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**Cover art by Dietrich Varez, Volcano, Hawaii. All rights reserved by the artist.**

**Ilio**

Ilio means “dog” in Hawaiian. Depicted here is a petroglyph dog scene.
Severe Palmar Hyperhidrosis treated by Transthoracic Endoscopic Sympathectomy

The manuscript by William Lau, Jeffrey Lee, Collin Dang, and Lorlin Lee deals with a unique surgical procedure to help the "quality of life". The authors performed the procedure on only eight patients to date, and despite some adverse effects of the surgery, all patients reported an improvement in their "quality of life".

This severe form of palmar hyperhidrosis is not just seen in the dermatologist’s office. All physicians encounter patients with this sweating in extremus of the hands. Estimates of this condition range from 0.6-1% of the population.

It must be emphasized that transthoracic endoscopic sympathectomy should never be considered first-line treatment for palmar hyperhidrosis.

Most people who have hyperhidrosis are treated with conservative less aggressive methods, including:

Continued on p. 129

Background: By the year 2030, one in five Americans will be 65 or older. Public health measures and advancing medical science have combined to enable many more people to live out an ever increasing life expectancy. In social terms, this means that more families have a greater number of living generations, helping to root children in the cultural history of their own families. The social value of this phenomenon is inmeasurable. The fastest growing segment of the population is those aged 85 and older. Life expectancy in Hawaii is the highest in the nation.

In the 1970’s the Institute of Medicine of the National Academy of Sciences concluded that Geriatric Medicine should be taught in medical schools and that it should emerge as a recognized specialty for teaching, research and practice. In the year 2000, a conservative estimate of the number of geriatricians needed was 30,000 nationally. However, there were only 9,000, making Geriatric Medicine a critical shortage specialty. Some states do not have any geriatricians, and some medical schools have been unable to fill faculty positions in geriatrics for years. In response to this national and Hawaii shortage, the Geriatric Medicine Fellowship Program was established in 1986 following the establishment of the Geriatric Medicine Program at the John A. Burns School of Medicine in 1984.

The program began with 1 fellow, and has grown to 13 fellows each year in academic year 2001-2002. Funding for these 13 positions is from the following sources: Kuakini Medical Center, 5; Department of Veterans Affairs, 5; Kaiser, 1; the Queen’s Medical Center, 1; and the PACE program at Maluhia, 1. One year of clinical training is required for eligibility for the Certificate of Added Qualifications (CAQ) in Geriatric Medicine. The fellowship program has been accredited continuously since 1987, the first year that accreditation was offered in this field.

The faculty in Geriatric Medicine has expertise in medical education, research, and clinical medicine. The core faculty now number 24, with expertise in Geriatric Medicine, Geriatric Psychiatry, Epidemiology, Neurology, and Cardiology. In addition, there are 14 associate faculty who participate in the educational experience of the fellows, with expertise in Gerontology, Geriatric Rehabilitation, Geriatric Dentistry, Audiology, Psychology, and Gerontechnology.

The Fellowship Program: Applicants for the program that leads to the Certificate of Added Qualifications (CAQ) in Geriatric Medicine must be residency trained and board eligible in either Internal Medicine or Family Practice. There are 2 tracks: a 1-year clinical track for those planning a career in primary care, and a 2- or 3-year academic track for those interested in research, medical education, medical administration, or consultative medicine. Initially, two
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years of training were required to take the (CAQ) examination in Geriatrics. In 1995, this requirement was reduced to one clinical year. However, additional years were highly recommended for those pursuing an academic career or consultative practice. The program has been filled every year. For the academic year 2001-2002, over 170 applications were received for 11 first-year fellowship positions.

The program has a comprehensive curriculum and written goals and objectives for each rotation. The program meets and exceeds the requirement for fellowship programs nationally. The fellows receive training in varied clinical settings, including hospital, outpatient, home care, and nursing home care. The training includes both primary care and consultations in Geriatric Medicine. By the end of the fellowship, fellows are well prepared to care for patients in many different settings.

Fellows spend approximately 8 hours a week in didactic activities. These include: case conferences; grand rounds; board review sessions; "core curriculum" lectures; weekly journal club; a 40-hour course in epidemiology; a 60-hour course in research methods and statistics; and seminars in evidence-based medicine, law and ethics, and end-of-life care. Field trips are organized to sites important to elder care, such as assisted living facilities, adult day care facilities, retirement communities, and care homes.

All fellows have longitudinal patient experiences for the entire duration of the fellowship and block rotations. A half-day each week is spent in a primary care clinic, where, under faculty supervision, the fellow functions as though they were the primary care physician. Most of these patients are well elders. Fellows are taught principles of preventive care in healthy elders. Similarly, each fellow is assigned a number of nursing home patients whom they follow for the entire duration of their training. These nursing home patients are usually very frail and emphasis is placed on excellence in end-of-life care.

The block rotations last approximately 2 months each, as follows:

- **The Kuakini Geriatric and Family Consultation Service**: A comprehensive outpatient interdisciplinary team evaluation service that provides consultation and short-term case management by referral from primary physicians.
- **Kuakini Medical Center Rotation**: This is an inpatient hospital rotation at Kuakini Medical Center. It includes primary care and hospital consultations.
- **Nursing Home Rotation**: The fellow performs nursing home consultations and receives instruction in medical directorship of nursing homes.
- **Kaiser HMO Rotation**: This rotation is designed to thoroughly familiarize the fellow with health care delivery to elders in an HMO setting. There are a range of experiences, including acute care, nursing home care, home care, and outpatient comprehensive consultations.
- **VA Outpatient/Home Care Rotation**: Experiences include primary care and the Geriatrics Evaluation and Management (GEM) clinic. Fellows also make home visits for frail elders.
- **VA Center For Aging (CFA) Rotation**: A long-term care and rehabilitation facility for veterans, where fellows receive experience in geriatric rehabilitation.
- **PACE Rotation**: The Program of All-Inclusive Care of the Elderly (PACE) at Maluhia is a state-sponsored program that serves a frail elderly population. Fellows work in several settings during this rotation, including outpatient, inpatient, day care, nursing home, and home care.
- **Queen’s Medical Center Rotation**: Fellows work with both geriatricians and geriatric psychiatrists in hospital consultations and interdisciplinary management.

The second and third years of fellowship training are primarily academic years. Fellows plan and carry out independent research projects, usually in epidemiology or medical education. They also have the opportunity to earn advanced degrees, such as a Masters in Public Health, or a Ph.D. in Biomedical Sciences. To date, two fellows have completed an MPH degree, three have received an advanced certificate in Gerontology, and one has completed a Ph.D. in Biomedical Sciences. Two current fellows are working towards an MPH and are expected to graduate in May 2001.

