

The Newsletter of The Executive RegistrySM

Health News

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Botox Therapy: A New Treatment for Migraines

Headaches affect millions of Americans each year. 17% of women and 6% of men in the United States suffer from migraines, and 5% of Americans are affected by chronic daily headaches. Many take pain medications that, over time, can cause addiction and can damage their liver and kidneys.

Some doctors are now offering those suffering from migraines and chronic daily headaches another treatment option: Botox injection therapy. Though most of us think of Botox as an anti-wrinkle agent used for cosmetic purposes, it has also been very effective in treating such afflictions as abnormal eyelid twitches, excessive sweating, and muscle spasms in the neck and lower back.

An Excellent Response

"I had a patient come to me with horrible headaches; she was becoming addicted to the morphine given to her by a local pain clinic," notes **B. Todd Troost, M.D.**, Professor and Chairman, Department of Neurology at Wakeforest University School of Medicine, and a pioneer in the use of Botox for headache treatment. "She had a significant muscle spasm in the back of her neck that she felt was causing her headaches. We injected a

very small amount of Botox into the spasm and within three weeks her headaches disappeared. We reinjected her every three months for a series of three injections. She was able to eliminate narcotics and return to work."

Dr. Troost is one of many physicians who have been trained in the use of Botox therapy. In the past three years, his practice has administered over 1,600 Botox injections in 517 patients. "It has been extremely successful," he said, "especially when patients have muscle spasms associated with their headaches." Dr. Troost records each patient's response to the injections on a 1-5 scale, 1 indicating no response and 5 indicating an excellent response. He found that there was some level of response in 91% of patients, and that 80-85% of patients had a good or excellent response.

Botox has also been shown to be effective in treating patients who develop headaches after cervical spine or neurosurgery. "I've had several patients referred to me by neurosurgeons and orthopedists who felt that Botox treatments were preferred to prescribing narcotics to control pain," said Dr. Troost.

How Botox Works

Though Botox is made from the same bacteria that causes the deadly food poisoning botulism, it is safely used in a purified form as a medicine to control certain conditions marked by involuntary muscle contractions. Botox therapy is the injection of botulinum toxin into a specific muscle, with the aim of blocking the neurotransmitters that can lead to painful muscle spasms. When a migraine starts, the muscles in the head and face begin to tighten. Botox blocks that tightening so the migraine can't develop.

Patients treated with Botox therapy receive a series of very superficial injections into the muscles that are affected, with each treatment costing between \$1,000 and \$1,500. One treatment takes effect after about three weeks and typically lasts three to four months. Botox has many advantages over other painkillers in that it acts only where it is injected, it is effective in very small doses, and its effects are temporary.

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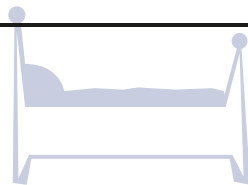


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Are You Always Tired?

Sleep Disorders: Impact and Treatment



How often do we hear somebody say, “I’m sorry I reacted like that; I didn’t get enough sleep last night”? For most people, falling asleep and staying asleep is something that happens naturally. Yet more than 100 million Americans fail to get a good night’s sleep.

Lack of sleep affects people in more ways than they may realize. On the job and otherwise, judgment, memory, concentration, ability to avoid slips of the tongue, and precision with words are all profoundly affected by sleep deficiency.

In addition to affecting cognitive functioning, lack of sleep alters personality and mood. “The data is very clear,” says **Neil B. Kavey, M.D.**, Director of the Sleep Disorders Center at Columbia Presbyterian Medical Center. “Our sleep patterns can affect how well we relate to our colleagues and our ability to handle frustrating situations.”

Sleep problems can also affect a person’s physical health. Cardiac function, blood pressure, hormone output, immune function and metabolism can all be impacted by sleep disorders.

How Much Sleep Do We Need?

Most people generally need seven to eight hours of sleep a night. However, there are many individuals who need as much as nine to ten hours a night. This can cause a problem for business executives, who may feel that others will think them lazy or unproductive. “Not so,” says Dr. Kavey. “You can be a very driven, very determined person and need nine hours of sleep.”

In today’s fast-paced world, it’s natural for busy people to “borrow” crucial hours from their sleep time. Dr. Kavey suggests leaving plenty of time for sleep and avoiding things

which might negatively impact sleep time or ability, such as afternoon or evening caffeine, which delays sleep onset and compromises sleep quality, and alcohol, which can help people fall asleep but is also devastating on sleep quality.

