

Think Twice:

UW Health introduces Heart and Vascular Second Opinion Program

Learning you need an invasive heart or vascular procedure can be frightening news. Heart surgery of any kind carries an element of risk. And if anything in today's medicine is confusing, it's the numerous and complex heart and vascular procedures available to patients. How do you know what's right for you? Where do you start? What questions do you ask?

UW Health designed its Heart and Vascular Second Opinion Program to answer those types of questions. The objective is to find the appropriate therapy—medical or surgical—for each unique patient. Available to anyone, the program may be especially helpful for patients who have complex surgical cases, or for those who have been told their condition is inoperable or not treatable with medical therapies.

Most heart and vascular programs specialize in certain surgical or medical procedures, and treat only patients who need those procedures. UW Health's Heart and Vascular Second Opinion Program is not procedure oriented and is based on a broader philosophy, according to Dr. Niloo Edwards, UW Health chairman of cardiothoracic surgery.

"Our objective is to give the patient a range of treatment options and determine which is the best therapy for that



particular patient. The only way you can do that is by having a breadth of medical and surgical options available, and that is where academic medical institutions like UW Health excel," says Dr. Edwards.

With its large physician staff and resources, UW Health offers virtually every type of heart and vascular procedure available, a comprehensive program few others can match. "We offer patients an opportunity to explore the possibility that something new is available that might be able to help them. We want to offer as many options as possible rather than limit a patient's choices," says Dr. Edwards.

To do so, UW Health is committed to staying current with new technologies and medical advances. "Our research component allows us to offer patients more options. Whenever new therapies and procedures are developed, we will train in them, help to evaluate them and do whatever it takes to be able to

deliver those new technologies, both medical and surgical, to patients."

Dr. Edwards, who recently joined UW Health from New York-Presbyterian Hospitals, is skilled in surgical options for end-stage heart disease, such as the implementation of transplant devices, mitral valve repair, atrial fibrillation surgery and transmyocardial laser revascularization (laser heart surgery to relieve heart-related chest pain). His practice also comprises heart transplantation, coronary bypass, open-heart surgery for geriatric patients, and left ventricular assist device (LVAD) implantation, a mechanical heart used for patients awaiting a heart transplant.

Having participated in a successful second opinion program at New York-Presbyterian, he sees the UW Health program as an option not only for patients, but for their physicians and surgeons also. "There are superbly trained physicians and surgeons throughout

Benefits of the UW Health Heart and Vascular Second Opinion Program

- Access to physicians skilled in both common and rare procedures
- Access to the latest advances in medical technology
- Expert advice on the most appropriate medical or surgical therapy for your unique health condition
- Senior nurse clinicians match you to the appropriate physician
- Rapid access to appointments – within 48 hours
- Access to all the resources of a nationally recognized academic medical center
- Assistance getting necessary medical records

To arrange a UW Health Heart and Vascular second opinion, call (608) 263-7092 or (800) 438-3102.

Second Opinion *continued from page 1*

Wisconsin,” says Dr. Edwards. “One of our missions as an academic health center is to give those physicians and surgeons access to a multitude of resources and expertise to benefit their patients.”

Access to rare specialties and procedures

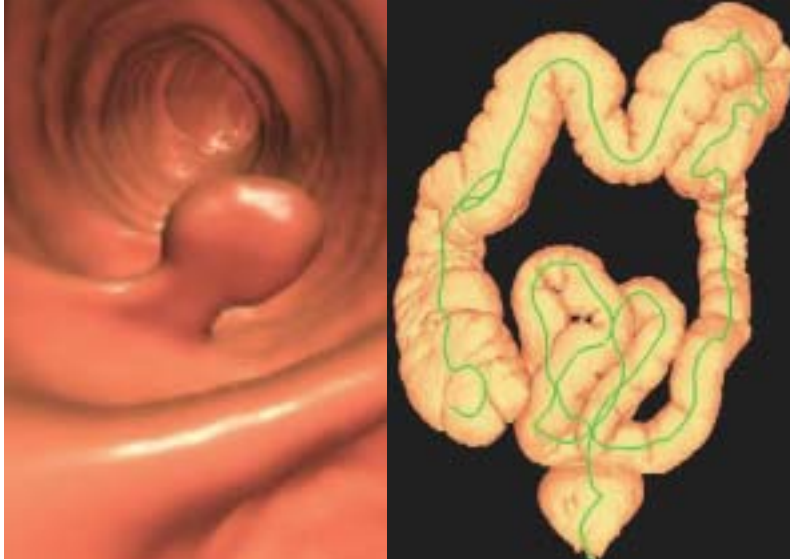
Lynn Fischer, UW Hospital and Clinics director of heart and vascular care, expects the second-opinion program to benefit any patient seeking access to one of UW Health’s heart and vascular specialists.

