain were different in pre- and postmenopausal women. They found that women do experience greater pain symptoms after menopause than before.

The study also looked at whether the link between pain and menopausal status could be explained by age or race or medical, lifestyle and psychosocial factors. But none of those factors had a significant impact on the finding that postmenopausal women reported more pain, according to co-principal investigator Sheila Dugan, MD. A soon-to-be-published follow-up study by Dugan and her colleagues did, however, show that mid-life women who were physically active reported less pain than those who did little or no physical activity.

According to Dugan, future studies will look at whether the increase in pain after menopause is due to lack of estrogen, a shift in the estrogen-testosterone ratio or another factor.

Kudos

Cardiovascular surgeon **Walter J. McCarthy, MD**, was recently named the president of the Midwestern Vascular Surgical Society.

RUSH Programs and Services Spotlight

Stroke Program

The comprehensive Stroke Program at RUSH provides a continuum of care for stroke patients, from diagnosis through rehabilitation; intensive risk factor reduction and stroke prevention; and emotional support for patients and their families.

RUSH recently welcomed two new stroke neurologists, **Vivien Lee, MD**, and **Shyam Prabhakaran, MD**, to the stroke team. Lee and Prabhakaran collaborate with neurologists, neurosurgeons, neuroradiologists, cardiologists, vascular surgeons, stroke nurses and other health professionals to provide both standard and innovative therapies for patients with acute ischemic and hemorrhagic stroke.

Physicians at RUSH have been leaders in developing and testing new procedures and devices for preventing stroke and for improving stroke treatment. **Demetrius Lopes, MD**, Chicago's first fellowship-trained endovascular neurosurgeon, was the first in Illinois to use Wingspan, the first stent specifically designed for use in the brain. In July, he became the first in the Midwest to begin testing the Penumbra System, an investigational technique that uses suction to remove clots that cause acute ischemic stroke.

Other important features of the program include the following:

- A large, multi-bed neuro-ICU with a dedicated CT scanner.
- On-site acute rehabilitation services. Stable patients often begin rehabilitation 24 to 48 hours after a stroke, starting with in-bed physical, occupational and speech therapy.
- An outpatient stroke education and support group for survivors and caregivers that meets the first Wednesday of each month, 6 to 7 p.m., in the Waud Resource Center.

The program is currently trying to achieve primary stroke center certification by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). As part of this process, Lee and Prabhakaran are working to develop and implement standard stroke protocols, educate residents and staff, and increase their collaborations with neurosurgery and radiology.

In the future, Lee and Prabhakaran will attempt to forge relationships with community hospitals to increase referrals of stroke patients who require a higher level of care; develop a research program focused on clinical investigation; create a telemedicine network in Illinois; and restructure the current EMS system to improve hospital pre-notification and appropriate triage of acute stroke patients.

New Stroke Neurologists:

Vivien Lee, MD
Shyam Prabhakaran, MD

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Suite 1121
(312) 563-2196

Stroke Program Coordinator:

Candace Acevez, RN
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Endovascular Neurosurgeon:

Demetrius Lopes, MD
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Early referrals to the stroke program are recommended for patients with the following:

- Stroke
- Transient ischemic attacks
- Carotid stenosis
- Intracranial stenosis
- Arteriovenous malformations
- Aneurysms
- Stroke associated with patent foramen ovale, a coronary anomaly
- Any complicated cerebrovascular condition

Early consultation with a stroke neurologist is encouraged in the ER for patients with acute stroke (from onset up to 12 hours). The use of acute stroke pathways is encouraged in eligible patients.

focus on CONTINUING MEDICAL EDUCATION

Upcoming CME courses at RUSH

Protease Inhibitors and Tolerability: Perspectives for Successful Management of the Treatment-Naive Patient

Online

Release date: May 15, 2006

Expiration date: May 15, 2007

Credit hours: 1.5

Sponsoring department: Department of Medicine, Section of Infectious Diseases

Location: www.clinicalcareoptions.com

Cost: N/A

Contact: Jessica Bair, Discovery Institute of Medical Education

Phone: (312) 553-8032

E-mail: jessica.bair@dimed.org

Optimal Management of HIV Disease: Clinical Conference XV

March 8-11, 2007

Credit hours: 12

Sponsor: Department of Medicine, Section of Infectious Diseases

Location: Westin Diplomat, Hollywood, Fla.

