

# HEALTH

## Aspirin May Reduce Cost Of Preventing Strokes

Aspirin should soon join the blood thinner warfarin as an established treatment for preventing strokes in patients with atrial fibrillation. Results of a nationwide clinical trial which included Portland, published in the British medical journal, *The Lancet*, this spring, shows that hundreds of thousands of patients with non-rheumatic atrial fibrillation can take aspirin instead of warfarin to reduce the risk of strokes. Such treatment would save millions of dollars each year and reduce the risk of serious bleeding sometimes caused by

warfarin.

The study was conducted at 16 clinical centers throughout the United States. In Portland, the study was at the Kaiser Permanente Center for Health Research and Oregon Health Sciences University. A total of 1,100 people were enrolled, 66 of them at Kaiser and 79 at the university. George Feldman, M.D., and John H. McAnulty, M.D., were principal investigators for the Portland sites.

More than one million Americans have non-rheumatic atrial fibrillation, a heart rhythm abnormality

that carries a substantial risk of stroke. Atrial fibrillation is the most frequent cause of strokes and may account for 15 percent of them. Nearly 75,000 strokes occur every year among people who have atrial fibrillation. Nearly one in three people with the condition will suffer a stroke during his or her lifetime if the condition is not treated.

Previous studies, including the first phase of the recent study, tested the effectiveness of aspirin and warfarin. They showed that both drugs reduce the risk of stroke in patients with atrial fibrillation. These studies

also suggested that warfarin was more effective than aspirin and that aspirin might have different results among people of different ages or who have additional risk factors such as hypertension, prior heart failure or stroke. Although these studies did not answer all issues conclusively, they led to warfarin becoming an established preventive treatment.

The recent study, which began in early 1990, was designed to provide a conclusive comparison between aspirin and warfarin and answer questions about the

impact of age and risk factors on the effectiveness of both drugs. The 1,100 patients studied were divided into two age groups, those under 75 and those over 75. Patients in each group were then randomly assigned to receive aspirin or warfarin.

Results showed that, while warfarin was slightly more effective in all four groups of patients, aspirin reduced stroke risk significantly among patients under 75 years of age without risk factors. Given this result and the fact that warfarin is expensive, diffi-

cult to monitor and increases the risk of cerebral hemorrhage, aspirin can now be recommended for this low-risk age group.

Although warfarin remains the recommended treatment for other patients with atrial fibrillation, a new clinical trial is now underway nationwide, including at Kaiser, to find an effective, but safer treatment regimen.

This study is testing lower doses of warfarin as well as a combination of aspirin and warfarin, and is scheduled to end in 1997.

## OMA Refuses To Oppose The Oregon Death With Dignity Act

Delegates at the annual convention of the Oregon Medical Association House of Delegates refused to consider resolutions urging OMA opposition to the Oregon Death with Dignity Act.

The move is seen as a major blow to opponents of the Act who were counting on the organized opposition of the state's largest medical association.

Instead of approving the two resolutions, the OMA House of Delegates Reference Committee instead told delegates that many members supported the Act, and many more believed the OMA should allow voters to decide the issue.

The committee did ask for and receive approval for a resolution calling for a committee to review litera-

ture, opinions and recommendations of the other medical organizations and to "report its findings to the physicians of Oregon to heighten their awareness and enhance their clinical skills in this important area of medicine."

"We're pleased that the delegates saw the need to see how the voters of this state will judge this issue," said Dr. Peter Goodwin, a family physician and chairman of the Oregon Death with Dignity campaign.

"Many physicians are acknowledging that dying patients should have the right to request life-ending medication. Many physicians believe, as I do, that the law should be changed to allow dying patients to control end-of-life decisions."

The OMA decision comes on the

heels of an Oregon Supreme Court decision tossing out a challenge to the Act's ballot title, clearing the way for the Death with Dignity campaign to begin collecting signatures.

The Oregon Death with Dignity Act allows dying patients in the final six months of a terminal illness the right to request medication to end their own life.

The Act allows members of the patient's family and the physician to be present when the medication is self-administered.

Supporters of the Act must collect 66,771 valid signatures of Oregon voters by July 8 to qualify for the November 8th ballot.

For more information about the Oregon Death with Dignity Act call 1-800-866-5948.

## Dinner Dance Benefits Children

A gala evening is planned to benefit The Dougy Center for Grieving Children.

The Magic of The Dougy Center Hearts and Flowers celebration will feature a salmon dinner, exotic desserts, a silent and oral auction and dancing to the music of the Lloyd Jones Struggle.

The event will be May 21 at Montgomery Park from 6 p.m. until midnight.

"We expect to see a capacity crowd of 450 people again this year," said Dougy Center board member and event chair Pamela J. Helfrich.

