

HEALTH WEEK

Boot camps treat chronic pain

By CARLA K. JOHNSON
Associated Press Writer

CHICAGO

Ballet teacher Gayle Parseghian thought she might never dance again after a back injury while moving heavy furniture left her with unremitting pain.

But an intensive, four-week "boot camp" got the 55-year-old dancer from Toledo, Ohio, back to the barre. The program at the Rehabilitation Institute of Chicago taught her to manage the chronic pain that had tormented her for more than a year.

"It affects your relationship with your spouse, your family, your friends, your boss," she said. "It's like you're trapped in your body and you can't get out. It's a feeling of being completely out of control."

New research suggests chronic pain affects the brain's ability to rest, disrupting a system that normally charges up some brain regions and powers down others when a person relaxes.

"I ask a patient who has had chronic pain for 10 years to put the mind blank, don't think about anything," says Dr. Dante Chialvo, a researcher at Northwestern University's Feinberg School of Medicine who is not involved with the boot camp.

MRI images show the pain sufferer's brain lighting up, but not as a normal brain at rest would, he said. "There is an objective biological difference in the brain."

The early findings could explain the sleep disturbances, decision-making problems and mood changes that often accompany chronic pain, he said.

And they could explain why the boot camp approach worked for Parseghian.

The Chicago program, affiliated with Northwestern's medical school, attacks pain on three fronts — biological, psychological and social. It does not claim to cure chronic pain, but instead gives patients tools to lessen its hold on their lives.

Patients spend Monday through Friday stretching, exercising and moving in new ways. They meet with a physician, an occupational therapist, a physical therapist, a biofeedback



Gayle Parseghian, a 55-year-old ballet teacher from Toledo, Ohio, went through stretching exercises at the Rehabilitation Institute of Chicago during a four-week, intensive "boot camp" program to relieve her chronic back pain. (AP Photo)

therapist, a clinical psychologist and a movement specialist.

They may address depression or sleep problems or adjust their medications. And they learn from the other patients in the program.

Getting all of these things under one roof differs from most approaches to treating chronic pain, said Dr. Steven Stanos, the program's medical director.

Patients know the drill. In the fragmented world of health care, they bounce from internist to chiropractor to massage therapist to surgeon — with none of the experts sharing information.

"You will try anything and everything to get out of the pain," Parseghian said. "You discover all of your efforts are fruitless and you have spent monumental amounts of money."

She tried herbal patches, vitamins, injections, prescription narcotics and a battery-operated device that uses electrical impulses to block pain. Nothing worked.

Surgery would have been next. She was in a surgeon's waiting room when she read an article about the boot camp.

If acute pain is the body's alarm system, alerting to injury-causing dangers, then chronic pain is an alarm going haywire, screaming a warning long after the danger has passed.

The American Pain Society estimates millions of Americans are in chronic pain from backaches, jaw pain, headaches and fibromyalgia, a mysterious syn-

drome marked by muscle pain and fatigue. Sore spines alone cost billions of dollars each year.

In 2005, Americans with aching backs and necks spent \$20 billion on prescription drugs and another \$31 billion for outpatient doctor visits, according to a recent study in the *Journal of the American Medical Association*. Total spending on spine treatments increased 65 percent from 1997, adjusted for inflation. But rising alongside that was the proportion of people with spine problems who reported limited function.

Such spending with such poor results gets insurance companies' attention.

Chronic pain patients' medical and pharmacy bills "show up

Study details side effects of prostate cancer fixes

By MIKE STOBBE
AP Medical Writer

ATLANTA

One of the first large quality-of-life studies on today's prostate cancer treatments suggests that for some men, it's a matter of picking your poison and facing potential sexual, urinary or other problems.

Of the choices studied — surgery, standard radiation, hormone therapy or radioactive seeds — the seeds seemed to carry a lower risk of several of these side effects.

Hormone therapy — when combined with radiation — had a big effect on men's vitality and sexuality. The radioactive pellets sometimes led to sexual problems too, but more often involved discomfort in urinating.

