

News Flash(s) Plan now

-ACOG / IHS – Total Women’s Health and Neonatal Course: June 19-23, 2005

-IHS Advanced Colposcopy course / Refresher Workshop: March 30 – April 1, 2005

-17th Annual IHS Research Conference and International Meeting on Inuit and Native American Child Health: April 29-May 1, 2005

New Feature:

CCC Corner Digest - A print friendly digest of the CCC Corner that can be mailed to you, or your colleagues. Just send your address to nmurphy@scf.cc

OB/GYN Chief Clinical Consultant’s Corner

Volume 3, No. 2, February 2005

Contents:

Abstract of the Month: page 3
LEEP Treatment Increases Risk of Preterm Delivery in Future Pregnancies

From your colleagues: page 4

Elaine Locke: Free Job Postings for Indian Facilities on ACOG Career Connection

Sandra Haldane: Web portal linking all HHS.gov sites to breast cancer information

-Women and Medication Safety: Special Journal Issue Is Available Online

Steve Holve: How common is Methamphetamine use in your area? Feb '05 ICHN available

Jean Howe: Announcing the new Deputy Chief Clinical Consultant

Yolanda Meza: Routine suctioning of meconium-stained before delivery of the shoulders?

Suzan Murphy: Methamphetamine abuse and breastfeeding

Chuck North: Patients with more than one medical condition: How can guidelines help?

-Single digit need to treat (NNT) obesity are remarkable statistics - should spur us on

Lori de Ravello: Contraceptive Methods Among Women: Quickstats

Judy Thierry: Discourage use of infant car seats as long term sleep environments

-Training for Nursery Room Nurses on Back to Sleep

-Tony Dekker, M.D. New Addiction Medicine Chief Clinical Consultant (CCC)

-The Chief Clinical consultants - are available for your consultation

-What is the definition of 'preventable or avoidable maternal death?

Judy Whitecrane: It makes it easy for moms to remember: 2 days, 2 weeks, and 2 months

Hot Topics:

Obstetrics: page 10

-Severe Preeclampsia and Eclampsia: Systolic Hypertension Is Also Important

-Progesterone Treatment Decreases Preterm Birth Rate

-Ripening of the Cervix and Risk for Later Preterm Birth

-Ginger May Relieve Nausea During Early Pregnancy

-Effect of Episiotomy on Pelvic Floor Weakness

Gynecology: page 12

-Sexual Function After Hysterectomy

-Screening for Ovarian Cancer: Recommendation Statement

-Limitations of Screening Tests for Asymptomatic Chlamydia

-Abnormal Uterine Bleeding: Surgical or Medical Therapy?

-Endometriosis and Subfertility: Is the Relationship Resolved?

Child Health: page 13

- Gender bias in child growth evaluations may miss disease in girls
- Recommended Childhood and Adolescent Immunization Schedule, United States, 2005
- Protective effects of firearm storage practices for children
- Dramatic decline in varicella related mortality: Impact of vaccine
- Oral health is looking to better capture the topical fluoride applications

Chronic Illness and Disease:

page 14

- Quality of Care May Decline as Physicians Age
- Chronic disease antecedents arise in utero and infancy
- JAMA Editorialist recommends the "low fad" approach
- Diabetes Mellitus in Women: Adolescence Through Pregnancy and Menopause
- Irritable Bowel Syndrome: Clinical Evidence Concise - BMJ

Features:

page 17

American Family Physician

- Radio-Frequency Endometrial Ablation for Menorrhagia
- Esterified Estrogen and Venous Thrombotic Risk
- Physical Therapy and Stress Urinary Incontinence
- Lactobacillus Does Not Prevent Post-Antibiotic Vaginitis
- Antidepressants and Smoking Cessation

ACOG

Coping With the Stress of Medical Professional Liability Litigation

AHRQ

- Computerized Order Entry Leads to Unwanted Testing- Web M + M - Clinical Ethics
- Women who have given birth only via cesarean are less likely than those with vaginal -deliveries to report stress incontinence

Ask a Librarian

- Infant Mortality: Bad News, Good News

Breastfeeding

- American Academy of Pediatrics Revised policy on Breastfeeding

CCC Corner Digest

- A compact digest of last month's CCC Corner - Highlights include:

Depo Provera and bone loss

Oral rehydration solution – reverse transfer of technology

What maneuver is in best in shoulder dystocia?

Midwives serving in Indian Country

Marriage may be good for you

Consumer Reports evaluates condoms, and 16 other contraceptive methods

Bariatric surgery may be a viable treatment option in severe obesity, etc...

Domestic Violence

- Intimate Partner Violence During Pregnancy APRIL 2005 MCH EPI GRAND ROUNDS

-Primary Care Discussion Forum: Domestic Violence in AI/AN - Just finished

-Assaults during pregnancy: both immediate and long-term adverse neonatal outcomes

Elder Care News

- Caring for elders at home: what is the best bath strategy?

-Cultural Diversity at the End of Life: Issues and Guidelines

-Management of Hypertension in Older Persons

-White House Conference on Aging

Family Planning

- Do combination hormonal contraceptives cause weight gain?

-Availability and Use of Publicly Funded Family Planning Clinics

Frequently asked questions

What is the Indian Health policy on use of chaperones?

How does one manage possible exposure to hand foot and mouth disease in pregnancy?

The 'quad' second trimester screening test is expensive. Is it worth it?

.How can you predict if a placenta previa will persist based on US at 15-24 weeks?

Hormone Replacement Update

Benefits and Risks of Estrogen in Postmenopausal Women

Information Technology

Free CME from Harvard to 60 of our providers

International Health

Institute for OneWorld Health -- A Not-for-Profit Pharmaceutical Company

MCH Alert

-Entire supplement on sleep in children: Cultural impacts

Medscape

Midwives Corner

Office of Women's Health, CDC

-Cesarean Rate Highest Ever

Osteoporosis

-“Uncertain Role” of Biochemical Markers Use in Osteoporosis Therapy

-Fracture Protection Lost Five Years After Stopping Hormone Replacement Therapy

-Impact of Intense Exercise on Early Osteopenia in Women

Patient Education

-Painful Menstrual Periods

-Urinary Tract Infections

-Pelvic Floor Muscle Exercises

-Microscopic Hematuria

-Heart Palpitations

Primary Care Discussion Forum

-April 1, 2005: Methamphetamine use in Indian Country

STD Corner

-Men have often been overlooked for routine chlamydia screening

Barbara Stillwater, Alaska Diabetes Prevention and Control

-Walk 2000 More Steps a Day and Never Gain Another Pound

-Fit And Fat Not Good Enough

-15-Year Study Shows Link Between Fast Food, Obesity and Insulin Resistance

-How Well Do Adults Follow Prescriptions for insulin?

What's new on the ITU MCH web pages

Save the Dates: Upcoming events of interest

page 28

page 29

Did you miss something in the last OB/GYN Chief Clinical Consultant (CCC) Corner?

Abstract of the Month

LEEP Treatment Increases Risk of Preterm Delivery in Future Pregnancies

OBJECTIVE: To estimate whether the loop electrosurgical excision procedure (LEEP) is associated with an adverse effect on the outcome of subsequent pregnancies.

METHODS: A retrospective cohort study was performed. The study group comprised women who had a LEEP in Halifax County between 1992 and 1999 and then had a subsequent singleton pregnancy of greater than 20 weeks of gestation with delivery at the IWK Health Centre in Halifax, Nova Scotia. The comparison group comprised women with no history of cervical surgery who were matched for age, parity, smoking status, and year of delivery. There were 571 women in each group. The primary outcome was rate of preterm delivery at less than 37 weeks of gestation. Secondary outcomes included delivery at less than 34 weeks and various neonatal and maternal outcomes. The effect of specific LEEP characteristics was analyzed separately.

RESULTS: Women who had a LEEP were more likely to deliver preterm overall (7.9% versus 2.5%; odds ratio [OR] 3.50, 95% confidence interval [CI] 1.90-6.95; $P < .001$) and to deliver preterm after premature rupture of membranes (PROM) (3.5% versus 0.9%; OR 4.10, 95% CI 1.48-14.09). The increase in delivery at less than 34 weeks was not statistically significant (1.25% versus 0.36%; OR 3.50, 95% CI 0.85-23.49; $P = .12$). Women with LEEP also delivered more low birth weight (LBW) infants (5.4% versus 1.9%; OR 3.00, 95% CI 1.52-6.46; $P = .003$). There were

no differences in other neonatal or maternal outcomes. No association was found between the characteristics of the LEEP, including depth, and the rate of preterm delivery.

CONCLUSION: Loop electrosurgical excision procedure is associated with an increased risk of overall preterm delivery, preterm delivery after PROM, and LBW infants in subsequent pregnancies at greater than 20 weeks of gestation. Women who are considering future pregnancies should be counseled about these risks during informed consent for LEEP.

LEVEL OF EVIDENCE: II-2.

Samson SL et al The effect of loop electrosurgical excision procedure on future pregnancy outcome. *Obstet Gynecol.* 2005 Feb;105(2):325-32.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=retrieve&db=pubmed&list_uids=15684160&dopt=Abstract

OB/GYN CCC Editorial comment:

The above study further develops the literature base that supports that LEEP is associated with adverse outcomes related to premature delivery on subsequent pregnancies. See also the CCC Corner 9/04 comments, re: Sadler 2004.

Patients should be counseled about these risks and providers should fully outline alternative therapies, which may include careful observation in many cases. The potential risks of LEEP on future pregnancies is one more reason that low-grade CIN should followed closely for a period of time instead of being immediately treated since most low-grade CIN will spontaneously regress and will not need treatment (ASCCP). If current therapy is deemed necessary, then cryotherapy is often a reasonable alternative. *njm*

Other resources:

ACOG: LEEP Treatment Increases Risk of Preterm Delivery in Future Pregnancies

https://www.acog.com/from_home/publications/press_releases/nr01-31-05-2.cfm

CCC Corner 9/04 comments, re: Sadler 2004

http://www.ihs.gov/MedicalPrograms/MCH/M/OBGYN0904_HT.cfm#ob

Sadler L, et al Treatment for cervical intraepithelial neoplasia and risk of preterm delivery. *JAMA.* 2004 May 5;291(17):2100-6.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15126438

Clinical uses of human papillomavirus (HPV) DNA Self Assessment Booklet: ASCCP

<http://www.asccp.org/bookstore.shtml#>

http://www.asccp.org/edu/hpv_testing.shtml

From your colleagues:

Elaine Locke, ACOG

Free Job Postings for Indian Facilities Only on ACOG Career Connection

Post your ob-gyn physician jobs for FREE on ACOG's new online career center. ACOG Career Connection is designed especially for women's health care professionals and provides job opportunities that are updated regularly and are targeted specifically to obstetrics and gynecology. From the ob-gyn's point of view, job searches are free at the ACOG Career Connection and offer more features and functionality than other job banks.

Your job posting will be available 24 hours a day, seven days a week to over 45,000 ACOG members. With ACOG Career Connection you can:

- Post ob-gyn physician jobs for FREE
- Target your search to women's healthcare professionals
- Review résumé database
- Receive candidate responses immediately online

- Sign up for e-mailed “Résumé Alerts” when résumés meeting your criteria are posted

ACOG Career Connection is part of *HEALTHeCAREERS* Network, an integrated Network of healthcare association job banks. You can post jobs to over 200 disciplines within the Network. This provides a broad reach for your position to the most qualified candidates – association members – with volume discount pricing. Only ob-gyn physician positions in AI/AN hospitals listed under the following disciplines will be posted for free: General Obstetrics & Gynecology; Gynecological Oncology; Maternal/Fetal Medicine; Reproductive Endocrinology.