The Dougy Center was established in Portland in 1983. It was the first program in the nation designed to primarily provide support to chil-

dren who have lost a loved one.

The Center works with an average of 200 children each month from the local area and has helped to establish over 40 similar programs nationwide.

The Dougy Center has helped over 7,000 people since it was founded 11 years ago.

The Center's programs are aimed at a number of grief issues with special groups focused on murder, suicide, accident and illness.

Children from age 3 to late teens meet regularly at the Center to work on their grief issues.

Children are referred to the center from local hospitals, social service agencies, schools and a variety of other sources.

## May Is National Mental Health Month

Portland's Sisters of Providence has information available for people interested in mental health topics.

The Providence Medical Center at 4805 NE Glisan St. provides mental health and addictions treatment services.

There are medical experts knowledgeable in many areas of mental health at the center.

The following is a sample of the information available. Call Bela Friedman at 649-4761 or Lynette Neal at 291-2225 to get in touch with the right person.

**Current Events:** Earthquake anxiety; Mentality of mob violence; Children and violent crimes; AIDS anxiety and paranoia; and Emotional programs of executives.

**Smart drugs:** Adult day treatment program; and Newest trends in drugs and alcohol.

**Children/Parental Topics:** Severely emotionally disturbed children;

The over use of drugs in "hyperactive" children; Psycho-social factors related to gangs; Speech and language disorders in children; Childhood depression and suicide; Children who witness crime suffering from post-traumatic stress syndrome; Juvenile firesetters; The effects of witnessing violence (suicide, murder, rape) by a young child; The child witnessing criminal proceedings; Children and sexual abuse; Sexually abused boys; Myths about child sexual abuse; Ritual abuse; Adolescent depression; Adolescent suicide; Teen pressures; Competitive sports and pressures on children; and Parental suicide attempts from the viewpoint of parents and children.

**Male/Female Topics:** Mental health issues for women; Women and post-traumatic stress syndrome; Mental health issues for men; and Co-dependency issues.

**Ageing:** Older adult addiction;

Ageing and mental illness; Alzheimer's Disease - treatment and research; Depression in the elderly; The psychological aspects of being a parent to your parent

**Legal Issues:** Involuntary commitment; Insanity defense; Mental health law; Patients' rights; Professional responsibility and malpractice; and Relationship between state and local governments in mental health service delivery.

**Miscellaneous Mental Health Topics:** Personality disorders; Phobias, panic attacks; Psychological aspects of heart transplants; Stress and illness; Depression; Manic depressive illness; Mood disorders; Psychopharmacology; Earthquake anxiety; Behavior therapy; Problems of the chronic mental patient; The survivor personality; Psychiatric and psycho-social problems in primary care medicine; Skills training; and Behavioral medicine.

## Kaiser Permanente Offers Free Immunizations To North Portland Children

Staff at Kaiser Permanente's East Interstate Medical Office, 3414 N. Kaiser Center Drive, will give recommended immunizations to anyone from birth to age 18 at no charge as part of the Immunize Now! Campaign Saturday, May 14, 1994.

To have your child immunized, simply go to the nurse treatment room between 10 a.m. and 2 p.m. Please bring your child's complete

immunization records and date of birth. Children do not have to be members of Kaiser Permanente to receive the free immunizations. Parental permission in person or in writing is required. Shots will be given on a first-come, first-served basis.

**Diseases to be immunized against include:**

- diphtheria
- hepatitis B
- hemophilus influenza

- measles
- mumps
- polio
- rubella
- tetanus
- whooping cough

Kaiser Permanente, a group practice health maintenance organization, provides medical care to about 380,000 people and dental care to 140,000 people in Northwest Oregon and Southwest Washington.

## PCC-Cascade Campus Hosts Health Services Career Day

The medical programs at Portland Community College's Cascade Campus have scheduled a career day for individuals interested in a health services career. High-school age students are encouraged to attend.

The workshop will be held on Thursday, May 12, from 8:30 a.m. to 3:30 p.m., Terrell Hall, Room 122, 705 N. Killingsworth. Registration fee is \$7 and includes refreshments and lunch.

Organizers have scheduled presentations and follow-up discussion with several guest speakers, all experts in their field. Information packets about PCC's medical programs are also provided.

Speakers include Roberta M. Jarrett, a registered nurse and author of two books, "Caring for the Caregiver," and "Gifts from the Shore," the story of the year she spent working in a leper settlement in Hawaii; students Fong Chao and Sara Phruksawan who are studying medical technology at Oregon Health Sciences University; Dr. Edwin Weinstein, an internist at Kaiser Permanente for 25 years; Joanne Fairchild, a critical-care registered nurse and one of the founders of "Trauma Nurses Talk Tough," the internationally recognized injury prevention program at Emanuel Hospital and Health Center; and Stephen

Patten, director of Oregon Tissue Bank and department manager of medical genetics at Emanuel Hospital and Health Center. Patten holds a bachelor of arts degree and an associate degree in nursing.

