

MEDICAL

Blood pressure monitors urged

● At-home blood pressure monitors allow people who have issues to do checkups in a comfortable environment.

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At-home blood pressure monitors may offer life saving advantages to patients with high blood pressure.

According to the American Heart Association, the recommendations for blood pressure control have become tighter in recent years, which means more people are becoming dependant on medication to lower their blood pressure.

According to Harvard University Medical School, many doctors are now recommending their patients use an at-home blood pressure mon-

itor in order to determine whether or not they really have blood pressure problems.

Readings taken in the office may be inaccurate, because blood pressure varies throughout the day and is affected by factors such as emotions, medications, diet, and white coat hypertension, which is when blood pressure can appear higher in the physician's office due to nervousness.

At home monitors allow doctors to get a sense of readings taken throughout the day in a comfortable environment, over long periods of time.

"At-home monitors are a tool for the doctor to use when accessing the patient," said Missy Puckett, emergency room manager at Polk Redmond Medical Center. "They bring the monitors or recorded information in to their appointment, which is quite beneficial. The machines are able to display how well the patient's medicines

'They bring the monitors or recorded information in to their appointment, which is quite beneficial. The machines are able to display how well the patient's medicines are working.'

Missy Puckett
Polk Redmond Medical Center

are working," she said.

"They are recommended to anyone with high blood pressure. The overall goal is stroke prevention. Normally a patient doesn't realize that their blood pressure is rising unless they have a headache. An at home monitor could change that," Puckett said.

The AHA recommends the monitors for anyone suspected of having high blood pressure, especially elderly

patients because the white-coat effect increases and pregnant women because pregnancy-induced high blood pressure can develop rapidly.

The AHA suggests a cuff-style upper arm monitor over a wrist-monitor, because the brachial artery in the upper arm gives a more reliable reading than the wrist artery.

Many styles are available for purchase and can range anywhere from \$16 to \$200. The two main types of blood pressure monitors are aneroid monitors and digital monitors.

Most physicians' offices have aneroid blood pressure monitors, the kind with a round dial to display the pressure reading. Digital monitors provide an easy readout for the user, but accuracy is dependant on the person being very still.

"As a rule, the more data available, the more complete the solutions to health issues will be," said Dr. Katharine Ammons at the Harbin Clinic.

AT-HOME BLOOD PRESSURE MONITORS

THE PROBLEM: Seventy-two million Americans have high blood pressure, and only a third of them have it under control.

THE ADVICE: Heart experts now recommend that patients with high blood pressure own home monitors and check their pressure regularly so doctors can more accurately adjust medication.

THE COST: The devices are sold on the Internet and in pharmacies for \$50 to \$100. Insurers usually don't pay.

CDC: Hospitals need to push breast-feeding

FMC has 2 lactation consultants

From AP, staff reports

Most U.S. hospitals don't do very well when it comes to promoting breast-feeding, according to the first national report to look at the issue.

The average hospital scored 63 out of 100, reported the Centers for Disease Control and Prevention.

The highest score for a hospital or birth center was 98; the lowest was 12. The CDC did not release individual scores.

Floyd Medical Center in Rome offers mothers several layers of support, said Sue Lewis, one two full-time lactation consultant at the hospital.

"We generate ads to promote public awareness about breast-feeding, offer child-birthing classes where a full hour is devoted to breast-feeding education, and have two lactation consultants. The consultants see every breast-feeding mother on our labor and delivery floor every day making sure they get the best start possible with their child," Lewis said.

Breast-feeding is considered beneficial to both mothers and their babies. Breast milk contains antibodies that can protect newborns from infections, and studies have found breast-fed babies are less likely to become overweight that those fed with formula. Nursing uses up extra calories, making it easier for

ON THE WEB

Visit the Centers for Disease Control and Prevention Web site for more information.

www.CDC.gov

mothers to return to their pre-birth size and also facilitates the bond between mother and child.

Since breast-feeding is not necessarily viewed as the norm, women often do not get much positive support from their peer groups," said Lewis. "The first few days can be tricky, but after a couple of weeks breast-feeding can become much more convenient than bottle feeding, even for the working mother."

Breast-feeding can be frustrating for new mothers because of nipple pain or the misperception that they're not producing enough milk. It's crucial that moms get proper breast-feeding advice and encouragement those first few days after birth, said Dr. Sheela Geraghty, a lactation expert at Cincinnati Children's Hospital Medical Center.

"It's wonderful that hospitals and birth centers are being examined because if moms aren't helped right there, where are they going to be helped?" Geraghty said.

Stomach surgeries can save lives, studies find

● According to the study, the risk of serious illness can be lessened for obese people.

By Judy Peres
Chicago Tribune

CHICAGO — Stomach surgery saves lives among severely obese people and reduces the risk of serious illness, including heart attacks and cancer, according to two new studies.

Doctors have known for many years that weight loss improves cardiovascular risk factors, but it was not known whether it prevented deaths. Some studies had suggested that losing weight might even worsen life expectancy, though those studies didn't distinguish between intentional weight loss and unintentional weight loss.

To address the question, Swedish researchers followed some 4,000 patients for up to 18 years. The people who underwent bariatric surgery to reduce stomach capacity lost up to 32 percent of their body weight and kept most of it off. By comparison, a matched control group of patients who received conventional, nonsurgical treatment see-sawed, gaining and losing up to 2 percent.

The reward for the surgical patients: Their chances of surviving to the end of the study period were significantly improved. Five percent of the surgery group (101 people) died, compared with 6.3 percent in the control group. The surgery group also experienced 12 fewer heart

attacks and 18 fewer malignant tumors.

In the second study, conducted by researchers at the University of Utah, 8,000 Americans who underwent gastric bypass surgery were matched with the same number of severely obese control subjects. During an average follow-up of seven years, deaths from heart disease were reduced by 56 percent; deaths from diabetes, by 92 percent; and from cancer, by 60 percent.

The estimated number of lives saved was 136 per 10,000 stomach operations.

"The question as to whether intentional weight loss improves life span has been answered, and the answer appears to be a resounding yes," said Dr. George Bray of Louisiana State University, who wrote an editorial that accompanied publication of the two new studies in Thursday's issue of the New England Journal of Medicine.

The National Institutes of Health issued guidelines in 1991 saying bariatric surgery—gastric bypass or banding—should be considered for people with a body mass index over 40, nearly double the average normal BMI, and only if other forms of treatment fail. Subjects in the Swedish trial, which began in 1987, had BMIs as low as 34.

The Swedish trial included banding procedures, which are less effective than gastric bypass. The procedure of choice in the U.S., gastric bypass involves stapling off a portion of the stomach and connecting it to the intestine.

Please see **STUDIES 6**

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