“UW Health experts do rare, specialized procedures such as complex aortic surgery that are available at only a few places across the country,” explains Fischer. “In our catheterization lab, for example, we can close a small hole in the heart without surgery. We are consistently the first in the area, and often the first in the state, to bring new technologies to Wisconsin. Dr. Edwards, who joined us from one of the top 10 heart programs in the nation, is another example. He brings a whole new level of expertise to patients with heart failure, as well as other advanced cardiac diseases that require sub-specialty surgical treatments.”

Appointments within 48 hours

The second-opinion program is designed to help patients find their way through the complexities of a large health-care system. A patient advised to have a cardiovascular procedure, surgical intervention or other service simply calls the second opinion program at (608) 263-7092 and talks directly to a senior nurse clinician. The nurse, familiar with UW Health heart and vascular care procedures, personnel and research protocols, gathers information from the patient and links that patient to the most appropriate physician for the second opinion. An appointment is then made within 48 hours. The nurse also works with the patient to obtain the release of any necessary medical records, X-ray films or MRI results the physician would need to render the second opinion.

Finding the right expert can be critical to obtaining the most effective treatment. “We know our physicians and experts can provide the information and expertise patients want. When patients use our program, it’s like having a personal, inside team of professionals helping them every step of the way,” says Fischer.



3-D: A NEW VIEW OF COLONOSCOPY

- **New findings on the effectiveness of 3-D virtual colonoscopy as a screening tool are exciting, but it isn’t the best option for everyone.**
- **Ideally, candidates are adults age 50-70, who present no symptoms, have no family history of colon cancer and are essentially in good health. These criteria are important because if polyps are detected, the individual must undergo another procedure—conventional colonoscopy—for polyp removal.**
- **For individuals with symptoms or family history—those most likely to have polyps of a substantial size (8 mm. or greater)—conventional colonoscopy is recommended for ease of removing polyps and to avoid an additional procedure.**

Colon cancer is the second deadliest cancer in the United States, claiming more than 50,000 lives annually. When caught in the early stages, the disease is 90 percent curable. Unfortunately, many patients balk at the uncomfortable idea of conventional colonoscopy and avoid getting screened at all.

Now, patients have another choice that’s both less invasive and less discomforting than the conventional screening method: Three-dimensional computed tomography (CT) colonography, also known as virtual colonoscopy. The procedure, targeted for patients at average risk of developing colon cancer, allows radiologists to obtain 3-D images from different angles, providing a “movie” of the interior of the colon without having to insert a scope throughout the length of the colon.

In a recent study published in the *New England Journal of Medicine*, Dr. Perry J. Pickhardt, a UW Health radiologist, found that virtual colonoscopy was able to detect more than 90 percent of significant colonic polyps in average-risk patients, a slightly better rate than conventional colonoscopy. “I believe virtual colonoscopy will eventually join conventional colonoscopy as a major component of colorectal cancer screening in the U.S.,” says Dr. Pickhardt. “Because it’s less invasive, we’re hoping that more adults will seek screening, resulting in many additional lives saved.”

Radiologists have been using CT colonography for years to detect polyps, benign growths that may develop into colon cancer if not removed. The technology worked well, but primarily used 2-D images. With the addition of 3-D “fly-through” images, a virtual colonoscopy can show the whole picture, providing precise and detailed images of the colon’s interior in a minimally invasive manner. The procedure takes only about 15 minutes and also carries other benefits: there’s no risk of bleeding or perforating the colon, no need for intravenous sedation, and it’s less costly than conventional colonoscopy.

Virtual colonoscopy is strictly a diagnostic procedure and is best suited for average-risk individuals 50-70 years of age. Patients at high risk of developing colon cancer should get a traditional colonoscopy. UW Health will begin offering virtual colonoscopy in the coming months, and is one of the few programs in the country to do so. For more information on 3-D virtual colonoscopy, contact (608) 263-9028. For information on conventional colonoscopies, please contact your primary-care physician.

