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Nashville Medical News

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On Rounds

Nashville Corneal Specialist Debuts Procedure to Delay Transplantation

BY CINDY SANDERS

Tracian Meikle, a 20-year-old student attending The University of the South, has become the state's first patient to fight the debilitating affects of advanced keratoconus with a combination procedure utilizing the laser implantation of Intacs® prescription inserts with CK radio wave treatment.

Last month, Dr. Ming Wang, clinical associate professor of ophthalmology and director of Wang Vision Institute in Nashville, performed the combination procedure as an alternative to corneal transplant in an effort to restore Meikle's sight. Prior to the procedure, her condition had progressed to a point where she only had 10 percent vision remaining in her left eye. Not long ago, her only real option would have been corneal transplant, which carries with it the associated risks of major surgery, infection, blindness and graft rejection.

Dr. Ming Wang
Wang Vision Institute

Keratoconus is a progressive disease impacting approximately 300,000 people in the United States. Patients with the condition, which causes a thinning of the cornea, can get by with standard corrective lenses for awhile. As the corneal wall sags over time, it

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Benefits and the Bottom Line

Evaluating Options to Keep Everyone Happy

BY CINDY SANDERS

Physicians are all too well aware of the insurance cost crunch … after all, they are simultaneously receiving reduced reimbursements and notices of premium increases, causing a squeeze at both ends.

Still, providing health insurance for employees is a key factor in attracting and retaining a highly qualified staff. So what are an employer's options?

Ron Perry, president of LBMC Employment Partners, LLC, an affiliate of Lattimore Black Morgan and Cain, says, "There's just not any silver bullet out there, really."

Despite that, he adds, there are options open to employers that can shift or partially mitigate some costs.

Employment Partners has clients in all industries, including healthcare, and works with businesses on a full range of management and

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Nashville Researchers Advance Treatment of Deadliest Form of Cancer

BY NICK CHARLES

Both of the major research institutions in Nashville are currently involved in lung cancer research that may lead to earlier diagnoses and more effective treatment of the disease.

The Vanderbilt-Ingram Cancer Center is leading a study supported by the National Cancer Institute (NCI) to identify the molecular signatures of lung cancer. By evaluating changes in the patterns of proteins, the researchers hope to find ways to diagnose lung cancer earlier. "There are six grants funded by the NCI," says David P. Carbone, MD, PhD, Harold L. Moses Professor of Cancer Research at Vanderbilt. "The grants are for

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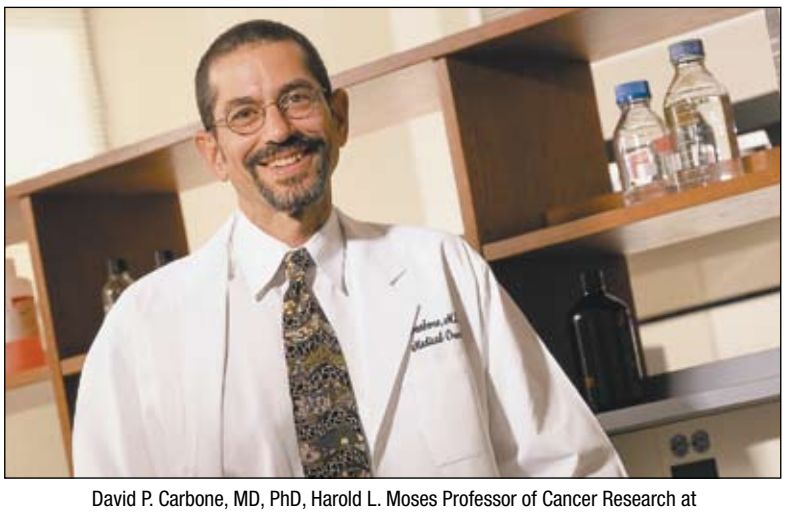

David P. Carbone, MD, PhD, Harold L. Moses Professor of Cancer Research at Vanderbilt and Principal Investigator of the NCI-supported grant

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An Ounce of Prevention to Cure Pounds

Medical Groups Work to Combat Childhood Obesity

BY CINDY SANDERS

Obesity has become a national epidemic. With nearly 30 percent of the adult American population defined as obese (a body mass index of 30 or more) and 65 percent considered overweight or obese, it is a problem that impacts every state, every race and every socioeconomic level.

Furthermore, the onslaught of comorbid conditions attached to obesity – diabetes, hypertension, heart disease, arthritis – not to mention the increased risk for even more diseases including many forms of cancer, means that weight gain has a far-reaching impact on Americans' health and the nation's healthcare system.

Overweight and obesity are not just adult problems, however. Prevalence rates in youth have also been steadily rising. To combat the current problem and work to stem the tide, both the Institute of Medicine (IOM) and the American Academy of Pediatrics (AAP) have formed study groups.