Post your jobs today! For more information or to post your ob-gyn physician position for free, please contact Elaine Locke at 202-863-2596 or e-mail her at El Locke@acog.org

Sandra Haldane, HQE

Web portal linking all HHS.gov sites to breast cancer education, prevention, treatment

The Dept is developing a web portal linking all HHS.gov sites specific to breast cancer education, prevention, treatment, etc in accordance with the Breast Cancer Initiative. The portal will be for providers, care givers, and those with breast cancer. We need 10 to 12 scenarios/tasks that users will test on the site. For example, in the Screening and Testing section, a task might be: 'You want to know if you (or a loved one) can get a free mammography. What information can you find?' <http://testweb.hhs.gov/breastcancer>

Women and Medication Safety: Special Journal Issue Is Available Online

The Journal of Women's Health has published a special issue on improving the use and safety of medications in women, which was edited by Rosaly Correa-de-Araujo, AHRQ's Senior Advisor for Women's Health. The articles in this issue were based on discussions at an expert meeting called by Dr. Correa-de-Araujo to highlight gender differences in medication use. Topics of the articles include evidence for gender and racial differences in drug response, the role of biological rhythms in medication safety for women, geriatric pharmacotherapy, and strategies for reducing the risk of medication errors in women. <http://www.liebertonline.com/toc/jwh/14/1>

Steve Holve, Tuba City

February 2005 Indian Child Health Notes - Highlights

- Well child care was developed to match vaccination schedules
 - We agree that well child care is important
 - There is unfortunately little data to back up what takes up 25-30% of our visits
 - A review of two articles that suggest it is time to revise well child care
 - Literature review: American Indian children who keep food diaries
- <http://www.ihs.gov/MedicalPrograms/MCH/C/documents/PedNotes0205.doc>

How common is Methamphetamine use in your area?

- In your tribal area are there laws that make Methamphetamine production and use a crime?
- Should all mothers be screened at delivery for Methamphetamine use or only if medically indicated?
- What resources are available in your community if a pregnant mother is found to be using Methamphetamine?
- What resources are available for teenagers and adults who are Methamphetamine users?
- What programs have shown success in treating Methamphetamine addiction?

There was a moderated discussion on this topic. steve.holve@tcimc.ihs.gov

Background

<http://www.ihs.gov/MedicalPrograms/MCH/M/documents/MethPrimer2705.doc>

Methamphetamine, Word document by Thomas Drouhard, MD

<http://www.ihs.gov/MedicalPrograms/MCH/M/documents/listservmethdocument.rtf>

Methamphetamine Abuse: Fact or Fiction? PPT by Diana Hu

<http://www.ihs.gov/MedicalPrograms/MCH/M/documents/ListservMethPowerpoint.ppt>

Jean Howe, Chinle

Announcing the new Deputy Chief Clinical Consultant

Acting on a directive from the National Council of Chief Clinical Consultants, we conducted a national search for an OB/GYN Deputy Chief Clinical Consultant. We had to choose from some excellent candidates, any of which would have been excellent choices. Kudos to all of them.

I am happy to announce that Jean Howe will become the OB/GYN Deputy Chief Clinical Consultant. Jean will participate in many of the national functions of the CCC. I look forward to working her. Originally from Vermont and trained at the University of Colorado, Dr. Howe has been an Ob/Gyn at Chinle Hospital for 7 years. She also currently serves as the Navajo Area Ob/Gyn consultant and will complete an MPH program this May. Her areas of interest include preventive services, contraception, and diabetes in pregnancy. Jean.Howe@ihs.gov

Yolanda Meza, Anchorage

Routine suctioning of meconium-stained neonates before delivery of their shoulders?

INTERPRETATION: Routine intrapartum oropharyngeal and nasopharyngeal suctioning of term-gestation infants born through MSAF does not prevent MAS. Consideration should be given to revision of present recommendations. Vain NE, et al Oropharyngeal and nasopharyngeal suctioning of meconium-stained neonates before delivery of their shoulders: multicentre, randomised controlled trial. Lancet. 2004 Aug 14;364(9434):597-602.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15313360

OB/GYN CCC Editorial comment:

This is the first randomized controlled trial to assess routine oropharyngeal and nasopharyngeal suctioning of meconium-stained neonates before delivery of their shoulders. Though the numbers are not large, each Indian Health facility should re-evaluate this practice as it reflects on staffing manpower issues at their facility. [njm](#)

Comments Steve Holve, Pediatric CCC

Since the report in 1976 by Carson et al the AAP and ACOG have recommended intrapartum oropharyngeal suctioning of newborns to prevent meconium aspiration syndrome. The assumption was that aspiration of meconium was an intrapartum event. Unfortunately, in recent years there is good evidence that many, if not all, episodes of severe meconium aspiration occur in utero and that intrapartum suctioning will not prevent these infants from developing meconium aspiration syndrome (MAS).

From the pediatric point of view, there is good evidence (Pediatrics 105:1: 1- 7, 2000*) that vigorous infants born through meconium stained fluid are at little risk for MAS and do not need delivery room intubation by the pediatrician. This study also pointed out that intubation has risks, though the complications were rare and transient.

What to do? Current Neonatal Resuscitation Program guidelines still recommend intrapartum suctioning of meconium stained infants by the maternity provider, but no longer recommend delivery room intubation of meconium stained infants if they are vigorous.

Should the same standard apply to maternity providers? Is there a small subgroup of infants (those with signs of intrapartum distress such as flat strips or thick meconium) who might benefit

from intrapartum suctioning of the oropharynx? These issues need to be addressed in the literature and then applied to local practice guidelines.

* Wiswell TE, et al Delivery room management of the apparently vigorous meconium-stained neonate: results of the multicenter, international collaborative trial. Pediatrics. 2000 Jan;105(1 Pt 1):1-7. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=retrieve&db=pubmed&list_uids=10617696&dopt=Abstract

Suzan Murphy, Lactation Consultant, PIMC

Methamphetamine abuse and breastfeeding

Dr. Hale et al have indicated that moms with a +UDS for methamphetamine at delivery may still be able to breastfeed safely because the amount of methamphetamine that gets into the colostrum is small, and the amount colostrum that the baby receives is also small, making the methamphetamine dose negligible. Unfortunately, as the baby grows, the subsequent use and feedings may be a problem. There has been newspaper publicity about methamphetamine user's breastfeeding and their babies dying. It is not yet a clearly understood issue.

Suzan.Murphy@ihs.gov

OB/GYN CCC Editorial comment:

There will be a Primary Care Discussion Forum about Methamphetamine Use in Indian Country starting April 1, 2005 moderated by Steve Holve. Go here to subscribe [njm](#)

<http://www.ihs.gov/generalweb/helpcenter/helpdesk/index.cfm?module=listserv&option=subscribe&newquery=1>

Or contact nmurphy@scf.cc

Chuck North, Albuquerque

Patients with more than one medical condition: How can guidelines help?

We do pretty well on patients with one disease but increasingly our patients have multiple diseases as pointed out in the NEJM article (below). As the number of diseases and conditions increase, the value of the guidelines decreases and the need for better data is more apparent, hence our interest in practice based research networks such as RIOS-Net. AHRQ and Medicare are very interested in the adoption of effective treatment for the top ten conditions as affecting Medicare beneficiaries, i.e. heart disease, pneumonia, stroke, diabetes, asthma, arthritis and depression

Pitfalls in Disease Specific Guidelines in multiple conditions, NEJM

<http://www.ihs.gov/MedicalPrograms/MCH/M/documents/guidelinepitfallsnejm.pdf>

Other resources.

National Guidelines Clearinghouse

www.guidelines.gov

Institute for Clinical System Improvement

www.icsi.org

Cochrane Library, clinically applied topics, A-Z

www.informedhealthonline.org

Vanderbilt Center for Evidence-Based Medicine

www.ebm.vanderbilt.edu

Health Affairs, Vol. 24, No.1 devoted to EBM

<http://www.healthaffairs.org/>

Single digit need to treat (NNT) obesity are remarkable statistics - should spur us on

1. Manage obesity as a chronic relapsing disease
2. Use BMI as a vital sign to screen for overweight/obese patients and to decide treatment (PPV=97%)
3. Modest weight loss (10%) positively affects prevention/treatment of hypertension (NNT=3), diabetes (NNT=9) and hyperlipidemia
4. Effective treatments exist for overweight/obese patients and a combination of diet and exercise provides the best results (NNT=7)
5. Counsel patient to achieve a goal of 10% reduction in weight (500 to 800 kcal/day decrease to affect 1-2 pound loss/week)
6. Counsel patient to exercise to achieve a goal of any increased energy expenditure

7. Weight loss has an impact on important disease states and risk factors. Effective strategies exist for the management of obesity when viewed as a chronic relapsing disease.

Orzano AJ, Scott JG. Diagnosis and treatment of obesity in adults: an applied evidence-based review. *J Am Board Fam Pract.* 2004 Sep-Oct;17(5):359-69.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15355950

OB/GYN CCC Editorial comment:

Please note the above resources and many others are available on the national CCC website and the MCH website [njm](#)

Clinical Guidelines: A - Z

<http://www.ihs.gov/NonMedicalPrograms/nc4/nc4-clinguid.cfm>

Clinical Guidelines: by Organ System

<http://www.ihs.gov/NonMedicalPrograms/nc4/nc4-organSys.cfm>

Clinical Guidelines: Overall Clearinghouses or Agencies

<http://www.ihs.gov/NonMedicalPrograms/nc4/nc4-clearHouse.cfm>

Clinical Guidelines: Indian Health Specific

<http://www.ihs.gov/NonMedicalPrograms/nc4/nc4-guidesA-Z.cfm>

Evidence Based Medicine page – MCH

<http://www.ihs.gov/MedicalPrograms/MCH/M/MCHebp.asp>

Lori de Ravello, Albuquerque

Contraceptive Methods Among Women: Quickstats

The most frequent contraceptive method among women aged 15--44 years was oral contraception. Other leading methods were female sterilization and the male condom. A smaller, but significant, number of women were using the newer, long-acting hormonal methods, including injectables, implants, and the patch. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5406a5.htm> and <http://www.cdc.gov/nchs/nsfg.htm>.

Judy Thierry, HQE

Discourage use of infant car seats as long term sleep environments

Although I have not seen the epidemiological data about SIDS deaths while infants are sitting, it is not uncommon to see an infant in childcare asleep in the car seat inside the crib.

In keeping with NC child care licensing rules and the legal mandate, we advise providers to remove infants from the car seat and place the infants on their back to sleep in the crib.

We also remind providers and ask them to inform the parents:

1. Sleeping in car seats is a violation of NC child care licensing rules
2. Car seats were designed for transportation safety, NOT as sleep environments
3. Car seat manufacturers advise not to leave children unattended in car seats
4. Not to use the car seat covers (with the hole cut-out for baby's face) made to fit over the entire car seat - dangers include overheating and suffocation

Re: respiration 1. We demonstrate how the infant's lungs are compressed when sitting and slumped in a car seat, and do a visual comparison with back to sleep position on a flat surface in a crib 2. If the head is leaning forward, the airways are further compressed

Christine O'Meara, MA, MPH, Campaign Coordinator, North Carolina Back To Sleep Campaign

for SIDS Risk Reduction. North Carolina Healthy Start Foundation www.NCHealthyStart.org

Training for Nursery Room Nurses on Back to Sleep

The Missouri Department of Health and Senior Services did a survey in 2000 of hospital nursery room nurses to look at how infants were placed to sleep. The study was published in the May/June 2004 issue of *MCN*, Vol 29. No. 3.

