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Judith S. Kronick
University of Connecticut School of Medicine and Dentistry

Alberta Richetelle
University of Connecticut School of Medicine and Dentistry

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NEW ONLINE GUIDE TO MENTAL HEALTH RESOURCES IN CONNECTICUT

A new “one-stop…online resource” for locating mental health services and agencies in Connecticut has been “launched” by the Connecticut Department of Mental Health and Addiction Services. The Connecticut Network of Care for Behavioral Health website is online at http://www.ct.networkofcare.org. Its initiation is an outcome of state legislation and the Connecticut Mental Health Transformation Initiative. It was created by Trilogy Integrated Resources, a company that has produced similar websites for other state governments and agencies. The federal Substance Abuse and Mental Health Services Administration provided funding.

The Service Directory section of the website (select “Services”) is searchable by category (e.g. addiction recovery, legal services, mental health, self-help/support groups), program/agency name, or keyword. There is also an advanced search feature that allows the user to designate keyword, age group, location, and language. Search results include agency name, address, phone number, brief description of a specific program or service (e.g. “smoking cessation”), and a link to the agency’s website. The Service Directory’s information on agencies is provided by Connecticut’s Infoline/211 program (http://www.infoline.org/). The website is updated monthly.

The “Library” section of the Network of Care website includes a number of articles on mental health-related topics published by health organizations. Some have dates of publication to establish their currency.

Additional resources…

Healthnet’s website at http://library.uchc.edu/departm/hnet/ includes a Mental Health Resource Guide with links to Connecticut and national mental health organizations and agencies.

The U.S. Department of Health and Human Services publishes information on Connecticut mental health resources at its online Mental Health Services Locator at http://mentalhealth.samhsa.gov/databases/kdata.aspx?state=CT

SAFE CRUISING

According to the colorful brochure, the cruise ship looks beautiful, there are activities around-the-clock, and your cousin’s best friend had a great trip, but…you may be wondering about the ship’s reputation for cleanliness.

The Centers for Disease Control’s Travelers’ Health web page that focuses on air travel and cruise ships (http://www.cdc.gov/travel/cruiships.htm) provides a source of information on the CDC’s Vessel Sanitation Program. The Program was established in the early 1970’s after a number of disease outbreaks on cruise ships. The inspectors check water supplies, food preparation and storage, physical condition of the ship, cleanliness of spas and pools on board, and other sanitary aspects of the vessel. Based on a point system of one hundred, ships with scores of 85 or below are designated unsatisfactory. Unsatisfactory scores trigger a re-inspection within thirty to forty-five days.

To obtain scores of a ship or cruise line’s vessel cleanliness inspection, you may search by ship name or cruise line or read the Green Sheet report of monthly inspection scores under “Results from Cruise Ship Inspections” at http://www.cdc.gov/nceh/vsp/default.htm. Even the ships scoring one hundred had some deficiencies that had to be corrected. Details on the deficiencies for each ship may be read by selecting the link for the ship’s name on the Green Sheet report.
DO MANNERS COUNT?

Do manners count? Your mother always said they did. She reminded you to introduce yourself, to shake hands upon greeting an acquaintance, and listen to your aunt politely without interrupting her. Apparently good manners have a proven impact in a medical setting as well, especially when a physician initially greets a patient.

According to a study in the June 11, 2007 issue of the journal Archives of Internal Medicine, researchers from Northwestern University Medical School in Chicago found that a majority of the adults they surveyed would like their doctors to address them by name, shake hands, and introduce themselves with their first and last names. The adults polled said they would also appreciate having their doctor smile, be respectful, attentive, and maintain eye contact.

NEW DIABETES MEDICATION GUIDE

Type 2 diabetes has become a more widespread chronic disease in the United States, affecting more than fifteen million individuals. Untreated diabetes can cause damage to the heart, eyes, nervous system, and kidneys. It can increase the risk of heart attack and stroke.

New types of oral medications have recently been introduced by drug manufacturers to lower blood sugar. To help clarify the variety, effectiveness, side effects, and costs of medications available for the treatment of type 2 diabetes, the U.S. Agency for Healthcare Research and Quality, part of the Department of Health and Human Services, has published, Pills for Diabetes: A Guide for Adults. Written for diabetes patients and their families, the online booklet can be found at http://effectivehealthcare.ahrq.gov/reports/topic.cfm?topic=5&sid=37&rType=1).

In brief, clearly written language, the Guide discusses types of diabetes medications available for adults, how they control diabetes, side effects that may result from their use, and comparative costs. A chart indicates how each medication works to lower blood sugar. An additional chart describes medications by brand name and generic name, specifies appropriate dosage, and compares prices for a one-month supply. The information in the report is based on a review of more than two hundred clinical research studies written by the Johns Hopkins Evidence-based Practice Center during 2007.

