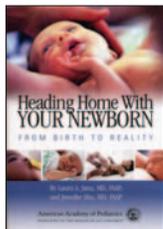


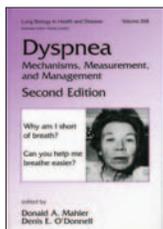
**New on the bookshelf:  
Recent releases by  
DMS faculty authors**

*Heading Home with your Newborn: From Birth to Reality.* By Laura A. Jana, M.D.; and Jennifer Shu, M.D., instructor in pediatrics at DMS; American Academy of Pediatrics; 2005. This handbook is intended to help



parents cope with the first few months of their baby's life, from feeding, diapering, and bathing to using car seats and traveling on planes. Combining medical information with practical advice (the authors are parents, too), its amusingly titled chapters include "Poop Happens," "Going with the Flow," and "Fever: Trial by Fire."

*Dyspnea: Mechanisms, Measurement, and Management.* Edited by Donald A. Mahler, M.D., professor of medicine at DMS; and Denis E. O'Donnell, M.B.; Taylor & Francis; 2005 (second edition). This book, on relief of breathlessness in patients with chronic obstructive pulmonary disease, covers the causes of dyspnea, dyspnea in asthma, the use of bronchodilators and inhaled corticosteroids, self-management strategies, and instruments available to measure the intensity of dyspnea.



MEDIA MENTIONS: DMS

Among the people and programs coming in for prominent media coverage in recent months was the director of DMS's Center for the Evaluative Clinical Sciences. In a three part-series on Medicare, the *Washington Post* wrote that "the typical Medicare patient in Los Angeles costs the government \$3,152 more than a comparable patient in the District" of Columbia and "a patient in Miami costs \$3,615 more than one in Baltimore. Those disparities cannot be explained by differences in local prices or rates of illness, said Dr.



**John Wennberg**, a Dartmouth physician and an expert on geographical variations in medical care." Rather, "higher spending is related to the number of specialists, hospital beds, and technology available." The *Post* also moderated a live, online discussion between its readers and Wennberg—whose research was also cited in a letter to the editor and an article in the *Wall Street Journal*.

The *New York Daily News* cited a DMS neuroscientist, noting that "people with mild cognitive impairment (MCI) have trouble remembering new information. More perplexing are people who don't have MCI but are suffering from more than just 'senior moments.' Dr. **Andrew Saykin** calls them 'cognitive complainers.' . . . 'Early on we thought the people in this cognitive complaint group might just represent the 'worried well' who are somewhat hyper-aware and afraid of developing Alzheimer's disease or another dementia,' said Saykin, director of the brain-imaging lab at Dartmouth-Hitchcock Medical Center. [But] people actually appear to be very sensitive to changes that are occurring in the brain . . . early on."



"Dartmouth-Hitchcock Medical Center in New Hampshire decided to pioneer a radically new approach. Full disclosure, detailed results, good and bad," reported ABC's *World News Tonight* in a story about hospitals that voluntarily disclose performance data. "The trust that you develop with your patient is the most important thing over the

long term," **Paul Gardent**, DHMC executive vice president told ABC's John McKenzie. "This full disclosure even includes the cost estimates of various procedures and results of patient satisfaction surveys," McKenzie said. "It does highlight where we need to improve," added Gardent.

"Fifteen years have passed since the Americans with Disabilities Act was enacted to protect workers who have a mental or physical impairment," began an article in a suburban New York paper.



However, "workers with epilepsy face big hurdles when it comes to unemployment," says Dr. **Gregory Holmes**, chief of neurology at Dartmouth. Only about 25% of adults with epilepsy have full-time employment . . . a statistic that is out of line even after accounting for their lower college-graduation rates," Holmes told the *Journal News*, which serves New York's Westchester, Rockland, and Putnam counties. "Patients will tell you that's often due to the epilepsy itself," Holmes added.

*Shape* magazine recently consulted a DHMC physician for advice on how to avoid motion sickness. "Although it's often tough to predict who will be affected, if you know you're prone to motion sickness, take medication ahead of time, advises **Jay Buckley**, M.D., associate professor of medicine at Dartmouth Medical School." What the article failed to mention was that Buckley, in addition to being a physician, is a former astronaut. On the 1998 NASA Neurolab mission, he endured extreme motion—speeds upwards of 17,500 miles per hour.