Dr. Douglas Kamerow, chief scientist and health, social and economics researcher for the Research Triangle Institute International and an IOM committee member, quoted the latest youth statistics, saying, "Since the 1970s, the prevalence of obesity doubled for ages two through five and 12 through19 and tripled for ages six through 11."

These alarming statistics have helped bring the problem into national focus. As with adults, the root causes of overweight and obesity among children are multifactorial. Too much screen time (television, computer and video games), too little physical activity, too few opportunities to just go outside and play, too many high-calorie/high-fat foods, too much food marketing to children, and portion sizes that are far too big are among the contributing factors to the national epidemic.

Dr. Douglas Kamerow
Research Triangle Institute International and an IOM committee member

Just as the problem is multifaceted, finding ways to change the path America is on will take a multidisciplinary approach. As with any health condition, an ounce of prevention is worth a pound of cure … or in this case perhaps will cure pounds. That's the approach both the AAP and IOM are taking.

Cathy Liverman, the senior staff person for the IOM Committee on Prevention of Obesity in Children and Youth, says the IOM's project came about by Congressional request that the CDC work with the IOM to look at prevention strategies. With a grant from the Robert Wood Johnson Foundation and in collaboration with several NIH divisions and institutes, the Department of Health, and the CDC, the IOM committee released "Preventing Childhood Obesity: Health in the Balance" in September 2004. Liverman says the IOM is in the midst of a follow-up and has already published or is working on several related reports.

Using the broad view of childhood as extending from infancy through the age of 18, the group took an ecologic approach, looking at the multiple concentric circles that surround an individual child such as family, school and community; the food, entertainment and recreation industries; and federal and state governments.

"It's so much harder than tobacco in many ways because you've got to eat," Liverman says, of finding an effective way to market obesity prevention

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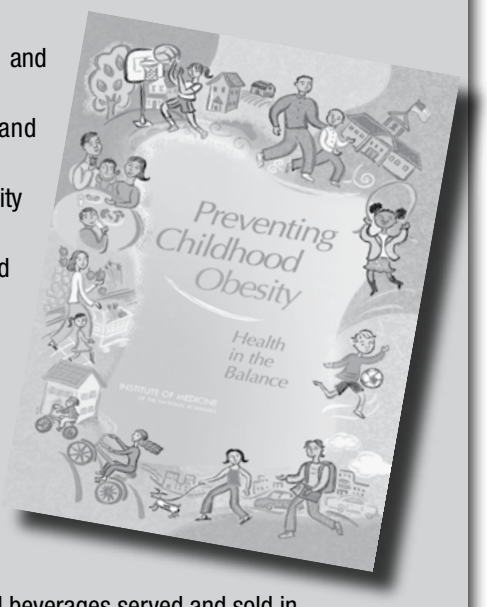
Key Recommendations from IOM

To immediately confront the obesity epidemic and try to turn the tide on childhood and adolescent weight gain, the IOM committee members released action steps for a number of stakeholders. Below are some of the suggestions. For additional information, please go online to www.iom.edu. Click on "food and nutrition" and then scroll down to "reports." Select "Preventing Childhood Obesity: Health in the Balance." The report brief is available at no charge or the full report can be purchased. There are also fact sheets and a progress report available.



Federal Government

- Establish an interdepartmental task force and coordinate federal actions.
- Develop nutrition standards for foods and beverages sold in schools.
- Fund state-based nutrition and physical activity grants with strong evaluation components.
- Develop guidelines regarding advertising and marketing to children and youth.

State & Local Governments

- Expand and promote opportunities for physical activity in the community through changes to ordinances, capital improvements and planning.

State & Local Education Authorities/Schools

- Improve the nutritional quality of foods and beverages served and sold in schools and at school-related activities.
- Increase opportunities for frequent, engaging, and more intensive physical activity during and after school.
- Develop, implement and evaluate innovative programming for both staffing and teaching about wellness, healthful eating and physical activity.

Industry & Media

- Develop healthier food and beverage product and packaging innovations.
- Expand consumer nutrition information.

Healthcare Professionals

- Routinely track body mass index in children and youth and offer appropriate counseling and guidance to children and their families.

Community & Nonprofit Organizations

- Provide opportunities for healthful eating and physical activity in existing and new community programs, particularly for high risk populations.

Parents & Families

- Engage in and promote more healthful diet and active lifestyles including a reduction in screen time and increase in physical activity.

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to the public.

Another obstacle to creating hard and fast prevention or treatment protocols is a lack of data.

"The first item in the report is to make it clear that the current research to the treatment and prevention of obesity has not provided us with absolute known approaches that can guarantee success over the long-term," says Dr. Dennis Bier, IOM committee member and director of the Children's Nutrition Research Center for Baylor College of Medicine. "Each approach is a hypothesis right now because there is no absolute proof."