Cosmetic Surgery: Reflect Before You Elect



Cosmetic surgery, once the domain of celebrities and superstars, is fast gaining acceptability among the rest of us. According to the American Society for Aesthetic Plastic Surgery, the number of cosmetic surgery procedures performed in the United States rose 228 percent between 1997 and 2002. Although the choice to undergo cosmetic surgery is an intensely personal one, finding reliable information about cosmetic procedures may be easier than you think: The plastic surgeons at UW Health can help you reflect before you elect.

For anyone considering a cosmetic procedure, a consultation with a physician is a critical starting point. “In initial consultations, we work with individuals to get an idea of what they want,” explains Dr. Karol Gutowski, a

plastic surgeon at UW Health. “What are their expectations? What do they know about the possibilities? Some people have done research while others know nothing about the procedures.”

Dr. Gutowski consults with prospective patients individually, discussing options. After answering any questions, he encourages patients to reflect on their decision and provides a list of resources for more information.

People have different reasons for pursuing surgery, but the ideal candidates are healthy individuals who approach the procedure with realistic expectations. “Whatever procedure someone is considering,” says Dr. Gutowski, “the motivation should be within that

individual and not because of pressure from someone else.”

A skilled physician and a safe, care-oriented environment are also critical. “Cosmetic surgeries should be performed in appropriate facilities, by board-certified surgeons with nearby hospital and medical back-up,” says Dr. Venkat Rao, UW Health plastic surgeon. “While the vast majority of procedures are done without complications, problems can occur and it’s important to have quick access to medical resources. At UW Health, help is available around the clock.”

UW Health offers a full range of cosmetic services including facial procedures, breast augmentations and body alterations. For a complete list of services call (608) 265-5100 or visit www.uwhealth.org/cosmeticservices.

Clinical Trials

Benefits for You, Science and Medicine

Each year, researchers at UW Hospital and Clinics and UW Medical School conduct hundreds of clinical studies of new procedures, drugs and medical devices touching every medical specialty. The results of some of these trials have led to medical breakthroughs nationwide, including the development of endostatins, a class of drugs used to combat certain types of cancers. Trials that contributed to major advances in allergy treatment, cardiac surgery, artificial disc replacement and the treatment of Alzheimer’s disease have all occurred right here in Madison.

All of this sounds exciting—but should you participate? Let’s look at the benefits:

Access to new treatments

The majority of clinical trials are conducted to determine the effectiveness of new medical treatments, giving participants the chance to participate in cutting-edge science years before a treatment hits the market. It’s important to enter a clinical trial free of misconceptions: There’s no guarantee that your condition will be cured or improved.

And most if not all treatments have side effects that you should learn about before deciding to participate.

“Many studies are comparing a new treatment to a placebo, but some are designed so the new treatment is compared to a standard treatment,” explains Judy Van Kirk, interim director of the Office of Clinical Trials at UW Medical School. “You’re not guaranteed to receive the new treatment, but even receiving the standard treatment can be beneficial.”

Access to additional medical treatments

In the interest of patient safety, the clinical testing environment is tightly scrutinized and patients are monitored very closely. As a result, physicians and researchers often conduct more lab tests than they do in the course of standard treatment. In the case of Diane Wright, a Madison resident who has participated in several clinical trials related to her rheumatoid arthritis, pre-trial screenings identified minor medical issues she’s been able to take to her primary care doctor. “In addition to the possibility of relief from my

condition, my health is closely monitored,” she says. “That’s a big benefit.”

Compensation

Not all clinical trials offer compensation to participants—both researchers and the Investigative Review Board, which governs all trials at UW Hospital and Clinics, work scrupulously to avoid any suggestion of coercion. However, trials that require an unusual number of visits, or require a participant to miss significant time from work or school, offer some sort of per-visit pay, usually \$25-30.

Contributing to medical knowledge

If not for willing patients, both healthy and ill, critical aspects of modern medical care might not exist today. The opportunity to become part of developing medical history can often be compelling.

“Altruism is a big factor,” says Van Kirk. “There’s definitely a subset of people with serious diseases who are willing to be involved. Some of them see it as a last chance, and they hope that even if they don’t benefit, the

person sitting in the next clinic room might. Altruism is even a factor for studies in healthy volunteers. Some people are just interested in contributing to medical research.”

Convinced? If so, you might consider these clinical trials, each of which is currently recruiting patients:

For people with **rheumatoid arthritis**, a study examining a new drug called rituximab. Contact (608) 265-4043.

For people experiencing **ongoing pain after shingles**, a study using patches featuring capsaicin, a substance made from hot peppers. Contact (608) 264-4290.