**Medical Student Education**: A primary goal of the JABSOM Geriatric Medicine Program is to provide education for medical students and for residents in Internal Medicine, Family Practice, GYN and other specialties. The fellows supervise medical students and residents during their electives in Geriatric Medicine. They also serve as Problem-Based Learning (PBL) tutors for medical students during Unit 5, the life cycle section. To help them be better teachers, fellows are taught principles of effective clinical and didactic teaching, and participate in bedside teaching workshops.

**Affiliated Programs**:
- **Pacific Islands Geriatric Education Center (GEC)**: Funded by the Public Health Service for interdisciplinary geriatrics education. (1987-present)
- **Research Programs**: Fellows are involved in significant research programs, including: Honolulu Heart Program and Honolulu-Asia Aging Study, Women’s Health Initiative, Women’s Health Initiative Memory Study, Genetic Determinants of High Blood Pressure, Pacific Genetic Epidemiological Study of Aging (PACGEN), Macronutrients and Blood Pressure -Hawaii INTERMAP Center, Hawaii Diabetes Registry.
- **Geriatric Psychiatry Fellowship Program**: Both programs are collaborative efforts between the faculty in Geriatric Medicine and Geriatric Psychiatry (started in 1996).

**Graduates of the Fellowship Program**: To date there have been 50 graduates of the fellowship program; 32 completed 2 years of training and 18 completed 1 year. Twenty-one of the graduates have remained in Hawaii. Twenty are on the mainland, 2 are in Canada, 1 is in Guam, and 6 are in other countries (2 in Japan, 1 each in Korea, Germany, Australia, Romania). Many of the fellows who left the U.S. intend to return after they have met their training visa requirements. Of the 50 graduates, 13 are full-time academic faculty, 2 are part-time academic faculty, 4 are at the VA, 3 are in HMOs, 1 is in...
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Improvement in Quality of Life after Bilateral Transthoracic Endoscopic Sympathectomy for Palmar Hyperhydrosis

William T. Lau, Jeffrey D. Lee MD, Collin R. Dang MD, and Lorrin Lee

Abstract

Objective: To evaluate the efficacy of bilateral transthoracic endoscopic sympathectomy (TES), in alleviating symptoms and improving quality of life for patients in Hawaii.

Design: Retrospective cohort study.

Materials and Methods: Patients who had undergone TES were evaluated by phone interview and the SF-36 questionnaire to assess improvements in symptoms and the development of compensatory hyperhydrosis. SF-36 scores were divided into 8 scales and evaluated by one-tailed t-test.

Results: Since 1999, eight patients (five women and three men, mean age 27.4 years old, range 15 - 41 yrs) underwent TES without significant complication. Length of hospital stay was less than one day for all patients except one, who stayed four days. Estimated operative blood lost was less than 100 ml and no blood transfusions were required. No Horner’s syndrome was suffered. After a mean follow-up of 7.0 months (range 1.2 - 15.8 months), none of the patients had recurrent symptoms in the palms but all reported moderate compensatory hyperhydrosis located mainly in the trunk and lower extremities (two patients). SF-36 scores showed significant improvements in social functioning (p<0.005), mental health (p<0.049), and role-physical (p<0.020) along with an increase in bodily pain (p<0.012).

Conclusion: Although TES resulted in some bodily pain and compensatory hyperhydrosis, these elements were outweighed by the improvement in palmar symptoms, social, mental, and role physical functioning, and overall quality of life.

Introduction

Palmar hyperhydrosis can be an embarrassing ailment that affects the lives of 0.6-1.0% of the population. Excessive sweating and heat in the palms of the hands of those affected characterize this condition. Patients can have problems with fine motor activities using their hands. It can also be associated with wetness and embarrassment to the point of social withdrawal. Non-invasive treatments for hyperhydrosis are available and can be effective in some cases. Transthoracic endoscopic sympathectomy (TES) is an effective treatment that has been proven to relieve symptoms of hyperhydrosis in up to 90% of the patients who do not improve with non-invasive treatments, and to improve their quality of life. Complications associated with TES are minimal, although compensatory hyperhydrosis in other locations of the body may occur. We will examine our experience with TES.

Methods

From January 1999 to May 2000, eight patients suffering from primary palmar hyperhydrosis underwent bilateral TES. These patients were treated at St. Francis Medical Center- Lilitha and the Queen’s Medical Center, both located in Honolulu, Hawaii.

TES was performed under general anesthesia with double lung ventilation. In a supine position, the right lung is collapsed to allow access to the sympathetic ganglia as they pass across the vertebral bodies. Two 1 cm incisions are placed in the second and third intercostal spaces, just behind the anterior axillary fold. Through these incisions and utilizing a thoracoscope, the sympathetic chain and ganglia are identified and divided from the top of the second rib to the fourth rib. The ganglia are submitted to pathology for confirmation of nerve tissue. The lung is reexpanded and the chest closed without a chest tube. This procedure is then repeated on the contralateral side.

The Short Form-36 (SF-36) was administered to determine pre and postoperative health status. Results of the SF-36 were categorized into 8 scales evaluating physical functioning, role-physical, bodily pain, general health, vitality, social functioning, role-emotional, and mental health. Some items’ responses were reversed to indicate a higher score reflecting better health or more pain. Scores for each scale were totaled and scaled to 100. Significant differences were assessed by one-tailed t-test. Patients were also asked to evaluate the severity of their symptoms before and after surgery, and any compensatory hyperhydrosis (none, mild, moderate, or severe).
Overall satisfaction with the procedure on a scale of 0–100 was assessed.

Results
From January 1999 to May 2000, eight patients (five women and three men), average age of 27.4 years, range 15 to 41 years, were treated by TES. Morbidity was minimal. Operative blood loss was less than 100 mL and no blood transfusions were required for any patient. Length of hospital stay was less than one day in all cases except one. This patient remained hospitalized for four days for pleuritic pain. There were no incidences of Horner’s syndrome. All patients reported immediate alleviation of preoperative symptoms after surgery. While three patients indicated moderate palmar symptoms and five reported severe palmar symptoms before TES, all indicated complete lack of any hyperhidrosis in their palms after surgery.

