

Health & Wellness News

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Advances in Treating Heart Failure

James Ambrose of Bedford, Mass., has struggled with heart disease for more than 20 years. He has had two bypass surgeries and has been diagnosed with heart failure.

Fortunately for him, as his disease progressed so did advances in treatment. The past decade has brought new medical therapies and implantable devices that are improving survival rates and quality of life for heart failure patients.

Today, Ambrose is an active 86-year-old. He cuts the grass, trims the bushes, and according to his wife, Rita, has the energy of a 55-year-old.

Cardiologist Albert B. Levin, MD, director of Lahey's Heart Failure Clinic, considers the term "heart failure" to be an unfortunate label. "To the layperson, it implies death," he says, "but the first thing I tell patients is, 'you've got a treatable condition.'"

An Evolving Disease

Heart failure (also known as congestive heart failure) is a growing problem. Five million Americans have been diagnosed with this condition, and 500,000 new patients are diagnosed each year.

"In this country, the most common cause of heart failure is coronary artery disease," says Levin. "It evolves in some patients, beginning with risk factors such as high blood pressure or diabetes, and progressing to silent coronary artery disease, then heart attack with resulting damage to the heart muscle." Severe heart valve problems or heart muscle inflammation can also cause heart failure.

(Continued on Page 4)

New medical therapies and implantable devices are improving survival rates and quality of life for heart failure patients.



Relief from Reflux

It starts with a burning in the chest—maybe a sour taste in the mouth. You reach for the antacids repeatedly, but the problem continues.

According to the American Gastroenterology Association, approximately 20 million people experience heartburn daily, and twice as many experience symptoms at least once per week.

When heartburn strikes this frequently, it's often the result of a chronic, more serious condition called GERD, or gastroesophageal reflux disease.

Recognizing GERD

Heartburn is the main symptom of GERD. It occurs when acid from the stomach flows backwards into the esophagus. This is usually a result of a faulty lower esophageal sphincter (or LES), which sits where the stomach meets the esophagus and is designed to prevent the contents of the stomach from regurgitating back up into the esophagus.

“While heartburn and regurgitation (retasting food eaten earlier) are the more common symptoms of gastroesophageal reflux disease, there are other, less classic symptoms,” says gastroenterologist Stephen J. Heller, MD. “Chronic coughing, hoarseness and even asthma have all been linked to GERD.”

According to Heller, one of the best ways to diagnose GERD is through a careful medical history. “Then we might try the medications which, if they work, are helpful in both diagnosing and treating GERD.” Standard over-the-counter antacids can provide relief for individuals with mild symptoms, but people with GERD may benefit from more powerful medications such as proton pump inhibitors, which help block the production of stomach acid.

Innovative Treatments

Eliminating factors that contribute to GERD is an important part of any treatment plan. “Many of the lifestyle triggers for GERD have been well defined,” says Heller. “But each person needs to figure out what works for him or

her.” Eliminating smoking, caffeine, alcohol, carbonated beverages, mint candy, spicy foods, citrus and stress can all be helpful.

He also cautions patients not to eat at night, and suggests elevating the head of the bed four to six inches if symptoms interrupt sleep. “Some people achieve this effect with pillows,” says Heller. “But it works better if you elevate the entire bed with a wedge or a block.”

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Another treatment option is Nissen fundoplication, a surgical procedure where the stomach is pulled up and wrapped around the lower esophagus to create a barrier that keeps acid from creeping up. Today, the surgery can be done using a minimally invasive technique, which means less risk of complications and a shorter recovery time. “It's helpful for some people,” says Heller, “but not all.”

When left untreated, GERD can lead to long-term problems, including Barrett's esophagus—a change in the

lining of the esophagus that may increase the risk of cancer. “A lot of people try to treat their symptoms themselves,” says Heller. “But if you think you might have GERD, you should seek help.”

To make an appointment with a gastroenterologist at Lahey, call 781-744-3250.