The research, published in the *New England Journal of Medicine*, doesn't address the cure rates of different treatments. Moreover, not every treatment is an option for every man. For example, radioactive pellets are generally used only in men with early-stage cancer that is slow-growing.

Nor does the study speak to decisions about whether to treat at all a slow-growing form of cancer that can take 10 or 20 years to become life-threatening.

An 80-year-old man may choose to avoid all treatment and the assorted complications. But for a man of, say, 50, the study provides some insight into the side effects of different options, said Dr. William Oh, a Harvard University prostate cancer specialist.

"We've just never had the data that put patients side-by-side like this before," said Oh, who was not involved in the study.

The researchers surveyed about 1,200 patients, as well as

on our radar," said Dr. James Cross, Aetna's national medical policy chief. The patients are "frustrated and clearly suffering" and "looking for an answer," he said.

Although boot camp-style programs cost up to \$20,000, Cross said that is cost-effective compared to the procedure and pill merry-go-round. The company cites studies showing patients who have completed boot camp programs experience lasting pain reduction and lower stress. Aetna also believes patients completing the programs are more likely to return to work and less likely to seek other expensive treatments.

Other insurers also cover the programs, but convincing more companies will take more evidence, said Dennis Turk, a pain researcher at the University of Washington in Seattle and a believer in the approach.

It is unclear what combination of therapies works best for which patients and whether four weeks are needed for everyone, Turk said. Patients should be cautious because quality varies, he said.

"Anybody out there can put up a sign and say, 'I'm a comprehensive pain rehabilitation program,'" Turk said. He recommended programs affiliated with university medical centers and the nearly 100 interdisciplinary programs accredited by the Commission on Accreditation of Rehabilitation Facilities.

Two weeks into the boot camp, Parseghian's husband vis-

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625 wives, who were enrolled at nine U.S. hospitals from March 2003 to March 2006. Telephone surveys were done before treatment began and at two, six, 12 and 24 months afterward.

Nearly 300 of the men in the study underwent brachytherapy, which involved the implant of radioactive pellets (often called "seeds") in the prostate to kill cancer cells.

About 300 got more conventional radiation treatments beamed at a tumor. And nearly 600 had their prostate tumors surgically removed, with most of them undergoing nerve-sparing procedures intended to minimize the operation's effect on sexual performance.

About 90 got hormone therapy in addition to conventional radiation, and some got it in addition to brachytherapy. Hormone therapy, which suppresses testosterone production, is used to enhance radiation treatment and improve survival.

Although life-threatening side effects were rare, men in all the groups experienced, to varying degrees, problems with urinating, achieving erections and moving their bowels.

No procedure was clearly best or worst across the board.

The wives of about 13 percent of men who had brachytherapy said they were distressed by problems with their partner's erections one year after treatment. The spouses of about 22 percent of the men in the traditional radiation group and 44 percent in the surgery group reported the same concern.

Incontinence was most common in the surgery group, with about 15 percent reporting the problem a year or two after treatment. For both standard radiation

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Aluminum linked with Alzheimer's?

DEAR DR. DONOHUE: I have heard that aluminum, found in many deodorants, is harmful and can contribute to the development of Alzheimer's disease. Is there any truth to this? Every morning when I put on my deodorant, I think about it. — M.R.

ANSWER: Aluminum is one of the most plentiful metals on earth, and it's impossible to avoid coming in contact with it. It's in many commonly used items — food, water, cookware and a number of antiperspirants. It's also true that aluminum has been found in the brain of some Alzheimer's patients. For that reason, a few have raised the possible association of aluminum with Alzheimer's disease.

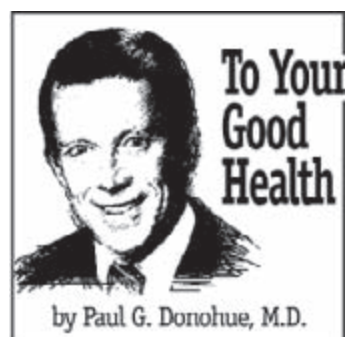
This matter has been batted about for more than 25 years. Competent investigators have examined the evidence for an association, but no strong proof has been established. Most scientists believe that the tangles of two brain proteins called tau and amyloid (an unusual body product) are the more likely contributors to Alzheimer's disease.