As a result of this survey, the Department issued an RFP in December 2003 to develop a training for Nursery Room Nurses on Back to Sleep. CEUs are being given for this program also, and it will also be available on the internet and on CD Rom. Karen Schenk, Schenk@dhss.mo.gov

Tony Dekker, M.D. New Addiction Medicine Chief Clinical Consultant (CCC)

Addiction medicine has just been added as a CCC. Dr. Dekker understands some of the great burden of substance abuse in the AI/AN community. Dr. Dekker works at Phoenix Indian Medical Center with Diane Pond who is also a pain expert Dr. Pond is the Chief of Anesthesia and the IHS Chief Clinical Consultant for Anesthesia. Here is Dr. Dekker's CCC webpage <http://www.ihs.gov/NonMedicalPrograms/NC4/nc4-adctnnpn.asp>

The Chief Clinical consultants - are available for your consultation

The Chief Clinical consultants - are available for consultation, review of programs, review of articles, and telephone consultation on their subject or specialty.

Addiction Medicine, Tony Dekker, PIMC	Anthony.Dekker@ihs.gov
Advance Practice Nurses, Ursula Knoki-Wilson, CNM, Chinle	Ursula.Knoki-Wilson@ihs.gov
Anesthesiology, Diane Pond, MD, PIMC	Diane.Pond@ihs.gov
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Nephrology, Andrew Narva, MD, Albuquerque	Andrew.Narva@ihs.gov
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Pediatrics, Steve Holve, MD, Tuba City	steve.holve@tcimc.ihs.gov
Lois Goode, Physical Therapy, White River	Lois.Goode@ihs.gov
Physician Assistant, Harry B. Taylor, PA-C, Lawton	htaylor@sirinet.net
Podiatry, Eugene Dannels, DPM, PIMC	Eugene.Dannels@ihs.gov
Surgery, Hope Baluh, MD, Tahlequah	Hope.Baluh@mail.ihs.gov

What is the definition of 'preventable or avoidable maternal death?'

I am looking for definitions of "preventable" or avoidable maternal death to help guide us in determining how we want to conceptualize "preventability" when it comes to reviewing pregnancy-related deaths. If any of you have definitions or thoughts you would be willing to share with me, they would be much appreciated. Judith Thierry Judith.Thierry@ihs.gov

Native American Outreach: National Partnership to Help Pregnant Smokers

Women smoke cigarettes for different reasons. Some smoke to relieve stress or because they think it will help them control their weight. Younger women may start smoking as a way of rebelling, declaring their independence, or gaining acceptance by their peers. For Native American women, tobacco's ceremonial role in the community plays a large part in their decision to begin smoking. American Indians/Alaska Natives have the highest rates of smoking during pregnancy than any other ethnic group in the United States. There is a critical need to reach these women with effective tobacco cessation interventions.

The National Partnership to Help Pregnant Smokers Quit is committed to reaching out to Native American communities to increase cessation training for providers and to make resources available where they are needed the most. Recently, the National Partnership's Healthcare Provider working group completed a needs assessment with American Indian/Alaska Native healthcare providers to gather information on the types of culturally appropriate cessation materials they are using. Contact Catherine Rohweder at rohwerder@mail.schsr.unc.edu

SIDS Alliance provides technical assistance: education, outreach and support

The National SIDS and Infant Death Program Support Center of First Candle/SIDS Alliance provides technical assistance to professionals in managing infant death education, outreach and support. If you are interested please contact me Judy Thierry 301-443-5070 and I can get you in touch with Mariam Sokol and Deborah Boyd from First Candle on what we can do together for a

training specific to your area, region. If you want to contact them directly they can be reached at: FirstCandle <http://www.firstcandle.org/about/staff.html>

AAP - Child Care provider ppt presentation and manual

20% access rate of SIDS in Child Care settings. Slides <http://www.healthychildcare.org/PPT/256>

AAP/ NICHD - Child care provider training manual <http://www.healthychildcare.org/pdf/SIDSfinal.pdf>

AAP: Child Care providers on back to sleep

<http://www.healthychildcare.org/pdf/summer2000hcca.pdf>

Asthma card - Child care, Allergy and Asthma Foundation of America

http://www.aafa.org/pdfs/childcard_allergyaction_card.pdf

Proper way of infant being placed to sleep – Avoid SIDS

CJSIDS foundation has two AI/AN video's of infants being placed to sleep www.cjsids.com

WONDER now has natality data you can query

<http://wonder.cdc.gov/nataJ.html>

NFIMR poster - web site with good PDF

I sent out a link to the poster that was not as good of quality as these from the Commonwealth directly – I spoke with them by phone. Their walk through the web site is worth the trip Click on “ccpc” and then click on “public health education”. <http://www.vcu.edu/ccpc/>

Judy Whitecrane, Phoenix

It makes it easy for moms to remember: 2 days, 2 weeks, and 2 months

At PIMC, We have a 2 day and 2 week infant check by peds. Then there is a 2 month Mom-Baby clinic with CNM's doing postpartum and pediatricians doing well-baby.

Hot Topics:

Obstetrics

Severe Preeclampsia and Eclampsia: Systolic Hypertension Is Also Important

CONCLUSION: In contrast to severe systolic hypertension, severe diastolic hypertension does not develop before stroke in most patients with severe preeclampsia and eclampsia. A paradigm shift is needed toward considering antihypertensive therapy for severely preeclamptic and eclamptic patients when systolic blood pressure reaches or exceeds 155-160 mm Hg. LEVEL OF EVIDENCE: III. Martin JN Stroke and severe preeclampsia and eclampsia: a paradigm shift focusing on systolic blood pressure. *Obstet Gynecol.* 2005 Feb;105(2):246-54.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=retrieve&db=pubmed&list_uids=15684147&dopt=Abstract

Editorial

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=retrieve&db=pubmed&list_uids=15684145&dopt=Abstract

Progesterone Treatment Decreases Preterm Birth Rate

CONCLUSION: Use of 17P could reduce preterm birth among eligible women, but would likely have a modest effect on the national preterm birth rate. Additional research is urgently needed to identify other populations who might benefit from 17P, evaluate new methods for early detection of women at risk, and develop additional prevention strategies. LEVEL OF EVIDENCE: III. Petrini JR, et al Estimated effect of 17 alpha-hydroxyprogesterone caproate on preterm birth in the United States. *Obstet Gynecol.* 2005 Feb;105(2):267-72.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=retrieve&db=pubmed&list_uids=15684150&dopt=Abstract

and

CONCLUSION: The use of progestational agents and 17alpha-hydroxyprogesterone caproate reduced the incidence of preterm birth and low birth weight newborns.

Sanchez-Ramos L et al Progesterone agents to prevent preterm birth: a meta-analysis of randomized controlled trials. *Obstet Gynecol.* 2005 Feb;105(2):273-9.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=retrieve&db=pubmed&list_uids=15684151&dopt=Abstract

and

ACOG: Progesterone Treatment Decreases Preterm Birth Rate

https://www.acog.com/from_home/publications/press_releases/nr01-31-05-1.cfm

Ripening of the Cervix and Risk for Later Preterm Birth

CONCLUSION: The use of the Foley catheter for preinduction cervical ripening does not appear to increase the risk of preterm birth in a subsequent pregnancy.

Sciscione A et al Preinduction cervical ripening with the Foley catheter and the risk of subsequent preterm birth. *Am J Obstet Gynecol.* 2004 Mar;190(3):751-4.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15042009

Ginger May Relieve Nausea During Early Pregnancy

CONCLUSION: For women looking for relief from their nausea, dry retching, and vomiting, the use of ginger in early pregnancy will reduce their symptoms to an equivalent extent as vitamin B6.

LEVEL OF EVIDENCE: I Smith C, et al. A randomized controlled trial of ginger to treat nausea and vomiting in pregnancy. *Obstet Gynecol* April 2004;103:639-45.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15051552

Effect of Episiotomy on Pelvic Floor Weakness

CONCLUSION: Mediolateral episiotomy does not protect against urinary and anal incontinence and genital prolapse and is associated with a lower pelvic floor muscle strength compared with spontaneous perineal lacerations and with more dyspareunia and perineal pain.

LEVEL OF EVIDENCE: II-2 Sartore A, et al. The effects of mediolateral episiotomy on pelvic floor function after vaginal delivery. *Obstet Gynecol* April 2004;103:669-73.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15051557

Role of Regular Physical Activity in Preeclampsia Prevention

Abnormal placental development, predisposing maternal constitutional factors, oxidative stress, immune maladaptation, and genetic susceptibility have all been hypothesized to contribute to the development of preeclampsia. Physical conditioning and preeclampsia have opposite effects on critical physiological functions. This suggests that regular prenatal exercise may prevent or oppose the progression of the disease. Epidemiologic studies show that occupational and leisure-time physical activity is associated with a reduced incidence of preeclampsia.

Weissgerber TL et al The role of regular physical activity in preeclampsia prevention. *Med Sci Sports Exerc.* 2004 Dec;36(12):2024-31.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15570135

Subclinical hypothyroidism: should all pregnant women be screened?

CONCLUSION: We speculate that the previously reported reduction in intelligence quotient of offspring of women with subclinical hypothyroidism may be related to the effects of prematurity.

LEVEL OF EVIDENCE: II-2. Casey BM, et al Subclinical hypothyroidism and pregnancy outcomes. *Obstet Gynecol.* 2005 Feb;105(2):239-45.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=retrieve&db=pubmed&list_uids=15684146&dopt=Abstract

Editorial

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=retrieve&db=pubmed&list_uids=15684144&dopt=Abstract

Diagnosis, Prevention, and Management of Eclampsia

The development of eclampsia is associated with increased risk of adverse outcome for both mother and fetus, particularly in the developing nations. Pregnancies complicated by eclampsia require a well-formulated management plan. Women with a history of eclampsia are at increased risk of eclampsia (1-2%) and preeclampsia (22-35%) in subsequent pregnancies.

Recommendations for diagnosis, prevention, management, and counseling of these women are provided based on results of recent studies and my own clinical experience.

Sibai, BM. Diagnosis, Prevention, and Management of Eclampsia *Obstet Gynecol.* 2005 Feb;105(2):402-10.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=retrieve&db=pubmed&list_uids=15684172&dopt=Abstract

Pregnancy Outcomes Worsening for Diabetic Women

CONCLUSIONS: The perinatal outcome of pregnancies in women with type 2 diabetes during 1996-2001 is poor. It is worse than the outcome of pregnancies in women with type 1 diabetes and the background population in the same period, as well as in women with type 2 diabetes studied during 1982-1990. Clausen TD, et al Poor pregnancy outcome in women with type 2 diabetes. *Diabetes Care.* 2005 Feb;28(2):323-8

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15677787

Heavy mother, heavy child

CONCLUSION: Anthropometric measures were not significantly different between groups at year 2; weight and lean body mass were greater at years 4 and 6, and fat mass was greater at year 6 in high-risk children. Berkowitz RI, et al Growth of children at high risk of obesity during the first 6 years of life: implications for prevention. *Am J Clin Nutr.* 2005 Jan;81(1):140-6.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15640473

Substances Found in Blood May Predict Development of Preeclampsia

Abnormal levels of two molecules found in the blood appear to predict the development of preeclampsia. When compared to women who did not have preeclampsia, women who later developed the condition had elevated blood levels of a substance known as soluble fms-like tyrosine kinase 1 (sFlt-1), before their preeclampsia occurred. Conversely, beginning early in their pregnancies, these women had lower levels of a substance known as placental growth factor (PlGF) in the blood than did women who did not develop preeclampsia.

<http://www.nichd.nih.gov/new/releases/preeclampsia.cfm#nejm>

Pain Management After Cesarean Delivery

CONCLUSION: Pain relief was superior with the morphine regimens used and was positively associated with breastfeeding and infant rooming-in.

