Posted at 7:00 AM ET, 06/ 3/2008

After Traumatic Event, No Need to Spill Your Guts

We health bloggers read an awful lot of scientific studies. Most of the ones I read confirm a hunch, telling us something we already thought we knew. Some actually turn up bona fide discoveries that open exciting new fields of inquiry and knowledge.

But my favorites are the ones that take a widely held belief and turn it on its head.

A study in the June issue of the *Journal of Consulting and Clinical Psychology* (published by the American Psychological Association) does just that. Mark Seery, an assistant professor of psychology at University at Buffalo, The State University of New York, led a research team that debunks the notion that when something bad happens, people need to talk about it or they'll be in psychological peril.

Seery starts his report by citing Keith Ablow, M.D., who, in the wake of last year's shooting rampage at Virginia Tech, maintained on NBC's Today show that

> The more they[VirginiaTechstudents] can talk about what they've lived through, the more that they can be encouraged to emote, that gives them some security and insulation against burying those feelings and then having them surprise them later in life.

Seery and his team, through a stroke of serendipity, were able to test that idea directly after the trauma that is now known as 9/11. As it happened, the team had already amassed a randomly selected national sample of people who'd been completing on-line surveys for them for some time before September 11, 2001. When that disaster struck, the team was perfectly poised to survey those people right away; the survey went out on 9/11.

Seery points out that the team was in the rare position, in the world of post-trauma research, of being able to get a survey into people's hands immediately; also rare was the fact that the researchers knew a lot about what these folks were like before the trauma, so they could make meaningful comparisons afterward. The study participants were surveyed several other times during the two years following the attacks.

The post 9/11 survey asked people to respond if they felt like sharing their feelings about the events of that day. Now, if the recipients had followed common wisdom, they would have all written right back and aired all their feelings right away, and they'd be better off for having done so, right?

Many -- 1,559 people -- did write back. But guess what? Those who chose to keep mum (there were 579 of them) by and large ended up healthier, mentally and physically, than those who shared their feelings after the trauma. And they maintained those benefits even two years later.

The study wasn't able to pinpoint exactly why things worked out this way. Maybe the people who opted not to respond were inherently more resilient than the others. Maybe they just weren't as traumatized by the events as the quick-to-respond people were.

In any case, the study sends a pretty clear set of messages. For people like you and me, Seery told me on the phone, that message is that if you don't feel like talking after something bad happens, that's probably okay.

For clinicians and those concerned with public health, the message is that, instead of using

resources to ferret out people who don't feel like talking and suggest they talk to a counselor anyway, it might be best to concentrate on those who do want to talk and let them talk.

And as for the media, we should be careful not just to accept common wisdom as fact. Think of all the people who must have felt compelled to talk things out after Virginia Tech, even if they didn't really want to. Might they have fared even better had they not heeded the advice they heard on TV?

Anybody feel like talking?

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Posted at 7:00 AM ET, 06/ 2/2008

Drug Labeling with Pregnancy in Mind

When you're pregnant, or thinking about getting pregnant, there are so many things to consider: Are you ready emotionally? Financially? Physically?

Once you've addressed those issues, many other important questions remain -- including this one: Are your prescription drugs safe for you to take while you're pregnant?

The U.S. Food and Drug Administration has been working for more than a decade to make that question easier for women and their doctors to answer. Late last week the agency took another step in that process, proposing new drug-labeling guidelines that aim to more clearly and thoroughly spell out a drug's potential risks and benefits to a pregnant or nursing mother and her baby.

The new system would require drug labels to provide three categories of information:

* a "Fetal Risk Summary," telling what's known about a drug's effect on a fetus;

* "Clinical Considerations," listing what's known about the drug's effects if it is taken before a woman knows she is pregnant. This section would also discuss dosing, complications and risks to the mother and the baby of non-treatment;

* "Data," providing detailed information about the data on which the Fetal Risk Summary is based. This section would also address whether a "pregnancy exposure registry" exists - a venue for collecting further data on use of the drug during pregnancy.