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This newsletter provides general health information. It is not intended to provide medical advice. Medical advice should be obtained directly from a physician.

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For a directory of staff, locations, services and job opportunities, visit our Web site: www.lahey.org

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Multiple Sclerosis



A multidisciplinary team of specialists at Lahey Clinic recently established a Multiple Sclerosis (MS) Center to offer patients highly coordinated, comprehensive care. Here, Claudia J. Chaves, MD, director, discusses the new center and the treatment of MS.

What is MS?

MS is an autoimmune disease in which a person's own cells attack the myelin, or fatty sheath, covering nerves in the brain and spinal cord. Over time, MS patients have recurrent attacks, or exacerbations, and with each one, they develop a small scar (lesion) in the brain that may or may not result in mental or physical impairment. MS is most common in women between the ages of 20 and 40. A small percentage of patients have a family history of MS. The chance that a child of an MS parent will acquire the disease, for example, is 1 in 40, as compared to 1 in 750 in the general population.

What advantages does the MS Center offer patients?

Having a center allows a concentrated group of health care professionals who are interested in one particular disease to come together on a regular basis and discuss cases. Our center, for example, brings together specialists from neurology, urology, neuro-ophthalmology, neuroradiology, neuropsychology, nursing, physical therapy, psychiatry, pain management, social work and research. We end up learning from each other, and that is a plus for everyone involved, because our patients receive the most coordinated care possible. This is particularly beneficial for our patients with MS, because the disease affects many different systems in the body.

What types of patients would you encourage to come to the MS Center?

I would really encourage those people in whom MS is suspected to come. We have technologies available today that allow us to make an early diagnosis, and our experience tells us that patients who receive treatment early on do much better over time. Our center is also great for patients with known MS who are either looking for a second opinion or a more comprehensive and aggressive treatment program.

What are the common symptoms of MS?

Symptoms depend on what portion of the brain or spinal cord has been affected during an attack. They may also disappear and come back again. The most common ones include balance or coordination difficulties, bladder or bowel dysfunction, memory loss or confusion, vision impairment, dizziness, depression, muscle stiffness and spasms, muscle weakness and numbness in the face or extremities.

Once MS is diagnosed, what is the typical treatment course?

Clinically speaking, patients follow up with a neurologist at least once every six months to see if anything has changed since their last examination. We also obtain imaging studies every one to two years, because even patients who are doing well can have what are called subclinical lesions in "silent areas" of the brain. Because of their location, these lesions do not produce any symptoms despite the fact that there is still active disease. We discuss the potential symptoms of an exacerbation in detail, because we do have treatments that can be offered during acute attacks. It is important for patients to contact us immediately if they believe they are experiencing an exacerbation.

What types of therapies are available to patients?

Fortunately, we have options. Treatment for patients recently diagnosed with MS typically begins with immunomodulators (for example, interferons, glatiramer acetate), which are drugs that modulate the patient's immune system in order to prevent an attack. If the patient continues to have exacerbations despite those drugs, we usually add an oral immunosuppressive agent to better control the immune system. If this add-on therapy also fails, we switch to an even more aggressive treatment with intravenous chemotherapy agents.

To make an appointment with an MS specialist at Lahey, please call 781-744-3250.

Treating Heart Failure (Continued from Page 1)

Heart failure is classified as either *systolic* or *diastolic*. Systolic heart failure is defined by a weak left ventricle, the heart's main pumping chamber. Diastolic heart failure indicates a stiff heart muscle, meaning the pumping chambers cannot expand adequately to fill with blood. "The distinction is made with echocardiography, an imaging test that evaluates the heart muscle and, in particular, the left ventricle," Levin explains.

In either case, the heart cannot pump sufficient amounts of oxygenated blood to vital organs, resulting in fatigue and shortness of breath. At the same time, nonoxygenated blood making its way to the lungs gets backed up in the veins, causing congestion in tissue and swelling of the lower extremities.

