

Send your topic suggestions and health briefs for possible inclusion in the Health Tidbits section to the health tidbits editor George Dawson, MD, gdawson191@earthlink.net.

Influenza Update 2003

Ramona Chube, MD

In the United States, the 2003–2004 influenza season began early. There has been a marked increase in demand for the influenza vaccine this year.

In order to meet this demand, the Department of Health and Human Services has purchased additional vaccine, a new live vaccine is available, and the setting of priority for vaccine administration has occurred.

Evans/Chiron and Aventis Pasteur produce inactivated influenza vaccine. Priority administration for trivalent inactivated vaccine includes persons at high risk for complications for influenza:

- All children aged 6 to 23 months
- Pregnant women in their second or third trimester during influenza season
- Persons aged 2 years and older with underlying chronic conditions
- Household contacts and health-care workers

Wyeth/Medimmune makes a new, live attenuated influenza vaccine—FluMist—given as a nasal spray, approved by the FDA for use ONLY among healthy persons 5–49 years of age. Live attenuated influenza vaccine is NOT approved for those whom inactivated influenza vaccine has been recommended.

Persons who should NOT receive live attenuated influenza vaccine include:

- Children less than five years of age
- Adults greater than 50 years of age
- All chronic diseases and chronic therapies

As all live-virus vaccines, the live attenuated influenza vaccine

(LAIV) should NOT be administered to:

- Immunosuppressed/HIV patients
- Those receiving immunosuppressive therapy
- Pregnant women
- Those who have a history of severe allergy to egg or any other vaccine component
- Household members and health-care workers

During a respiratory illness outbreak, influenza diagnostic testing can be extremely helpful. If influenza is established as the cause, testing of all ill persons is usually not necessary. Available diagnostic tests are viral cultures, PCR, immunofluorescence antibody test, and rapid antigen detection kits. Four prescription medications with antiviral activity against influenza viruses in the United States are amantadine, rimantadine, oseltamivir, and zanamivir. All antiviral medications can reduce symptoms by one day if started within 48 hours of the start of illness. Three of the antiviral drugs—amantadine, rimantadine, and oseltamivir—also have been approved for use as chemoprophylaxis.

Specific control measures to minimize transmission of influenza are hand hygiene, gloves, and gowns to be worn if clothing comes in contact with respiratory secretions—these to be changed between patients. All healthcare workers should wear a surgical mask whenever coming within three feet of the influenza patient.

REFERENCE

Center for Disease Control and Prevention. Public Health Training Network Satellite Broadcast & Webcast, December 19, 2003, 12:00 PM–1:00 PM ET.

Reduce Risks of Fatal Errors

Ramona Chube, MD

A 31-year-old man was mistakenly injected intrathecally with ionic contrast media during an outpatient myelogram. Myelography is safely performed using nonionic water-soluble radiographic contrast media. Ionic contrast media intrathecally can result in potentially fatal muscle spasms, seizure, and cerebral hemorrhage, despite treatment. The patient in this case died.

In 1994, the FDA required boxed warnings and package inserts be included with iodinated contrast products not intended for intrathecal use. If radiology requests these products, a pharmacist rather than a technician should check them before they are dispensed. Use prominent auxiliary labeling on ionic media that should not be used for myelography. Pay special attention to how and where contrast media is stored, and store each type of media separately. Double-check contrast media anytime it is ordered by clinical staff, as part of standard operating procedure. Prepare clinical staff to recognize the effect of errors in contrast administration; prompt treatment may prevent a fatal outcome.

REFERENCE

Institute of Safe Medication Practices. *Medical Safety Alert*. Nov. 27, 2003.

Relationship Between Poverty and the Mental Health of Children

Zia U. Wahid, MD

In a very interesting study, Drs. Castello, Compton, and Keeler, et al. from Duke University, examined the relationship between poverty

and mental health. To test the role of social selection versus social causation of childhood psychopathology, the researchers designed a quasi-experimental, longitudinal study in which a representative population sample of 1,420 rural children aged 9–13 years at intake were given annual psychiatric assessments for eight years (1993–2000). One-quarter of the sample were American Indian, and the remaining were predominantly white. Halfway through the study, a casino opening on the Indian reservation gave every American Indian an income supplement that increased annually. This increase moved 14% of study families out of poverty, while 53% remained poor, and 32% were never poor. Incomes of non-Indian families were unaffected. Levels of psychiatric symptoms in the never-poor, persistently poor, and ex-poor children were compared for the four years before and after the casino opened. The researchers found that before the casino opened, the persistently poor and ex-poor children had more psychiatric symptoms (4.38 and 4.28, respectively) than the never-poor children (2.75), but after the opening, levels among the ex-poor fell to those of the never-poor children, while levels among those who were persistently poor remained high. The effect was specific to symptoms of conduct and oppositional defiant disorders, whereas anxiety and depression symptoms were unaffected. Similar results were found in non-Indian children whose families moved out of poverty during the same period.