The new label requirements would replace the current system under which drugs are assigned a letter (A, B, C, D or X) indicating their relative safety. (That system is clearly explained here.) Some consumers found that way of categorizing drugs confusing and inflexible, and it didn't allow for much nuance.

Interested parties have 90 days to comment on the proposal. Assuming no major obstacles, FDA approval of the measure is expected within a year. Once that occurs, makers of new drugs will have to update their labels immediately. Makers of older drugs will have more time to phase in label changes.

But new system or not, making decisions about taking meds while you're pregnant or nursing isn't likely to become clear-cut anytime soon. Weighing whether the possible risks of a drug outweigh its likely benefits won't always be easy: In many cases, such as when a woman takes medications for asthma, depression, or diabetes, it may well be in a woman's best interest to stay on those meds while pregnant, even if it's uncertain how those drugs may affect her baby. But at least women and their doctors will have the best-available information right in front of them.

I wasn't diagnosed with multiple sclerosis until long after my babies were born and had stopped nursing, so I didn't have to decide whether to stop the drug I take every day to keep my disease in check. Thank goodness for that, because not much is known about how the drug affects pregnant women or their babies.

How about you? Have you had to make a decision about taking prescription drugs while you were pregnant or nursing? How did you go about making that decision?

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Posted at 7:00 AM ET, 05/30/2008

Sad Over Sex and the City

Is it just me, or are other women out there feeling kind of left out?

From the sound of it, every woman in the nation is ganging up with three of her best girlfriends to go see the *Sex and the City* movie when it opens this weekend. *The New York Times* reports that 70 percent of women are planning special group outings to see the film (which I'll be calling SATC from here on out).

But not me. Even if I were a fan of SATC, which I have to admit I'm not, I would be hard-pressed to scrape together three girlfriends to go to the movies with me on a weekend night. That suddenly strikes me as pathetic.

It's not as if I don't have female friends. I have wonderful, long-lived, deep, meaningful, and fun friendships with a handful of women, many of whom I've known since I was a child.

But these days, about the only way we could watch a movie together would be to all agree to load one into our computers at the same time. Because, as emotionally close as my friends and I are... geographically, we're all over the place. Even those who live close by are, like me, so busy with jobs and husbands and kids and life in general that to sneak off to the movie theater together is just not on the to-do list.

And yet, in our e-mails, we continue the friendships we started in person, when we were younger and our time was more free. We're confidants, sharers of trivial news from our daily lives (the robin eggs outside our kitchen window have hatched!), keepers of each other's secrets, stewards of each other's histories.

Just not going-to-the-movies buddies.

Linda Sapadin, a psychologist practicing in Long Island, New York and author of the 2007 book *Now I Get It! Totally Sensational Advice for Living and Loving*, agrees that the SATC franchise (for those even less in the loop than I am, the show was a huge hit for six seasons on HBO) has promoted the "sense of cameraderie" among female friends who spend a lot of time together, in person. Women who get together with their buddies this weekend to see the flick, she says, are "emulating that cameraderie and making this a happening."

Doing things with friends, Sapadin says, makes women feel like, "Yeah, I'm part of a group doing something." For many of us middle-aged gals, she notes, "It's a sense of togetherness we don't feel anymore. We're so isolated, so involved with family that our time for friendships is smaller and smaller."

Sharing an activity like seeing SATC on opening weekend, she says, "takes us back to college, when we did things with our friends all the time. It feels like a reunion."

So it's no surprise that I'm feeling left out. Because if taking part in the fun takes us back to college, sitting on the sidelines takes us back to high school. "High school still affects us," Sapadin says, "Those feelings of inclusion and exclusion. The more you hear about [women going to the movie together], the more left out you feel."

Sapadin's suggestion? "Go see the movie and create your own happening," she says, meaning that I should get my far-flung friends to do the same and chat with them by e-mail afterward. "Empower yourself. Take action and do what you want to do instead of regretting and missing out."

That's supposed to sound good... but it only makes me feel more pathetic. I think I'll just sit this one out.

Pass the popcorn, please. And maybe a tissue.

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Posted at 7:00 AM ET, 05/29/2008

Does Gum Disease Cause Cancer?