Yost NP, et al. A hospital-sponsored quality improvement study of pain management after cesarean delivery. *Am J Obstet Gynecol* May 2004;190:1341-6.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15167840

Neural Tube Defect Risk Persists in Babies of Overweight Mothers

CONCLUSION: These data emphasize the higher risk of NTD associated with increased maternal weight, even after universal folic acid flour fortification. Beyond periconceptional folic acid use, consideration should be given to testing whether prepregnancy weight reduction is an independent means of preventing NTD. Ray JG, et al Greater maternal weight and the ongoing risk of neural tube defects after folic acid flour fortification. *Obstet Gynecol.* 2005 Feb;105(2):261-5.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=retrieve&db=pubmed&list_uids=15684149&dopt=Abstract

Gynecology

Sexual Function After Hysterectomy

CONCLUSION: Most patients expected and experienced no change in sexual desire, orgasm frequency, or orgasm intensity. Hysterectomy appears to result in decreased pain with sexual relations. Dragisic KG, Milad MP. Sexual functioning and patient expectations of sexual functioning after hysterectomy. *Am J Obstet Gynecol* May 2004;190:1416-8.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15167854

Screening for Ovarian Cancer: Recommendation Statement

U.S. PREVENTIVE SERVICES TASK FORCE: SUMMARY OF RECOMMENDATIONS

The USPSTF recommends against routine screening for ovarian cancer. **D recommendation.** The USPSTF found fair evidence that screening with serum CA-125 level or transvaginal ultrasound can detect ovarian cancer at an earlier stage than it can be detected in the absence of screening; however, the USPSTF found fair evidence that earlier detection would likely have a small effect, at best, on mortality from ovarian cancer. Because of the low prevalence of ovarian cancer and the invasive nature of diagnostic testing after a positive screening test, there is fair evidence that screening could likely lead to important harms. The USPSTF concluded that the potential harms outweigh the potential benefits.

[HTTP://WWW.AAFP.ORG/AFP/20050215/US.HTML](http://www.aafp.org/afp/20050215/US.HTML)

Limitations of Screening Tests for Asymptomatic Chlamydia

CONCLUSION: When *C. trachomatis* infection was defined by multiple tests from different specimen sources, the sensitivity of any 1 test from a single specimen source was lower than generally reported. The limitations of the use of a single test to identify *C. trachomatis* infection should be considered when test type, specimen source, and collection method for screening young women is being determined.

Shrier LA, et al. Limitations of screening tests for the detection of *Chlamydia trachomatis* in asymptomatic adolescent and young adult women. *Am J Obstet Gynecol* March 2004;190:654-62. http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15041995

Abnormal Uterine Bleeding: Surgical or Medical Therapy?

CONCLUSIONS: Among women with abnormal uterine bleeding and dissatisfaction with medroxyprogesterone, hysterectomy was superior to expanded medical treatment for improving health-related quality-of-life after 6 months. With longer follow-up, half the women randomized to medicine elected to undergo hysterectomy, with similar and lasting quality-of-life improvements; those who continued medical treatment also reported some improvements.

Kuppermann M, et al., for the Ms Research Group. Effect of hysterectomy vs medical treatment on health-related quality of life and sexual functioning. The medicine or surgery (Ms) randomized trial. *JAMA* March 24/31, 2004;291:1447-55.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15039411

Endometriosis and Subfertility: Is the Relationship Resolved?

Conclusion: Based on the evidence presented in this article, many arguments support the hypothesis that endometriosis causes subfertility. D'Hooghe TM et al Endometriosis and subfertility: is the relationship resolved? *Semin Reprod Med.* 2003 May;21(2):243-54.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=12917793

Selecting Medications for the Treatment of Urinary Incontinence (also Patient Education)

<http://www.aafp.org/afp/20050115/315.html>

Dysmenorrhea (also see Patient Education)

<http://www.aafp.org/afp/20050115/285.html>

Procedural Sedation in the Acute Care Setting

<http://www.aafp.org/afp/20050101/85.html>

Child Health

Gender bias in child growth evaluations may miss disease in girls

CONCLUSIONS: Sex differences in short stature referrals may delay diagnosis of diseases in girls while promoting overzealous evaluations of healthy boys who do not appear to be tall enough. Grimberg A, et al Sex differences in patients referred for evaluation of poor growth. *J Pediatr.* 2005 Feb;146(2):212-6.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15689911

Recommended Childhood and Adolescent Immunization Schedule, United States, 2005

CDC National Immunization Program Web site (<http://www.cdc.gov/nip>)
AAFP Web site (<http://www.aafp.org/x10615.xml>)
Society of Teachers of Family Medicine (<http://www.immunized.org>),
Immunization Action Coalition Web site (<http://www.immunize.org>);
National Network for Immunization Information Web site (<http://www.immunizationinfo.org>).

Protective effects of firearm storage practices for children

The 4 specific practices of keeping a gun locked, unloaded, and storing ammunition locked and in a separate location were associated with a protective effect and suggest feasible strategies to reduce these types of injuries in homes with children and adolescents where guns are stored. Grossman DC, Mueller BA, Riedy C, et al. 2005. Gun storage practices and risk of youth suicide and unintentional firearm injuries. JAMA, The Journal of the American Medical Association 293(6):707-714. <http://jama.ama-assn.org/cgi/content/abstract/293/6/707?etoc>.

Dramatic decline in varicella related mortality: Impact of vaccine

After the universal childhood varicella vaccination program was implemented in 1995, the incidence of disease in the United States declined by 71% to 84% by 2000 in areas of active surveillance and by 67% to 82% by 2001 in areas of passive surveillance
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&list_uids=15689583&dopt=Abstract

Oral health is looking to better capture the topical fluoride applications

Are you and or your non-dental provider staff using this code? If not which one are you using?

Please email Patrick Blahut Patrick.Blahut@ihs.gov

ICD-9 Code	ICD-9 Code Description
V07.31	NEED FOR PROPHYLACTIC FLUORIDE ADMINISTRATION

Chronic disease and Illness

Quality of Care May Decline as Physicians Age

CONCLUSIONS: Physicians who have been in practice longer may be at risk for providing lower-quality care. Therefore, this subgroup of physicians may need quality improvement interventions. Choudhry NK, et al Systematic review: the relationship between clinical experience and quality of health care. Ann Intern Med. 2005 Feb 15;142(4):260-73.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15710959

Chronic disease antecedents arise in utero and infancy: The Barker Hypothesis

Fetal Infant Mortality (NFIMR) conference in August plenary session by Dr. Michael Lu presented birth outcomes that you will find provocative and insightful. It focuses primarily on White and African American differences and includes AI/AN population in the graphs to a certain extent.

Dr. Lu introduces a model of life trajectory, "the weathering factor", and the Barker Hypothesis calling attention to the multifactoral nature of birth outcomes and that there is no one easy fix.

<http://128.248.232.90/archives/mchb/dpswh/august2004/dpswhaugust2004slides.pdf>

Medscape article on the Barker Hypothesis:

http://www.medscape.com/viewarticle/453242_print

JAMA Editorist recommends the "low fad" approach

CONCLUSIONS: Each popular diet modestly reduced body weight and several cardiac risk factors at 1 year. Overall dietary adherence rates were low, although increased adherence was associated with greater weight loss and cardiac risk factor reductions for each diet group.

Dansinger ML et al Comparison of the Atkins, Ornish, Weight Watchers, and Zone diets for weight loss and heart disease risk reduction: a randomized trial. JAMA. 2005 Jan 5;293(1):43-53.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15632335

The dietary approach to obesity: is it the diet or the disorder?

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15632342

Book Review

Diabetes Mellitus in Women: Adolescence Through Pregnancy and Menopause

Third edition. Edited by E. Albert Reece, Donald R. Coustan, and Steven G. Gabbe. 492 pp., illustrated. Philadelphia, Lippincott Williams & Wilkins, 2004. \$99. ISBN 0-7817-3861-X.

<http://content.nejm.org/cgi/content/extract/352/6/638>

Irritable Bowel Syndrome: What are the effects of treatments in people with irritable bowel syndrome (IBS)? Clinical Evidence Concise: A Publication of BMJ Publishing Group

A. Likely to be beneficial

Antidepressants (Amitriptyline, Clomipramine, Desipramine, Doxepin, Mianserin, Trimipramine). One systematic review found limited evidence from low to moderate quality randomized controlled trials (RCTs) that antidepressants (amitriptyline, clomipramine, desipramine, doxepin, mianserin, trimipramine) reduced symptoms of IBS compared with placebo in the short term. It was not clear whether the effects on IBS were independent of the effects on psychological symptoms.

Smooth Muscle Relaxants (Cimetropium Bromide, Hyoscine Butyl Bromide, Mebeverine Hydrochloride, Otilonium Bromide, Pinaverium Bromide, Trimebutine). One systematic review found limited evidence that smooth muscle relaxants (cimetropium bromide, hyoscine butyl bromide, mebeverine hydrochloride, otilonium bromide, pinaverium bromide, trimebutine) improved symptoms compared with placebo. One subsequent RCT found no significant difference between alverine and placebo in improvement in abdominal pain, although the study may have lacked power to exclude a clinically important effect. One RCT identified by a systematic review found that mebeverine was less effective for symptoms than alosetron in women with diarrhea-predominant IBS, although there are concerns that alosetron may be associated with ischemic colitis.

B. Trade-off between benefits and harms

5HT₄ Receptor Agonists (Tegaserod). One systematic review found that in women with constipation-predominant IBS, tegaserod improved symptoms compared with placebo. It found insufficient evidence about the effects of tegaserod in men. Tegaserod was more likely to cause diarrhea than placebo.

Alosetron. One systematic review found that alosetron (a 5HT₃ receptor antagonist) improved symptoms in women with diarrhea-predominant IBS compared with placebo or mebeverine. However, alosetron is associated with adverse effects, particularly constipation, and has been restricted in some countries because of concerns that it may be associated with ischemic colitis. The systematic review provided insufficient evidence about the effects of alosetron in men. unknown effectiveness

5HT₃ Receptor Antagonists Other Than Alosetron. We found no RCTs examining 5HT₃ receptor antagonists other than alosetron.

Fiber Supplementation. Small RCTs provided insufficient evidence on the effects of fiber supplementation on the symptoms of IBS. <http://www.aafp.org/afp/20050201/bmj.html>

Definition of Metabolic Syndrome

There has been disagreement in the medical community over the definition of the metabolic syndrome. The National Heart, Lung, and Blood Institute collaborated with the American Heart Association to examine the issues associated with the definition.

The metabolic syndrome seems to have three potential etiologies: obesity and disorders of adipose tissue; insulin resistance; and a constellation of independent factors (e.g., molecules of hepatic, vascular, and immunologic origin) that mediate specific components of the metabolic syndrome. Other factors such as aging, proinflammatory state, and hormonal changes also have been implicated.

The clinical criteria for the diagnosis of metabolic syndrome, as defined in the National Cholesterol Education Program's Adult Treatment Panel III (ATP III) report, include waist circumference of more than 102 cm (40 in) in men and more than 88 cm (35 in) in women; triglyceride levels of at least 150 mg per dL (1.70 mmol per L); high-density lipoprotein cholesterol levels of less than 40 mg per dL (1.04 mmol per L) in men and less than 50 mg per dL (1.30

mmol per L) in women; blood pressure of at least 130/85 mm Hg; and fasting glucose levels of at least 110 mg per dL (6.10 mmol per L).

ATP III did not include impaired glucose tolerance, as detected by an oral glucose tolerance test (OGTT) or two-hour postglucose challenge, in the risk factors for metabolic syndrome. Its added value for determining cardiovascular risk appears small, and the benefit did not outweigh the inconvenience and cost of administering the OGTT in clinical practice. However, conference participants suggested adding OGTT at the physician's discretion in patients without diabetes with ATP III-defined metabolic syndrome or two or more metabolic risk factors. In the absence of impaired fasting glucose, impaired glucose tolerance could count as a risk factor to define metabolic syndrome. Their report is available online at <http://www.circulationaha.org>

Benefits of Omega-3 Fatty Acids

Consumption of fish oil can help reduce deaths from heart disease, but its effects on other outcomes are inconclusive, according to evidence reports from the Agency for Healthcare Research and Quality (AHRQ). <http://www.ahrq.gov/clinic/epcindex.htm#dietsup>.