Cost: Before December 1, 2006, \$300;

after December 1, 2006, \$325; on-site registration, \$350

Contact: Ken Reiss, HLR Communications, 630 Brooker Creek Blvd., Suite 300, Oldsmar, FL 34677

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From the Research and Clinical Trials Administration Office

Latino Alzheimer's Study

The RUSH Alzheimer's Disease Center is taking part in a nationwide study to evaluate the safety and effectiveness of ARICEPT, an FDA-approved medication for Alzheimer's disease, in Latino patients. More than 200,000 Latino older adults currently suffer from Alzheimer's disease and related dementia; that number is expected to be 1.3 million by 2050. Previous studies of ARICEPT have not specifically looked at the Latino population, however. Participants will receive free study-related physical exams, lab work, electrocardiograms, cognitive evaluations and ARICEPT.

To qualify, participants must meet the following criteria:

- Be 50 years or older
- Be Latino
- Have memory problems or be diagnosed with Alzheimer's disease
- Not be on any prescription medication for memory problems or Alzheimer's disease

For more information, please contact Raj C. Shah, MD, at (312) 563-2902. Prospective patients should contact Juno Chang at (312) 942-2312.

Refractory Epilepsy Study

The Department of Neurological Sciences is participating in an investigational study of responsive stimulation for treating refractory epilepsy in patients who are not being adequately helped by antiepileptic drugs and are not candidates for epilepsy surgery. A small implantable device detects abnormal electrical activity in the brain and delivers small amounts of electrical stimulation to suppress seizures before symptoms occur. Study participation will last two to three years.

To qualify, participants must meet the following criteria:

- Experience disabling motor simple partial seizures, complex partial seizures and/or secondarily generalized seizures
- Have failed treatment with a minimum of two antiepileptic medications
- Be between the ages of 18 and 70 years
- Have no more than two epileptogenic regions in the brain

For more information, please contact Michael C. Smith, MD, at (312) 942-5359. Prospective patients should contact Deborah Zielinski at (312) 942-5939.

Progress Notes

Robert S. D. Higgins, MD, has been appointed co-medical director of the Surgical Intensive Care Unit, along with **David Rothenberg, MD**. Higgins is chairperson of the Department of Cardiovascular-Thoracic Surgery and brings many years of surgical critical care experience to this new position.

Omar Lateef, DO, has been appointed medical director of Medical Intensive Care Unit. Lateef is a pulmonary and critical care physician and an assistant professor of medicine in the Department of Internal Medicine, focusing on both pulmonary and critical care medicine and sleep medicine on an inpatient and outpatient basis.

INTRODUCTIONS

The following is a list of physicians who joined the Medical Staff of RUSH University Medical Center between July 1 and August 31, 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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EYE on QUALITY: JCAHO Update

We can all breathe a little easier now that our first unannounced Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey is over and the Medical Center has been re-accredited for the next three years. Thank you for your efforts to ensure a successful survey.

The survey team, which was here from September 25-29, comprised two physicians, two registered nurses, a behavioral health social worker and, for the first time, a life safety specialist. During the five-day survey, the ambulatory surveyor visited eight of our off-site clinics, and the social worker visited all of our behavioral health sites.

This year, surveyors began using the "tracer methodology," which involves pulling random patients' charts and "following" them throughout their hospital stays. On the whole, the surveyors were impressed with our organization, particularly our ability to continuously provide safe, high-quality patient care — especially given the size and complexity of RUSH. In addition to the more than three million-square-foot main campus, RUSH owns more than 70 ambulatory care sites.

There are, however, seven "requirements for improvement" (RFIs) — areas in which we must continue to improve. They include the following:

- **Do not use abbreviations.** The Do Not Use list is available on the intranet at <http://iris.rush.edu/him/docs/unsafe.pdf>. While we still need to improve more in this area, surveyors noted that we had made more progress than most institutions on this national patient safety goal.
- **Advance directives.** Surveyors found charts that lacked documentation of this vital information. All staff caring for the patient should know the patient's wishes; if there is no documentation of an advance directive in the chart, one should be obtained. We are reviewing our overall system for obtaining advance directives and will share with you a revised process soon.

Quality Improvement is working on corrective action plans for all of the RFIs, because JCAHO can return for a full survey as early as 18 months from now to check that we have resolved these issues. We are also examining ongoing processes to improve our level of excellence — as well as to improve readiness for future unannounced JCAHO visits.

If you have questions, please contact Quality Improvement at (312) 942-5499.