Follow-up evaluation occurred after a mean of 7.0 months (range of 1.2 to 15.8 months). All patients reported absence of any recurrent symptoms in their palms. However, all had developed moderate compensatory hyperhidrosis symptoms in the trunk and two in the feet. However, these compensatory symptoms appear to be of little concern to the patients. The complete alleviation of palmar symptoms with significant improvements in social functioning, mental health, and role-physical dimensions as well as the high overall satisfaction rating is consistent with this assertion.

The SF-36 has been an accepted form for assessment of overall health in the United States and overseas. Patients scored well in most of the physical scales when evaluating their health prior to surgery and had little room to improve as a result of the surgery. Nevertheless, the composite overall improvement in quality of life by TES was striking, and significant (Fig. 2). However, patients did indicate increased levels of bodily pain after TES. Their symptoms were described as burning sensations in the arms and pleuritic pain, but these symptoms were all short lived and related to the surgery. Despite being thoracoscopic in approach and thus minimally invasive, some bodily pain is to be expected. Since palmar hyperhidrosis is associated with social withdrawal, alleviation of the palmar symptoms by TES resulted in improvements in the social functioning, mental health, and role-physical scales. Improvements in their palmar symptoms allowed the patients to interact with people with more confidence, increase their physical productivity, and enhance their overall quality of life.

Discussion
We have demonstrated significant improvement in the palmar hyperhidrosis symptoms of all patients undergoing TES, accompanied with a lack of significant postoperative morbidity and short hospital stays. These results support the efficacy of TES in our experience.

Compensatory hyperhidrosis was reported in all cases, as all patients indicated moderate compensatory hyperhidrosis symptoms in the trunk and two in the feet. However, these compensatory symptoms appear to be of little concern to the patients. The complete alleviation of palmar symptoms with significant improvements in social functioning, mental health, and role-physical dimensions as well as the high overall satisfaction rating is consistent with this assertion.

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Continues on p. 137
Skin cancer is the most common form of cancer in the United States, and rates of skin cancer have increased dramatically over the past two decades. Hawai‘i’s southern latitude and year-round outdoor activities contribute to the risk of skin cancer for the State’s residents. Even though it is common, most skin cancers can be prevented by reducing sun exposure. Given these facts, skin cancer prevention research has been a major focus in the Prevention and Control Program at the Cancer Research Center of Hawaii. Skin cancer prevention research at the Cancer Research Center has received support from federal and other sources in excess of $3 million since 1994 to investigate and improve methods and strategies for skin cancer prevention.

Recently, Pool Cool, a major skin cancer prevention research project at the Cancer Research Center of Hawaii, was given the prestigious 2000 Award for Excellence in Education from the American Academy of Dermatology in the category of an innovative, coordinated program directed toward public education. The award was given at the annual meeting of the American Academy of Dermatology in Washington, D.C. in March 2001. The Pool Cool project is directed by Dr. Karen Glanz, a behavioral scientist, and is especially designed to promote skin cancer prevention at swimming pools. It was funded by a grant from the U.S. Centers for Disease Prevention and Control and conducted in collaboration with Alan Geller, R.N., M.P.H. at Boston University School of Medicine. The Pool Cool study was nominated for the award by Dr. Norman Goldstein, editor of the Hawaii Medical Journal and clinical professor of dermatology at the John A. Burns School of Medicine.

The Pool Cool skin cancer prevention program is a multi-component educational and environmental intervention that was systematically developed, pilot tested, and evaluated in a randomized trial at 28 swimming pools in Hawaii and Massachusetts. The audience is 5 to 10-year-old children, their parents, and lifeguards. The evaluation of Pool Cool used surveys completed by 1,010 parents at baseline and 842 parents at follow-up; and 220 aquatics staff at baseline and 194 at follow-up. Multivariate analyses showed significant positive changes in children’s use of sunscreen and shade, overall sun protection habits, and fewer sunburns; and improvements in parents’ hat use, sun protection habits, and reported sun protection policies. Surveys from the experimental group reported a 23% reduction in children’s sunburns compared to the preceding summer, while the control group reported only a 1% reduction (p=0.04). A dose-response trend was found for exposure to Pool Cool lessons and activities. Observations indicated that there were favorable changes in availability of sunscreen, sun safety signage, and use of shirts by lifeguards. In summary, the Pool Cool program had significant positive effects on several sun protection behaviors and in sun-safe environments at swimming pools, and reduced sunburns among lifeguards/aquatic instructors, in two ethnically and geographically distinct audiences. A pilot dissemination project at 186 pools in the United States and Canada demonstrated the acceptability and feasibility of Pool Cool in diverse settings, and a proposal for a national diffusion trial is under review at the National Cancer Institute.

The Pool Cool project represents an extension and adaptation of an earlier research project in outdoor recreation settings entitled SunSmart. The Hawaii SunSmart program began in 1994 with support from the Centers for Disease Prevention and Control and the Hawaii Department of Health. SunSmart was evaluated in a three-arm randomized controlled trial conducted at 14 recreation (“Summer Fun”) sites on the island of Oahu. The program was for children aged 6 to 8 years at the sites, their parents, and recreation leaders. Sites in the education arm received staff training, on-site activities, and interactive take-home booklets. Sites in the education plus environment/policy arm received the education components plus sunscreen, portable shade tents, and policy consultations. Materials and methods were developed and selected using a social marketing process that included formative research with 216 children, 15 parents, and 25 recreation staff. The process and short-term impact of the SunSmart program were evaluated through pre- and post-test surveys of parents and recreation staff, monitoring, and on-site observations. Results of a pilot study intervention showed short-term improvements in knowledge; sun protection habits of parents, children, and staff; readiness to change; sun protection policies; and sun protection norms. The efficacy trial included 756 parents and their children, and 176 staff. Results showed that the two intervention conditions—both the educational arm and the education plus environment/policy arm—yielded improvements in sun protection practices in parents, their children, and Summer Fun staff. The intervention also led to improved knowledge, more positive norms for prevention among staff, and a substantial increase in reported sun protection programs and policies in sites with the SunSmart program. Program implementation was high, children responded enthusiastically to SunSmart, and favorable changes were sustained into the fall.