Sleep Disorders and Treatment

In the past, inability to sleep well has often been seen as a result of psychological issues, such as anxiety and depression. While those may be contributing factors, it is now known that sleep is a complex neurophysiological process and things can go wrong with that process. The Sleep Disorders Center at Columbia Presbyterian and other treatment centers like it have worked to develop an understanding of the chemistry of sleep disorders, like those listed below, and how to treat them.

Snoring/Sleep Apnea Snoring is due to a vibration of the upper airway tissues that relax in sleep and block air flow. Sleep apnea, often accompanied by snoring, is an interruption of breathing during sleep. Loud snoring can disrupt the sleep of a bed partner and seriously strain an otherwise healthy relationship. With overnight monitoring, the nature and severity of snoring and sleep apnea can be ascertained and an effective treatment plan can be developed.

Insomnia The inability to fall asleep or to stay asleep is classified as insomnia. Insomnia can be brought about

by stress, anxiety, or depression, or it can be a neurophysiological problem. Insomnia can also be a symptom of menopause. Whatever the cause, insomnia is usually very treatable and anyone suffering with this disorder is encouraged to seek help.

Daytime Sleepiness While excessive daytime sleepiness can sometimes be attributed to lack of sleep or psychological causes, it can also be a result of a neurochemical problem. Daytime sleepiness has potentially severe consequences, including impaired job performance, automobile accidents, and a reduced ability to enjoy the pleasures of life. Safe and effective medications are available for this disorder.

Through extensive medical testing and overnight sleep monitoring, Sleep Disorders Centers offer effective treatments that can greatly improve quality of life for those who are sufferers.

Neil B. Kavey, M.D.

Director

Sleep Disorders Center

Columbia Presbyterian Medical Center

New York-Presbyterian Hospital

Your Membership

You are a phone call away from:

- consultation 24 hours a day
- a physician appointment
- pre-travel planning for medical care
- international access
- air medical evacuation
- second opinions
- coordination of executive physicals



Best Feet Forward

Feet are perhaps one of the most ignored parts of our body – that is, until walking on them becomes uncomfortable. Then, we begin to acknowledge the invaluable role they play in our busy lives.

“The foot includes four major organ systems: the skin, musculoskeletal, nervous and vascular systems,” says **Thomas M. DeLauro, D.P.M.**, a podiatrist in private practice and on the faculty of the New York College of Podiatric Medicine. Podiatrists are trained in diagnosing and treating the full range of foot problems. They attend a four-year medical school specializing in podiatry, followed by a one- to four-year residency training.

Skin Involvement

Common problems involving the skin are calluses, corns, and athlete’s foot, as well as fungal disease of the toenails.

Corns and Calluses Friction and pressure cause corns and calluses, which are excessive buildup of skin. “They indicate where the foot is functioning abnormally,” explains Dr. DeLauro. Having them regularly trimmed by a podiatrist and wearing well-fitting shoes are simple treatments. But Dr. DeLauro points out, if a patient has a vascular or neurological disease or diabetes, these points of high pressure can cause a breakdown of the skin, called ulceration, which could lead to a severe infection.

Fungus A fungus that thrives in a dark, moist environment and is commonly spread leads to the development of athlete’s foot. This fungus is picked up most often in showers used by many people, such as in gyms, that have not been properly disinfected. Someone who perspires heavily and wears the same shoes every day can be a candidate for this skin infection. Because cracks in the skin may devel-

op where bacteria can grow, athlete’s foot should not be ignored. Dr. DeLauro recommends three levels of treatment. First, he says, “Wash your feet, change your socks and rotate your shoes daily. Topical antifungal medications can be tried, but if they do not help, then oral medication may be necessary.”

Fungal disease affecting toenails can be treated with topical medications, which must be applied regularly for at least a year. Another treatment is the removal of the entire nail. However, Dr. DeLauro warns, “The nail may grow back disfigured.” Finally, there are oral medications, which he believes have the best chance of curing the problem with a success rate approaching 80% and with side effects occurring in less than 1% of patients.

Melanoma Less common, but very serious is melanoma. “The soles of the feet, which are not as pigmented, seem to be more vulnerable,” says Dr. DeLauro. If you spot a mole on your foot that has an irregular outline, is raised, has different colors throughout or has an altered color, seek immediate medical attention.