The researchers concluded that an income intervention that moved families out of poverty for reasons that cannot be ascribed to family characteristics had a major effect on some types of children's psychiatric disorders, but not on others. Results support a social causation

explanation for conduct and oppositional disorder, but not for anxiety or depression.

REFERENCE

Costello EJ, Compton SN, Keeler G, Angold A. Relationships between poverty and psychopathology: a natural experiment. *JAMA*. 2003;290:2063-2064.

After ED Treatment for Acute Asthma, Giving Disadvantaged Inner-City Adults Systemic Corticosteroids May Prevent Relapses

Zia U. Wahid, MD

According to a recent study by Yvonne M. Coyle, MD of the University of Texas Southwestern Medical Center, and her colleagues, many disadvantaged inner-city adults who have poorly controlled asthma often end up in the emergency department (ED) or are hospitalized for acute asthma episodes. These same adults are prone to relapse for weeks following acute asthma treatment, which can lead to another hospital visit. The researchers found that a short course of oral corticosteroids (for example, prednisone) following ED treatment for an acute asthma episode may prevent these relapses, a conclusion drawn after a group of 309 adults were followed. Most of the subjects were black or Hispanic and had been discharged from a public hospital ED following acute asthma care between 1997 and 1999. The researchers identified which care processes were effective for improving peak expiratory flow rate (PEFR, strength of expiration, a key indicator of lung function in people with asthma) two to three weeks after ED discharge. After adjusting for known patient risk factors for lower PEFR (for example, smoking, upper respiratory tract infection in the

past month, and indoor allergen exposure), they assessed the association between recommended acute asthma care processes (inhaled beta-agonists, inhaled corticosteroids, systemic corticosteroids, asthma care follow-up, and patient asthma education) and PEFR change between baseline (when they received acute asthma care) and follow-up.

The researchers found that only the appropriate use of systemic corticosteroids at ED discharge had a significant effect on increasing the percentage change in PEFR at the two- to three-week follow-up. However, the appropriate use of all processes of acute asthma care was positively associated with an increase in the percentage change in PEFR.

REFERENCES

1. Coyle, Aragaki C, Hynan L, et al. *Arch Intern Med*. 2003;163:1591-1596.
2. Agency for Healthcare Research and Quality. December 22, 2003, Issue #119.

Racial Differences Exist in Survival Following Cardiac Arrest

Zia U. Wahid, MD

In long-term mortality among elderly blacks and whites, racial disparities exist. For example, black patients are less likely than white patients to undergo a potentially life-saving procedure. This may explain, in part, their lower rate of survival following cardiac arrest, according to a recent study by PW Groeneveld, PA Heidenreich, and AM Garber, that was published in the July 2003 issue of *Circulation*. In this study, the researchers examined Medicare records to assess whether there are racial disparities in the use of life-saving procedures, such as the use of implantable cardioverter defibrillators (ICDs) after cardiac arrest, and whether differences in procedure rates may contribute to black–white differences

in long-term mortality.

The researchers examined data on 5,948 Medicare beneficiaries (5,429 white and 519 black) aged 66 or older who survived to hospital discharge between 1990 and 1999 after admission for cardiac arrest. They developed a model to identify predictors of death following cardiac arrest—including demographic and clinical factors and receipt of cardiac procedures—and followed the patients for a median of 4.8 years. By December 1999, 50 percent of patients had died.

After stratifying patients by race, ICDs reduced the mortality ratio by half for both white and black patients (0.53 and 0.50, respectively). However, blacks were only half as likely as whites to receive either an ICD or a coronary revascularization procedure (angioplasty or bypass surgery).

REFERENCE

Groeneveld PW, Heidenreich PA, Garber AM. "Racial disparity in cardiac procedures and mortality among long-term survivors of cardiac arrest." *Circulation*. 2003;108:286-291.