Despite that, the committee made it clear stakeholders must move forward using the best available evidence. Bier notes the committee is asking that as programs are launched, those involved include a mechanism to measure success and hopefully share that information for the collective good.

For their own recommendations, Liverman says, "We focused on the energy balance," adding their strategic plan comes back to adjusting energy that comes in through food intake with energy burned through physical activity to maintain a healthy balance.

"Any attempts to violate this principle are doomed to failure," Bier states. "There's no magic bullet."

He adds the next guiding principle for the IOM group was the belief that while no one segment of society was to blame for the nation's obesity problem, many sectors have contributed to the epidemic. Therefore, the committee reasoned, each sector could help or hinder the fight to maintain the energy balance. (See box on page 3 for some of the recommendations).

Because the problem is so layered in society, it will take a concerted effort … and funding … to make a difference.

"The solutions aren't easy," Bier readily admits. "If they were easy, we'd have solved this by now."

The committee had specific recommendations for many of the sectors. For example, communities can assist in the fight by providing safe places for children to play, creating bike paths or providing sports fields. Schools are being asked to reevaluate their menus and look at the competitive foods offered through vending machines and in *a la carte* lines. The committee wants the food industry to look at the way it packages and markets foods. An example of recent progress is the new presence of "100 calorie" snack packages in local grocery stores.

Another key stakeholder community is, of course, healthcare providers.

Dr. Kamerow says the healthcare audience was divided into four parts — professionals who care for children, their national organizations, their training programs and certification entities, and their payers including health plan organizations, insurers and creditors.

For the first group, Kamerow says, "We recommend they routinely check children's body mass index … that it becomes a vital sign."

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A Weighty Problem for All Ages in the Southeast

In the late summer of 2005, the Trust for America's Health released a report on adult obesity rates and costs derived from their analysis of CDC data and the U.S. Department of Health and Human Services.

While the news wasn't particularly good anywhere — even the most fit state, Colorado, has obesity rates of nearly 17 percent — the Southeast fared particularly poorly.

Based on 2004 statistics, the five most obese states in America as defined by percent of total population with a body mass index of 30 or more were Mississippi (29.5 percent), Alabama (28.9 percent), West Virginia (27.6 percent), Tennessee (27.2 percent) and Louisiana (27 percent).

Furthermore, the analysis found the alarming trend of rising prevalence rates continues. Nationally the number of obese adults rose from 23.7 percent in 2003 to 24.5 percent in 2004.

The cost of all that extra weight takes both a medical and financial toll. HHS estimates that obesity costs the nation more than $117 billion annually in direct and indirect costs, which includes $61 billion in direct medical costs for the treatment of co-morbid conditions such as diabetes and hypertension.

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More Options Available for Weight Loss Surgery

BY KATHY WHITNEY

The number of bariatric surgeries for weight loss performed in the United States is on the rise. According to an article in the December issue of *Archives of Surgery*, that number increased by 450 percent between 1998 and 2002. The authors of the article, researchers from the University of California, Irvine Medical Center, believe the growth could be linked with the use of minimally invasive laparoscopic techniques. Local surgeons who routinely perform weight loss surgery agree.

"There is no question that the laparoscopic procedure has made it more palatable for patients and has been one of the major reasons for the increased numbers of procedures being performed," said Dr. Bill Richards, director of laparoendoscopic surgery and medical director of the Bariatric Surgery Center at Vanderbilt University Medical Center.

"The laparoscopic procedure is associated with much less pain, hospitalization and risk of incisional hernias. It is, however, not a simpler procedure because the same exact procedure is performed in the open and laparoscopic gastric bypass operations. It is much easier on the patient, but the technical difficulty for the surgeon is immense."

Bariatric surgery has come a long way since its inception in the 1970s. The original procedure, known as jejunoileal bypass (JIB), was a very effective procedure with horrible side effects, said Dr. Al Spaw, a renowned laparoscopic surgeon with the Metabolic Surgery Center at Baptist Hospital. Although JIB was eventually banned, it paved the way for the current offering of intestinal bypass surgery, which includes laparoscopic gastric bypass surgery, duodenal switch, and LAP-BAND®.

Dr. Al Spaw, laparoscopic surgeon with the Metabolic Surgery Center at Baptist Hospital (right) predicts the LAP-BAND prcoedure will become the most popular weight loss sugery in the next five years.