It took a lot of lectures from my dentist, but I long ago became a dedicated flosser. Now a new study is making me glad I did. And it's not just because flossing my teeth daily may help me avoid dentures. The new research indicates that people who have gum disease may be at increased risk for cancer.

Cancer? How could gum disease increase the risk for cancer? Well, previous research has found a possible link between gum disease and other illnesses, such as heart disease and diabetes. The thinking is that inflammation in the gums may lead to inflammation in other parts of the body, which can damage arteries supplying blood to the heart and other parts of the body. Some studies had also suggested a link to cancer, which may also be caused in part by inflammation.

To explore that, Dominique Michaud of the Imperial College London and colleagues analyzed data collected by the Health Professionals Follow-up study, a Harvard project that, in 1986, began tracking thousands of male doctors and other health professionals ages 40 to 75. Michaud and his colleagues looked at data collected from 48,375 men who were followed for up to nearly 18 years.

After taking into consideration factors that might confuse the findings, such as smoking and diet, the researchers report in the June issue of the journal Lancet Oncology that that those who had gum disease had a 14 percent higher risk of cancer compared to those with no history of gum disease.

The risk varied from cancer to cancer. Gum disease appeared to increase the risk for lung cancer by 36 percent, for kidney cancer by 49 percent, for pancreatic cancer by 54 percent and for white blood cancers such as leukemia by 30 percent.

The researchers say the findings need to be confirmed by additional studies. And scientists need to figure out how exactly gum disease may be linked to cancer.

But in the meantime I'm going to make sure I keep up my flossing.

Posted at 7:00 AM ET, 05/28/2008

A New Market for ADHD Treatment?

Seems as though everyone was reporting yesterday on a new study published online in Occupational and Environmental Medicine (one of the British Medical Journals). The study found that among 7,075 adult workers ages 18 to 44 from 10 countries, folks who reported symptoms of attention-deficit/hyperactivity disorder (ADHD) worked an average of 22.1 days less in a year than those without ADHD. That's a whole month of missed work.

But none of the accounts I read mentioned that the study was funded by, in addition to the usual government agencies in the U.S. and other countries, a whole raft of pharmaceutical companies, including the makers of some ADHD drugs. In other words, companies that would stand to benefit if more potential users of their medications could be identified. It was my sharp-eyed editor who pointed the funders out to me.

For the record, here's what the study found: Most of the lost time wasn't due to full-blown absenteeism but to reduced productivity while on the job; people reported showing up to work but not getting much done while they were there. Overall, the study found that about 3.5 percent of adult workers (the study didn't include unemployed people) have ADHD; in the U.S., that figure was 4.5 percent, with 28.3 days' lost performance.

If those numbers are good, that adds up to a lot of lost work. But that doesn't mean adult ADHD is to blame.

ADHD is usually associated with kids, and most of what we know about it and its treatment is based on research on children. Its diagnosis in adults is a relatively recent phenomenon; some sources say many -- perhaps half -- of kids with ADHD continue to experience symptoms well into adulthood. But that's conjecture -- and while ADHD may spring readily to mind when evaluating an antsy kid, it isn't necessarily on the radar screen when dealing with a fidgety grownup.

Should it be?

The article suggests that businesses might want to start screening employees for ADHD and offering treatment to help them cope with the disorder, which typically is marked by such symptoms as difficulty maintaining focus and attention, being easily distracted, and impulsive behavior. ADHD is often treated with stimulants, but antidepressants may help, too, and cognitive/behavioral therapy and psychotherapy are sometimes used in addition to medications.

But adult ADHD isn't universally recognized in the medical community as a genuine disorder; even the childhood version has long met with its share of controversy. Some argue that fidgety people might just be fidgety and don't need to be given drugs. In adults, the American Academy of Family Physicians points out that ADHD almost always occurs together with other conditions such as substance abuse or hyperthyroidism, whose symptoms can look maddeningly similar.

So, is adult ADHD real, or is it just an excuse for drug companies to sell more meds? And is the current study an attempt to broaden the market?