For **heart-failure sufferers**, a study evaluating the role of exercise training in treatment and recovery. Contact (608) 265-0612.

For mothers experiencing **postpartum depression**, a treatment program featuring 15 weeks of free care for qualifying patients. Contact (608) 263-5000.

Mind



— Over — Body

At first, Betty Russo's pain didn't seem particularly serious. For months, she'd been experiencing abdominal discomfort. But one day in April 2002, her condition became extremely painful, causing her to seek medical care. After several medical tests, emergency room doctors gave her the news: X-rays showed she had neoblasts in her bones.

"Do you know what that means?" Russo, a nurse, asked her worried husband. "It means I have cancer in my bones." Further tests revealed she had cancerous growths throughout her abdomen.

Incredibly, Russo's health problems were only just beginning. Surgeons were able to remove her abdominal cancer, but the pathology report revealed fourth-stage breast cancer that had metastasized to her abdomen and bones.

This stampede of life-threatening diseases would be enough to send most people spiraling into despair. Today, nineteen months later, Russo is able to discuss her situation calmly, and even smile about it. A practitioner of meditation for the last 20 years, Russo has used the power of her mind to help her body accept and manage her cancer and the chemotherapy treatment that eventually accompanied it.

"There's a place inside me where I can go, that's so quiet, so serene and nurturing. When I go there in meditation, I feel refreshed and still, and I can face the day," explains Russo. When it became clear that she'd need to undergo chemotherapy, Russo knew she had to fully accept it. "I decided to receive the chemotherapy as a friend that would dissolve, in love, anything harmful in my body," she says. "With that stance, I always felt something great was running into my veins."

Russo is not alone. Millions continue to turn to mindfulness meditation and integrative medicine to help them manage pain, stress and serious medical conditions. And as they do, scientists and researchers continue to compile evidence that the techniques have a measurable effect on health. Earlier this year, Dr. Richard Davidson, a researcher with the UW Medical School's HealthEmotions Research Institute, published a headline-grabbing study that suggested meditation creates certain types of brain activity that have a positive effect on the body's immune system. Meanwhile, the National Institutes of Health continue to pour sizable amounts of research dollars into learning more about how emotions and the mind facilitate and influence health.

Neither Russo's story nor these national health trends come as a surprise to Dr. David Rakel, the physician who heads the integrative medicine program at UW Health and who helped Russo frame her treatment options. He's recognized for years that there's more to being healthy than the absence of disease, and that finding inner balance and a sense of well-being can have a dramatic effect on how a person responds to disease states.

"We're finding that our mental intention can have a significant influence on genetic expression and overall physical health," says Dr. Rakel. "If, as it should be, our focus as physicians is on how we can best serve the patient, then the question becomes, which tools will work best to accomplish that?"

Increasingly, the toolbox holds more than just the considerable knowledge and technology offered by western medicine. The box can also include acupuncture, healing touch, massage therapy, guided imagery, t'ai chi and many other techniques.

Michelle Ihm, a former corporate banking officer, has used that larger toolbox. Eight years ago, Ihm's life literally collapsed, as a mysterious condition left her feeling weak and in constant pain, often unable to breathe. Her doctors, unable to find either the source of her pain or a cure, diagnosed her with chronic fatigue syndrome, a condition that has kept her house-ridden for much of the last decade. After years of seeking and failing to find a medical cure, a physical therapist suggested that Ihm try mindfulness meditation. She signed up for a class taught by UW Health's Katherine Bonus.

Initially, the prospect terrified her because mindfulness begins with a keen focus on breathing—one of the sharpest sources of Ihm's pain.

"What I learned through mindfulness was that avoiding a situation takes more energy," says Ihm. "When you can pay

Integrative Medicine Services

UW Health Research Park Clinic, 621 Science Drive, Madison, WI 53711

Acupuncture
(608) 263-7936

Massage Therapy & Bodywork
(608) 263-7936

Healing Touch
(608) 263-7936

Mindfulness/Stress Reduction
(608) 265-8325

Integrative Medicine Clinic
(608) 265-0280

Health Psychology
(608) 263-9638

Eastern Practices
(608) 263-7936

www.uwhealth.org/integrativemed

attention to the worst of what you're going through and be with it, you begin to realize that it's all about balance."

Meditation brought her to the point where she was able to move and function again. When her condition relapsed two years ago, she tried Healing Touch, a technique in which a practitioner partners with a patient to focus on and balance the patient's electrical energy patterns.