Personally, I do not worry about aluminum. I don't think you need to either.

The booklet on Alzheimer's disease discusses this tragic illness in depth. Readers can obtain a copy by writing: Dr. Donohue — No. 903W, Box 536475, Orlando, FL 32853-6475. Enclose a check or money order (no cash) for \$4.75 U.S./\$6 Canada with the recipient's printed name and address. Please allow four weeks for delivery.

DEAR DR. DONOHUE: Would you comment on the tattoo craze? Tattoos are seen more frequently these days, and it's hard to imagine that this is a healthy trend. Besides the possibility of infections, what are other undesirable effects? Can they be removed? — N.G.

ANSWER: Close to a quarter of the people between the ages of 18 and 50 have at least one tattoo. Why? Self-expression, patriotism (flags), peer pressure,



affiliation with certain groups, a testimonial of affection and rebellion are some reasons, and some people find them quite attractive. People have had themselves tattooed for thousands of years. Complications actually are rather rare.

Allergic reactions are possible, and they can take place up to 17 years after getting the tattoo. Disfiguring scars sometimes result. Yellow colors can incite a reaction from sunlight.

Tattoos can be removed. Small ones can be cut off. Larger ones can also be cut off, but removal has to take place in stages. A laser can be used to erase tattoos. A series of treatments is necessary, and often a faint outline of the tattoo remains or a scar forms. Tattoo removal is expensive, something a prospective tattooee should consider.

DEAR DR. DONOHUE: Nowadays there is such a to-do about gluten sensitivity and celiac disease. Which comes first? — F.G.

ANSWER: Gluten sensitivity and celiac disease are different names for the same condition. Gluten is a protein found in wheat, barley and rye. People with a sensitivity to gluten develop an inability to absorb nutrients, causing diarrhea and weight loss. Gluten acts like a poison to their digestive tracts.

Treatment is avoidance of those grains and gluten.

You can call the illness celiac disease, gluten sensitivity, gluten enteropathy or sprue — whichever strikes your fancy.
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Live Well with Diabetes

WALKING OFF YOUR EXTRA WEIGHT

Are you looking for easy, inexpensive, and fun exercise as part of your weight loss regimen? Walking outdoors is probably one of the most enjoyable and simple physical activities you can do. In fact, walking is the most popular physical activity in the country among adults.

Not sure if walking will actually help you lose weight? Results from the Diabetes Prevention Program (DPP) prove that it does. In this study, men and women who walked 30 minutes per day, lost 5 to 7 percent of their body weight and reduced their risk of developing diabetes by 58 percent.

Not only does walking help people with diabetes lose weight, lower blood pressure and reduce stress, it may also help save money.

According to a study published in *Diabetes Care* in 1999, people with diabetes spend more than \$7 billion annually on medications. In the study, researchers asked adults with diabetes to either walk or bike and do stretching exercises for 50 to 60 minutes a day, four to six days per week, for one month. By the end of the study, 16 percent of the participants taking insulin and 26 percent taking diabetes pills had their treatment switched to diet and exercise therapy alone. For others who still needed to remain on insulin, their total units each day were reduced by 60 percent. In 22 percent of the people who needed to continue taking pills, their doses were reduced or substituted with medicines with milder effects.

Therefore, cutting back or doing away with certain medications due to regular exercise could save you hundreds of dollars, and possibly billions of dollars nationally.

To get started with a walking routine, buy a good pair of walking shoes — which can be purchased at a shoe or sporting goods store for under \$100. Check your feet for abrasions and/or blisters every day.

Remember, if you have questions or concerns about diabetes, talk to us at Parkway Pharmacy. As a center of diabetes care, we offer the most comprehensive line of products and information available to help you better manage and "live well" with diabetes.

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