According to Levin, the body's own "fight or flight" mechanism—the sympathetic nervous system—is a contributing factor. "When the supply of oxygenated blood is inadequate, the body 'compensates' by releasing hormones that cause increased heart rates, high blood pressure, and fluid retention. Over the short term, these hormones help maintain the circulation, but over the long term, they damage the heart muscle," he says.

Over the past decade, large-scale clinical trials have demonstrated the effects of certain medications on systolic heart failure.

Over the past decade, large-scale clinical trials have demonstrated the effects of certain medications on systolic heart failure. Used in various combinations, medications can help rid the body of excess fluid, improve the patient's symptoms, improve the functioning of the left ventricle, and prolong life expectancy.

ACE inhibitors and beta blockers, in particular, act to block the effect of hormones released by the sympathetic nervous system and the renin angiotensin system. "These medications are also used to treat high blood pressure, but that is not our rationale in using them to treat heart failure," says Levin, who credits these medications with reducing mortality rates among heart failure patients.

Medical Devices

Patients who continue to have disabling heart symptoms despite the best medical therapy may be candidates for implantable devices that control contraction and prevent dangerous heart rhythm disturbances.

In a healthy heart, electrical signals cause the right and left ventricles to contract at the same time in a carefully coordinated and efficient manner. "Scarring of the heart muscle produces both an electrical abnormality and disordered contraction, which contribute to heart failure," Levin says.

While traditional pacemakers pace only the right side of the heart, new, biventricular pacemakers cause both sides to contract simultaneously. According to Levin, roughly 70 percent of patients who receive this treatment experience improvement of symptoms. This treatment has also recently been shown to prolong life expectancy.

"People with a weak heart muscle are also susceptible to dangerous arrhythmias and sudden cardiac death. New research shows that the prophylactic implantation of a defibrillator in selected patients with extremely weak heart muscle prolongs life," Levin says. An implantable defibrillator senses when a fatal heart rhythm disturbance is happening and "shocks" the heart back into a normal rhythm.

"The classic symptoms of heart failure—shortness of breath and fatigue—are relieved to varying degrees by these new devices. Some patients feel dramatically better, some only moderately better," says Nancy Todd, NP, a nurse practitioner who helps heart failure patients manage their disease. "At Lahey, we've done a lot of work around determining the appropriate use of pacemakers and defibrillators."

Disease Management

James Ambrose received a combined biventricular pacemaker and implantable defibrillator in 2004. Still, he takes medication for his condition and he needs to be vigilant about watching his symptoms.

Last winter, he suffered a frightening episode of swelling in his legs and abdomen. He was weak and easily became short of breath. "I gave my coin collection to my children. I thought, 'this is it,'" he says.

In consultation with Ambrose's doctor, Todd made a modest alteration in his medication regimen. "I'm feeling fine now," Ambrose reports. "I have a good appetite, and my outlook is much better. This is a great comeback from what I had."

"There is definitely a huge education component involved in managing heart failure," says Todd. "We help patients learn how to feel their best and know what they should be monitoring. Research has shown that patients with heart failure who have intervention and close monitoring by a nurse have better outcomes, improved quality of life, and reduced hospitalizations."

She adds, "Lahey is the perfect environment for this work, because we have multiple specialists available to treat these patients."

To make an appointment with a cardiologist at Lahey, call 781-744-3250.

Lahey Receives Commission on Cancer Commendation

The Commission on Cancer (CoC) recently granted a three-year extension of approval to the Sophia and Bernard Gordon Cancer Center at Lahey Clinic. The extension was granted after a day-long evaluation that focused on the overall scope, organization and performance of the center. This year, the cancer program at Lahey exceeded the standard approval and passed with “commendation,” the highest possible score.

