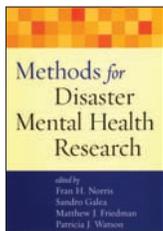


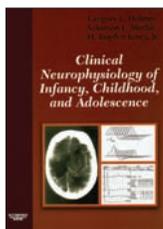
**New on the bookshelf:
Recent releases by
DMS faculty authors**

Methods for Disaster Mental Health Research. Edited by Fran H. Norris, Ph.D., research professor of psychiatry at DMS; Matthew J. Friedman, M.D., Ph.D., professor of psychiatry at DMS; et al. Guilford Press; 2006. This book examines research



into the psychological effects on people and communities of large-scale disasters and terrorism. It covers public mental health planning and evidence-based treatments for traumatic stress, as well as issues involved in the study of specific populations, such as children.

Clinical Neurophysiology of Infancy, Childhood, and Adolescence. By Gregory L. Holmes, M.D., professor of medicine at DMS; et al. Elsevier; 2006. Much of clinical neurophysiology is based on studies of adults; though many of the field's techniques can be modified for children, this text-



book focuses on neurophysiologic testing specifically for children. It describes unique age-specific patterns as well as testing for seizures, toxic and degenerative diseases, head trauma, spinal muscular atrophies, and many other conditions.

MEDIA MENTIONS: DMS

Among the people and programs coming in for prominent media coverage in recent months was a DMS orthopaedic surgeon who is leading a multisite back-surgery study known as SPORT (Spine Patient Outcomes Research Trial). In November, results comparing surgical and nonsurgical treatment of herniated disks were available. “We basically found that [for] people who had



very significant symptoms, that surgery, in fact was better,” Dr. **James Weinstein** told Katie Couric on CBS’s *Evening News*. “However, what was really interesting is that patients who decided not to have surgery, who could wait, also did really well.” Dozens of

other media outlets featured the study results, including CNN, National Public Radio’s *All Things Considered*, the *International Herald Tribune*, the *New York Times*, and *USA Today*. “Trying to find an answer to the surgery vs. nonsurgery question for herniated discs is important, Weinstein said,” in the *Chicago Tribune*, “because the number of spinal operations has been increasing and the rate of these surgeries can vary greatly in different regions.” (For more on this study, see page 3.)

The press also tapped another DHMC physician for comment on the SPORT results. “By the two-year mark, the researchers found, the nonoperative group had improved considerably, even though surgery patients still maintained a slight edge,” *U.S. News & World Report* explained. “Still, ‘this study supports nonoperative treatment for patients who can manage their pain,’ [said] Dr. **William Abdu**, medical director of the Spine Center at Dartmouth-Hitchcock Medical Center and one of the authors” of the study.



In November, a U.S. Food and Drug Administration advisory panel recommended the approval of a new test that detects whether breast cancer has spread to the lymph nodes or not. But, as the Reuters wire service noted, the panelists—including a Dartmouth physician—“questioned how well the test would help determine the best

care for patients.” Panelist “**Marc Ernstoff**, a cancer immunologist at Dartmouth-Hitchcock Medical Center in New Hampshire” explained, “I think what you’re hearing from the panel is ‘Yes, let’s proceed forward but cautiously.’”

Susan Dentzer, a Dartmouth alumna and correspondent for PBS’s *NewsHour*, recently profiled a soldier whose face had been destroyed in an explosion in Iraq. One of the clinicians whom the soldier’s wife “considers an angel,” reported



Dentzer, “is [the soldier’s] plastic surgeon, Dr. **Joe Rosen**. He normally practices at Dartmouth-Hitchcock Medical Center in New Hampshire but was called in by Walter Reed [Army Medical Center] as a consultant” for this case and others. “We can only do so much at each stage,” Rosen told the soldier. “But if we’re willing to be patient . . . each three months we can do another stage and make it better until you’re satisfied.”

A sugar found in crabs and shrimp “seems to protect against the build-up of nasty bacteria and yeast colonies called biofilms,” the *Atlanta Journal-*



Constitution reported in an article about some recent research. “**George O’Toole**, an associate professor of microbiology and immunology at Dartmouth Medical School, expressed some reservation” about the research, however. “This would be a terrific advance if this proved to be true, particularly because there is an advantage in using a non-antibiotic coating that can’t be understated,” O’Toole said. ‘Antibiotic coatings in catheters, for example, are a terrible idea because they will likely contribute to the development of [drug] resistance in the long run. . . . However . . . many people have worked on this for many years without—to my knowledge—many effective results. So, I would have to see more research.’”