Increase in the Prescription of Antidepressants for Elderly Primary-Care Patients

Zia U. Wahid, MD

Depression is a common psychiatric disorder. It is estimated that as many as one-sixth of elderly Americans suffer from clinical depression. Although stigma about depression is common, elderly patients are more likely than younger ones to feel the stigma of depression. The elderly are also more likely to report fatigue and other somatic symptoms instead of psychological ones, and prefer treatment by their primary-care physicians (PCPs). In fact, the pri-

mary-care prescribing of antidepressants for elderly patients increased markedly between 1985 and 1999, according to a study by Jeffrey S. Harman, PhD; Dr. Crystal; James Walkup, PhD; and Mark Olfson, MD, MPH, in the July 2003 *Journal of Behavioral Health Services & Research*.

Crystal and his colleagues used data from the National Ambulatory Medical Care Survey, a nationally representative annual survey of visits to physicians in office-based practices, to examine changes from 1985 to 1999 in diagnosis of depression and prescription of antidepressant medications during visits by elderly patients to PCPs, psychiatrists, and other specialists. According to these researchers, the increase in prescription of antidepressants was due to a combination of factors, such as introduction of a new class of antidepressants in 1988—the selective serotonin reuptake inhibitors (SSRIs)—which have fewer side effects than earlier antidepressants, increased recognition of depression by PCPs, and financial incentives leading to more reliance on antidepressants instead of more-costly psychotherapy. The majority of depression visits and visits where an antidepressant was prescribed were to PCPs in all examined time periods. Prescribing of antidepressants more than doubled between 1985 and 1998–1999 (from 2.4% of visits to 4.9%), with PCPs, increasing their use of antidepressants from 3% to 6.3% of visits. Between 1993–1994 and 1997–1999, there was a significant increase in the rate at which SSRIs were prescribed during visits by elderly patients, with SSRIs accounting for over half (52%) of all antidepressants prescribed in 1997–1999.

REFERENCES

1. Harman JS, Crystal, Walkup J, Olf-

son M. *Journal of Behavioral Health Services & Research* 2003;30:332-341.

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Pediarix

Alycia Rodgers, MD

Licensed by GlaxoSmithKline on December 13, 2002, Pediarix is the newest combination vaccine to hit the market. The VFC-approved vaccine contains DTaP, Hepatitis B, and Inactivated Polio. It is great for the first few round of shots, saving a few sticks, and, thus, making more parents happier. The major question arising with Pediarix is should it be used at 2m, 4m, and 6m, if the child received a birth dose of Hepatitis B vaccine. Although the AAP still recommends the first dose of Hepatitis B before the child leaves the hospital, Pediarix can be safely given. This means the child may ultimately receive four doses of Hepatitis B. Parents can be reassured that the extra dose is not harmful. Pediarix can be safely combined with HIB and Prevnar.

Influenza Vaccine

Alycia Rodgers, MD

This 2003–2004 year's trivalent inactivated influenza vaccine consists of three strains of influenza: influenza A (H1N1), influenza A (H3N2), and influenza B (not categorized into subtypes). The components of the vaccine are selected based upon predictions of influenza strains likely to be circulating in the United States during this time. These strains have been in global circulation for some time and undergo genetic reassortment. New influenza virus manifestations result from frequent antigenic drift (i.e., antigenic change) that occur during viral replication.

Each year during late winter, a

committee of vaccine experts and the FDA must decide which strain of influenza will make up next winter season's vaccine. Late last winter, the decision was made to stick with the variety in the community, instead of Fujian A, another strain building momentum on the horizon. Experts feared picking a new strain might result in longer vaccine delays, resulting in either a shortage or no vaccine this season. Unfortunately, the newer, more aggressive strain became the dominant influenza virus this season.

Despite the actual strain circulating in any given year, the vaccine does offer protection from disease and lessens the severity of flu symptoms because of cross-reactivity.

This year has seen an influenza vaccine shortage and early semi-panic. Usually 70–75 million Americans receive flu shots. This year, about 83 million doses were produced. Most available supplies have already been shipped to doctors, clinics, hospitals, etc. Because of a seemingly earlier onset and peak of the flu this year, broader recommendations of high-risk patients and increased media attention, supplies of the inactivated vaccine have become scarce. Patients must be vigilant and active to locate doses. FluMist, a live attenuated nasally administered vaccine is available for healthy people over the age of five years old.

REFERENCES

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2. www.cdc.gov/nip/vaccine/pediarix/pediarix-faqs-hcp.htm.
3. www.cdc.gov/flu.
4. *Chicago Sun Times*, 12/15/03, News Section, p.28.