Posted at 7:00 AM ET, 05/27/2008

Direct-to-Consumer Drugs and Devices

We're all pretty much accustomed by now to seeing TV ads for prescription drugs. They're a genre unto themselves: the healthy-looking folks who have benefited from some new medicine frolicking and gazing happily at one another, the serene music, the rapid-fire recitation of terrifying side effects in the spot's final seconds.

That genre actually has a name: direct-to-consumer advertising, or DTCA. Since the 1960s, the U.S. Food and Drug Administration (FDA) has regulated drug advertising; the rules are meant to ensure that viewers (and readers of print ads) get an accurate view of what the medication can do and a balanced view of the risks and benefits associated with the drug.

But DTCA has long raised questions about the wisdom and ethics of promoting drugs to consumers. While there's plenty of room in print ads to list every potential risk and side effect associated with a drug, those downsides often get short shrift in TV ads. Many in the medical community fear that consumers are misled into thinking advertised medications are safer than they really are.

The debate has intensified over the past decade, since the FDA relaxed its rules regarding drug ads on TV. The FDA's Risk Communication Advisory Committee met earlier this month to discuss DTCA and to consider requiring drug ads to include an 800 number for consumers to use to report adverse events they've experienced when using the advertised drug; print ads for drugs already have to include that information. Congress has also recently discussed DTCAs, which very few other countries allow at all.

A recent article in the New England Journal of Medicine extends the debate by noting the expansion of DTCA into the realm of medical devices, which can be even more complicated to understand than medicines. On Thanksgiving Day in 2007, the article says, the first ad in a new campaign of commercials for an artery-opening stent called Cypher was aired.

Authors William Boden and George Diamond think the ad leads down a slippery slope: "In the ad for Cypher," they write, "a device is bring promoted to millions of people who are ill-equipped to make judgments about the many clinically relevant but subtle and complex therapeutic issues that even specialists continue to debate." The authors further note that while the ad paints a rosy picture of people's lives dramatically improved by Cypher, recent studies show that devices like Cypher are no better than medicines at reducing risk of death or heart attack.

The authors acknowledge that DTCA may be helpful in raising people's awareness of certain medical conditions and getting them to talk to their doctors. And, of course, laypeople can't act on impulse after seeing an ad: No matter how enticing something like Cypher may look on TV, you can't just drive to CVS and pick up a stent.

One thing is clear: direct-to-consumer ads work (as this study from 2003 shows). Drug companies wouldn't keep making them if they didn't.

Perhaps I'm not in the target audience, but I haven't yet seen a drug ad that made me want to call my doctor for a prescription, let alone a medical device. Have you been swayed by a DTCA? How did your doctor react when you asked for the Rx?

And do you think the FDA is doing enough to protect consumers from misleading medical ads? Do you even think those ads should be allowed in the first place?

Posted at 7:00 AM ET, 05/26/2008

When Teens Give Blood

If your 16- or 17-year-old asked for permission to donate blood, what would you say?

In light of dwindling pools of eligible donors -- only about 38 percent of the adult population is able to give blood -- the American Red Cross is hoping more teens will donate. Many states, including Maryland and Virginia, allow 16-year-olds to donate with a parent's consent (in D.C., you can give at age 17 without parental consent); kids that age give about 8 percent of all the whole blood donated to the Red Cross.

I'd be proud if one of my kids wanted to give blood. It can be a great and character-building experience, as this recent National Public Radio story about teens giving blood attests.

But a study in the current Journal of the American Medical Association gives me at least momentary pause. According the the research, 16- and 17-year-olds are more likely than those over 20 or even 18- and 19-year-olds to have adverse reactions after giving blood, ranging from brief lightheadedness to full-out fainting.

The study is quick to point out that the vast majority of people, kids included, who give blood do just fine. And most of the adverse events teen donors experience are mild and fleeting.

But sometimes they're serious enough to warrant medical attention outside the blood bank. In the study of 145,678 kids ages 16 and 17 who donated whole blood to the Red Cross, 86 experienced "medically relevant" events, most commonly falling down and injuring themselves after losing consciousness. Their injuries included concussions, lacerations requiring stitches, dental injuries and a broken jaw.