Founded by the American College of Surgeons in 1922, the CoC is a collaboration of surgeons and representatives of professional medical organizations. The organization focuses on reducing cancer morbidity and mortality by setting program standards and performing evaluations and education. In order to achieve approval status, hospitals must meet certain criteria, such as having a cancer committee that guides the cancer program, and a cancer registry, which monitors outcomes and quality of care.

In 2004, Lahey’s cancer specialists diagnosed and treated nearly 17,000 patients. According to the CoC, only 25 percent of hospitals have CoC-approved cancer programs, yet 80 percent of newly diagnosed cancer patients are diagnosed or treated at centers that have approval status.

For more information about Lahey’s cancer programs, visit our Web site: www.lahey.org.

Lahey Clinic’s Arlington Practice Moves

The physicians and staff of Lahey Clinic’s Arlington practice have moved to temporary offices pending the move to a new, permanent location in Arlington this coming fall.

The internal medicine practice has temporarily moved to 20 Wall Street in Burlington. In Ophthalmology, John H. TenPas, MD, Shiyong Roh, MD, and William Tanzer, DO, are temporarily seeing patients at Lahey Medical Center, Lexington. During this transition, Tanzer also has office hours at Lahey Clinic Medical Center in Burlington along with Patrick L. Besette, OD, and Michael Cooper, MD, PhD. The phone number for the Lahey Arlington clinicians remains 781-641-0100.

The Pediatric and Adolescent Medicine practice has moved to a new location at 411 Waverly Oaks Road in Waltham. The phone number remains 781-643-7700.

For directions to any of Lahey’s locations, please visit www.lahey.org/Directions or call 781-744-8150.

New Treatment for Uterine Fibroids

The Centers for Disease Control and Prevention estimates that about 25 percent of women in the United States have uterine fibroids—symptomatic, noncancerous tumors of the uterus. Roughly 250,000 women undergo surgery for fibroids each year.

Last October, the Food and Drug Administration approved MR-guided focused ultrasound as a way of treating uterine fibroids without surgery. Lahey is now using this technology, known as MRgFUS, in eligible patients.

During the procedure, the patient lies on a surface that is covered by water and a gel pad, which aid the flow of ultrasound into the body. An interventional radiologist guides both the MRI and ultrasound machines via computer. MRI is used to precisely locate the fibroid. The physician targets the fibroid with the ultrasound and adjusts the power and width of the beam. By measuring the temperature of the fibroid with MRI, the physician can determine when the ultrasound beam is adjusted to a level that is optimal for destroying fibroid tissue.

According to gynecologist Raffael Bruno, MD, the procedure is relatively painless when compared to traditional surgery. “This new procedure is less invasive than traditional surgery, because we are not putting any instruments into the patient’s body. We are instead delivering energy through the patient’s body, and this is something people are familiar with, since many patients have had X-rays and ultrasounds,” says Bruno, a co-investigator for the evaluation of this technology for the treatment of fibroids.

MRgFUS may not be covered under all health insurance plans. Check with your plan. For more information on MRgFUS and the treatment of fibroids, visit our Web site: www.lahey.org.

Laser Vision Correction

– Tuesday, July 12

6 to 7:30 pm

Lahey Clinic Medical Center,
Burlington

Join refractive surgeon Sarkis H. Soukiasian, MD, to learn about new and exciting advances in laser vision correction. See if you are a candidate for laser vision correction at the free screening. For room location and to register, please call 978-538-4567.

Freedom from SmokingLahey Clinic Medical Center,
Burlington

5 West, Room 5-501

Please call 781-744-8484 for date and time of the fall session. Lahey Clinic offers a free preview of the American Lung Association's Freedom from Smoking program. Timothy Wu, MD, Pulmonary and Critical Care Medicine, and Freedom from Smoking certified instructors review this step-by-step plan for smoking cessation. Course information is available at this introductory session.