Musculoskeletal Issues

Many conditions can affect the muscles, bones or joints of the feet. These include problems associated with inflammatory disorders. Certain musculoskeletal mechanical problems can be managed with arch supports. “Orthotics may be prescribed for those requiring better-controlled foot function,” says Dr. DeLauro. “Some people, especially those with diabetes,

require supports to reduce friction and/or absorb shock.”

Plantar Fasciitis A heel spur or a condition called plantar fasciitis – both associated with inflammation – can cause heel pain. A range of treatments is available, including anti-inflammatory medicine (ibuprofen or cortisone), stretching exercises, shoe inserts, and/or physical therapy. “While there is no quick cure,” says Dr. DeLauro, “these conditions generally clear up without surgery.”

Another common inflammatory disorder is arthritis, which affects the big toe joint, causing it to enlarge and stiffen. “Arthritis is slow and progressive and, in most cases, surgery will probably become necessary,” says Dr. DeLauro.

Bunions and Hammertoes A bunion occurs when the big toe becomes so bowed that it points towards the other toes, causing a huge bump on the inner side of the foot. Hammertoes refer to toes that are crooked. Although these conditions can each occur separately, they usually develop together. “They result from a foot that is functioning out of balance, eventually causing the muscles to pull in abnormal directions,” says Dr. DeLauro. According to Dr. DeLauro, initial treatment involves wearing roomy, comfortable, supportive shoes and/or cushion inserts. The next level of treatment focuses on anti-inflammatory therapy (i.e. cortisone injections) as well as physical therapy and massage to help reduce pain. Surgery, however, is often necessary to relieve the bone’s prominence and to reposition it so the problem does not reoccur.

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Preventing Gum Disease

More than 75% of American adults have some form of gum disease. A recent survey of people over 35 found that 60% knew little about the symptoms or treatment of gum disease, or more importantly, the consequences. Yet gum disease is the leading cause of tooth loss in adults, and recent scientific studies have established an association between gum disease and cardiovascular disease. Other researchers have suggested links between gum disease and stroke, bacterial pneumonia and increased risk during pregnancy.

What is gum disease?

The term gum disease describes the growth of bacteria and the release of bacterial by-products that gradually destroy the tissue around and supporting the teeth. A sticky film of bacteria (plaque) forms on the teeth and, if not removed through daily cleaning of the teeth and gums, causes irritation and inflammation of the gum tissues. Left untreated, this process may continue until the bone and other tooth supporting structures are destroyed, resulting in tooth loss.

What are the signs of gum disease?

- Gums that bleed when brushing
- Gums that are swollen or tender
- Bad breath or a bad taste in the mouth
- Receding gums
- Loose or shifting teeth
- Changes in your bite

How do you prevent gum disease?

If discovered early, treatment for gum disease oftentimes can be minimal and non-invasive. Regular check-ups with your dentist are important to preventing gum problems. Your dentist will examine the color and firmness of your gums and use a special ruler called a periodontal probe to measure the small crevices between your gum and your tooth. This crevice (or pocket) should measure less than 3mm, about the size of a large pencil point. Pockets over 5mm may indicate a gum problem.

Equally important in preventing gum disease are good oral hygiene habits. This should include brushing your teeth at least twice each day and flossing once each day. The brush is very effective in removing the plaque that has accumulated on the surfaces of the teeth. Flossing is the only effective way to remove the plaque that coats the surfaces between the teeth, where the brush can't reach.

Other preventive measures include:

- Eliminate or severely curtail smoking – smokers are seven times more likely than non-smokers to develop gum problems.
- Reduce stress – increased stress makes it harder for the body's immune system to fight off infection.
- Be aware of how your current medications may affect your periodontal health – some medications may cause gums to become very inflamed.
- Monitor your diet – increased sugar intake may result in increased bacterial growth and metabolism.

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Best Feet Forward

(continued from page 3)

Nerve and Vascular Problems

Neuropathies Burning, tingling, or pins and needle sensations that occur at day's end on one side of the foot could signify a tarsal tunnel syndrome—the result of nerve compression.

Neuroma Light electrical sensations beginning at the ball of the feet and radiating out to the area between the third and fourth toes can indicate neuroma, a common affliction of a nerve in the foot. “The discomfort is often relieved by simply taking your weight off the foot and massaging the ball of the foot,” says Dr. DeLauro, who also recommends trying a wider shoe. If that fails, a series of injections or conservative treatments are available, although the pain can reoccur.