Yikes.

And, the study notes, teens who have a bad time of it the first time they give blood often opt not to donate again. So a scary experience early on might end up contributing to the blood supply's further shrinkage.

The Red Cross offers some tips for helping your kid stay on his feet after giving blood, such as getting a good night's sleep, eating a nutritious meal before donating, and drinking a few extra glasses of water in the days prior to donation.

(While you make up your mind about your kid's giving blood, why not plan your next donation? Find an upcoming blood drive here.)

Have you -- or your kid -- ever had a bad experience with giving blood? And did that keep you from giving again?

Posted at 7:00 AM ET, 05/23/2008

Boating? Skip the Booze

If your Memorial Day plans include time on the water in your canoe, kayak or raft -- and I hope they do! -- you might want to leave the cooler at home.

A study in last week's Morbidity and Mortality Weekly Report, a publication of the U.S. Centers for Disease Control and Prevention (CDC), found that of 38 people who died while canoeing, kayaking, or

rafting in Maine in 2006, fewer than a third were wearing life jackets, and 5 had blood alcohol levels that exceeded the legal limit for driving or boating.

Twenty-three of the deaths were by drowning after capsizing; 8 people died after falling overboard.

And, for the record, 92 percent of those who died were guys.

I don't know about you, but I can barely paddle a kayak while stone sober; I can't imagine trying it while tipsy. But I do understand the lure of a cold beer on a hot summer's day, especially when you're out having fun with your buddies.

I want you all to have a fun weekend -- and a safe one, so you'll be around to read The Checkup for a long time. So, take the experts' advice: don't drink while you're on the water or the road, wear that life jacket even if it's hot and makes you look like a dork, and take the time to get properly trained before you go out on your boat. Check this site for safety tips aimed specifically at paddlers. (Though much of the advice definitely applies to other kinds of boats, too.)

Happy Memorial Day!

Posted at 7:00 AM ET, 05/22/2008

How Did Your Kid Turn 21?

I drank my share of beer in college. But there's a new campus imbibing ritual that even I find startling.

It's called "21 for 21." And it works like this: When a student turns 21, he or she celebrates with friends by downing 21 beers, wine coolers, shots or some other alcoholic concoction. That's right: 21 drinks.

Sound like fun? Drink until you barf on your birthday cake? And hope you live to be 22.

While this dangerous behavior has drawn some scientific attention in the past, there hasn't been much careful research validating how common it actually is. Until now.

In the largest attempt to study this trend, Patricia Rutledge of the University of Missouri -- Columbia and Allegheny College and colleagues analyzed data collected from 2,518 University of Missouri students about their drinking habits as part of a larger study of college drinking.

Four out of five of the students said they had consumed at least some alcohol on their 21st birthday, and of those 12 percent said they downed 21 drinks to celebrate. Another 22 percent of the men and 12 percent of the women reported they drank even more. In some cases it was a lot more. Some women put away about 30 drinks. The drunkest guys downed about 50. That's right: 50.

Based on the findings, the researchers estimated that 68 percent of the women and 79 percent of the men who drank on their birthdays had blood alcohol levels of 0.08 or higher--a level defined as a binge by the federal government. About half the men and more than one-third of the women had blood alcohol levels of 0.26 or higher, which would constitute severe alcohol intoxication, which can cause serious health problems, including coma and even death.

An average woman would have to drink between seven and nine drinks an hour to end up with a blood alcohol level that high. The average man would have to down between 10 and 12.

We're talking alcohol poisoning territory.

The study, which is being published in next month's issue of the Journal of Consulting and Clinical Psychology was limited to just one school. Even so, the findings indicate that binge drinking is "pervasive" among college students .

That suggests more needs to be done to educate students about the dangers of this behavior. A lot more.

Links?

Posted at 7:00 AM ET, 05/21/2008

The NIH and The Woo-Woo Thing

Any yoga enthusiast (including me) will tell you that the ancient practice of yoking breath to bodily motion is good for your body, mind, and soul. But it's taken the mainstream medical community some time to view yoga as a demonstrably effective treatment for illness or tool for preventing disease.