Another research project at the Cancer Research Center evaluates tailored skin cancer prevention strategies in persons at moderate and high risk. This project is entitled “SCAPE” (Skin Cancer Awareness, Prevention and Education) and is funded by the National Cancer Institute. The aims of this study are to evaluate the impact of mailed tailored (i.e., personalized) interventions including risk feedback, on the skin cancer prevention and skin self-examination behaviors of high-risk and moderate-risk adults and children in grades one through three. The study will also evaluate tailored interventions in two geographically and ethnically different regions and refine skin cancer risk assessment methodologies. Project SCAPE, a two-site study being conducted in Hawaii and on Long Island, is now in its third year. To date, a two-year trial among adults (n=725) and children (n=136) has been completed. The results of the first year of the adult trial showed a high rate of study completion

Continues on p. 135
Topical Antiperspirants
Antiperspirants, usually applied to the axillae, may also work on the palms. While these products help to varying degrees from most published studies dealing with sweating of the axillae, a trial of a product like Procter & Gamble’s Secret Platinum Protection might be considered. The efficacy of topical antiperspirants drug systems reported by the U.S. Food and Drug Administrations OTC Antiperspirants Review Panel ranged from 14% - 70% for axillary sweating.1 Palmar sweating was not studied.

Many OTC products contain aluminum chlorohydroxide. Some, like Certain Dri, contain aluminum chloride. Prescription products include Drysol which is a 20% aluminum chloride solution in alcohol. Glutaraldehyde and formaldehyde have also been used.

Electric devices
A home iontophoresis Dryonic is available by prescription from General Medical Corp, Los Angeles, California. This is a battery device supplying galvanic current to the palms, soles or axillae.2

Oral medications
Over the years many oral preparations have been used. Anticholinergics such as Probanthine, liquid forms of atropine such as tincture of belladonna, and various tranquilizer/anticholinergics such as Atarax have been used with varied results.

Injection Therapy
There has been some recent interest in Botulinum toxin (Botox) injections for hyperhidrosis.3 Multiple Botox injections into the palms are required. Problems include pain and burning, weakness of small hand muscles and short duration of effect. This is an off-label use of Botox.

Surgical procedures
Excision of axillary sweat glands has also been done, but obviously not for palmar sweating. Dorsal sympathectomy has been a common procedure but because of complications including 50% regrowth of nerves is done less today.

For several years we had to refer patients to the mainland or to Sweden to obtain this surgery. Drott and associates in Boras, Sweden treated 850 patients and reported their findings in 1995.4 With the worldwide general acceptance of transthoracic endoscopic sympathec-
Potpourri I

A 92 year old man went to see his doctor for a physical... A few days later, the doctor saw the man walking down the street with a beautiful young woman on his arm. The following week, the old man went back to get his test results...

You're really doing great aren't you?” the doctor said.

“Just following orders, doctor. Like you said, “Get a hot mama” and be cheerful.”

“I didn’t say that,” the doctor announced. “I said you have a heart murmur so be careful.”

A woman and her husband interrupted their vacation to see a doctor... The woman said, “I want this boil lanced right away and I don’t want an anesthetic because I’m in a big hurry.”

The doctor was impressed. “You are certainly brave,” he said, “Where is the boil.”

The woman turned to her husband and said, “Show the doctor your boil dear.”

An elderly woman went to see her doctor... When the doctor asked why she was there, the woman replied, “I’d like some birth control pills.”

“Because they help me sleep.”

“How do they help you sleep better?” asked the doctor...

“I put them in my granddaughter’s orange juice and I sleep like a baby.”

Made you Smile

Our local dermatologist is known for her “no nonsense” approach in consultations. One of my patients told me how she’d “made her day.”

He was sent to her for a mysterious genital rash. She asked him to remove his shorts as she looked around for a piece of equipment.

As she turned again to face him, my patient blurted out, “Doc, please don’t tell my friends that you needed a magnifying glass just to find my penis.”

He swears that he actually saw her smile...

Dr. Bernard T.

Flu Like Symptoms

In 1952 I was a GP... A mother came to me during an influenza epidemic (a nasty strain that caused nausea and vomiting). The daughter was a pretty 14 year old who was complaining of symptoms similar to the flu.

After questioning and examining her, I told her that it was a temporary illness and should go away on its own.

Three months later, the two returned. The daughter with a sway back posture and protruding abdomen. I exclaimed, “You’re pregnant.”

The daughter remained placid and said nothing, evidently not surprised.

The mother was furious and started yelling at me that on the first visit I’d made the wrong diagnosis... She screamed, “I’m going to see a lawyer!” and stormed out of my office. I never heard from her again. Maybe the lawyer delivered the baby, I just don’t know.

Dr. Allan Morton

A senatorial candidate felt it would be best for his political future if he showed an interest in Native Americans... He visited a Navajo tribe and gave an impassioned speech. The Navajo listened and shouted with fervor “Unghah!” “Unghah!”

The candidate came to a perspiring and breathless halt amid repeated enthusiastic cries of “Unghah!”

The chief of the tribe stepped forward: “We are grateful for your interest in us... We wish to bestow you a gift... “In yonder corral are the tribal horses.” “Go choose one, but be careful not to step on the piles of UNGAH.”

The astronaut was asked what he thought of just before take off... He said, “I think that I’m sitting on a complex device made up of 7,000 separate parts, each manufactured by the lowest bidder.”

A big burly fellow got into one of those compartments they have on British trains. The only other occupant was a thin weedy little fellow...

The big man pulled out a large black cigar and said in a gruff voice, “I suppose you wouldn’t mind if I light my cigar.”

“Not at all,” said the thin little man, “provided you won’t mind if I throw up.”

Quotable Quotes I

A well person is a patient who has not been completely worked up...

J. Freymann

General practitioners are never right, but may on occasion, not be wrong...

“It was dry when we closed…”

Anonymous

Shunway’s Law: “Bleeding always stops…”

A motto for hypochondriasis... There is no such thing as “just a rash.”

Laboivitz

Rules for Primary Care:

Patients get better after they call for an appointment...

If a spouse accompanies a patient, the visit will take twice as long...

There’s always a virus going around...

Five o’clock patients are always late...

Minor complications always happen to other doctors’ patients...

Quotable Quotes II

A generalist is someone who learns less and less about more and more until he knows nothing about everything...

A specialist is someone who learns more and more and less and less until he knows everything about nothing...

Anonymous

Varicose veins are the results of improper selection of grand parents...

William Osler

Rainer’s Law: Beepers work better if you turn them on.

Thomas Sydenhome

Bennett’s Axiom on lab tests: “If you get a lab test to reassure a patient, the results will always be abnormal...

Corollary No. 1: Unexpected lab results will not correct themselves no matter how often you look at the chart...

To err is human. To forgive is against departmental policy...

A drug is a substance that when given to a patient produces the side effect you forgot to mention...

Howard Bennett

After two days in the hospital, I took a turn for the nurse...

W.C. Fields

Bock’s Law: “I see therefore I am.”

Louis Pasteur

There are three developmental stages in adolescence... Puberche, menarche, and anarchy...

