

For every
stage
of **life**

HAPPY TRAILS, DR. HAFT

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SAY THAT AGAIN, PLEASE?

If not for a serendipitous elevator ride in Utah almost 30 years ago, the Everett practice that would later become WWMG Cardiology might never have hired Dr. Lawrence Haft.

Dr. Haft, who retired at the end of September, was one of the founding members of Western Washington Medical Group in the early 1990s.

"When I was looking for a job, I looked geographically. I wanted to live in the West because I loved the mountains and the way of life. I had actually even talked to my future partners once, but they were not hiring at the time.

"It was June of 1986, the end of my fellowship at the University of Utah. I didn't have a job yet. I was running for a halfway-closing elevator and managed to slam it open. Inside was Frank Nieto, who was finishing his cardiac surgery fellowship. He asked about my prospects and told me about this job.

"The next day he left to come to Everett. If I'd waited for the next elevator, who knows!"

When asked about the most impactful changes during his years in cardiology, Dr. Haft singled out treatment of heart attacks.

"When I first started, the mortality rate was something close to 20%. In the late 1980s and early 1990s, we learned that if we opened a blocked

coronary artery quickly, we could save some of the heart muscle. I gave the first dose of a clot-dissolving medicine called tissue plasminogen activator in Everett in the 80s. The heart attack mortality

rate at our hospital now is less than 5%. We send people who wouldn't have survived before back to their families."

On the preventative side, interventional cardiology, his specialty, "went from elective balloon angioplasty success rates of 87% when I started, to probably 99% now. And cholesterol lowering drugs, especially statins, made a huge difference in reducing

coronary events."

What would have been his career, if not medicine? "Biochemistry. I did research in nucleic acids, RNA and DNA, at the University of Pittsburgh. It was fascinating. In the end, though, I wanted to do clinical work instead of research work."

Lucky for us. Thank you, Dr. Haft. "Happy trails to you, until we meet again."





OVERUSE INJURIES UP IN GIRLS' H.S. SPORTS

If you immediately think of football when someone mentions high school sports injuries, think again. For overuse injuries, a recent study from the Ohio State University Wexner Medical Center showed a higher risk in girls than boys.

The study analyzed 3,000 male and female sports injury cases over seven years in 20 high schools. Girls' track, girls' field hockey and girls' lacrosse, in that order, showed the highest rate of overuse injuries like joint pain, tendonitis and stress fractures. For boys, overuse injuries were most frequent in swimming and diving.

The lower leg was the most common injury site, followed by the knee and the shoulder.

Athletic overuse injuries are more prevalent in children ages 13-17, a peak time of bone development in girls, according to the study's authors. Preventative recommendations include proper amounts of calcium and vitamin D, getting adequate rest and varying movement to prevent repetitive stress injury.

OUR VERY OWN ADVOCATE IN D.C.

As she has done four times before, diabetes educator and registered dietitian Jennifer Okemah traded her WWMG office in June for the halls of the U.S. Congress.

Her clients need not worry; she has since returned. She traveled to D.C. to participate in the Washington State Academy of Nutrition and Dietetics Public Policy Workshop. She visited the offices of nine of our ten representatives and both senators, to ask for their support on three legislative bills relevant to diabetes education and nutrition.

One of them, the Older Americans Re-authorization Act, passed the U.S. Senate in July, so lobbying efforts have now moved to the House of Representatives.

"This bill supports congregate meal sites, Meals on Wheels and nutritional assessment for seniors, all of which help keep people out of nursing homes longer, a goal that has been found effective in a cost-benefit analysis," said Okemah, director of the WWMG Diabetes and Nutrition Education Center.



Left to Right: Marissa Claiborne, RD student, Senator Patty Murray, Jennifer Okemah, MS, RD, CD, BD, ADM, CDE, Jennifer Reeves, RD

The second bill, the Treat and Reduce Obesity Act (H.R. 2404), would amend Medicare to cover intensive behavioral therapy provided by registered dietitians and nutritional professionals. Coverage is now restricted to obesity treatment provided by primary care physicians. "We have specific training for intensive behavioral therapy, and allowing us to bill for that service would represent a cost savings."

Finally, the Preventing Diabetes in Medicare Act (H.R. 1686) would extend Medicare coverage to medical nutrition therapy services for people with pre-diabetes and risk factors for developing type-2 diabetes. "In the Medicare population, type-2 diabetes can be prevented 70% of the time. Our office has pre-diabetes classes twice a month, but clients pay out-of-pocket; they get no coverage unless they already have diabetes. This change would mean that prevention would be covered as well."