So it's a really big deal that three of the Institutes that make up the National Institutes of Health (NIH) have teamed up with other organizations and agencies to sponsor the first-ever NIH Yoga Week, happening right now, right here in Washington.

Yoga Week is chock full of lectures about yoga's role in medicine and hands-on-the-mat opportunities to practice asana (the Sanskrit term for yoga poses). Organizer Rachel Permuth-Levine, who has one of the most intriguing job titles I've heard in a while -- acting director of the National Heart, Lung, and Blood Institute's Office of Strategic and Innovative Programming -- planned the week as a way to introduce NIH employees and the general public to the joys of yoga and to give scientists a chance to learn about advances in the kind of evidence-based science that might help convince them of yoga's medical benefits.

The National Cancer Institute and the National Center for Complementary and Alternative Medicine have for years awarded grants to researchers working to establish scientific evidence of yoga's utility in the medical realm. That's important work, because although people around the world have been investigating yoga as medicine for a long time, they haven't always followed research protocols that make their work convincing to Western minds. On top of that, their studies rarely have been published in reputable Western medical journals.

One of the Yoga Week speakers is Timothy McCall, an M.D. and yogi whose book *Yoga as Medicine* came out last year. I chatted with him just after he arrived in D.C. Wednesday morning. He said he thinks that as yoga's become more mainstream, with so many people practicing, the medical community has started to take notice when folks talk about yoga's health benefits. "I think it's the patients who have led and the physicians who have followed," he told me. "And maybe a younger generation of physicians may have done yoga, or their spouses have. So it's gone from this Eastern woo-woo thing to some much more accepted."

McCall thinks Yoga Week's a good thing. But, Yoga Week or no Yoga Week, he says, "Yoga practitioners aren't waiting for the medical community to tell them what they already know."

After all, McCall says, "Yoga teaches us that the most reliable source of information is your direct experience."

Has yoga helped your health? Or do you think it's too granola for mainstream medicine to take seriously? Share your stories!

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Posted at 7:07 AM ET, 05/20/2008

Dog Food Danger

Remember being a kid and daring your brother to eat dog food?

Well, don't do that any more.

That timeless prank seems riskier in light of the U.S. Centers for Disease Control and Prevention's report last week about an outbreak of salmonella infections apparently caused by contaminated dry dog food. From 2006 to 2007, a least 70 people got sick -- 40 percent of them infants. And they didn't actually have to ingest any dog food to experience the fever, diarrhea, nausea, vomiting, and abdominal pain that salmonella brings. (That's just what otherwise healthy people are in for; those with weakened immune systems can have more severe symptoms or even die.) Merely handling the chow or the bowl the dog eats from, even the sink you rinse the bowl in, can put you in contact with salmonella germs.

No dogs appeared to have been sickened. But as the CDC estimates that only about 3 percent of human salmonella cases are confirmed in a lab, many more than 70 people were likely afflicted during this outbreak.

The Pennsylvania manufacturer of the 50-pound bags of Red Flannel Large Breed Adult Formula Dry Dog Food implicated in -- but not definitively tied to -- the outbreak voluntarily recalled the product and stopped making more while it cleaned its plant.

Salmonella's been linked to pet food --and treats -- before; just check this list maintained by the FDA, the federal agency that oversees pet-food safety. The FDA offers this set of tips for protecting yourself against salmonella should it be in the food you feed your dog. (There's no way of telling if it's tainted, by the way, short of taking it to a lab. I mean laboratory; your Golden Lab won't know.)

Of course, pet food's not the only source of salmonella infection (as I noted in this blog a few weeks ago). From pet turtles to raw eggs, it seems the stuff is lurking everywhere. (Remember last year's peanut-butter-borne salmonella outbreak?)

So what to do? I, for one, am careful what I touch and where I let infants and toddlers roam; I also wash my hands numerous times a day.

But one thing I'm not going to let myself do: become consumed with worry and fear that everything I touch or put in my mouth might make me or my family sick. Call it balancing my physical health with my mental health.

How do you maintain that balance? I'd appreciate your tips.