"It's about bringing your mind to bear on your body, exploring different aspects of who you are," explains Ihm. "I've had some profound experiences—it's almost as if my body is speaking to me at times." The conversation has had profound effect: Ihm is up and moving around regularly, able to resume some of her normal activities.

Russo, who has consciously refused to consider her long-term prognosis, has nevertheless survived longer than her doctors might have expected. Even though she has received ongoing chemotherapy, she has remained active. Last summer, she and her husband traveled and biked extensively.

"I've never viewed my situation as a tragedy," says Russo. "And I don't want anyone else to view me that way, either. Every life has challenges. I have learned some amazing lessons during the last year and a half. I'm aware of the seriousness of my condition, and I don't put my focus there. I choose to focus on what's vibrant and healthy within me."

Dr. Rakel is encouraged by what he sees as a shift to a health-oriented rather than disease-oriented medical care system, one that involves the active participation of the patient. "With this shift, we can begin to learn how to prevent disease from occurring," says Rakel. "The first step is for us to decide what actions will make us feel whole—and that's what integrative medicine hopes to help facilitate."

For more information on Integrative Medicine Services, contact (608) 263-7936.

Infant and Toddler Mental Health:

How Do I Know When My Child Needs Help?

Most adults have experienced the pleasure that occurs when a baby looks to them and smiles or takes his first steps. Likewise, every parent of an infant or toddler has felt discouraged when the child cries inconsolably, pulls away, has tantrums or has trouble sleeping. Indeed, challenging behaviors such as these are part of parenting during the early childhood years. Developmental research is rapidly teaching us, however, that some children are more sensitive to their environment and have more trouble than others regulating their emotions and behavior.

One mother expresses her feelings of frustration, sadness and self-blame about her son this way: "For the first two years my son would arch his back and look more intensely upset when I tried holding or rocking him. I felt incompetent as a mother, unable to soothe my crying baby... I was depressed; he was my first child and it was so hard for me to enjoy being with him. I thought I was doing something wrong."

For this child, learning to relax and adjust to a schedule was difficult, causing his mother to doubt her abilities as a parent and feel enormous emotional distress. Mother and son were having difficulty forming a mutually satisfying bond with one another, an important cornerstone for future child development. Simply put, the relationship just didn't feel good to either one.

When difficulties like these occur, parents and caregivers can benefit from learning specific strategies to support their child's development and create ways of being with their children that

are more satisfying to both. But how do you know when your child's challenges are serious enough to warrant professional help?

Emotional problems in infants and very young children are often expressed in one or more of the following ways:

- "Regulatory" difficulties, such as trouble establishing regular feeding, sleeping or toileting behavior
- Irritable, serious or depressed mood
- Avoidant or withdrawn behavior
- Aggressive or overly active behavior that is difficult to control
- Behavior problems at daycare or preschool
- Excessive fears or worries
- Separation anxiety
- Hypersensitivity to touch, clothing, bright light or loud sounds
- Delays or uneven development in areas such as language, motor coordination, social relationships or tasks involving thinking skills such as planning or pretend play.

Adults who feel overwhelmed in their role as a parent may experience:

- Postpartum depression
- Marital or other relationship problems
- Worry that they don't feel attached to their child
- Uncertainty about how to discipline or relate to their child
- Worry about continuing a cycle of abuse they experienced as a child.

When parents recognize these warning signs in their young child or themselves, consultation with an early childhood mental health specialist can help. Talking with a specialist can provide an



opportunity to ask questions, alleviate concerns, and examine the family and child's special needs.

The Parent-Infant/Early Childhood Clinic in the UW Department of Psychiatry serves this purpose for families of children between birth and five years of age. Dr. Roseanne Clark, PhD, the clinic's director, is a licensed psychologist at UW Health with a background in early childhood development and mental health, postpartum depression and early family relationships. Together with her staff, she works with patients to understand the struggles facing families with young children and to create a therapeutic plan to help alleviate stress for both parent and child. As part of the clinic, Dr. Clark is also directing a treatment study for postpartum depression in which qualifying women receive 15 weeks of therapy, free of charge.

For more information, call the Parent-Infant/Early Childhood Clinic at (608) 263-6123 or the Postpartum Depression Treatment Program at (608) 263-5000.