An analysis of 10 randomized controlled trials (RCTs) and nine other studies addressed the effects of omega-3 fatty acids on respiratory outcomes. The AHRQ could not conclude whether omega-3 fatty acids are an efficacious adjuvant or monotherapy in improving respiratory outcomes in adults or children.

Overall, strong evidence shows that fish oils have a strong, dose-dependent beneficial effect on triglyceride levels. There also is evidence of possible small beneficial effects on blood pressure and coronary artery restenosis after angioplasty, exercise capacity in patients with coronary atherosclerosis, and heart rate variability, particularly in patients with recent MI. Omega-3 fatty acids do not appear to affect total cholesterol, high-density lipoprotein cholesterol, low-density lipoprotein cholesterol, fasting blood sugar, or glycosylated hemoglobin levels, and they had no effect on plasma insulin levels and insulin resistance in patients with type 2 diabetes.

<http://www.aafp.org/afp/20050115/practice.html>

Red meat consumption linked to colorectal cancer

CONCLUSIONS: Our results demonstrate the potential value of examining long-term meat consumption in assessing cancer risk and strengthen the evidence that prolonged high consumption of red and processed meat may increase the risk of cancer in the distal portion of the large intestine.

Chao A et al Meat consumption and risk of colorectal cancer. JAMA. 2005 Jan 12;293(2):172-82.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15644544

Comment

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15644551

Sugar-Sweetened Soft Drinks, Obesity, and Type 2 Diabetes

CONCLUSION: Higher consumption of sugar-sweetened beverages is associated with a greater magnitude of weight gain and an increased risk for development of type 2 diabetes in women, possibly by providing excessive calories and large amounts of rapidly absorbable sugars.

Schulze MB et al Sugar-sweetened beverages, weight gain, and incidence of type 2 diabetes in young and middle-aged women. JAMA. 2004 Aug 25;292(8):927-34.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15328324

Comment:

Sugar-sweetened soft drinks contribute 7.1% of total energy intake and represent the largest single food source of calories in the US diet. The article by Schulze and colleagues in this issue of JAMA represents another link in the chain of evidence. This study provides additional evidence that excess calories from sugar-sweetened soft drinks are responsible for the increasing prevalence of obesity among adults and also implicates sugar-sweetened soft drinks as a cause of type 2 diabetes. Apovian CM. Sugar-sweetened soft drinks, obesity, and type 2 diabetes.

JAMA. 2004 Aug 25;292(8):978-9

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15328331

Nevirapine Alert (Viramune) - Serious liver toxicity with CD4+cell counts greater than 250

FDA issued a public health advisory to inform health care providers and patients about recent

safety-related changes to the nevirapine (Viramune) label and about appropriate use of HIV triple combination therapy containing nevirapine. The Indications and Usage section now recommends against starting nevirapine treatment in women with CD4+cell counts greater than 250 cells/mm³ unless benefits clearly outweigh risks. This recommendation is based on a higher observed risk of serious liver toxicity in patients with higher CD4 cell counts prior to initiation of therapy.

<http://www.fda.gov/medwatch/SAFETY/2005/safety05.htm#viramune>

Mayo Clinic discovers a key to low metabolism -- and major factor in obesity

Obesity occurs when energy intake exceeds energy expenditure. Humans expend energy through purposeful exercise and through changes in posture and movement that are associated with the routines of daily life [called **nonexercise activity thermogenesis (NEAT)**]. To examine NEAT's role in obesity, we recruited 10 lean and 10 mildly obese sedentary volunteers and measured their body postures and movements every half-second for 10 days. Obese individuals were seated, on average, 2 hours longer per day than lean individuals. Posture allocation did not change when the obese individuals lost weight or when lean individuals gained weight, suggesting that it is biologically determined. If obese individuals adopted the NEAT-enhanced behaviors of their lean counterparts, they might expend an additional 350 calories (kcal) per day. Levine JA, et al Interindividual variation in posture allocation: possible role in human obesity. Science. 2005 Jan 28;307(5709):584-6.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15681386

C-Reactive Protein Comparable to LDL as an Indicator

CONCLUSIONS: Patients who have low CRP levels after statin therapy have better clinical outcomes than those with higher CRP levels, regardless of the resultant level of LDL cholesterol. Strategies to lower cardiovascular risk with statins should include monitoring CRP as well as cholesterol. Ridker PM, et al C-reactive protein levels and outcomes after statin therapy. N Engl J Med. 2005 Jan 6;352(1):20-8.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15635109

Diagnostic Approach to Palpitations (See Patient Education)

<http://www.aafp.org/afp/20050215/743.html>

ACG Releases Updated Practice Guidelines for Ulcerative Colitis in Adults

<http://www.aafp.org/afp/20050201/practice.html>

Guidelines for Cardiovascular Disease Prevention in Women

<http://www.aafp.org/afp/20050201/practice.html>

Antidepressants and Antiepileptic Drugs for Chronic Non-Cancer Pain

<http://www.aafp.org/afp/20050201/483.html>

Ambulatory Detoxification of Patients with Alcohol Dependence (See Patient Education)

<http://www.aafp.org/afp/20050201/495.html>

Treatment of Panic Disorder (See Patient Education)

<http://www.aafp.org/afp/20050215/733.html>

Care of Cancer Survivors (See Patient Education)

<http://www.aafp.org/afp/20050215/699.html>

Features

American Family Physician**

Patient-Oriented Evidence that Matters (POEMS)*

Radio-Frequency Endometrial Ablation for Menorrhagia

Clinical Question: Is radio-frequency endometrial ablation more effective than balloon ablation for the treatment of menorrhagia?

Bottom Line: Amenorrhea is achieved more often with radio-frequency endometrial ablation than with hot-water balloon ablation. Women tend to be more satisfied with the radio-frequency technique one year after therapy. A reassessment of the treated women after a longer follow-up period is needed. (Level of Evidence: 1b-)

<http://www.aafp.org/afp/20050201/tips/26.html>

Esterified Estrogen and Venous Thrombotic Risk

Clinical Question: Do different formulations of estrogen similarly increase the risk of venous thrombosis?

Bottom Line: Oral therapy with conjugated equine estrogen is associated with an increased risk of venous thrombosis in a dose-dependent fashion during the time the woman takes it.

Concomitant use of medroxyprogesterone further increases the venous thrombosis risk.

Esterified estrogen does not appear to increase venous thrombosis risk. Until more reliable data are available from prospective comparison trials, it makes sense to strongly consider prescribing esterified estrogen to control symptoms in perimenopausal and postmenopausal women. (Level of Evidence: 3b)

<http://www.aafp.org/afp/20050201/tips/27.html>

Physical Therapy and Stress Urinary Incontinence

Clinical Question: Can physical therapy cure stress urinary incontinence in women with symptoms persisting longer than three months postpartum?

Bottom Line: Eight weekly sessions of pelvic floor muscle physiotherapy, including electrical stimulation and biofeedback exercises, cured stress urinary incontinence in 70 percent of the treated women. None of the control patients who received massage only was cured. Instructions for a home exercise program alone, is usual care and would have been a better control intervention. (Level of Evidence: 1b)

<http://www.aafp.org/afp/20050101/tips/23.html>

Lactobacillus Does Not Prevent Post-Antibiotic Vaginitis

Clinical Question: Can lactobacillus preparations, given orally, vaginally, or both, prevent post-antibiotic vaginal candidiasis?

Bottom Line: Lactobacillus, given orally, vaginally, or both, has no effect on the development of culture-proven vaginal candidiasis. Lactobacillus probiotics are effective, however, in decreasing antibiotic-associated diarrhea

(Level of Evidence: 1b)

<http://www.aafp.org/afp/20050115/tips/24.html>

Cochrane for Clinicians- AFP

Antidepressants and Smoking Cessation

Clinical Question

Which antidepressants help patients stop smoking?

Evidence-Based Answer

Bupropion and nortriptyline increase the likelihood of smoking cessation, but selective serotonin reuptake inhibitors (SSRIs) do not.

Practice Pointers

The U.S. Preventive Services Task Force¹ and U.S. Department of Health and Human Services² recommend that physicians screen all adults for tobacco use and recommend intervention for those who report using tobacco products. There is good evidence that brief behavioral counseling and pharmacotherapy increase rates of abstinence. More intensive counseling has a dose-response relationship, with more minutes of contact producing better results. Nicotine replacement and bupropion have been approved by the U.S. Food and Drug Administration for use in smoking cessation. <http://www.aafp.org/afp/20050101/cochrane.html>

Spinal Manipulative Therapy for Low Back Pain

Clinical Scenario

A 42-year-old woman presents with low back pain that started after she had moved furniture a week earlier. She wants pain relief as quickly as possible and asks if she should go to a chiropractor.

Clinical Question

Should we recommend spinal manipulation as a treatment for low back pain?

Evidence-Based Answer

In the short term, manipulative therapy is as effective for acute or chronic low back pain as other treatments such as analgesics, physical therapy, exercises, back school, and routine care from a primary care physician. Radiation of pain, type of manipulation, and use of multiple modalities do not alter these results. <http://www.aafp.org/afp/20050201/cochrane.html>

Efficacy of Antioxidants in GI Cancer Prevention

Clinical Question

Does supplementation with antioxidant vitamins prevent gastrointestinal (GI) cancer?

Evidence-Based Answer

There is no evidence that supplementation with beta carotene or vitamins A, C, or E prevents GI cancer. Data for selenium is inconsistent and based on poor-quality studies, and supplementation with this mineral should not be recommended routinely. Most importantly, combinations of antioxidant vitamins appear slightly to increase overall mortality rates.

<http://www.aafp.org/afp/20050201/cochrane.html>

***POEM Rating system:** <http://www.infopoems.com/levels.html> **POEM Definition:** <http://www.aafp.org/x19976.xml>

** The AFP sites will sometimes ask for a username and password. Instead just 'hit' cancel on the pop up password screen, and the page you are requesting will come up without having to enter a username and password.

ACOG

Coping With the Stress of Medical Professional Liability Litigation

Obstetrician–gynecologists should recognize that being a defendant in a medical professional liability lawsuit can be one of life's most stressful experiences. Coping with the stress of medical professional liability litigation is an ongoing, complex process in which physicians often must struggle to regain a sense of professional mastery and control of their practices. Open communication with family members will assist in reducing emotional isolation and self-blame; however, legal and clinical aspects of a case must be kept confidential. Peer support and individual professional counseling can be of great benefit. Rapid intervention facilitates healthier coping strategies and can restore a sense of equilibrium and self-esteem during an unpredictable time.

Non-ACOG members

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15684197

ACOG Members

http://www.acog.org/publications/committee_opinions/co309.cfm

AHRQ

Computerized Order Entry Leads to Unwanted Testing

Web M + M - Clinical Ethics

Mrs. G visited her obstetrician for first trimester routine prenatal care. The obstetrician offered genetic testing for a variety of conditions, including Tay-Sachs and Canavan's diseases, since both Mrs. G and her husband, a healthy 35-year-old physician, were of Ashkenazi Jewish descent. Mrs. G consented to be tested and told the obstetrician that she would discuss with her husband that evening whether he wanted to have the genetic tests. The obstetrician gave Mrs. G consent forms and information to take home to her husband. The obstetrician also entered laboratory test orders in the computerized order entry system for the genetic screening panel for both Mrs. G, since she had consented to be tested, and for Dr. G, assuming he would consent to be tested. However, the obstetrician did not mention this to Mrs. G.

At home that evening, Dr. G reviewed the materials and told his wife that he definitely did not want to be tested. Several weeks later, Dr. G visited his primary care doctor for a check-up. The physician ordered routine screening laboratory tests (fasting lipid profile, complete blood count, and urinalysis) through the computerized order entry system, and the next morning Dr. G presented to the laboratory for testing. The laboratory and its computer system were the same as used by Mrs. G's obstetrician.