Free print copies are available by contacting the AHRQ Publications Clearinghouse at (800) 358-9295.

EVALUATING DIABETES MEDICATIONS THAT TREAT ARTHRITIS

Almost one-third of osteoarthritis patients using complementary medicines include dietary supplements as part of their treatment regimen. A review of the effectiveness of specific dietary supplements used to treat osteoarthritis, written by professors at the Creighton School of Pharmacy and Health Professions, Omaha, Nebraska, appears in the January 2008 issue of the journal American Family Physician at http://www.aafp.org/afp/20080115/177.html.

The review is based on research from databases such Natural Medicines Comprehensive Database, The Cochrane Library, and PubMed. This article is part of a series of “Clinical Pharmacology” articles published in American Family Physician. (American Family Physician is among the free, full-text publications highlighted on the Healthnet website at http://library.uchc.edu/departm/hnet/inters.html.)

Glucosamine sulfate, chondroitin, and SAMe (S-adenosylmethionine) are dietary supplements that may reduce osteoarthritis symptoms, according to the conclusions of the authors. The authors discuss the safety, level of effectiveness, and clinical recommendations for therapeutic use of these three supplements and for Methylsulfonylmethane (MSM), Harpagophytum procumbens (devil's claw), Curcuma longa (turmeric) and Zingiber officinale (ginger).

A chart summarizing the findings of the article includes the dosage of each supplement, comments on its effectiveness, and average retail monthly cost. An additional chart lists “Potential interactions between supplements and conventional drugs.” The studies that support the effectiveness or limited effectiveness of the supplements described in the article are listed in the References section at the article’s conclusion.
**Additional Resources…**


An online Research Report entitled “Rheumatoid Arthritis and Complementary and Alternative Medicine” ([http://nccam.nih.gov/health/RA/](http://nccam.nih.gov/health/RA/)) is published by the National Center for Complementary and Alternative Medicine, a program of the National Institutes of Health. The report discusses the safety and effectiveness of a number of alternative therapies, including acupuncture, hydrotherapy, and some botanicals.

**COMPARING HOSPITALS THAT TREAT CANCER**

Patients seeking care for cancer are often searching for information about the volume of cancer patients a specific hospital has treated. These patients may want to evaluate the hospital’s level of experience in order to make comparisons among hospitals they are considering for treatment.

The American Cancer Society website at [http://www.cancer.org/asp/search/tfc/tfc_global.asp](http://www.cancer.org/asp/search/tfc/tfc_global.asp) offers a link to the Commission on Cancer Hospital Locator. This resource is a database of more than 1,400 cancer hospitals that meet the standards of the American College of Surgeons’ Commission on Cancer. Retention of a hospital on the approved list depends on a successful on-site evaluation every three years. There are categories that indicate the extent of services provided by the approved hospitals.

The database is searchable by location (zip code or city and state). It is also possible to formulate an advanced search that can specify types of services offered as well as location. The hospitals retrieved offer lists of services available, such as types of diagnostic imaging, specific rehabilitation services, and types of radiation oncology therapies.

Many of the hospitals on the database have also provided information about their annual cancer patient caseload. The caseload statistics are organized by type of cancer and then by cancer stage within that cancer type, so that a searcher can determine, for example, the number of Stage 2 breast cancer cases a hospital has treated within a specific year. Total number of cancer cases treated is also included. The database cautions that there are “many factors that influence the number of cases seen at a facility and [number of cases] does not necessarily determine the quality of care provided by a facility.” Individual hospitals offer caseload reports encompassing varying time spans and different years, making exact comparisons challenging. (An explanation of cancer staging is offered on the American Joint Commission on Cancer website at [http://www.cancerstaging.org/mission/whatis.html](http://www.cancerstaging.org/mission/whatis.html).)

**WANT SOME HARD-TO-FIND HEALTH INFORMATION FROM THE STATE GOVERNMENT?**

Are you searching for some health-related state government information that is not available on the State of Connecticut website? Do you want to find out how often a nearby hospital performs a certain medical procedure and what the outcomes have been?

General hospital statistics for individual hospitals are available online at [http://www.ct.gov/ohca/cwp/view.asp?a=1735&q=276986](http://www.ct.gov/ohca/cwp/view.asp?a=1735&q=276986). This web page links to information including the number of patient beds, hospital bed occupancy, total emergency room visits, and average length of hospital stay for individual hospitals. This website will not provide more specific information about frequency of hospital procedures and outcomes. What should you do to obtain this information?