Classes & Support Groups



Mediterranean Cuisine

The Mediterranean diet combines old world tastes with new flavors and vibrant colors to create a truly healthy cuisine. Learn more about eating the Mediterranean way and enjoy healthy samples. \$32
Mondays, Feb. 16 & 23, 5-6:30 p.m.
Midvale Lutheran Church
4329 Tokay Boulevard
(608) 263-4869

Homemade Express

Too busy to make nutritious, healthy meals? Discover how to maximize your grocery list in order to create good tasting, wholesome meals in minutes. \$20
Monday March 15, 5-7:30 p.m.
UW Health West Clinic
451 Junction Road, Room 304
(608) 263-4869

Sensational Soy

Explore the benefits of incorporating soy into a healthy diet for women. If you are not familiar with soy products and how to include them in your diet, this class will provide practical, tasty suggestions. \$12
Monday, March 15, 6:30-8 p.m.
UW Health West Clinic,
451 Junction Road, Room 1288
(608) 263-4869

Kids in the Kitchen: Celebrate Winter!

Children ages 6 to 10 can learn to make tasty food while learning how to measure food properly, use kitchen equipment and handle food safely. Each lesson features a different winter holiday including Valentine's Day, President's Day, and St. Patrick's Day!
Mondays, February 16 and March 1
3:45-5:30 p.m.
\$45 for 1 child, \$20 each additional sibling
UW Health West Clinic
451 Junction Road
(608) 263-4869

Family, Food, and Fitness

Parents and caregivers of 6- to 10-year-olds will learn to shop smart, provide quick healthy meals for their families, appreciate and try a variety of foods, incorporate enjoyable exercises into busy lifestyles, and promote positive body images. \$25 per family
Tuesday, March 9, 6:30-8 p.m.
UW Health West Clinic,
451 Junction Road
(608) 263-4869

Support Groups and Wellness

Total cholesterol screening is available on a first-come, first-served basis. No registration or fasting required. \$8
Saturday, April 3, 9:30 a.m.-Noon
Westgate Mall, Odana Road
(608) 263-4869

Free Mindfulness Information Sessions

Learn more about UW Health's 8-week mindfulness meditation course at this introductory session.
Saturdays, 9-10 a.m.
February 28 or March 6
No registration is required.
UW Health Research Park Clinic,
621 Science Drive
(608) 265-8325

Cancer Connect

Information about the services available at the UW Comprehensive Cancer Center. (608) 262-5223 or (800) 622-8922

Cancer Information Center

Provides current cancer information on national programs, resources and research in English and Spanish. (800) 422-6237

Active Hearts

Information and support for people living with and managing heart disease. First Monday of the month, October-May, 7-8:30 p.m. (608) 265-8391
UW Health Research Park Clinic,
621 Science Drive

Living with Heart Failure

For people diagnosed with heart failure and their families and loved ones. Health care professionals with expertise in heart failure help you learn about the disease and how to manage it through medications, proper diet, exercise and stress reduction techniques. \$75; Call for next session dates, (608) 263-0080

B.O.N.E.S

Information and support for people dealing with osteoporosis. Second Tuesday of the month, 1:30-2:30 p.m. (608) 265-6410
UW Health Research Park Clinic,
621 Science Drive

Stroke Prevention Day

UW Health is coordinating this effort to educate all Wisconsin residents about stroke, the leading cause of adult disability. Groups across the state will join together to present an intensive, one-day public awareness campaign on the signs and symptoms of stroke. Wednesday, May 12 (608) 263-5830

Taking Care of Children's Eyes

Eighty percent of everything a child learns is acquired through visual pathways. Development of the visual system—all parts of the eye and the process by which images are taken in by the eye and understood by the brain—is critical if children are to achieve their full potential.

“The pediatric visual system is unique and complex,” says Dr. Thomas France, UW Health pediatric ophthalmologist. “In the first years of life as the eye grows and the visual input is processed by the brain, the visual system development largely depends on the structures of the eye being healthy and normal. Anything that interrupts light traveling through the eye to become processed into a focused image can lead to permanent vision problems.”

Children's eye exams begin shortly after birth, when physicians check newborns for a red glow in the back of the eyes. This “red reflex” test indicates if light rays are entering the eyes properly. Any abnormality should result in an immediate referral to a pediatric ophthalmologist, a specialist in children's eye problems.

Among the most potentially damaging conditions to newborns are cataracts (clouding of the lens of the eye), which should be removed as soon as possible. “Restoring useful vision in a child with a cataract is more complicated than simply removing the cloudy lens,” explains Dr. France. “If the cataract is not surgically removed within the first few months of life, the infant's visual system may not have an opportunity to fully develop. For these patients, even after cataract surgery is performed, there is much work to do in managing their vision. Because the decision whether to do cataract surgery depends on the eye examination performed by a pediatric ophthalmologist, it is important that any child with a possible cataract is immediately scheduled for an eye evaluation.”