For more information, please contact Trish Berrong at 244-6111, ext 5662 at the Cascade Campus.

Departments represented include Alcohol and Drug Counselor, Medical Assisting, Medical Laboratory Technology, Medical Record Technology, Ophthalmic Medical Technology and Opticianry. The career day is sponsored by the Medical Records Technology students at Cascade Campus.

## Double Transplant Patients Fare Better

Diabetes patients who undergo a kidney transplant should also receive a new pancreas, according to a recent study at the University of Tennessee, Memphis.

They study concluded that double transplant patients, receiving a kidney and a pancreas, benefit from improved autonomic and gastric functions as well as a higher quality of life. Autonomic functions are involuntary functions that occur normally, such as heart rate.

The research team was led by Dr. Donna Hathaway, professor of Nursing Science at the University of Tennessee-Memphis College of Nursing.

Diabetes mellitus, a type of diabetes shared by 90 percent of diabetes sufferers, develops early in people's lives when the pancreas stops secret-

ing insulin into the blood stream. Insulin is needed to regulate the level of blood-sugar.

People with insulin-dependent diabetes need insulin injections and must follow a rigid program of diet and exercise. They often suffer from hypertension, susceptibility to infection and gastrointestinal problems. As a result of their long-term health problems with diabetes, their kidneys fail.

"Transplanting a pancreas along with a kidney takes care of both the patient's conditions," says Hathaway. "The question is whether the additional benefits are worth the complications. Our studies indicate that they are."

The study collected data on cardiovascular and gastric functions and

how they related to the patients' quality of life.

"Pancreas-kidney transplant recipients show a significant improvement in all three areas," says Hathaway. "Patients who receive a kidney and not a pancreas show significant improvements in gastrointestinal symptoms and quality of life, but not consistently in other autonomic function measures."

That study determined that pancreas-kidney transplant patients made a wide range of improvements in their activities, including sleep, emotional behavior, body care and movement, mobility, recreation and work.

Candidates for combined pancreas-kidney transplants are type I diabetes mellitus patients who have experienced kidney failure, are less

than 60 years of age and have no significant coronary heart disease.

Type I diabetes is of unknown cause; it may be caused by a preceding virus which affects the pancreas, or an autoimmune process within the body. Type II diabetes is highly genetic.

"Diabetes is a progressive disease," says Hathaway. "All the functions we looked at in the study deteriorate as a person lives with diabetes year after year. Transplantation halts this natural progression, so the question is, when is the best time to transplant? If we can significantly impact the quality of life, then the transplant becomes a much more viable alternative."

The study will be published in an upcoming issue of Transplantation.

## Governor Roberts Declares May As MS Awareness Month

Governor Barbara Roberts has proclaimed May as Multiple Sclerosis Awareness Month and encourages all Oregon residents to learn more about this unpredictable and often disabling disease which affects more than 3,500 Oregon and SW Washington residents.

According to Carol Emerson, executive director of the Oregon Chapter of the National Multiple Sclerosis Society, "The month of May is set aside so that people will recognize that MS affects more than 250,000 Americans and their families. It is our hope at the Oregon Chapter that people will first become aware of this disease and second will give support to people who have MS and the Oregon Chapter of the National MS Society."

To get involved in Multiple Sclerosis Awareness Month, the Oregon

Chapter is encouraging residents to make a contribution in honor of a loved one, become a member of the National MS Society, or become a volunteer. Information on Multiple Sclerosis Awareness Month can be obtained from the Oregon Chapter by calling 1-800-422-3042 or (503) 223-9511.

MS is a chronic, often disabling disease of the central nervous system.

The progress, severity and specific symptoms of the disease cannot be foreseen; symptoms may range from numbness to paralysis and blindness. Most people with MS are diagnosed with MS between the ages of 20-40, but the unpredictable physical and emotional effects can occur for the rest of their lives.

### HEALTH

**ALL YOU HAVE TO SWEAT IS THE WORKOUT.**

Whether you're coming from the office or home, you shouldn't have to sweat until you start your workout.

At the Lloyd Athletic Club convenience is a part of the service. We're easy to reach on Portland's near East Side. Parking is a snap, and you can be dressed down in minutes. For parents of young children, child care is right on site.

And after your workout, pamper yourself. Relax with a steam bath, sauna, whirlpool, massage, or something from the juice bar. No sweat.

**YOUR PLACE. YOUR PACE.**

**LLOYD ATHLETIC CLUB**  
815 NE HALSEY  
503 287-4594