These three procedures employ one of two strategies or a combination of both. The restriction strategy is used in gastric bypass, the most commonly performed procedure, and in LAP-BAND. The restrictive strategy creates a small reservoir or pouch, leaving less room for food and creating a sensation of fullness. The malabsorption strategy, used in the duodenal switch, bypasses more than half of the small intestine. The duodenal switch accounts for only three to four percent of weight loss procedures performed at Baptist. Gastric bypass and LAP-BAND discourage overeating because if a patient continues to eat once the pouch is full, the patient will regurgitate. With the duodenal switch, food goes to the stomach and is then shunted to the lower 40 percent of the small intestine, so the upper 60 percent never comes in contact with food.

"What that means is, patients are capable of eating larger meals because less of it is absorbed," Spaw said. "The penalty for a malabsorption procedure is different. If they don't eat the right kinds of food, or eat a high fat or high starch meal, they will get diarrhea. It's a different animal all together."

The duodenal switch procedure is the most aggressive of the three procedures. It alters the GI tract more than the other two, Spaw said. Because of the malabsorption strategy used in this procedure, patients must take calcium and iron supplements for the rest of their lives or risk osteoporosis and anemia.

"We reserve the duodenal switch for very the overweight patients with severe illnesses and co-morbidities. They would be better served by more aggressive behavior," Spaw said.

LAP-BAND is a relatively new procedure in the United States, receiving FDA approval in 2001. Spaw describes it as a silicone ring lined with an adjustable internal balloon attached to a port implanted under the abdominal wall skin. The LB is laparoscopically placed around the upper portion of the stomach just below the esophageal-gastric junc-

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He notes the CDC has charts specific to children's BMIs. He adds that in addition to tracking BMI, the hope is that providers will also offer counseling and nutritional guidance.

"Another thing, and this is something physicians don't always do, is be a good role model," he adds.

Kamerow says the IOM committee also recommends national provider organizations disseminate evidence-based clinical guidance and coordinate among themselves so there is a single, clear message. As for the third group, Kamerow says that those who train and certify doctors and other healthcare providers can help by integrating obesity prevention and knowledge across the educational spectrum and including questions on the topic on boards and exams.

Finally, Kamerow says payers can assist in the fight to prevent obesity by providing incentives to patients and their families to maintain a healthy weight, covering BMI screening as a routine expense and including those screenings along with nutritional and weight counseling on their list of quality indicators.

Bier adds that physicians need to talk to children and families about the principles of a healthy lifestyle long before it becomes an uncomfortable conversation after a child is already on the path to obesity. However, he says there is a reality check when it comes to the amount of time physicians can actually spend on such counseling.

"Physicians need to advocate insurers with whom they have contracts to pay for some of these services."

— Dr. Dennis Bier, director of the Children's Nutrition Research Center for Baylor College of Medicine

"Healthcare communities have to look at where individuals can get this kind of guidance," he says, adding, "Physicians need to advocate insurers with whom they have contracts to pay for some of these services."

Dr. Sandra Hassink, FAAP, director of the Weight Management Clinic at A.I. DuPont Hospital for Children in Wilmington, Delaware and a member of the AAP Task Force on Obesity, concurs that reimbursement issues and family counseling both require physician attention.

"If an obese child is sick with a co-morbid condition, for example, diabetes or sleep apnea, you can get reimbursed," she says.

However, Hassink adds that early intervention and prevention, which are most effective, are generally not reimbursable.

Although the AAP encourages prevention counseling for all children, Hassink notes that it is especially critical for high-risk families.

"If the mom is overweight before she becomes pregnant or has diabetes during pregnancy, she's at higher risk of having an obese child," she states. "Get that family help on coming up with early strategies."

This is one way pediatricians in particular can be very useful since they see families so regularly during the early round of well baby visits. She adds that it would be ideal for obstetricians and pediatricians to work together with the mother. One idea would be scheduling a prenatal visit with the pediatrician to address a variety of healthy lifestyle issues for the baby and family.

As for broaching the subject, Hassink suggests doctors take the approach of partnering with the parent for the benefit of the child.

"This is really a medical issue for me," she says. "I'm trying to get children healthy and keep them healthy.

"Every parent wants a healthy child … you have to put it in that context," she continues.

Currently, the AAP task force is preparing an obesity tool kit for pediatricians. Hassink notes the academy already has policy statements on interconnected issues such as television watching and soda consumption. A new policy statement on physical activity will soon be released.

Hassink says the three key areas in battling overweight/obesity are primary prevention in children who are not yet obese, early intervention for those who are obese or overweight but don't yet have a co-morbidity, and treatment of the co-morbidity coupled with reversal of the obesity for those at the far end of the spectrum.

"There are multiple points along this continuum that the pediatrician has to be ready to tackle," she says. "This is a preventable disease state, plus it's a reversible disease state."

Effectively winning the weight wars, however, comes back to making the issue a national priority.

If we as a nation can bring the many stakeholders together to focus and act on this epidemic, then perhaps we'll see that an ounce of prevention will ultimately cure pounds.

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