For babies born very prematurely, the oxygen in the ambient air may be toxic to the eyes, leading to deterioration of the retina (retinopathy) and blindness, if not



UW Health has the only clinic in the country with Sweep VECF testing, a convenient, reliable way for ophthalmologists to test vision on young patients who are not able to read an eye chart.

treated. Fortunately, serious eye conditions such as these are not common and can be treated if detected early.

Other conditions children may develop are amblyopia (reduced vision) and strabismus, in which the eyes deviate inward (crossed eyes) or outward (walleyes). These conditions are not usually present at birth but may develop during the first year or two of life. Both conditions are usually detected by a parent, pediatrician, or a school visual exam screener.

With strabismus and amblyopia, it is possible to successfully treat children to the age of 8 or 9 years, but identifying these conditions at an earlier age yields better results. Dr. France prefers to correct the situation by age 2 years if possible, to ensure a more normal development of binocular vision (both eyes working together). Amblyopia is generally very treatable from age 4 years to 8 or 9. Proper treatment at an early age restores vision with little or no loss for the large majority of patients. If myopia (nearsightedness) develops, it usually appears around age 8 or 9 years and is generally found by the child's physician or by a school nurse.

All children should have an eye exam by the age of 4 years, or younger if there is a family history of significant eye problems. If one or both parents had either strabismus or amblyopia when very young, for example, it's important for their child to have an eye exam in the first year by an ophthalmologist. Children who have severe or unusual problems should see a pediatric ophthalmologist.

Also at risk for vision problems are children with Down syndrome, cerebral palsy or neurological problems. Premature children who do not develop retinopathy still have higher risk for strabismus and amblyopia.

“It's important that a child requiring a thorough eye examination see a pediatric ophthalmologist,” says Dr. France. “These physicians are very comfortable performing pediatric eye exams and have completed specialized training, including three years of ophthalmology and at least one year of pediatric ophthalmology.”

Dr. France sees patients at UW Health's University Station Clinic. For a referral, talk to your child's primary physician or call (608) 263-6414.

WHAT TO LOOK FOR IN YOUR CHILD'S EYES

Eye exams are important not only early in life, but throughout the school years because vision changes can occur without you or your child noticing. With regular exams, vision problems can be found and treated early. As a parent, you will want to watch for signs of possible problems.

If you notice your child tilts his/her head to read, or if you think both eyes don't move well together, these may be signs of visual problems. Children who complain that they can't see well at school—whether focusing on objects far away or near—need an eye exam. Droopy eyelids, squinting, and light sensitivity should all be checked immediately.

OTHER SIGNS TO WATCH FOR:

- Using a finger to keep place while reading
- Holding a book too close or too far from the eyes (14 inches from the eyes is about right)
- Sitting close to the TV
- Rubbing eyes excessively
- Favoring one eye over another
- Doing poorly only in subjects that require more reading
- Having an unusual eye condition, such as inflammation, watery eyes, frequent infections

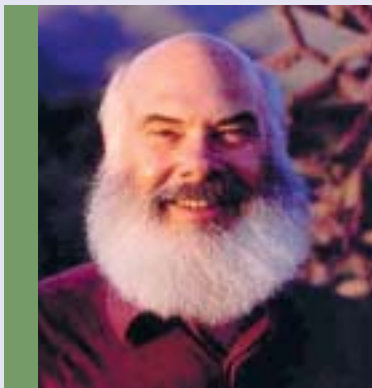
Whenever you have concerns, talk to your child's pediatrician or ophthalmologist. Either physician will provide a referral to a pediatric ophthalmologist when necessary.

An Evening with
Andrew Weil, MD &
Jon Kabat-Zinn, PhD

Andrew Weil is often referred to as “America’s Doctor.” by cable talk-show host Larry King. Dr. Jon Kabat-Zinn is best known for bringing mindfulness meditation into the mainstream of medicine and society. The UW Health Integrative Medicine and Mindfulness programs are pleased to bring these internationally renowned speakers to Madison. Join us for this rare opportunity to hear them both on the same evening.