Unbeknownst to Dr. G, the phlebotomist drew samples not only for the routine testing ordered by his primary care doctor but also for the genetic screening, because it was listed in the computer even though Dr. G had not consented. In doing so, the phlebotomist overrode the computerized alert that prompted him to be sure the patient had consented; he assumed that the physician must have obtained consent before ordering the tests. Ten days later, the obstetrician called Mrs. G to give her "the good news" that all her screening tests were normal. The obstetrician mentioned incidentally that her husband tested positive as a carrier of Canavan's disease. This disclosure caused some distress, but no physical harm. No increased level of care was needed. Further discussion at <http://www.webmm.ahrq.gov/>

Women who have given birth only via cesarean are less likely than those with vaginal deliveries to report stress incontinence

<http://www.ahrq.gov/research/jan05/0105RA16.htm#head1>

Ask a Librarian: Diane Cooper, M.S.L.S. / NIH

Infant Mortality: Bad News, Good News

The U.S. infant mortality rate is higher, according to the latest analysis. That's the bad news. The U.S. mortality rate (IMR) rose from 6.8 to 7.0 per 1000 live births from 2001 to 2002. It was the first increase in IMR in 40 years. The good news is, bucking that trend, the IMR for American Indians improved, from 9.7 to 8.6. Other rates from 2002 were: Asian/Pacific Islander 4.8; Hispanic 5.6; white 5.8; total 7.0; black 13.8.

Analysts said the U.S. upturn was because the proportion of very low birth-weight babies increased. They speculated 3 possibilities that could have contributed to this change. 1.) There may have been a change in reporting live or viable births among very low weight fetuses (IMR does not include stillbirths); 2.) There may have been changes in the risk profile of expectant women, although it was not due to an increase in higher risk age groups; 3) improved medical management of pregnancy may have brought more nonviable fetuses to live birth. National Vital Statistics Reports 53/12, Jan 24, 2005 http://www.cdc.gov/nchs/data/nvsr/nvsr53/nvsr53_12.pdf
cooperd@mail.nih.gov

Breastfeeding

American Academy of Pediatrics Revised policy on Breastfeeding

Breastmilk and the Use of Human Milk cites substantial new research on the importance of breastfeeding and sets forth principles to guide pediatricians and other health professionals in assisting women and children in the initiation and maintenance of breastfeeding. The policy statement replaces the American Academy of Pediatrics' 1997 policy statement on breastfeeding. The revised statement includes information on child, maternal, and community health benefits of breastfeeding; contraindications to breastfeeding; recommendations on breastfeeding for healthy term infants and high-risk infants; and the role of pediatricians and other health professionals in protecting, promoting, and supporting breastfeeding. The policy statement emphasizes the central role of the pediatrician in coordinating breastfeeding management and providing a medical home for the child. American Academy of Pediatrics, Section on Breastfeeding. 2005.

Breastfeeding and the Use of Human Milk. Policy Statement. Pediatrics 115(2):496-506
<http://pediatrics.aappublications.org/cgi/content/abstract/115/2/496>

CCC Corner Digest

A compact digest of last month's CCC Corner - Highlights include:

Depo Provera and bone loss

Oral rehydration solution – reverse transfer of technology

What maneuver is in best in shoulder dystocia?

Midwives serving in Indian Country

Marriage may be good for you

Consumer Reports evaluates condoms, and 16 other contraceptive methods

Bariatric surgery may be a viable treatment option in severe obesity

http://www.ihs.gov/MedicalPrograms/MCH/M/documents/0501_OL.pdf

If you want a copy of the CCC Digest mailed to you each month, please contact nmurphy@scf.cc

Domestic Violence

Intimate Partner Violence During Pregnancy APRIL 2005 MCH EPI GRAND ROUNDS

PRESENTER: Kenneth D. Rosenberg, MD, MPH

WHEN: Wednesday, April 6, 2005 at 2:00-3:00 pm EDT

WEBCAST REQUIREMENTS: To join the webcast, you must register at least a day ahead of time at <http://www.uic.edu/sph/cade/mchept/>

Primary Care Discussion Forum: Domestic Violence in AI/AN - Just finished

Domestic Violence in Native Women – Moderated by Terry Cullen

Summary

<http://www.ihs.gov/MedicalPrograms/MCH/M/documents/DVQuestionsTCcomments.doc>

Full Discussion

<http://www.ihs.gov/MedicalPrograms/MCH/M/documents/DVDisc1405.doc>

Assaults during pregnancy: both immediate and long-term adverse neonatal outcomes

CONCLUSION: Women sustaining an assault during pregnancy experience both immediate (uterine rupture, increased fetal and maternal mortality) and long-term sequelae (prematurity and low birth weight infants), which have significant negative effects on pregnancy outcome. LEVEL OF EVIDENCE: III. El Kady et al Maternal and neonatal outcomes of assaults during pregnancy. Obstet Gynecol. 2005 Feb;105(2):357-63.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=retrieve&db=pubmed&list_uids=15684165&dopt=Abstract

Elder Care News

Caring for elders at home: what is the best bath strategy?

This is a beautifully designed, randomized, controlled trial of bathing techniques in 73 nursing home residents with dementia who had problems with agitation during bathing. Two specific approaches to bathing, both using techniques designed to make the bath a more comfortable process and tailor it more specifically to the mood and needs of the elder, were tested. Agitation and aggressive behaviors declined significantly in both treatment groups but not in the control group.

Bruce Finke: *Most elders with dementia in Indian country are cared for in the home, in most cases by family members. A terribly difficult aspect of caring for elders with dementia is dealing with anger and agitation and bathing is an activity that often triggers these responses. Our care for elders with dementia must include ensuring that family members and caregivers receive the specific education they need to provide care in the best way possible. This study confirms that there are specific, teachable techniques that can reduce agitated behavior during bathing. We need to think about how we can provide this information to the caregivers of our elders with dementia.*

Sloane PD, Hoeffler B, Mitchell CM, McKenzie DA, Barrick AL, Rader J, Stewart BJ, Talerico KA, Rasin JH, Zink RC, Koch GG. Effect of person-centered showering and the towel bath on bathing-associated aggression, agitation, and discomfort in nursing home residents with dementia: a randomized, controlled trial. *J Am Geriatr Soc.* 2004 Nov;52(11):1795-804.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15507054

Cultural Diversity at the End of Life: Issues and Guidelines

<http://www.aafp.org/afp/20050201/515.html>

Editorial

<http://www.aafp.org/afp/20050201/editorials.html>

Management of Hypertension in Older Persons

<http://www.aafp.org/afp/20050201/469.html>

White House Conference on Aging

October 23-26, 2005

Focus on policy issues that affect older Americans and the baby boom generation (born between 1946 and 1964) WHCoA website, www.whcoa.gov

Family Planning

Hormonal Contraceptives and Weight Gain: Cochrane for Clinicians - AFP

Clinical Question

Do combination hormonal contraceptives cause weight gain?

Evidence-Based Answer

There is no causal relationship between combination contraceptives and weight gain.

Practice Pointers

Many women and physicians believe that weight gain is associated with combination hormonal contraceptives. The weight gain could be the result of water retention, increased muscle mass, or increased fat deposition. To test this perception, Gallo and colleagues performed a systematic review of randomized controlled trials. They included studies of at least three menstrual cycles' duration that compared combination contraceptives with placebo or other drugs, dosages, regimens, or study lengths. They found three placebo-controlled trials, none of which found a significant difference in weight gain between groups. The largest of these studies, with 473 patients, found a difference of less than 1 lb after six months. There was also no difference between groups in discontinuation of the contraceptives because of weight gain. Furthermore, most of the studies comparing two contraceptive regimens did not show differences in weight gain.

When patients are reluctant to take combination contraceptives because they fear weight gain, physicians can tell them that it is true that women gain weight with the pill and the patch. However, they also gain weight when they don't use these products. Physicians can direct them to the excellent resources on healthy lifestyles that have been developed by the National Institutes of Health.¹ The "Aim for a Healthy Weight" program has an interactive Web site on diet and exercise for patients (http://www.nhlbi.nih.gov/health/public/heart/obesity/lose_wt/).

<http://www.aafp.org/afp/20050101/cochrane.html>

Availability and Use of Publicly Funded Family Planning Clinics: U.S. Trends, 1994-2001

The Indian Health Service was able to provide a complete listing of clinics it funds and contraceptive clients served in 2001. Nationwide, nearly 200 clinics were added through this listing, and although many of these are new sites, some may have existed but been missed previously. These added sites are concentrated in Western states, where most Indian reservations are located. <http://www.guttmacher.org/pubs/journals/3620604.html>

Contraceptive Needs and Services, 2001-2002 <http://www.guttmacher.org/pubs/win/index.html>

Frequently asked questions

Q. What is the Indian Health policy on use of chaperones?

A. There is no official IHS policy yet, but we strive to honor our patients' dignity and choice.
<http://www.ihs.gov/MedicalPrograms/MCH/m/documents/Chaperone2605.doc>

Q. How does one manage possible exposure to hand foot and mouth disease in pregnancy?

A. With reassurance, unless the mother has a febrile illness in the last week of pregnancy.
<http://www.ihs.gov/MedicalPrograms/MCH/M/MCHfaq.asp#handfootmouth>

Q. The 'quad' second trimester screening test is expensive. Is it worth it?

A. The 'quad' screen is more cost effective and patient friendly.
<http://www.ihs.gov/MedicalPrograms/MCH/m/documents/QuadScr122304.doc>

Q. How can you predict if a placenta previa will persist based on US at 15-24 weeks?

A. If the placental edge is > 1 cm over the os, or if the cord insertion is over the os
<http://www.ihs.gov/MedicalPrograms/MCH/m/documents/USPearl2705.doc>

Hormone Replacement Update

Benefits and Risks of Estrogen in Postmenopausal Women

CONCLUSIONS: The use of CEE increases the risk of stroke, decreases the risk of hip fracture, and does not affect CHD incidence in postmenopausal women with prior hysterectomy over an average of 6.8 years. A possible reduction in breast cancer risk requires further investigation. The burden of incident disease events was equivalent in the CEE and placebo groups, indicating no overall benefit. Thus, CEE should not be recommended for chronic disease prevention in postmenopausal women. Anderson et al. Effects of conjugated equine estrogen in postmenopausal women with hysterectomy. The Women's Health Initiative Randomized Controlled Trial. JAMA April 14, 2004;291:1701-12.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15082697

Information Technology

Free CME from Harvard to 60 of our providers

1. Harvard is only waiving CME tuition
2. Send the names to your CMO as well as a copy to me
3. We will work directly with Harvard about notification of individuals who wish to attend

<http://www.pri-med.com/pmo/LiveProgramDetail.aspx?url=/pmo/10/HP234867>

International Health Update

The Institute for OneWorld Health -- A Not-for-Profit Pharmaceutical Company

The Institute for OneWorld Health -- A Nonprofit Pharmaceutical Company in San Francisco, California, created to find, develop, and market effective and safe drugs for these terrible diseases. Begun in 2000 by young pharmacologist Victoria Hale, the institute employs some 3 dozen people, is advised by pharmacy guru Jere Goyan, and enjoys many volunteers while receiving support primarily from foundations. It recently reported early results from a clinical trial in India finding that the cheap off-patent antibiotic, injectable paromomycin, can cure a high percentage of patients with visceral leishmaniasis.
<http://www.oneworldhealth.org>

<http://www.medscape.com/viewarticle/496086?src=mp>

MCH Alert

Entire supplement on sleep in children: Cultural impacts

Cultural Issues and Children's Sleep: International Perspectives, a supplement to the January 2005 issue of Pediatrics, examines the cultural variables that impact children's sleep. The articles represent a broad range of cultures, age groups, and subtopics and include several cross-cultural comparison studies, a longitudinal study conducted over a 10-year period, and a comprehensive review of the literature. The articles explore a number of the most important cultural issues in the pediatric sleep field including co-sleeping, adolescent sleep patterns, and napping.