To obtain more specific information, consider filing a Freedom of Information request. Be aware, however, that this is not necessarily a straightforward process in many cases.

For specific, hospital-related inquiries, the Connecticut Office of Health Care Access (OHCA) is the agency to whom to direct this Freedom of Information request. The OHCA “collects inpatient discharge and billing data from the state’s acute care hospitals. “ The OHCA does edit the information it receives from each of the thirty-one hospitals semi-annually. However, the OHCA warns on a Frequently Asked Questions page, at [http://www.ct.gov/ohca/cwp/view.asp?a=1735&Q=284892&ohcaPNavCtr=|#42188](http://www.ct.gov/ohca/cwp/view.asp?a=1735&Q=284892&ohcaPNavCtr=|#42188), “The accuracy of the data is reliant on the response of the data sources.”

The data collected by the Office of Health Care Access consists of one hundred forty types of information (“data elements”), taken from medical records or hospital bills, including discharge status, Diagnosis Related Groups, length of hospital stay, and hospital fees charged. Not all of the information collected is available to the public.
Requests for information must be submitted, in writing by mail or email, using the Hospital Inpatient Discharge Data Request Form, online at http://www.ct.gov/ohca/lib/ohca/foi/foiform_dischargedata.pdf. Fees for copying and mailing the information requested can be found at the end of the Request Form.

Within four business days, the requestor will receive a response indicating whether or not the specific request for information can be fulfilled. If it involves confidential information or does not meet OHCA guidelines for releasing information, the request will be denied. Following the four day response period, and before the information may be released, there is a ten day time span during which the public may comment on whether or not the request is appropriate under the terms of the agency’s guidelines and confidentiality rules.

The form requires that the requestor include: data elements requested, time period for the data, data selection criteria, e.g. zip code, Diagnosis Related Group codes, and a sample of the layout of the report desired. The challenge is determining the terminology used by the OHCA for the one hundred forty data elements so that the request can be specific enough to meet the Agency’s requirements.

“What Should You Really Eat?"

Did you make a New Year’s resolution to change your diet and eat healthier foods? Are you looking for guidance in selecting appropriate types and amounts of healthy foods you should eat each day? Here are some important resources to help you plan your daily diet and to eat more healthy foods.

U.S.D.A. Nutrition Guidance For Us All

The U.S. Department of Agriculture Food Pyramid, introduced in 2005 as MyPyramid at http://www.mypyramid.gov/pyramid/index.html, provides nutrition recommendations in graphic form. Colorful stripes ascending to the pyramid’s peak illustrate the types of nutritional foods each of us should consume daily—including whole grains, low-fat or fat-free dairy products, fruits and vegetables.


The U.S.D.A. also offers the opportunity to customize the Food Pyramid to an individual’s needs on their website at http://www.mypyramid.gov/mypyramid/index.aspx. When you enter your age, gender, height, weight, and activity level on an interactive chart, you will retrieve daily nutrition recommendations tailored to your specifications.

Updated Food Guide Pyramid For Older Adults

The U.S.D.A. Food Pyramid, tailored for children ages two and older and for all adults, was modified for adults seventy and older by the Tufts University School of Nutrition. A recent update of the Tufts Food Guide Pyramid for Older Adults, pictured at http://nutrition.tufts.edu/docs/pdf/releases/ModifiedMyPyramid.pdf, emphasizes exercise as well as nutritious eating. It encourages older adults to drink an adequate quantity of fluids and to consume sufficient amounts of calcium, vitamin D, and vitamin B12. Since adults may eat less as they age, older adults need to consume “nutrient-rich” foods that will satisfy their need for vitamins and minerals despite eating smaller amounts of food. Recommendations for implementing the Tufts Food Guide Pyramid into an older adult’s daily diet are online at http://nutrition.tufts.edu/docs/guidelines.pdf.

Alternative Food Pyramids


“What Should You Really Eat?” at http://www.hsph.harvard.edu/nutritionsource/pyramids.html is a Harvard School of Public Health discussion of Food Pyramids, with many barbs directed at the U.S.D.A. Food Pyramid. The Harvard site says the U.S.D.A. Food Pyramid “should be grounded in the [scientific] evidence and be independent of business.” The Harvard eating plan description states that, in contrast to the U.S.D.A. Guide, it emphasizes exercise, weight control, consumption of whole grains and plant oils, daily multivitamins, moderate alcohol consumption, and consumption of nuts and legumes.
Additional alternative nutrition guides, based on Asian American, Mediterranean, and Latin American cuisines, as well as a vegetarian diet, are on the website of the Oldways Preservation and Exchange Trust, a “nonprofit food issues advocacy group” at http://www.oldwayspt.org/pyramids.html.