Howard Bennett

It’s unfair to believe everything we hear about lawyers... Some of it may be true.
FIVE WAYS TO DIE ON THE GOLF COURSE:

1. Hit by a golf ball.
2. Run over by a golf cart.
3. Whacked by a golf club.
4. Struck by lightning.
5. Forgot your hat.

Surprisingly, one million new cases of skin cancer are detected every year. One person an hour in the U.S. dies from melanoma, the deadliest form of skin cancer. If you spend a lot of time in the sun, you should protect yourself. One out of five Americans develops skin cancer during their lifetime. Don’t be one of them. Stay out of the midday sun. Cover up. Wear a hat. Seek shade. And use sunscreen.

For more information on how to protect yourself from skin cancer, call 1-888-462-DERM or visit www.aad.org.

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Med Tid Bits

Feed No Pain (New rules for treating pain at hospitals and other facilities)

Starting January 1, medical facilities have to show that they meet certain standards for assessment and treatment of pain in all their patients. Failure to meet the standards (which were jointly developed with the University of Wisconsin Medical School) could lead to a financially devastating loss of the right to treat Medicare and Medicaid patients.

New requirements: all patients have the right to have their pain assessed and managed appropriately; medical facilities must ask their patients to rate their level of pain and the results documented.

To Patients:

Don't suffer in silence (Surveys have shown that many patients don’t tell doctors or nurses about their pain…)

Plan Ahead: Find out what the options for pain are before surgery.

Feed Back: If the current treatment isn’t controlling the pain, say so…

Bone up: Learn what pain killers can and can’t do…

“No one can begin to help you until you say where and how much it hurts”

(Kathleen Foley, attending neurologist at Sloan Kettering Cancer Center)

Antioxidants in Beer

Researchers have found potent antioxidants flavonoids in beer hops (more so than in red wine).

Glowing Gray Matter

A special MRI shows that asymptomatic patients who are at genetic risk for Alzheimer’s work harder to answer easy mental tests. This finding may be used as a mental stress test for Alzheimers (like the treadmill test for heart disease)

Going All the Way

Sigmoidoscopy for colon cancer misses 1/2 the precancerous polyps spotted by the more costly colonoscopy. Folks over 50 should consider colonoscopy ($1,000 to $1,500) vs $200 for a sigmoidoscopy...

Rapid PCR

40% of pregnant women harbor strep which can cause pneumonia, septicemia and meningitis in the newborn. Screening for strep with the new Rapid PCR can be done in less than one hour...

In October last year, the FDA approved the sale of RU 486 (Mifepristone). Any medical practitioner can provide the two drug regimen provided they have surgical back up, if it fails to end the pregnancy or there are side effects...

Surveys show that 65% of people accept a first trimester pregnancy, but 65% oppose anything after that…

For the general population, the pill is an option, but not an easy one. It is not likely to be less expensive then surgical abortion, given the number of doctor’s visits and the cost of the pills...

Fruity Set Back

A report that pooled the results of eight studies involving 350,000 women found no evidence that eating the most promising veggies (such as broccoli, kale and carrots) lowers women’s risk of breast cancer...

Sleeping Sickness

A study finds that snoring sleepy heads are twice as likely to suffer a stroke as ordinary snoozers...

Fill ‘Er up

Shortness of breath during exercise is a classic symptom of congestive heart failure. Now a study shows that in half of all these patients, their hearts don’t fill up properly — especially in hypertensive women over age 65…

It took a study of 62,000 patients to confirm what cardiologists already suspected; that in heart attacks, angioplasties save more lives than clot busting drugs… (Survival is 40% lower after emergency angioplasty, than after a round of clot busters)

The Pressure’s On

In September last year, a 5 year study reported that calcium channel blockers were responsible for 85,000 avoidable heart attacks and heart failures (CCB’s were introduced 20 years ago and 28 million people including 12.7 million in the U.S. are on CCB’s)

A September report at an Amsterdam meeting of the European Cardiology Society reviewed studies of 27,000 patients in 9 clinical trials and found that the risk of heart attacks was 27% greater and the risk of heart failure 25% with CCB’s.

The safer drugs were diuretics, beta blockers, ACE inhibitors (especially in diabetic kidney disease or CHF). Alpha blockers were being widely prescribed, but a report earlier this year also found Alpha blockers increase the risk of heart attacks...

Breathing Uneasy

Nasal strips athletes use to boost performance are no better than placebo in changing O2 uptake or improving endurance...

Alzheimer’s Swift Test?

Patients with memory problems were asked to scratch and sniff odor patches and to identify the scent... In a two year follow up, those who could accurately distinguish peanut from pizza developed less Alzheimers, but one half of those who scored poorly went on to develop Alzheimers...

Visiting Professor, HE Paulus, UCLA, Lectured February 16, 2001 at QMC, Kam Auditorium

“Crystal-induced Arthritis Diagnosis and Long-term Management”

Crystal-induced Arthritis

• Monosodium Urate: Gout
• Calcium pyrophosphate dihydrate (CPPD): Pseudogout
• Basic Calcium phosphate: present in 30-60% of osteoarthritis joints
• Basic Calcium phosphate: “Milwaukee shoulder”
• Basic Calcium phosphate: tendonitis, bursitis, tissue deposits

Criterion for Acute Gouty Arthritis

A. Characteristic urate crystals in joint fluid or
B. Tophus proven to contain urate crystals or
C. Six or more of 12 suggestive findings

12 Findings Suggestive of Gout

1. >1 attack of acute arthritis
2. Maximal inflam within 1 day
3. Monarticular arthritis
4. Joint redness
5. 1st MTP pain or swelling
6. Unilateral attack of 1st MTP
7. Unilateral attack of tarsal joint
8. Suspected tophus
9. Hyperuricemia
10. Subarticular cysts without erosions
11. Asymmetric joint swelling (x-ray)
12. Negative synovial fluid culture

Acute Gout

• Common cause of acute monoarthritis in men and post menopausal women
• 13.6/1000 men, 6.4/1000 women — awakened with severe pain great toe, spreads to dorsum of foot, heel, ankle or tarsals
  - may have chills, slight fever
  - very painful, even to light touch
  - redness, swelling, heat (“cellulitis”)
• Improve over 3 - 10 days; may desquamate overlying skin
The American Medical Association Organized Medical Staff Section will open its door to all physicians — regardless of practice affiliation or membership status — at a unique “Open House” Meeting, June 14–18, 2001 in Chicago.