Thursday, April 22, 2004, 7:30 p.m.
Memorial Union Theatre
\$50 per ticket

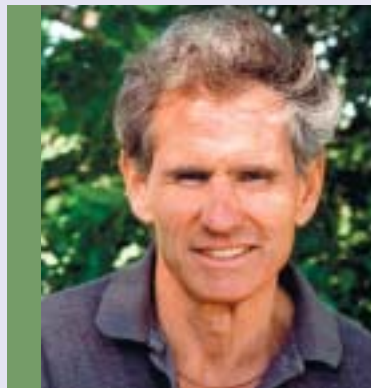
Tickets go on sale February 2 and can be purchased through the Memorial Union Box Office at (608) 262-2201. If you have questions about this event, please call (608) 263-7936.



Andrew Weil, MD

Dr. Andrew Weil is an internationally recognized expert on medicinal herbs, mind-body interactions and integrative medicine. A frequent guest on “Larry King Live” and “Oprah,” he has also hosted his own television specials on PBS. In addition, Dr. Weil is the author of eight books, including the national bestsellers *Spontaneous Healing*, *Eight Weeks to Optimum Health* and *Eating Well for Optimum Health*.

Dr. Weil is a Harvard Medical School graduate. He is a clinical professor of internal medicine as well as the founder and director of the Program in Integrative Medicine at the University of Arizona’s Health Sciences Center in Tucson.



Jon Kabat-Zinn, PhD

Dr. Jon Kabat-Zinn is internationally known for his work as a scientist, writer and meditation teacher engaged in bringing mindfulness into the mainstream of medicine and society. His work in stress reduction was featured in Bill Moyers’ PBS Special “Healing and the Mind.” In addition, he is the author of two best-selling books: *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain and Illness* and *Wherever You Go, There You Are: Mindfulness Meditation in Everyday Life*.

Dr. Kabat-Zinn received his PhD in molecular biology from Massachusetts Institute of Technology. He is professor of medicine emeritus at the University of Massachusetts Medical School, where he was founding executive director of the Center for Mindfulness in Medicine, Health Care, and Society, and founder and former director of its world-renowned stress reduction clinic.

UWHealth

UW Medical Foundation
555 Zor Shrine Place
Madison, WI 53719-2068

www.uwhealth.org

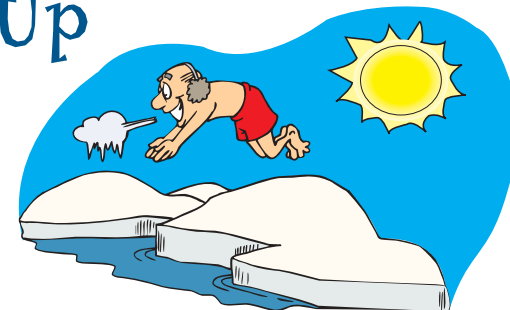
NON-PROFIT
ORGANIZATION
U.S. POSTAGE
P A I D
PERMIT NO. 2860

Time to “D” Up

It’s February in Wisconsin. Do you know where your vitamin D is? A daily supply of vitamin D, the vitamin that allows the body to absorb calcium, is critical to preventing osteoporosis and bone fractures in later life. Unfortunately, vitamin D is rare in foods. We can get it from fortified milk, cod liver oil, egg yolks and certain types of fish. Our bodies produce vitamin D when the sun shines on our skin, but sunlight is a scarce commodity for Midwesterners during the winter months. “Even if you chose to go out and lie naked in the snow, your body couldn’t synthesize vitamin D,” says Dr. Neil Binkley, a UW Health osteoporosis specialist. “The low angle of the sun in winter isn’t enough to stimulate the conversion.”

Lack of exposure to sunlight is a more serious problem than it sounds. Doctors are recognizing vitamin D deficiency as a growing health problem—and not just for bone health. Some researchers have suggested that chronic vitamin D deficiency could also play a role in other medical maladies, including high blood pressure and certain types of cancers.

Current nutritional standards recommend an intake of 400-600 IUs of vitamin D per day, but many bone



experts suggest it should be higher. (An eight-ounce glass of milk will net you only about 100 IUs.) Dr. Binkley believes the best way to keep yourself properly fortified is to add both multivitamins and vitamin D supplements to your diet—at least until the sun shines more brightly in summer.

“Multivitamins and vitamin D supplements are cheap, especially when you consider the \$60-600-a-month cost of osteoporosis drugs, and there are no side effects,” says Dr. Binkley of vitamin D supplements. “There aren’t a whole lot of remedies like that.”

For more information about osteoporosis, vitamin D and other bone-related issues, contact the UW Health Osteoporosis Clinical Center and Research Program at (608) 263-BONE.