UNIFORMED SERVICES UNIVERSITY
of the Health Sciences

PEARL NETWORK

Quarterly Newsletter

A Network of Military Family Medicine Residency Programs

On behalf of CAPT (SEL) Mark Stephens welcome to the first edition of the PEARL Network Quarterly Newsletter! This newsletter lets you know some of the key leaders in our consortium and gives you a list of on-going studies.

Don't forget to visit our website http://www.usuhs.mil/fap/pbrn.html to receive up-to-date information, review articles by our colleagues, request help and search for grant opportunities. Contact us if you want to advertise a study or post something to the web.

- LTC Jeff Yarvis

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WELCOME HOME FROM KUWAIT AND WELCOME TO PEARL LCDR KIMMER!!!

Don't forget every third Tuesday of the month we hold a research meeting at 1300 EST at (310) 295-1679 or DSN 295-1679. We'll help you get going...Just ask!

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ON-GOING PROJECTS

Quality Note Study-Electronic Notes –USU

EASE Study– No Stirrup pelvic exams– Gordon

Post Vasectomy Analysis –Belvoir

Hyperlipidemia –Belvoir

Fetal Weight –Belvoir

VAPO Rub/Toe Fungus—Andrews

Jump ACL—USUHS

Glucosamine Supplementation –USUHS

Documentation-Effective Training –Pendleton

Rhabdomyloysis in Basic Trainees-Benning

Dermatology/Common warts– Benning

Practice Management-Benning

Istep USUHS

Future Studies in Process or Concept:

CTSA –Community Engagement, Advisory Group for Research & USU Center for Health Disparities

Virtual Reality Exposure Therapy for Smoking Cessation and PTSD

Suicide Programming

Smoking Cessation Manual for Primary Care

Medical Hypnosis Device for Blast and Psychological Trauma

Secondary Traumatic Stress in Primary Care Staff

EASE TRIAL OPEN FOR ENROLLMENT

The Eisenhower Alternative Speculum Examination (EASE) Trial is now open for enrollment. This study will examine patient and provider preferences regarding positioning during vaginal speculum examination. Patients will be randomized to speculum examinations performed with their feet in stirrups or out of stirrups. Patient experiences will be measured immediately after their visits. Providers will be surveyed at the end of patient enrollment regarding their experience with the two methods.

Staff and resident family physicians, nurse practitioners, and physician assistants are all eligible to participate. Providers will undergo a short training program and are asked to enroll 25 women each into the study. Each provider, or each provider's department, will be compensated $250 for participation. Each site can also utilize a site coordinator who can be compensated $150.

For more information about the study or about how to become an investigator, please contact the Principle Investigator, Dean Seehusen, at dseehusen@msn.com or dean.a.seehusen@us.army.mil.
Sites involved: FT Gordon, FT Belvoir, USUHS, FT Benning

Sleep Hygiene:

Avoid Caffeine 4 to 6 Hours Before Bedtime

Avoid Nicotine Before Bedtime

Avoid Alcohol Before Bedtime

A Light Snack at Bedtime May Be Sleep Promoting

Avoid Vigorous Exercise Within 2 Hours of Bedtime

Bedroom Environment: Moderate Temperature, Quiet, Dark

Comfortable Mattress and Pillows

Establish a Wind-Down Routine approximately 1 hours before bedtime

Sleep Scheduling (Stimulus Control and Sleep Restriction)

Avoid daytime napping

Limit any naps to 15-30 minutes before 1500

Use the bed and bedroom for sleep and sex ONLY

NO TV, reading, eating, studying, phone

Go to bed only when ***sleepy,*** after **threshold** time

Establish threshold time by determining how long the patient is sleeping on average.

Decide when the patient wants to get up each morning.

Subtract the total sleep time from the wake-up time to determine the threshold time for getting into bed.

For example: If a patients wants to wake up at 6:00 AM each morning and reports sleeping about 6 hours each night, that patient should not get into bed until 1200 midnight.

Get out of bed if not asleep in 15 minutes

Where will the patient go?

What will the patient do?

Return to bed when ***sleepy***

Repeat as necessary

Patients should follow these recommendations during the week and on the weekend. At first their sleep may be worse before it gets better, but sticking to these guidelines for one month usually results in significantly improved sleep quality.

Sleep

Quick Tips for Helping Patients Improve their Sleep

Jeffrey L. Goodie, Ph.D., ABPP

Many patients seen in primary care have sleep complaints, with 50% of patients reporting occasional insomnia and 19% reporting chronic insomnia.[1] Chronic insomnia is defined by: subjective complaints of poor sleep, difficulty initiating or maintaining sleep, problems sleeping three or more nights per week for 6 months or longer, and some daytime sequelae attributed to poor sleep. Untreated insomnia may result in other health concerns, less physical activity, less vitality, and emotional problems.[2,3] Additionally, sleep problems increase the severity of daytime symptoms of chronic disease.[4] Prescription medications are the most commonly used intervention in primary care settings;[5,6] however, behavioral treatments (e.g., sleep hygiene, stimulus control, and sleep restriction) are just as effective, but longer lasting.[7-11]

In 2007 the American Family Physician published a helpful review of medications to use in the treatment of insomnia.[12] In addition to medications, family physicians may want to consider incorporating cognitive and behavioral interventions into their practice.

To identify sleep problems, in addition to clinical questions about sleep, the Sleep Impairment Index (SII), a 7-item self-report measure, is helpful. The SII has a reported sensitivity and specificity of 94% for identifying insomnia. Cognitive and behavioral interventions for insomnia begin with some education and then involve two main types of interventions, sleep hygiene and sleep scheduling.

Education:

Discussing normal sleep patterns and informing patients that everyone does not need 8 hours of sleep can be helpful. Inform patients that if they change their sleep habits they will likely experience improved sleep quality, even if their total sleep time does not change. However, patients must be willing to make and stick to the recommended changes. Briefly, the recommendations for sleep hygiene and sleep scheduling include:

INTERESTED RESEARCH PARTNERS

The University of Houston— VA Medical Center Texas & Baylor University School of Medicine - Consortium created to study Virtual Reality Clinical Research Laboratory use for smoking cessation and PTSD and interested in other medical research on issues such as telemedicine in primary care.

The University of Southern California - Interested in working with USU and Camp Pendleton on research pertaining to reintegration of wounded warriors..

Virginia Commonwealth University interested in research on veterans and families.

Zero to Three: National Center for Infants, Toddlers, and Families interested in trauma transmission to children of veterans.

University of Georgia-Interested in researching secondary trauma in primary care.

Check out Dean Seehusen's Research in Family Medicine WIKI at
http://www.fmdrl.org/group/index.cfm?event=c.showWikiHome&wikiId=29

The primary goal of the WIKI is to support faculty who are teaching residents and helpful to practitioners involved in research projects.