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American Medical Association
Physicians dedicated to the health of America
Acute Gout
- Monosodium urate crystals establish Dx,
- Synovial fluid WBC 20,000 - 100,000/mm³, mostly polys.
- Negative cultures
- Serum uric acid may be normal during attack
  - elevated at some time, so recheck it
- X-rays negative during initial attacks

Intercritical Gout
- "Asymptomatic" interval between attacks
- Urate crystals may persist in previously inflamed joints
- Serum uric acid high
- 24 hour urine uric acid >750 mg = overproduction
- If untreated, acute attacks occur with increasing frequency

Chronic Tophaceous Gout
- Joint pain and swelling persist during the intercritical intervals
- Becomes polyarticular - confuse with nodular RA
- Takes 10 years to develop tophi
- Nodular deposits of monosodium urate crystals in olecranon bursa,
  subcutaneous over bones or joints, in patellar or Achilles tendon, helix of
  ear. Also in synovium and subchondral bone

Pathogenesis of Gout
- Purine metabolism → uric acid; humans lack uricase
- Monosodium urate crystallizes in oversaturated joint tissues
- Plasma solubility of urate = 6.7 mg/dl at 37°C (uricase method; 7.5 - 8 by
  autoanalysis)
- Solubility decreased by acid pH; increased by binding to plasma proteins

Pathogenesis of Gouty Arthritis
- Urate crystals shed into synovial fluid
- Urate crystals stimulate release of inflammatory mediators from phago-
  cytes and synovial cells. IL-1, IL-6, TNFα, IL-8, etc.
- Influx of neutrophils → magnify the response
- Classic acute inflammation: pain, swelling, redness, heat, loss of function

Pathogenesis of Gout
- Hyperuricemia due to:
  1) Overproduction (10%):
     a) Hypoxanthine-guanine phosphoribosyl transferase (HPGRT ase)
        deficiency in Lesh-Nyhan syndrome or genetic partial deficiency
     b) leukemia/lymphoma, or malignancies during chemotherapy
     c) psoriasis
  2) Uric acid under-excretion:
     a) Renal function, acidosis, dehydration, diuretics, low-dose salicylates,
        cyclosporine, lead nephropathy, alcohol abuse, starvation
     b) Hemolysis
     c) Akinetic renal failure
     d) Chronic interstitial nephritis
     e) Tophi and chronic tophaceous arthritis

Management of Joint and Tissue Deposits of Urate: Uricosuric Therapy
- "Urate excretion by kidney"
- Probenecid 0.5 g/d → 1.0 g bid (occ. rash or GI upset)
  - need good urine flow (2 L/d; GRF >50 ml/min; no renal stones; no
    salicylates)
- Sulfinpyrazone 100 mg → 800 mg/d (gastric irritation 5%; rare cytopenia)

Probenecid
- Interferes with post secretory reabsorption of uric acid by renal tubule,
  increasing uric acid excretion by 50% to 70%
- Competes with other organic acids for secretion and resorption
- Ineffective if creatinine clearance <20 ml/min; ↑ doses if <50 ml/min
- Doses 500 mg to 2000 mg/day; monitor with serum uric acid
- Half-life 4 to 12 hours; should dose bid
- Mostly metabolized in liver

Probenecid Side Effects
- Rash or hives with fever: 1% to 5%
- GI intolerance: 3% to 8%
- Kidney stones 1% to 9%
- Precipitate acute arthritis - up to 10% (by starting low doses, with
  colchicine prophylaxis)

Drug interactions: decreases renal (and biliary) excretion of penicillin, indomethacin, NSAIDs, diuretics, other weak acids, MTX and oxypurinol

Management of Tissue Deposits of Urate: Allopurinol Therapy
- Xanthine oxidase → (Hypoxanthine or xanthine) → Uric Acid
- Allopurinol inhibits xanthine oxidase → Urate production
- Dose 100 mg to 300 mg q. day; monitor serum urate
- Preferred if renal insufficiency, urate overproduction, tophi or urate renal
  stones
  - but ↓ dose if GFR <50 ml/min, for thiourea diuretics, and in elderly

Allopurinol Metabolism
- Uricosuric - active metabolite; half-life 18 to 33 hours
- Excreted in urine; uricosuric drugs increase allopurinol clearance 2 to 3
  fold
  ↑ dose if used with probenecid (also note: probenecid half-life increased
  50% by allopurinol)
- ↓ xanthine and 6 MP doses by 75% if given with allopurinol

Allopurinol Toxicity
- Rash in 3% - 10%; dyspepsia, headache, diarrhea, fever, urticaria, eosinophilia, interstitial nephritis, acute renal failure
- Rare hypersensitivity with toxic epidermal necrolysis
  - 20 - 30% fatal
- May try oxypurinol
- May try desensitization

Crystal-induced Arthritis
- Monosodium Urate: Gout
  - Calcium pyrophosphate dihydrate (CPPD): Pseudogout
  - Basic Calcium phosphate: present in 30-60% of osteoarthritis joints
  - Basic Calcium phosphate: "Milwaukee shoulder"
- Basic Calcium phosphate: tendinitis, bursitis, tissue deposits

Pseudogout
- Acute attacks of arthritis - knees or other large joints
- Chronic multiple joint arthritis of knee, hip, wrist, MCPs, elbow, shoulders,
  especially if associated with acute exacerbations
  - May misdiagnose as RA (a.m. stiff, fatigue, ESRI, symmetric joint
    swelling, contractures

50% have progressive degeneration of joints

Criteria for Pseudogout (CPPD crystal disease)
- Ryan, Primer on Rheumatic Diseases 1997
- Characteristic CPPD crystals in synovial fluid
  - red or rhomboid shaped (intercellular)
  - little or no positive birefringence
- Typical radiographic chondralcalcinosis
  - articular cartilage or meniscus (knee, hip)
  - fibrocartilage of symphysis pubis
  - triangular cartilage of the wrist

Basic Calcium Phosphate Crystals and Osteoarthritis
- Acute synovitis of OA may be associated with calcium crystals, ex - acute
  ruptured popliteal cyst with pseudophlebitis
- Erosive arthritis in OA joints maybe associated with calcium crystals, ex
  - Milwaukee shoulder, MCP 2,3
  - 30% - 60% OA synovial fluids contain apatite crystals

Milwaukee Shoulder
- Shoulder pain and disability in elderly woman
- Large cool effusion
- Destruction of rotator cuff
- Radiographic destruction of both sides of glenohumeral joint
- No osteophyte
- Synovial fluid blood stained, few mononuclear cells, numerous calcium
  apatite aggragates
- May occasionally occur in knee, hip, other sites

Suppression of Acute Crystal-induced Inflammation
- NSAIDs: Indomethacin 50-100 mg initially, then 50 mg q 6 hr; Naproxen
500-1000 mg initially, then 500 mg q 8 hr
- ACTH 40 units IM q 6-12 hours
- Prednisone 20-40 mg daily or equivalent IM or IV

**Suppression of Crystal-induced Inflammation**
- Joint aspiration or lavage and injection of corticosteroid
- IV colchicine 1 mg in 20 ml normal saline over 10-20 minutes; may repeat once. Do not infiltrate. Avoid if renal or hepatic failure.