"Congresswoman Susan Del Bene has not only backed this bill, but she has co-sponsored it! She has signed the other two bills as well."

Okemah says information on contacting members of Washington's congressional delegation regarding these bills can be found online at Congress.gov, where it is also possible to track the status and progress of all three measures.

The Diabetes and Nutrition Education Center is at 425-791-3087.

NEUROPSYCHOLOGY: MEMORY MATTERS

"I could've sworn I left the car keys here."

We've all said or heard some version of that statement, and maybe we have wondered if frequent forgetfulness is signaling a more serious condition.

According to WWMG neuropsychologist Evelyn Reilly, the first step is determining the root cause. "Is it normal age-related memory loss, or beyond normal? Is it an early sign of dementia, or is it due to medication effects, stroke, head injury, depression, anxiety or an underlying metabolic issue like thyroid disease?"

These are the kinds of questions that can be answered by neuropsychological assessment, a comprehensive evaluation that measures memory, language, attention, processing speed, flexibility in thinking, intellectual skills and emotional functioning.

During testing, patients work in a one-on-one setting, on mostly written or oral question-answer tasks. For example, patients are asked to memorize

information, solve problems, define words and copy designs. "These tests have all been given to large populations, so the scores are compared to average ranges for a given age group," Dr. Reilly explains. "A 75-year-old is expected to have different memory capacity than a 50-year-old."

"The scores are used to produce an overall profile of strengths and weaknesses, and the pattern of performance is used to differentiate between diagnoses. This information is also used to develop compensatory strategies, or 'tips and tricks,' to help patients use their strengths to pull up any weaknesses that are found. Forming good habits and adhering to structured routines can also help individuals stay as independent as possible for as long as possible."

Dr. Reilly clarifies that "dementia is an umbrella term; particular types have various symptoms that require different interventions. Therefore, we provide education for patients and family members regarding management



techniques, what to expect in the future and caregiver support resources."

"Early diagnosis is crucial, because the medication available to treat dementia slows decline but cannot reverse damage; thus, it works best when started early in the disease process. On the other hand, the evaluation can also rule out dementia and relieve the stress associated with not knowing."

WWMG Psychology has offices in Everett at 3525 Colby Avenue, 425-259-1366.

GI CONTINUES TO GROW

Dr. Eduardo Chua, the newest provider in the WWMG Department of Gastroenterology/Endoscopy, has traveled far and wide on his path to Everett.

He was born in Calgary, Alberta, and as a boy moved to his parents' native Philippines. Next came residency and fellowship training in Philadelphia and three years of private practice in Tacoma.

Most recently, he spent a year at the University of New Mexico in Albuquerque, completing an advanced endoscopy fellowship.

"I'm excited to be here now. I've always loved the Pacific Northwest. WWMG has been a really great work environment, and the patient population has been great."

In addition to general gastroenterology, Dr. Chua's specialized interest is the biliary tree, the system that makes, stores and transports bile, a digestive fluid.



"My advanced training focused on issues like gall bladder disease, acute or chronic pancreatitis, bile duct disease, and ablation of Barrett's esophagus," an endoscopic treatment for a condition that affects the lining of the esophagus.

"I also do endoscopic ultrasounds and ERCP, a scope test for the biliary tree to remove bile duct stones, for example."

Dr. Chua identifies treatment of hepatitis C as an area of vibrant change in GI. "Recent medications offer a whole new set of options that are very well tolerated, even by people who perhaps had failed treatment before."

What preventative advice does he give routinely? "Anyone over the age of 50 should take advantage of colon cancer screening. Colon cancer is a curable disease if caught early enough," he emphasizes. "As many colonoscopies as we are doing, there is definitely still a large population that isn't getting screened."

Dr. Chua is accepting new patients at 425-259-3122.

SAY THAT AGAIN, PLEASE?

This summer, this reporter found out that her longtime sensitivity to loud noises is not due to super-sharp hearing but to hearing loss.

It's mild to slightly moderate, according to the diagnostic test WWMG Licensed Audiologist Erin Robinson gave me. Still, because I'm "only" 53 years old, the news surprised me.

I'd been noticing difficulties with conversations on the phone and in noisy places, but always blamed external circumstances. In fact, hearing usually changes slowly, and—like me—many people misread early symptoms.

An audiology test shows how well a person hears at different pitches, and whether the outside, middle or inner ear is affected. My test revealed that I have the most trouble with low-pitch and soft-volume sounds, and that the problem is most likely in my inner ear.

Despite the results, I found the test itself kind of fun, especially because Robinson explained each of its five steps.