Owens JA (ed.). 2005. Cultural Issues and Children's Sleep: International Perspectives. Pediatrics 115(1, Part 2):1-271. <http://pediatrics.aappublications.org/content/vol115/issue1/#SUPPLS1>

Medscape*

Ask the Experts topics in Women's Health and OB/GYN Index, by specialty, Medscape
<http://www.medscape.com/pages/editorial/public/ate/index-womenshealth>

OB GYN & Women's Health Clinical Discussion Board Index, Medscape
<http://boards.medscape.com/forums?14@@.ee6e57b>

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Hundreds of ongoing clinical discussions available
<http://boards.medscape.com/forums?14@@.ee6e57b>

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<http://www.medscape.com/cmecenterdirectory/Default>

*NB: Medscape is free to all, but registration is required. It can be accessed from anywhere with Internet access. You just need to create a personal username and password.

Midwives Corner: Marsha Tahquechi, CNM, GIMC

If anyone wishes to contribute to the Midwives Corner, please contact Marsha Tahquechi at GIMC Marsha.Tahquechi@IHS.GOV

Office of Women's Health, CDC

Cesarean Rate Highest Ever

Preliminary data for 2003 indicated that 27.6% of all births in the United States resulted from cesarean deliveries, an increase of 6% from 2002 and the highest percentage ever reported in the United States. After declines during 1989-1996, the total cesarean rate and the primary cesarean rate (i.e., percentage of cesareans among women with no previous cesarean delivery; 19.1% in 2003) have increased each year. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5402a5.htm>

Osteoporosis

"Uncertain Role" of Biochemical Markers Use in Osteoporosis Therapy

Some folks have been using biochemical markers to follow patients on antiresorptive therapy. One example is urinary cross linked N-telopeptides (NTX). The first NTX measurement is just a baseline. The second NTX has clinical value for the patient, e.g., measure either urinary NTX or serum CTX and look for a 50 percent decline with therapy as an index of adequate treatment.

Another approach use is to use markers in between DEXAs, perhaps as 'poor man's DEXA', e.g., get a baseline NTX, start therapy, get second NTX, if one sees a good response, then skip the next DEXA as DEXAs are only covered q 24 mo and many contract health case managers may refuse to pay for the DEXA.

Recommendation — Although the optimal approach is uncertain, we recommend the second approach in which monitoring with markers is performed. We measure either urinary NTX or serum CTX and look for a 50 percent decline with therapy as an index of adequate treatment. Follow-up with a measurement of bone density in two to three years, to make sure that the predictions about bone loss were correct, is advised.

<http://www.uptodateonline.com/application/topic.asp?file=minmetab/17366&type=A&selectedTitle=3~3>

SUMMARY — Measurements of biochemical markers of bone turnover reflect the rates of bone resorption and bone formation. The most important clinical use for these tests is in monitoring patients taking antiresorptive therapy for osteoporosis. Other uses include following patients with

Paget's disease, metastatic bone disease, and inflammatory arthritis. Measurements of urinary NTX and SERUM CTX excretion are the most specific and clinically useful markers for bone resorption, while bone-specific alkaline phosphatase is the most clinically useful marker of bone formation.

<http://www.uptodateonline.com/application/topic.asp?file=minmetab/19988&type=A&selectedTitle=1~3>

Biochemical markers of bone turnover — Measurements of biochemical markers of bone turnover can be used to complement measurements of BMD:

- If the BMD is in the upper tertile, we consider the woman at low risk for osteoporosis and drug therapy to prevent bone loss is not needed.
- If the BMD is in the lowest tertile, we consider the woman at high risk for osteoporosis and we recommend preventive therapy.
- If the BMD is in the middle tertile, we recommend measuring a marker of bone turnover such as the urinary excretion of DPD or NTX; we treat women with a value above the upper limit of normal for premenopausal women.

Bruce Finke:

Biochemical markers have what best could be termed an 'uncertain role' at this time. With regard to using them to follow treatment, although this makes sense and *should* work, there really isn't data indicating that this strategy actually works. I'm willing to treat with bisphosphonates based on BMD knowing that this reduces the risk of fracture, and wait for more data to refine this approach.

Another question that comes up – use in the young patient on long term Depo Provera? It doesn't follow that one can extrapolate to using biochemical markers to evaluate risk of future osteoporosis in a very young population on Depo Provera. We would need more data to properly evaluate.

Other resource-biochemical markers

Screening for osteoporosis

<http://www.uptodateonline.com/application/topic.asp?file=minmetab/19499&type=A&selectedTitle=2~3>

Fracture Protection Lost Five Years After Stopping Hormone Replacement Therapy

CONCLUSION: Postmenopausal women who have discontinued HT within the past 5 years have a risk for hip fracture that is at least as high as that in women who have never used HT. **LEVEL OF EVIDENCE:** II-2

Yates J, et al Rapid loss of hip fracture protection after estrogen cessation: evidence from the National Osteoporosis Risk Assessment. *Obstet Gynecol.* 2004 Mar;103(3):440-6.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=14990403

Impact of Intense Exercise on Early Osteopenia in Women

CONCLUSION: General purpose exercise programs with special emphasis on bone density can significantly improve strength and endurance and reduce bone loss, back pain, and lipid levels in osteopenic women in their critical early postmenopausal years

Kemmler W, et al. Benefits of 2 years of intense exercise on bone density, physical fitness, and blood lipids in early postmenopausal osteopenic women. Results of the Erlangen Fitness Osteoporosis Prevention Study (EFOPS). *Arch Intern Med* May 24, 2004;164:1084-91.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15159265

Patient Information

Painful Menstrual Periods

<http://www.aafp.org/afp/20050115/292ph.html>

Urinary Tract Infections

<http://www.aafp.org/afp/20050101/133ph.html>

Pelvic Floor Muscle Exercises

<http://www.aafp.org/afp/20050115/329ph.html>

Microscopic Hematuria

<http://www.aafp.org/afp/20050101/135ph.html>

Heart Palpitations

<http://www.aafp.org/afp/20050215/755ph.html>

Constipation

<http://www.aafp.org/afp/20050201/539ph.html>

Irritable Bowel Syndrome

<http://www.aafp.org/afp/20050201/547ph.html>

Inflammatory Bowel Disease

<http://www.aafp.org/afp/20050201/553ph.html>

Kidney Cysts

<http://www.aafp.org/afp/20050101/130ph.html>

Polycystic Kidney Disease

<http://www.aafp.org/afp/20050101/137ph.html>

Alcoholism-What Should I Know About It?

<http://www.aafp.org/afp/20050201/509ph.html>

Health Care After Cancer Treatment

<http://www.aafp.org/afp/20050215/713ph.html>

Panic Attacks

<http://www.aafp.org/afp/20050215/740ph.html>

Primary Care Discussion Forum

April 1, 2005: Methamphetamine use in Indian Country

Moderator: Steve Holve

- How common is Methamphetamine use in your area?
- In your tribal area are there laws that make Methamphetamine production and use a crime?
- Should all mothers be screened at delivery for Methamphetamine use or only if medically indicated?
- What resources are available in your community if a pregnant mother is found to be using Methamphetamine?
- What resources are available for teenagers and adults who are Methamphetamine

How to subscribe / unsubscribe to the Primary Care Discussion Forum?

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<http://www.ihs.gov/generalweb/helpcenter/helpdesk/index.cfm?module=listserv&option=subscribe&newquery=1>

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STD Corner - Laura Shelby, STD Director, IHS

Men have often been overlooked for routine chlamydia screening

In this study conducted in 4 cities, 96% of males screened were asymptomatic and had an overall percent positivity at 7%. At 7% percent positivity, chlamydia is moderately high among men tested in nonclinical and clinical settings. Schillinger, et al Prevalence of Chlamydia trachomatis

Infection Among Men Screened in 4 U.S. Cities. Sexually Transmitted Diseases. 32(2):74-77, February 2005.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15668611

Other STD News

Expedited treatment of sex partners reduces the rates gonorrhea or chlamydial infection

CONCLUSIONS: Expedited treatment of sex partners reduces the rates of persistent or recurrent gonorrhea or chlamydial infection Golden MR, et al. Effect of expedited treatment of sex partners on recurrent or persistent gonorrhea or chlamydial infection. N Engl J Med. 2005 Feb 17;352(7):676-85.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&list_uids=15716561&dopt=Abstract
and

Editorial: Toward Better Control of Sexually Transmitted Diseases

Erbelding EJ, et al Toward better control of sexually transmitted diseases. N Engl J Med. 2005 Feb 17;352(7):720-1.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&list_uids=15716568&dopt=Abstract

Health Burden Due to Unsafe Sex High in U.S.

As part of an analysis of the burden of disease and injury in the United States, we identified and quantified the incidence of adverse health events, deaths, and disability adjusted life years (DALY) attributed to sexual behaviour. In 1998, about 20 million such events (7532/100 000 people) and 29 782 such deaths (1.3% of all US deaths) occurred, contributing to 2 161 417 DALYs (6.2% of all US DALYs). The majority of incident health events (62%) and DALYs (57%) related to sexual behaviour were among females, and curable infections and their sequelae contributed to over half of these. Viral infections and their sequelae accounted for nearly all sexual behaviour related deaths-mostly HIV/AIDS. Sexual behaviour attributed DALYs in the United States are threefold higher than that in overall established market economies. Ebrahim SH, et al Sexual behaviour: related adverse health burden in the United States. Sex Transm Infect. 2005 Feb;81(1):38-40.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15681721

HSV-2 Testing and Treatment of Pregnant Women Appears Worthwhile

CONCLUSION: Compared with commonly accepted benchmarks for cost-effectiveness (<\$50,000/QALY), type-specific HSV-2 serologic testing of pregnant women may be a cost-effective strategy. Baker D et al Cost-effectiveness of herpes simplex virus type 2 serologic testing and antiviral therapy in pregnancy. Am J Obstet Gynecol. 2004 Dec;191(6):2074-84.

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15592294

Barbara Stillwater, Alaska State Diabetes Program

Walk 2000 More Steps a Day and Never Gain Another Pound

6000 steps a day significantly reduces risk of death, and 8000-10,000 a day promotes weight loss. If you add just 2000 more steps a day to your regular activities, you may never gain another pound. So says research by Dr. James O. Hill of the Center for Human Nutrition at the University of Colorado Health Sciences Center. To lose weight, add in more steps.

Sedentary people in the USA generally move only 2000-3000 steps a day. Previous studies have shown that moving 6000 steps a day significantly reduces risk of death, and 8000-10,000 a day promotes weight loss.

How far is 2000 steps? It is about a mile. But the benefits for health and for weight management don't depend on you walking a mile all at one time, but simply adding in more steps throughout the day. By wearing a pedometer all day, you are motivated to add in extra steps whenever you can. There are many little trips that can add up to a mile or two a day - parking further from the door of your destination, taking the stairs rather than the elevator, pace around as you talk on the telephone, take a marching-in-place minute once an hour.

"All in all, it is entertaining to ponder that such a seemingly insignificant gadget may be of practical importance in the war on obesity!" said Catrine Tudor-Locke, Ph.D., Department of

Exercise and Wellness, Arizona State University in the conclusion of a report by the President's Council of Physical Fitness and Sports, June, 2002. http://www.fitness.gov/home_pubs.htm

Fit And Fat Not Good Enough

CONCLUSIONS: Both increased adiposity and reduced physical activity are strong and independent predictors of death Hu FB, et al Adiposity as compared with physical activity in predicting mortality among women. N Engl J Med. 2004 Dec 23;351(26):2694-703.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15616204

15-Year Study Shows Link Between Fast Food, Obesity and Insulin Resistance

INTERPRETATION: Fast-food consumption has strong positive associations with weight gain and insulin resistance, suggesting that fast food increases the risk of obesity and type 2 diabetes Pereira MA, et al Fast-food habits, weight gain, and insulin resistance (the CARDIA study): 15-year prospective analysis. Lancet. 2005 Jan 1;365(9453):36-42.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15639678

How Well Do Adults Follow Prescriptions for insulin?