Blood Pressure Screenings

Tuesdays, 9 to 11 am, Burlington Mall

Part of the Mall Walkers program, this service is sponsored by the Burlington Mall, the Burlington Recreation Department, and Lahey Clinic.

Senior Dinner Program

Tuesdays, 5:30 to 6:45 pm

Lahey Clinic Medical Center,
Burlington, Cafeteria

Seniors 55 and older are welcome to join us for specially priced (\$3.95) full-course meals. For menu selections, call 781-744-8803.

Look Good, Feel Better

Tuesday, September 13,

Lahey Clinic Medical Center,
Burlington

Lahey Clinic, in association with the American Cancer Society and the National Cosmetology Association, presents this program for women undergoing chemotherapy or radiation therapy for cancer. For location and to register, call Pamela Reznick, LICSW, at 781-744-8113.

Diabetes Education**At Lahey Clinic Medical Center, Burlington**

41 Mall Road, Burlington

4 East Conference Room, 4N-67

To register, please call 781-744-8355.

Diabetes: You Are in Control

Learn about the latest in diabetes management and nutrition from diabetes educators and a pharmacist.

Meeting Challenges, Minimizing Complications

Thursday, July 7, 5 to 6 pm

Food for All Occasions/ Restaurant Choices

Thursday, July 14, 5 to 6 pm

Keeping Well with Diabetes/Pattern Management

Thursday, July 21, 5 to 6 pm

At Lahey Clinic Medical Center, North Shore

One Essex Center Drive, Peabody

First Floor Conference Room

To register, please call 978-538-4674.

Diabetes & YouWednesday, July 13 and Tuesday,
July 19, 9:30 to 11:30 am

A nurse practitioner and a registered dietitian, both certified diabetes educators, offer two sessions on the ins and outs of diabetes self-management.

Lahey Clinic offers diabetes education programs in Burlington and Peabody. Co-pay varies, depending upon insurance. Please check with your insurance company regarding coverage and whether you need a referral from your doctor.

Putting the Pieces Together

Thursday, July 28, 5 to 6 pm

Diabetes: You Are in Control

Thursday, September 22, 5 to 6 pm

Carbohydrate Counting

Thursday, September 29, 5 to 6 pm

Diabetes and Weight: Choices for Changes

Thursday, October 13, 5 to 6 pm

Exercise for Your Health

Thursday, October 20, 5 to 6 pm

Diabetes and Medication

Thursday, October 27, 5 to 6 pm

- Better control your blood sugar.
- Plan meals that are good for you.
- Understand your medications for more effective use.
- Learn how to handle special situations: exercise, travel, illness.

Cosmetic and Laser Surgery Center Seminars

At Lahey Medical Center, Lexington, 16 Hayden Ave.

To register, call 1-800-604-2703.

Botox, Restylane, Radiesse Fillers

Wednesday, July 13, 6 to 7 pm

Learn about the nonsurgical solutions for the aging face.

Laser Treatments for the Aging Face

Thursday, August 11, 6 to 7 pm

Learn about the new techniques in minimal resurfacing treatment for wrinkles, brown spots and facial veins.

Aging Face and Eyes

Thursday, September 15, 6 to 7:30 pm

Plastic and cosmetic surgeons will discuss solutions for the aging face and eyes, including preventive skin care treatments, injectables, laser treatment, skin resurfacing, face-lifts and eyelid tucks.

Body Contouring

Thursday, October 13, 6 to 7 pm

Learn about the latest in body contouring, liposuction, tummy tucks and other treatments.