**Prevention of Intercritical Gouty Attacks**
- After initial response, doses can be tapered off over 7-10 days
- Then maintain on prophylactic colchicine 0.6 mg once or twice a day to prevent recurrent attacks
- If colchicine not tolerated, may use an NSAID
- Decreases frequency of gouty attacks about 50%

**Colchicine Prophylaxis for Pseudogout**
- Randomized, 1 year study

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<th>Median Attacks/year</th>
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<td>Pre-study</td>
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<td>Colchicine 0.6 mg b.i.d.</td>
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<td>Placebo</td>
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**Colchicine**
- Alkaloid extract of colchicum autumnale: meadow saffron
- Interferes with microtubules of neutrophils → motility, chemotaxis, and chemotactic factor release at therapeutic concentrations
- Higher concentrations arrest cell division → cytopenias
- Uniquely effective for acute gout

**Colchicine Metabolism**
- Rapidly absorbed; to 50% protein bound;
- Concentrates in leukocytes; binds to tubulin
- Plasma half-life 20 min, but present in leukocytes for 2 to 3 days and still measurable 10 days later
- Excreted in bile, feces and urine

**Colchicine Toxicity**
- Minimal with usual doses of 0.6 to 1.2 mg daily
- D. abdominal cramping, N. V.: common with oral dosing
- Chronic higher doses: cytopenias, peripheral neuritis, hair loss, amenorrhea, oligospermia, myopathy
- Overdoses: severe hemorrhagic gastroenteritis, renal failure, hepatic failure, seizures
- Fatal doses as low as 7 mg; >40 mg usually fatal

**Frequent Mistakes in Management of Gout**
- Forget to aspirate joint or toplus to establish Dx
- Forget to treat both inflammation and hyperuricemia
- NSAIDs and colchicine have no effect on serum or tissue urates
- Allopurinol and probenecid are not analgesic or antiinflammatory
- Forget that successful treatment must continue forever
- Confuse chronic polyarticular tophaceous gout with RA

**Correction to the February issue**

The following two references to “Barriers to Good End-of-life Care: A Physician Survey,” by Reiko Kayashima MPH and Kathryn L. Braun DrPH, (pp. 40-44 and p.47) were mistakenly omitted.

**References**

“Cancer Research Center Hotline,” continued from p. 128

(88%), that tailored materials were rated more favorably than standard materials, and that the tailored materials group reported improved sun protection habits (p<.05), greater perceived benefits of sun protection (p<.05), and trends toward improved knowledge, more adequate sunscreen application, and higher perceived risk for skin cancer.

The month of May includes observances of Skin Cancer Awareness Month and National Melanoma/Skin Cancer Prevention and Detection Month. The Hawaii Skin Cancer Coalition, a statewide organization of health professionals, agencies, and consumers provides increased public education on skin cancer prevention. Skin cancer prevention research will continue to be an area of particular emphasis at the Cancer Research Center of Hawaii. For more information, please visit the website of the Cancer Research Center of Hawaii (www.crch.org).

“Editorial,” continued from p. 129

tomy and its availability now in Hawaii, our patients with severe sweaty palms have another effective treatment available.

Why “Watch the Wasabe”? Most people in Hawaii, and indeed around the world, now know to watch the Wasabe and not eat it all at once. In a letter to the editor “Horseradish Horrors: Sushi Syncope” in the Journal of the American Medical Association, a 63-year-old man ate the whole (glo) of wasabe at his first Japanese meal and had vasomotor near-collapse. Among his many symptoms was severe diaphoresis not merely palmar hyperhidrosis

In summary, try conservative methods to treat your severe palmar sweating patients, but because it does impact positively on their quality of life consider referral for transthoracic endoscopic sympathectomy and... watch the wasabe.

**References**
the PACE program, 2 are in medical administration, 16 are in group practice, and 9 are in private practice. Because of the shortage of geriatricians, fellows are in great demand when they graduate and find good jobs at excellent salaries.

**Future Directions:** Leaders in geriatrics are now turning their attention towards increasing the education in geriatrics for all medical students and all residents. Since an increasing number and proportion of surgical patients are older and frail, it is important that residents in surgical subspecialties learn the principles of good geriatrics care. Subspecialty fellowship programs are also starting to integrate geriatric principles into their training, and there are some joint fellowships, such as Oncology and Geriatrics, and in Geriatric Cardiology. There is also significant interest from other disciplines for combined training, such as Gynecology and Geriatrics, and Orthopedics and Geriatrics. This trend is expected to continue, as graduates of these joint programs are essential.

In summary, the geriatrics fellowship program at JABSOM has grown and is one of the best and largest in the country. This has helped to improve clinical care of the elderly and teaching in geriatrics and has brought recognition for excellence to the school.

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**References:**


Based on the results of this study, TES is an effective solution to relieve the symptoms of palmar hyperhidrosis. It allows the patients to improve their social confidence, mental health, physical capabilities and quality of life. Patients should be forewarned of likely compensatory symptoms and minor bodily pain as a result of the surgery, however overall satisfaction remains high enough for this treatment to continue to be recommended.

References

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**The Weathervane**  
Russell T. Stodd MD

**Never Go to A Costume Party As A Pinata.**

While doing his pre-operative evaluation, the anesthesiologist noted that the patient had a cardiac arrhythmia. The eye surgeon assured him that the patient’s cardiac problem had been evaluated by his physician, and to proceed with surgery for cataract. However, the anesthesiologist learned from the primary physician that he knew of no such arrhythmia. He instructed the anesthesiologist to cancel the surgery and send the patient directly to his office. This precipitated a loud argument between the surgeon and the anesthesiologist who was heard by surrounding staff and patients. Subsequently, the ophthalmologist contacted his brother who happened to be the chief of the anesthesiology group, and the offending anesthesiologist was discharged from the group on the premise that the group was too large for the available work load. He brought a law suit against the group claiming wrongful-termination, and that he was being penalized “for advocating for medically appropriate health care.” Trial is pending.