FOR YOUR CONSIDERATION

The following titles are recommended for public libraries and other libraries providing consumer health information services. They are not part of the UConn Health Center Library collection.


Cancer treatment for children has extended the lives of survivors far beyond the expectations of parents and physicians a half-century ago. However, today, even when many years have passed since a child survivor’s recovery and disease recurrence is less likely, the late physical effects and psychological remnants of childhood cancer often persist. An October 12, 2006 article by Dr. Kevin Oeffinger in the *New England Journal of Medicine* noted that 62.3% of more than ten thousand adult survivors of childhood cancer tracked had at least one chronic health condition.

The updated, second edition of this important book includes new information about late medical complications of treatment, emotional effects of survivorship, follow-up care recommendations, and guidance in navigating the health care and educational systems. The new edition also incorporates a resource guide to organizations, books, and websites as well as a cardboard “Cancer Survivor’s Treatment Record.”


If your library does not subscribe to ConsumerLab.com’s database that independently evaluates vitamins and minerals, dietary supplements, sports and energy products, this Guide can provide an overview of product evaluations on popular vitamins and supplements. Only very brief test report summaries are available online to nonsubscribers. The database at http://www.ConsumerLab.com is described in the summer 2006 issue of Healthnet News (http://library.uchc.edu/departm/hnet/summer06.pdf)

ConsumerLab.com tests dietary products to determine if their actual content matches the claims on the product’s label. Products that passed the company’s tests are listed by brand name in the Guide. There is data on recommended daily intake for individual vitamins and minerals as well as information on the health benefits of each. Chapters containing product reviews of herbals and supplements such as creatine, Echinacea, gingko biloba, SAMe, glucosamine and chondroitin also include recommendations for their purchase and use, and cautions and dangers for the specific product.

The appendix explains the company’s testing methods and standards.


Sometimes the inside details help a great deal when you are a stressed parent with a sick child or the parent of a healthy child for whom you want the best medical care. Knowing when during the day is the best time to schedule an appointment with your pediatrician, how to teach your child to take medicine, or which symptoms should trigger a call to your child’s doctor can be especially helpful information for an anxious parent.

Dr. Roy Benaroch, a professor of pediatrics at Emory University and a practicing pediatrician, discusses these important, practical decisions and many related topics in a realistic, informally written guide for parents. He incorporates background information about benefits and concerns regarding alternative medicine, determining the relevance of medical research studies, deciding when a laboratory test is important, recommendations for selecting a pediatrician, communicating effectively with your child’s doctor during a brief visit, and descriptions of other medical specialists your child may encounter. An informative (but pricey!) guide to optimizing your child’s contact with the health care system. For more information on communicating with your child’s doctor, visit the Healthnet resource guide on children’s health at http://library.uchc.edu/departm/hnet/child.html#communicating
The following title was recently added to the Health Center Library’s collection and may be of interest to public libraries and health sciences libraries.


How often do you find a book written for physicians that can also clarify scientific principles for patients? Drs. Curt D. Furberg and Bengt D. Furberg have successfully tackled the challenge of explaining the complex topic of evaluating clinical research studies and the statistical analysis that underlies them. One of the book’s objectives is to help readers become “more critical consumers of clinical research.”

The book focuses on phase III clinical trials, which involve a larger group of subjects than phase I and II trials. These two earlier types of clinical trials test for safety and dosage before the initiation of phase III trials. Phase III trials focus on testing a therapy’s potential benefit and harm.

Each brief chapter explains essential features of clinical research used to evaluate medical procedures, therapies, medications, and preventive techniques. By omitting statistical formulas and restating each chapter’s key points at the chapter’s conclusion, the authors help clarify important aspects of clinical research such as strengths and weaknesses of observational studies, advantages and disadvantages of meta-analyses of clinical trials, measurement of symptomatic improvement, and the significance of scientific journal publication. The humorous cartoons and the quotations help emphasize the scientific points. A great deal of complex, scientific information is discussed in this short book. It can be challenging to comprehend all of the technical information, but this book provides an excellent overview of the clinical research process. References at the end of the book are helpfully organized by chapter. There is a glossary of terms used in the text.

A brief, online explanation of clinical trials, accompanied by a glossary, is published for patients by the National Institutes of Health at [http://www.clinicaltrials.gov/ct2/info/understand](http://www.clinicaltrials.gov/ct2/info/understand).

Healthnet News is written by Alberta L. Richetelle and Judith Kronick. If you have questions about anything in the newsletter or about Healthnet services for Connecticut public libraries, please call 860/679-4055; e-mail address: richetelle@nso.uchc.edu

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