**Cancer Support Group:
I Can Cope Program**

First and Third Tuesdays of the Month, 6 to 7:30 pm

Lahey Clinic Medical Center, Burlington

Room 6-601, 6 Central Conference Room

Beginning in September on the first Tuesday of every month, the General Cancer Support Group presents *I Can Cope*, a program of the American Cancer Society. For information about this program or the group, contact Pamela Reznick, LICSW, at 781-744-8113. Upcoming topics:

Learning About Cancer

Tuesday, October 4, 6 pm

Where You'll Find Us

Lahey Clinic provides primary care services for adults at medical centers in Burlington, Peabody and Lexington and at physician practices in surrounding communities. Pediatric care is provided in Beverly, Danvers, Ipswich and Waltham. For a complete directory of staff, locations and services, visit our Web site: www.lahey.org

Medical Centers

Lahey Clinic Medical Center, Burlington

41 Mall Road, Burlington Appointments:
 • *Internal Medicine* **781-744-8000**
 • *Medical Specialty and* All other calls:
 Subspecialty Services **781-744-5100**

Lahey Clinic Medical Center, North Shore

One Essex Center Drive,
Peabody

- *Internal Medicine*
- *Medical Specialty and Subspecialty Services*

Appointments:

978-977-6336

All other calls:

978-538-4000

Lahey Medical Center, Lexington

16 Hayden Avenue,
Lexington

- *Internal Medicine*
- *Center for Cosmetic and Laser Surgery*

781-372-7100

- *Specialty Consultations*

1-877-867-0707
781-372-7144

Community Group Practices

Lahey Amesbury

- *Internal Medicine*
- *Family Practice*

978-388-5050

Lahey Arlington

- *Internal Medicine*
- *Pediatrics (Waltham)*

781-641-0100
781-643-7700

Lahey Beverly

- *Internal Medicine*
- *Pediatrics*

978-927-1919

Lahey Billerica

- *Internal Medicine*

978-663-6666

Lahey Danvers

- *Internal Medicine*
- *Pediatrics*

978-774-0730

Lahey Essex

- *Family Practice*

978-768-9004

Lahey Hamilton-Wenham

- *Family Practice*

978-468-7346

Lahey Haverhill

- *Internal Medicine*

978-374-1010

Lahey Ipswich

- *Internal Medicine*
- *Pediatrics*

978-356-5522

Lahey Merrimac

- *Family Practice*

978-346-9733

Lahey Wilmington

- *Internal Medicine*

978-694-9610

SUPPORT GROUPS

Please call for meeting times and locations.

Alzheimer's Disease

781-744-8114

Brain Tumor

617-726-1061

Breast Cancer

781-744-8113

781-641-3700 (Lahey
Arlington)

Cancer Patients and Families

781-744-8113

Cardiac Support Group

781-744-8662

Cardiovascular

Rehabilitation Education

781-744-2460

Charcot-Marie-Tooth (CMT)

978-667-9008

Deep Brain Stimulation

781-744-5124

Diabetes

781-744-3134

Dialysis and Kidney Transplant

781-744-8628

Gastric Bypass

781-744-3044

General Cancer Support (Lahey Arlington)

781-641-3700

Hepatitis Support Group

781-744-5335 or

781-744-5382

Ileoanal (J-Pouch)

781-744-2627

Low Vision

781-744-2954

Marfan Syndrome

617-969-5477

Ostomy Association

781-744-2627

Ovarian Cancer

781-744-8113

Pre-Kidney Transplant

781-744-8976 or

781-744-8628



Lahey Clinic provides **interpreter services** to meet the cultural and ethnic needs of all our patients. When making an appointment, please notify us if you require an interpreter.

781-744-5404

Community Connection for Senior Wellness

Medical research indicates that exercise and a healthy diet can help seniors maintain their mobility and prevent the onset of chronic diseases such as diabetes, heart disease and obesity. It is the urgent need to address these issues that, five years ago, led Lahey to fund and implement two community-based senior wellness programs in partnership with local senior centers.

Healthy Eating for Successful Living in Older Adults is a highly participative nutrition workshop that

uses behavior modification techniques, self-management strategies, and exercise to educate seniors about how to manage their nutritional health. One month after the program concludes, participants reunite for a restaurant outing to apply the skills and knowledge they have gained in a social setting.