**Don’t Sit Still. The Grim Reaper Is In The Seat Behind You.**

At Heathrow in London, blood clots born of immobility, have caused more than 30 deaths in the last three years, and “economy class syndrome” has been introduced to the medical lexicon. It has long been known that lower extremity stasis can lead to deep vein thrombosis, and consequent pulmonary and cardiac emboli. Autopsy studies dating back to the 1950s, revealed traveler deaths from prolonged sitting on buses, trains or aircraft, when deep vein thrombi migrated to vital organs. The crowded flights, narrow seats and jammed passageways, discourage travelers motion on modern aircraft. Yet, there are only minimal suggestions from flight attendants with recommendations to move about the cabin, or stretching during long flights. Obviously, passengers obstruct aisles, delay cocktail or dinner service and the like, so “better if they stay seated.” Good rules of travel: eat light, drink light, keep moving, pack half the clothes and twice the money.

**There Are Three Kinds Of Traffic Problems - Urban, Suburban And Bourbon.**

Operating a motor vehicle while under the influence of alcohol has drawn much attention, but seldom do you read about bicycling and booze. A recent JAMA article of a study done in Maryland, summarized the problem in both adolescents and adults. For those cyclists arriving for treatment in emergency rooms, elevated blood alcohol content (BAC) was found in 8%, while those who required hospital admission 16%, and the fatalities an alarming 32%. Although a precise factor is not possible, it appears that bicycling with a BAC of 0.08 g/dL or higher may subject the cyclist to a 20-fold increased risk of fatal or serious injury. The two primary avenues for injury result from an alteration in risk-taking behavior, such as excessive speed, riding at night, or in adverse weather, or failing to wear a safety helmet. And the other pathway is the deleterious function of the cognitive and psychomotor skills — impaired judgement, poorer balance, loss of muscle control, slower reaction to hazards, etc. Keep your pedal dry.

**If Your Patient Is Suicidal, Get Your Fee In Advance.**

Even though Jack (Dr. Death) Kevorkian, is out of circulation, the issue of doctor assisted suicide (DAS) remains a lively colloquy. About 400 people reportedly die each year in Holland as a result of DAS, Euthanasia however, is still technically a criminal offense, although the Dutch have tolerated it for years. Now the lower house of Parliament recently voted to legalize euthanasia, and the upper house is expected to endorse it also. Under the current statute, doctors are supposed to report the circumstances of each assisted death to a pathologist, who in turn sends a report to the public prosecutor. Physicians are not prosecuted if they abide by criteria for ensuring due care. But in fact, it is estimated that fewer than half of the doctors who participate in DAS even bother to report their actions. Under the new proposal, cases will go to a public prosecutor only if a review panel thinks the doctor didn’t follow guidelines. Slippery slope, anyone? One can foresee that the extended care facilities in Holland may go broke.

**Some Are Born Good, Some Make Good, And Some Are Caught With The Goods.**

The state Attorney General’s office announced the largest medical fraud recovery in Hawaii history. Interstate Pharmacy Corporation paid out $4 million to settle the complaint of illegally repackaging and re-dispensing drugs, and of fraudulent Medicare and Medicaid claims. Exact duration of the fraud is not known, but the investigation carried back at least six years. Legislation passed last year allows individuals to sue on behalf of the state when they know of false claims involving state moneys. This attractive whistle-blower law allows the complainant to capture between 15 and 25% of the money recovered. The two singing employees in this case get to split nearly 20%, or $750,000. No doubt, this case will encourage more employees to come forward when they know of fraudulent situations involving government programs.

**It Could Be Opportunity Knocking, But More Likely It’s A Bill Collector.**

Never mind that Medicare/Medicaid and Hawaii Medical Services Assn. are squeezing the doctors from one side while overhead is squeezing from the other, now HHS’ inspector general’s office is leaning on young doctors to pay up and send checks to Health Education Assistance Loan program. In the last six months, 117 agreements have been reached. A New York dentist settled for $303,000; a Florida osteopath will pay $186,000, etc. You really cannot afford to fool around with these people. Many providers were referred for nonpayment, and 303 people were excluded from Medicare, Medicaid and other federal healthcare programs. While they probably won’t place a horse’s head in your bed, they can cut off your ..........certificate to bill.

**After Things Have Gone From Bad To Worse, The Cycle Will Repeat Itself.**

On January 18, 2001, the Clinton administration Health and Human Services changed the rule regarding anesthesia for Medicare and Medicaid beneficiaries. Essentially, the alteration allows nurse anesthetists (CRNAs) to provide anesthesia without supervision, and bill directly for services. The American Medical Association and many medical societies have asked the new Secretary, Tommy Thompson, to rescind the order. “We believe Medicare and Medicaid beneficiaries deserve better than a mere presumption of safety that has no basis in the scientific literature.” President George W. Bush suspended the rule change for 60 days.

**It Has Yet To Be Proven That Intelligence Has Any Survival Value.**

You have to wonder about the selection of Richard Cheney for Vice-President. Yes, he has had wide experience in both legislative and administrative government, and he enjoys the respect of leaders of both parties, and he is only 59 years old, and he is very intelligent. But, the man has endured cardiac arrest three times, had quadruple bypass surgery in 1988, and had angioplasty as recently as last November following the election when he had another “mild” heart attack. Anyone with that history deserves a quiet, restful life, a chance to enjoy family, and a comfortable hammock at poolside. No doubt, the beliteway press corps has a legacy going on how long he will last.

**The Greatest Nuisance To Mankind Is Man.**

That great tool, the plumber’s helper, is stashed in a corner closet of almost every home. In San Francisco, a man found a new use for it when he saved his father’s life by pumping on his chest when he had a heart attack. A group of doctors in Minnesota were inspired by his action, and created a $200 medical instrument, the *ambu-cardiopump*. However, a sharp-eyed bureaucrat at the Food and Drug Administration ordered testing halted, because unconscious patients cannot give informed consent. Great. Perhaps the FDA should conduct field tests on the original use of the plumber’s friend and let medical research plunge onward.

**ADDENDA**

- Men get hiccups more often than women. No one knows why.
- On a typical day your name is transferred by computer at least five times.
- Don’t sweat the petty things, and don’t pet the sweaty things.
- Never trust anyone who refers to Charles Manson as “Chuck.”

Aloha and keep the faith —rt ■

*Contents of this column do not necessarily reflect the opinion or position of the Hawaii Ophthalmological Society. Editorial comment is strictly that of the writer.*
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