V8 juice, Campbell’s Healthy Request tomato soup, and nearly all yogurt with fruit didn’t make the cut in Hannaford Brothers’ new Guiding Stars

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

nutritional rating system, noted a recent *New York Times* article. Why? “Many products that are marketed as healthy received zero stars from Hannaford because they contain too much salt or sugar or not enough nutrients, said **Lisa Sutherland**, a research assistant professor of pediatrics and a nutrition scientist at Dartmouth who was part of the advisory panel that developed Hannaford’s formula.” V8, for example, is “like drinking a vitamin with a lot of salt on it,” Sutherland told the *Times*.



“Black, Latino, and Asian patients are more likely than whites to have high-risk surgeries at California hospitals that have less experience doing the procedures,” read a *Los Angeles Times* article about a study that appeared in the *Journal of the American Medical Association*. “In an editorial accompanying the report,” the *Times* noted, “Dr. **Samuel Finlayson** of Dartmouth Medical School examined some of the reasons for the disparities. ‘The easiest explanations for why ethnic minority and poorly insured patients are less likely to use high-volume hospitals are that they cannot [because of barriers to access] or that they may not be aware of other options,’” Finlayson wrote.



South Carolina’s largest newspaper called on “pain expert **Joyce DeLeo** of Dartmouth Medical School” twice last fall. “Each year, sickle cell patients experience two bouts, on average, of severe pain,” the *State* reported in an article about a University of South Carolina study on “why pain early in life can heighten pain later” in such patients. “There hasn’t been a lot of research focusing on early development of pain,”



DeLeo pointed out. In the other article, “DeLeo, a professor of anesthesiology, and of pharmacology and toxicology” weighed in on a pain assessment scale that uses photographs of babies in varying states of discomfort and of varying races. “‘You want the [child] to associate the picture with what he or she looks like and what the family looks like,’ she said.”

“Babies who die of SIDS [Sudden Infant Death Syndrome] apparently have not developed a sort of ‘alarm system’ that would make them respond to rising carbon dioxide levels by turning their heads and breathing harder,” the author of a recent study told the *Boston Globe*. “Dr. **Gene Nattie**, a Dartmouth physiology professor who researches SIDS but was not involved” in the study, explained to the *Globe* that “to have these kinds of clues . . . gives investigators who want to find ways that biology could go awry, and cause death, a much better handle on where to start.”



A recent study done at another institution concluded that “performing annual CT scans on smokers and others at risk for lung cancer could prevent ‘some 80 percent of deaths from lung cancer,’” *Slate* magazine reported. To explain why “many radiologists and cancer specialists . . . are unconvinced” by the study, as the *San Francisco Chronicle* explained it, both publications turned to a Dartmouth radiologist. “Dr. **William Black** of Dartmouth-Hitchcock Medical Center, and a principal investigator in the National Lung Screening Trial,” told the *Chronicle* that the study “ran the risk of being skewed by scans that detected small tumors that would never have developed into life-threatening cancers. He said he is also concerned that, as the resolution of CT



scans improves, tests will show increasing numbers of tiny nodules in the lungs of patients that will set off alarms but are not cancerous.”

Plunging necklines and bare midriffs—on young doctors and medical students—were the subject of an essay in the *New York Times*. Lamenting “less-than-professional attire” among many of her younger colleagues, the author consulted “a behavioral scientist and director of the office of professional development at Dartmouth. ‘Poor choice is not regional—I’ve seen it everywhere,’ said Dr. **Pamela Rowland**, . . . who has studied the impact of physician clothing on patient confidence. . . . ‘Patients don’t have your CV in front of them, and appearance is all they have to go by,’ Dr. Rowland said. ‘If you don’t meet their expectations, their anxiety level increases.’”



“Research by a professor at Dartmouth Medical School aims to help physicians in Missouri lower their overhead and help their patients take more active roles in improving their health.” So began an article in the *St. Louis Post-Dispatch* about a project that “teams researchers at Dartmouth” with a local coalition and state health-care improvement officials. “The project is based on a concept called ‘micro practice.’ The idea is to set up a low-overhead, efficient, and patient-centered practice. . . . ‘High overhead is toxic,’ said Dr. **John Wasson**, a professor of community and family medicine at Dartmouth and lead investigator on this project. ‘It passes on to the patients in the form of minimal time . . . to the payor in the form of higher cost, and . . . to the clinician in the form of dissatisfaction.’”



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