The Chronic Disease Self-Management Program is a highly interactive workshop that empowers seniors to set goals and build confidence in their ability to manage their health and maintain active, fulfilling lives. When compared to seniors who have not completed a similar program, participants show less fatigue and significantly improved self-reported general health, symptom management, and communication with physicians. They also tend to have fewer hospitalizations and outpatient medical visits.

“Seniors participating in our workshops begin to understand that disease does not have to run their lives. It’s about choices versus restrictions. Our message to patients is, ‘You can do it. The question is how,’” says Margie Doyle, MBA. Doyle is the geriatric program director and a trained peer leader for both programs.



“To me, seniors are like snowflakes: No two are exactly alike, but they face similar issues. They are a unique part of our adult population, and we want to help them feel empowered,” says Wayne S. Saltsman, MD, PhD, chair, Geriatric Medicine.

In addition to stressing the importance of exercise and nutrition, the programs focus on three key areas:

- **Goal setting:** Developing a customized action plan includes incremental steps toward a long-term goal.
- **Problem-solving:** Finding other approaches to reaching your goal helps when one method fails.
- **Helping others:** Giving back makes you feel important again, particularly when you feel as though your own life is beyond your control.

Workshop sessions for the Healthy Eating and the Self-Management programs currently take place at senior centers in Andover, Billerica, Burlington and Wilmington, Mass. Lahey hopes to partner with more towns in the future. The programs are open to all seniors ages 55 and over living in these communities, and they are free to all participants. Each program meets for two and a half hours once a week, for six weeks.

The US Administration on Aging recently selected Lahey as one of 17 “Program Champion” sites for the *You Can! Steps to Healthier Aging* campaign, a national initiative that aims to boost physical activity and improve food choices among older Americans.

“There is a wide range of applications for the lessons learned in the Healthy Eating and Self-Management programs, but above all, we give seniors a positive, empowering way of looking at their lives and the confidence to move forward,” adds Doyle.

For more information on Lahey’s senior wellness programs, please call 781-744-5364.

SUMMER 2005

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AMD A Leading Cause of Blindness

By 2020, when the baby boom generation reaches its peak, so too will the incidence of age-related macular degeneration (AMD), the leading cause of blindness in Americans over the age of 65. Nearly 15 million Americans have AMD, which causes a loss of central vision needed for reading, driving and seeing fine detail.

“Think of a long word,” says F. Denton Wertz III, MD, chair of Ophthalmology at Lahey Clinic. “If you have AMD, the letters at the beginning and end of the word will be sharp and clear. The letters in the middle, however, will be blurry and difficult to read.”

AMD occurs in two forms. “Dry” AMD accounts for nearly 85 percent of all cases. “Wet” AMD is less common, but it causes 90 percent of the severe vision loss associated with the disease.

Dry AMD occurs when the function of the central part of the retina begins to deteriorate. Concurrently, a dry scar forms. Its growth and central location gradually blurs vision in the affected eye, producing a hole in the central vision.

Wet AMD occurs when abnormal capillaries begin to grow under the macular retina. These fragile capillaries can leak blood or fluid, affecting the function of the central visual cells and pigment cells. With time, this complex of fluid and blood eventually dries and becomes a macular scar, causing great central vision loss.

Age is the most common risk factor associated with AMD. Other risk factors include genetics and family history, race (whites, especially of Northern European ancestry, are at higher risk), and female gender.

“You can’t control these risks,” says Wertz, “but you can control other circumstances that can lead to the disease, including smoking, diet, obesity, high blood pressure and high cholesterol.”

There is no cure for either type of AMD and no way to restore vision lost from the disease; however, there are ways to slow its progression. The National Eye Institute’s Age-Related Eye Disease Study found that taking a multivitamin pill that contains specific amounts of vitamins A, C and E, zinc and copper can retard the progression of visual loss.