CONCLUSIONS: Adults prescribed a specific insulin regimen averaged using 77% of prescribed doses, demonstrating good intention to follow the prescription. However, HbA1c higher than the recommended level suggested that the rate of insulin use, the prescribed regimen, or both were inadequate to achieve good glycemic control in patients with long-term insulin use. Cramer JA, Pugh MJ. The influence of insulin use on glycemic control: How well do adults follow prescriptions for insulin? Diabetes Care. 2005 Jan;28(1):78-83.
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&list_uids=15616237&dopt=Abstract

What's new on the ITU MCH web pages?

Use an 'Opt Out' HIV screening policy in pregnancy

<http://www.ihs.gov/MedicalPrograms/MCH/m/documents/HIVscreen21305.doc>

Hormone replacement, difficulties in management

<http://www.ihs.gov/MedicalPrograms/MCH/m/documents/HRT21405.doc>

Prevention of preeclampsia

<http://www.ihs.gov/MedicalPrograms/MCH/m/documents/AspirPreec21405.doc>

Best staffing ratios

<http://www.ihs.gov/MedicalPrograms/MCH/m/documents/Staffing21205.doc>

Opportunities to provide Indian Health care

<http://www.ihs.gov/MedicalPrograms/MCH/m/documents/Recruit21305.doc>

There are several upcoming **Conferences**

<http://www.ihs.gov/MedicalPrograms/MCH/M/CN01.cfm#top>

and **Online CME/CEU resources**, etc....

<http://www.ihs.gov/MedicalPrograms/MCH/M/CN13.cfm>

and the latest **Perinatology Corners** (free online CME from IHS) are at

<http://www.ihs.gov/MedicalPrograms/MCH/M/MCHpericmr.asp>

...or just take a look at the **What's New** page

<http://www.ihs.gov/MedicalPrograms/MCH/W/WN00.asp#top>

Save the dates

20th Annual Conference on Women's and Children's Healthcare

- For providers caring for Native women and children
- February 25 - 27, 2005
- First announcement details <http://www.ihs.gov/MedicalPrograms/MCH/M/documents/tldr20051stnotice.doc>
- Telluride, CO <http://www.ihs.gov/MedicalPrograms/MCH/M/ConfDnlds/Tellurideagenda10-2004.doc>
- Contact Alan Waxman awaxman@salud.unm.edu

NIH: Management of Menopause-Related Symptoms

- March 21-23, 2005
- Bethesda, Maryland
- Consensus: State-of-the-Science Conference
- <http://consensus.nih.gov/ta/025/menopausalsymptomsintro.html>

IHS Advanced Colposcopy course / Refresher Workshop

- March 30 - April 1, 2005 respectively
- Albuquerque, New Mexico
- Brochure <http://www.ihs.gov/MedicalPrograms/MCH/M/documents/Colpo05mailoutbrochure.pdf>
- Or contact [Roberta Paisano Roberta.Paisano@na.ihs.gov](mailto:Roberta.Paisano@na.ihs.gov) (505) 248-4431

17th Annual IHS Research Conference: International Meeting on Inuit and Native American Child Health: Innovations in clinical care and research

April 29-May 1, 2005, Seattle, WA

<http://www.aap.org/nach/InternationalMeeting.htm>

3rd Western MCH Epidemiology

- May 12-13, 2005
- Portland, OR
- <http://sphcm.washington.edu/mchepi2005/>

American College of Obstetricians and Gynecologists Annual Clinical Meeting

- May 7-11, 2005
- San Francisco, California
- 53rd Annual ACOG ACM <http://www.acog.org/ACM2005/>

Advances in Indian Health

- May 11-13, 2005
- Albuquerque, NM
- 2004 Brochure (2005 pending)
- <http://hsc.unm.edu/cme/2004%20Web%20Info/AIH2004/AIHIndex.shtml>
- Contact CNorth@abq.ihs.gov

Prevention of Cardiovascular Disease & Diabetes Among AI / AN

- May 16 - 19, 2005
- Denver, CO
- Co-sponsored by IHS, Joslin, ADA, NIH
- <http://professionaled.joslin.org/CourseListing/CourseDesc.asp?intCourseTypeId=4&intCourseID=1269&strFullInd=Y>

2005 U.S. Public Health Conference/Global Health Summit

- June 5-9, 2005
- Philadelphia, PA, Development of the Report on Global Health
- 40th Annual U.S. Public Health Professional Conference, June 6-9, 2005
- www.coausphsconference.org

I.H.S. / A.C.O.G. Postgraduate Course: Obstetric, Neonatal, and Gynecologic Care

- June 19 - 23, 2005
- Denver, CO
- Contact Yvonne Malloy YMalloy@acog.org 202-863-2580
- Save the date info <http://www.ihs.gov/MedicalPrograms/MCH/M/documents/pgcoursesavethedate.doc>
- 2005 Brochure
- <http://www.ihs.gov/MedicalPrograms/MCH/M/Documents/Brochure2005EL.doc>
- June 19th at 8:00 am: NEONATAL RESUSCITATION PROGRAM
- NRP Class size limited. Sign up now
<http://www.ihs.gov/MedicalPrograms/MCH/M/documents/NeonatalResuscitationProvider2.doc>
- Meeting Website <http://www.ihs.gov/MedicalPrograms/MCH/M/CN01.cfm#June05>

National Summit on Preconception Care

- JUNE 21-22, 2005
- Atlanta, Georgia
- Catalyst for national recommendations for preconception care, CDC
- <http://www.signup4.net/Public/ap.aspx?EID=NATI14E>

Did you miss something in the last OB/GYN Chief Clinical Consultant Corner?

The January 2005 OB/GYN CCC Corner is available at:

<http://www.ihs.gov/MedicalPrograms/MCH/M/obgyn0105.cfm>

Volume 3, No. 1, January, 2005

Abstract of the Month:

page 3

Limit use of Depo Provera to 2 consecutive years only: Black Box Warning from the FDA

From your colleagues:

page 4

Burt Attico: Smoking During Pregnancy Tied to Gestational Diabetes Risk

Donna Brown: Hand foot and mouth disease in pregnancy

Terry Cullen: IHS prenatal assessment form - ETOH, tobacco, substances, DV, other issues

George Gilson: Which fetal heart rate / contraction patterns are worrisome with misoprostol use?

Steve Holve: Oral Rehydration Solution: 5 articles – January Indian Child Health Notes

Chuck North: Serving Native American Communities

Lori de Ravello: National Summit on Preconception

Judy Thierry: Birth Simulator for Shoulder Dystocia - Rubin's maneuver requires least traction

Hot Topics:

Obstetrics:

page 7

-Highest percentage ever reported in the United States: Cesarean Delivery

-Alcohol Consumption Among Women Who Are Pregnant, or Who Might Become Pregnant

-Normalizing blood pressure rapidly and reducing the need for antihypertensive therapy

-Preterm premature rupture of membranes: Optimal gestational age for delivery?

-Factor V Leiden polymorphism is associated with an increased risk of preeclampsia

Gynecology: page 8

- Passive smoking increases the risk of cervical neoplasia
- Consumer Reports Magazine Rates Condoms, Reviews 16 Other Contraceptive Methods

Child Health: page 8

- Social Norms and Friends' Influences on weight control behavior: Adolescent girls
- Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing

Chronic Illness and Disease: page 8

- Bariatric Surgery May Be a Viable Treatment Option for Severe Obesity: 2 articles
- The Recognition of Depression: The Primary Care Clinician's Perspective
- High Folate Intake May Reduce Risk of Hypertension in Women
- Women With Diabetes Do Worse After Stenting
- Premature birth and later insulin resistance

Features: page 9

American Family Physician

- Imaging for Suspected Appendicitis

ACOG

- Intrauterine Device - ACOG Practice Bulletin NUMBER 59
- EC does not increase promiscuity or unprotected sex among women, nor does it cause women to abandon their regular birth control methods

AHRQ

- Wrong Site "Near Miss" – Web M+M -Surgery

Ask a Librarian

- Great New Resource: MD Consult available: Many journals at your fingertips

Breastfeeding

- Free website for medications and breastfeeding that is useful and credible
- State Legislation on Breastfeeding

Domestic Violence

- Sexual assault is associated with significantly higher levels of PTSD
- Just finished..... Domestic Violence in Native Women – Primary Care Forum Summary

Elder Care News

- Co-incidence of Alzheimer's and cerebrovascular disease accelerates cognitive decline
- Native Americans Social and Economic Development Strategies (SEDS) Grants
- Palliative Care resource for hospitals and clinics

Family Planning

- Being overweight may increase the risk of becoming pregnant while using OCs
- EC does not cause women to abandon their regular birth control methods

Frequently asked questions

- The 'quad' second trimester screening test is expensive. Is it worth it?
- What are the best cut-offs to use while monitoring diabetes in pregnancy therapy?
- How does birth interval affect the repeat cesarean vs vaginal delivery decision?
- Are there alternatives to insulin / diet in diabetes and pregnancy? Glyburide? Others?
- How many colposcopies in a year does a non-OB/GYN provider need to perform?

Hormone Replacement Update

- Venlafaxine significantly decreases postmenopausal patient-perceived hot flush score

Information Technology

- Electronic Health Record: Overview, Implementation & Lessons Learned - Courses

International Health

- Lifelong accumulated racial discrimination by African American: Preterm delivery

MCH Alert

- National Birth Defects Prevention Month

Medscape

- Are Vaginal Symptoms Ever Normal? A Review of the Literature

Midwives Corner

- Midwives Serving Indian Country

Office of Women's Health, CDC

- Marriage may be good for you
- Explaining the 2001-02 Infant Mortality Increase: Linked Birth/Infant Death Data Set

Osteoporosis

- Alendronate is safe and effective: Can carry treatment out ten years without concern
- Effect of Vitamin D on falls: a meta-analysis

Patient Education

- Maternal Child Health Patient Education: new web page envisioned

Primary Care Discussion Forum

- Surgery for obesity? February 2005
- Just finished..... Domestic Violence in Native Women – Primary Care Forum Summary

What's new in Sexually Transmitted Diseases?

- Preventive Health Care Seeking Among Adolescents: The Gonorrhea Community Action Project

Barbara Stillwater, Alaska Diabetes Prevention and Control

- The 'Polymeal' Cuts Heart Disease by 76% - Recipe for Life
- Depression Increases Insulin Resistance, Diabetes in Middle-Aged Women
- Dietary Guidelines for Americans 2005

What's new on the ITU MCH web pages

Save the Dates: Upcoming events of interest

page 17

page 18

The past CCC Corners are archived at:

<http://www.ihs.gov/MedicalPrograms/MCH/M/OBGYN01.cfm#top>

The CCC Corner is good way to inform ITU providers about recent updates, while decreasing the number of e-mail messages.

Let me know if you want to add something to next month's CCC Corner at nmurphy@scf.cc or 907 729 3154 (with voicemail)

*The opinions expressed in the OB/GYN CCC Corner are strictly those of the authors, and not necessarily those of the Indian Health System, or the author of this newsletter. If you have any comments, please share them by joining the Primary Care Discussion Forum where this topic was recently discussed. To join the Primary Care Listserv, click on 'Subscribe' here <http://www.ihs.gov/MedicalPrograms/MCH/M/MCHdiscuss.asp>

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