"Tom Wolfe was so taken with **Michael Gazzaniga's** *The Social Brain* that not only did he send Gazzaniga a note calling it the best book on the brain ever written, he had [a professor in one of his novels] recommend it in class." So began a *New York Times* review of a new book by Dartmouth's best-known neuroscientist. The book also inspired an editorial in the *Times* of London, which called Gazzaniga "a fascinating character—a rare, secu-

## A N D D H M C I N T H E N E W S

lar voice among a choir of Christians who sit on the President's Council on Bioethics."

To explain two recent studies on microRNA—a molecule that helps regulate gene expression and protein production—the *New York Times* turned to microRNA's "discoverer, **Victor Ambros** of Dartmouth. With his colleagues Rosalind Lee and Rhonda Feinbaum, he found a gene called *lin-4*. When the gene was activated, its messenger RNA folded itself up into a little hairpin twist, and that was its product"—a microRNA molecule.



"Peter Jennings's death from lung cancer," said the *Dallas Morning News*, "has left many of the nation's 48 million former smokers asking apparently simple questions: Should they be screened? Why don't doctors perform routine checks for lung cancer?" The answer: "'We don't know if it works,' said **Dr. William Black** of Dartmouth. And if it doesn't work, it could generate a lot of unnecessary anxiety, medical treatment and cost." Black, who is cochair of the multicenter National Lung Screening Trial, was featured in the cover story in DARTMOUTH MEDICINE's Summer 2005 issue.



Another subject of that cover story turned up in the *New York Times*, explaining a medical analogy regarding the Discovery launch.

"The more NASA looks for damage, engineers and other experts say, the more it will find," wrote the *Times*, likening NASA officials to doctors who have increasingly powerful diagnostic tools at their fingertips. "**Dr. H. Gilbert Welch**, a professor of medicine at Dartmouth and an expert on med-



ical diagnosis, agreed. 'A lot of what we're calling disease now never becomes clinically apparent during the life of the patient,' he said. 'Everything you find is less threatening, but you can never say anything is a zero threat.' NASA faces a similar challenge, he said: 'I'm sure they want to do the best they can. But the harder they look, they'll find more things.'

"Most Women Overestimate Breast Cancer Risk" was the headline on *Fox News Online* coverage of a University of Michigan study.



The article quoted the author of a DMS study that came to the same conclusion 10 years ago. "Researcher **Lisa Schwartz**, M.D., says cancer awareness campaigns often scare people with numbers that highlight the magnitude of cancer risk but provide little context." Drawing on Schwartz's research, Fox explained that "a 40-year-old woman who has never smoked, for example, has a 0.2% chance of dying from breast cancer before she is 50."

"Aspirin does it all," said the *New York Daily News* of the tried-and-true painkiller. "Aspirin's role as an anti-inflammatory agent also appears to interfere with the growth of intestinal cancer cells. In 2002, a study [by **Dr. John Baron**] at Dartmouth Medical School



was the first to show a link between taking aspirin and reducing the number of polyps that lead to cancer. The study looked at 1,121 people who had colon polyps removed. . . . Three years later, the researchers found that only 38% of those getting baby aspirin had new polyps, compared with 47% of people getting placebos."

"In an unprecedented move," the *New York Times* reported, Medicare plans to "give doctors—free of charge—software to comput-

erize their medical practices.

. . . Medicare says the lack of electronic records is one of the biggest impediments to improving health care. . . .



Given Medicare's heft, the software giveaway could transform American medicine, said **Dr. John Wasson**, a Dartmouth health-care researcher. But, Dr. Wasson added, it may take a while. 'If you look at it from a five-year point of view, it will make a huge difference,' he said."

"Even after adjusting for age, health, and income differences among states, New Hampshire receives one of the lowest Medicare reimbursement rates in the country," wrote the *Boston Globe*. "New Hampshire gets an average of \$5,400 per patient, while Massachusetts gets nearly \$7,500. . . . Despite the smaller payments, New Hampshire patients are among the most likely to recover from serious illnesses and surgeries." To explain the apparent contradiction, the *Globe* quoted "**Megan McAndrew**, editor of the *Dartmouth Atlas*, a compilation of medical statistics. 'You don't have the duplication of services like you do in Boston. . . . More health care doesn't mean better health,' she said."

Vermont Public Radio reported on a study of post-traumatic stress disorder (PTSD) that was "designed to compare the effectiveness of two very different therapies" in women veterans, the reporter explained. "Dartmouth researcher **Dr. Paula Schnurr** is one of the study's principal investigators. . . . Schnurr says because the core symptoms of PTSD are the same for women and men,



male combat veterans and civilians will benefit from the research." (See the Summer 2005 issue for more on this study.)