The current “gold standard” treatment for wet AMD, says Wertz, is photodynamic therapy, in which a light-activated dye is intravenously injected. The dye binds only to new, growing endothelial cells in the membranes beneath the central vision area and does not affect healthy tissue. When the dye is activated by low intensity red laser light focused on the lesion, it creates inflammation, resulting in closure of the leaking blood vessels. This treatment does not restore vision in diseased eyes, but it stabilizes the vision and prevents catastrophic visual loss.

Wertz says scientists are “reaching far beyond this first wave of existing therapies,” with several new drugs now in early trials. Lucentis, an antibody injected into the eye, blocks vascular endothelial growth factor, the driving force behind new capillary development. Wertz calls this a “next-generation approach” to treating AMD, because for the first time preliminary data suggests not only healing of the lesion, but also documented visual recovery.

The Eye Institute at Lahey Clinic Medical Center, North Shore, has a team of experts who diagnose and treat AMD and other diseases of the eye. To make an appointment with a vision specialist, call 978-977-6336.



Normal vision



Age-related Macular Degeneration

S U M M E R 2 0 0 5



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Sports Medicine at Lahey Clinic in Peabody Staying in the Game

If summer's mild temperatures and longer days inspire you to take to the golf course or dust off your bicycle, by all means, get moving. But be careful: Anyone can suffer a sports injury, regardless of age or activity level.

According to Mark J. Lemos, MD, director of sports medicine at Lahey, athletes generally face two major types of injury. Acute trauma, such as a bone fracture, requires immediate medical treatment. Chronic, overuse injuries, which may be characterized by pain with activity, often require rest, a change of activity, or physical therapy.

"Sports medicine is all about helping injured or hurting athletes get back to what they enjoy doing," Lemos says. "Our goal is to correct the situation and start rehabilitation to improve function."

Lemos leads a team of orthopaedic surgeons who have fellowship training in sports medicine. Backed by a staff of experienced physical therapists, they treat competitive and recreational athletes of all ages.

Student athletes sometimes feel pressure to return to their sport too soon after an injury. "We teach them about stretching, warming up, and basic things that may be overlooked, such as proper footwear," says Julie Peterson, PT. "It is also important to monitor the intensity, frequency and duration of athletic activity. When returning to sports after an injury, moderation is key."

Older athletes tend to think in terms of what they used to be able to do. "As you get older, you really need to listen to your body," Peterson says. "You really shouldn't play in pain, because you'll pay the price."

According to Lemos, a big change in sports medicine in the past decade has been the advent of arthroscopic procedures, which use smaller incisions and instruments than traditional surgery.

Arthroscopy is used to perform shoulder reconstruction, rotator cuff repair, and anterior cruciate ligament (ACL) reconstruction in the knee.

"The indications for surgery have not changed, but with arthroscopy, patients can achieve improved function and motion faster than if they have open surgery," Lemos says. "Athletic participation has increased across all age groups. Procedures that were once common mainly in young athletes can now be considered for the 'aging athlete' as well."

Whatever the injury or complaint, physical therapy is an important factor in recovery. "We try to get patients to take an active role in their rehabilitation," says Peterson. "The beauty of our practice is that the physicians are right across the hall. We can readily communicate about our patients' progress."

When it comes to preaching the benefits of cross-training, Peterson sets a personal example. An elite runner (she competed five times in the US Olympic marathon trials), Peterson now alternates running and swimming, a non-weight-bearing exercise that allows her to maintain aerobic endurance.

"Most of the sports medicine clinicians have played sports and competed at some level, so we know how our patients feel," says Lemos, who played professional hockey for a year and, during his medical training, participated in a 19-day bike ride from California to Florida.

"It brings all of us joy to help someone get back onto the playing field," Peterson adds.

Lahey Clinic Medical Center, North Shore, has an ambulatory surgery center and 24-hour emergency services. To make an appointment with a sports medicine specialist, call 978-977-6336.



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