First I had to repeat recorded words that gradually got quieter, then recorded words presented at a consistent volume in a full sentence: "Say the word..." Next I had to press a button when I heard a beep.

Afterward, Robinson removed one ear bud at a time, replacing it with a device that rested on the bone behind my ear and transmitted sound, through vibration, directly to my inner ear. She fed static noise through the remaining ear bud and had me press a button when I heard beeps in varying frequencies.

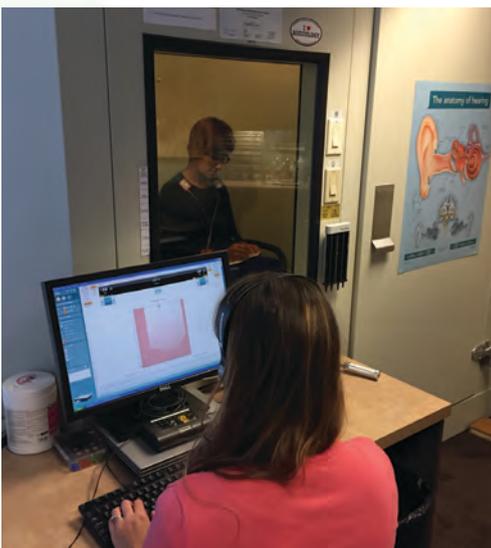
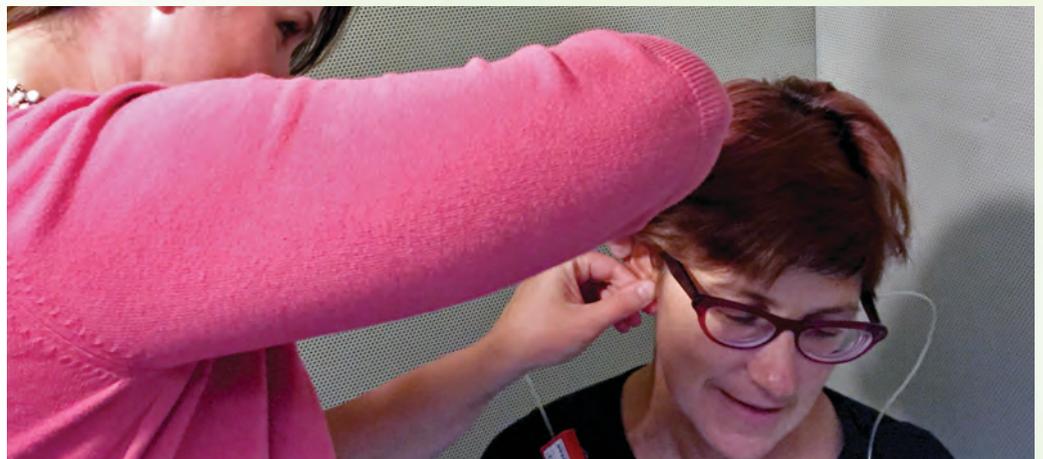
Outside the booth, a tympanogram showed normal mobility and pressure in my eardrums.

Finally, I learned from Dr. Matthew Ashbach that I don't need treatment yet.

When and if I do, I will have good options, Erin Robinson explained: "The choices now available for correcting hearing are seemingly endless, and I have the opportunity to guide people in finding the right solutions and use my talents to get the best results. It is amazing and exciting what I can do with the hearing aid technologies of today."

She has been working with hearing aids for almost 15 years, fitting, setting, programming and fine-tuning them. "Success mainly comes down to all that work being done well. There are apples and oranges and lemons in the hearing aid world, and I like to think I can turn them all golden—or at least give it my best shot with the lemons!"

ENT/Allergy & Audiology can be reached at 425-791-3093.



Our Specialties

Audiology & Hearing Aids, Cardiology, Clinical Laboratory, Clinical Research, Critical Care, Diabetes & Nutrition Education Center, Ear, Nose & Throat/Allergy/Audiology, Endocrinology & Metabolism, Endoscopy, Facial Plastic & Aesthetic Services/Lumina, Family Practice, Gastroenterology, Gateway Surgery Center, Nephrology, Orthopedic Sports, Spine & Hand Center, Pathology, Podiatry, Psychology, Pulmonary/Sleep Medicine, Rheumatology, Urology, Walk-In, North Puget Sound Center for Sleep Disorders

We're experts in our field.

Western Washington Medical Group has over 90 providers in 17 specialties with 22 locations in Snohomish, Skagit and Island counties. We strive to provide the highest quality, comprehensive medical care for our patients, which is why we require all of our physicians to be board certified/eligible in their specialty.