Diabetes A loss of any sensations in the feet is a frequent complication of diabetes. Dr. DeLauro predicts that podiatrists will be seeing more cases as a result in the increased number of people, particularly those in their 30s and 40s, who are being diagnosed with diabetes.

Blocked Arteries Podiatrists often check the two pulse points on their patient's feet. A sign of hardening of the arteries is a diminished pulse. When the arteries become more and more blocked, it is not unusual for the second pulse to disappear altogether. “Hardening of the arteries in the foot,” says Dr. DeLauro, “prompts a search for clogged arteries elsewhere.”

Our hardworking feet require attention. The sooner problems are diagnosed and treated, the faster the cure.

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What You Should Know About Melanoma



Melanoma is a very serious form of skin cancer. The cases of this cancer – which begins in pigment cells called melanocytes – have more than doubled in the United States since 1973. The American Cancer Society estimates that about 54,200 new melanomas will be diagnosed during 2003. And 7,600 Americans are expected to die from it during this year.

Melanoma is more aggressive than the other two more common skin cancers: basal cell carcinoma and squamous cell carcinoma. “Melanoma is much more likely to metastasize to other organs,” says **Joop M. Grevelink, M.D., Ph.D.**, Director, Boston Dermatology and Laser Center and Clinical Associate, Massachusetts General Hospital. Localized recurrence is still the most common concern, but melanoma can also travel to the lymph nodes and, if more aggressive, to other parts of the body, such as the lungs, liver or brain.

Consider Your Risk

Those who are most at risk for melanoma tend to have fair complexions. “This doesn’t mean melanoma can not occur in people with dark skin,” Dr. Grevelink points out. “It’s just not as common among them.” With accumulated years of sun exposure, this type of skin cancer usually develops in older adults. Unfortunately, however, dermatologists are seeing melanoma in children, teens and young adults as well.

People who have many moles are also at a higher risk for melanoma – particularly moles that have an atypical appearance, which are known as dysplastic nevi. “While these moles don’t necessarily mean cancer,” says Dr. Grevelink, “the more sun damage there has been, the more likely these atypical moles will evolve into melanoma.”

The probability of developing melanoma is greater if one or more of a person’s close blood relatives (i.e., mother, father, brother, sister, child) have been diagnosed with it. And, finally, people who have already had melanoma can face reoccurrence of additional lesions. “We follow these patients every three months during the first year after their previous case and then every six months, particularly if the melanoma was superficial,” says Dr. Grevelink.

Promoting Early Detection and Treatment

Detecting and treating melanoma in an early stage is critically important to increasing the chances of curing it. So, it is a good idea to be aware of the signs of melanoma, as well as some simple guidelines for trying to prevent this form of skin cancer.

Searching for signs of melanoma through self-examination and regular skin cancer screenings is the key to early detection. It is important to realize that melanoma can appear in places you may not normally think to check, such as between toes or on the palm of your hand, soles of your feet, or the scalp. If possible, have someone check your back since that area is so difficult for you to carefully examine by yourself.

“Melanoma can arise in skin that has no moles, start as a small freckle, or develop in a mole that has been present a long while,” explains

Dr. Grevelink. If you have had basal cell or squamous cell cancer, regular skin cancer screenings are imperative.

During a screening, your physician will inspect all of your skin, even those areas not exposed to sun, and record the size, location and color of moles. If a mole is questionable, it may need to be biopsied.

“Catching melanoma at an early stage, such as when it is less than 1mm in depth,” says Dr. Grevelink, “carries about a 90% chance of survival.” The treatment for all superficial melanoma is surgery. Therapy for advanced melanoma includes chemotherapy, immune therapy and radiation, with the latter being used to relieve symptoms of the cancer after it has spread to other organs.

Although no method for totally preventing melanoma currently exists, experts agree that prolonged sun exposure is a significant contributing factor. They also strongly recommend using sunscreen every time you are out in the sun. “But don’t let that sunscreen give you a false sense of security,” warns Dr. Grevelink. “It is only meant to allow people to be in the sun safely for a little while longer than they could if they had no protection.” Keep in mind that ultraviolet radiation from sunlight can, as he says, change the DNA of cells and suppress the skin’s immune system so its surveillance of cancer cells goes way down.

Again, it can not be stressed enough: Self-examination, skin cancer screenings and avoiding excessive sun exposure are your best weapons against melanoma.

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