BSE or Mad Cow Disease Found in an American Cow

George Dawson, MD

Bovine Spongiform Encephalo-

pathy (BSE), or Mad Cow disease, was recently discovered in a Canadian-born Holstein dairy cow in the state of Washington.

The disease—BSE or variant Creutzfeldt-Jakob disease—was first reported in Britain in the 1980s. It causes so much destruction to the brain that it takes the appearance of a sponge and eventually kills the host. Many believe the disease is under-reported because it seems anyone with an indeterminate neurologic condition is often diagnosed as having Alzheimer's or senility.

Cows get the illness from eating other sick cows. It is then passed on to humans when they consume a contaminated meat product made from meat sprayed by the diseased brain and nerve tissue from an infected cow during the slaughtering process. Some persons have a special predilection for the illness. It seems that 40% of whites of northern European descent have a genetic anomaly that predisposes them to develop the illness. To date, no other group has been found to have such a known predisposition for the illness.

The disease process is mediated in neurological tissue by the bizarre folding of small proteins into prions. This ultimately results in the death of the animal. Humans acquire the illness by eating contaminated meat products—such as ground meat, T-bone steaks, hot dogs, Ox tails, beef neck bones, and porterhouse steaks, to name but a few. Apparently, so-called downer or sick cows—prior to this illness being recently found in the United States—were allowed to be used for human consumption, which is believed to be a source of human cases.

A similar wasting-like disease is found in deer and elk in the western United States and has led health officials to caution hunters.

Stay tuned!

REFERENCES

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2. Nichols W, Sagon C. Burgers: Are They Safe to Eat? *The New York Newsday*. Health and Discovery Section. January 6, 2004. Page A31.
3. Mitchell S. Mad cow: linked to thousands of CJD cases. Accessed: http://www.nlm.nih.gov/medlineplus/news/fullstory_15312.html 1/6/04/.

Gold Humanism Honor Society Provides Recognition for Humanistic Doctors

Sandra O. Gold

For the first time, there is an honor society for recognition of medical students, medical school faculty, and practicing physicians who demonstrate exemplary humanistic attitudes, behaviors, and skills. The Gold Humanism Honor Society (GHHS) was conceived in 1999 by the New Jersey-based Arnold P. Gold Foundation as a way to influence the culture of medical schools and to positively impact the health-care environment.

The GHHS provides a direct way for educators to identify, encourage, and reward those medical students who demonstrate outstanding qualities associated with humanism in medicine—such as integrity, empathy, caring, altruism, respect, compassion, and service. To continue development of the GHHS, the Gold Foundation was recently awarded a third major grant from The Robert Wood Johnson Foundation (RWJF), the nation's largest philanthropy devoted exclusively to health and healthcare.

Dr. Sandra Gold, executive vice president of The Gold Foundation, said:

“We believe the growth of this new honor society will build a powerful, positive, and influential con-

stituency of advocates for humanism in medicine on the medical school campus.”

To date, GHHS chapters have been established at 13 U.S. medical schools, and chapters at 10 new schools are planned for 2004. According to GHHS Director Norma Wagoner, future plans include the first biennial national educational conference in 2004 to discuss ways of elevating humanism and promoting its value in the healing process.

The Gold Foundation is a public foundation dedicated to nurturing, caring, and compassion in medicine through 26 diverse and innovative programs. For further information about the GHHS and/or other Gold Foundation programs, please contact Sandra O. Gold, executive vice president, or Allison Sole, program officer, The Arnold P. Gold Foundation, or visit the foundation's website at: www.humanism-in-medicine.org.

Virus Created From Scratch in Two Weeks

George Dawson, MD

American scientists recently disclosed the creation of a new virus from scratch in two weeks time.

This startling feat surpasses the two-year project used in creating the polio virus from scratch by scientist in New York State last year.

The new virus, apparently called “phiX,” infects only bacterial agents. The ability to create new life in the laboratory has sparked a new field of study called “synthetic biology.” One scientist characterized the breakthrough method “to make HIV in two weeks.”¹

Meanwhile, new research has cast doubt on the notion that the peculiar immunity to HIV processed by some Europeans in the form of the recently developed genetic mutation located on certain white

blood cells was from the plagued pandemic of the middle ages². Professors Galvani and Slatkin of UC Berkeley argued in a report from the Proceedings of the National Academy of Sciences that, based on their calculations, the “intensely selected” CCR5 receptor mutation more likely arose from a smallpox epidemic in Europe—not the plague. Just this past year alone, a newly published book and PBS broadcast special have attempted to justify the latter version of events.

REFERENCES

1. Weiss R. Researchers Create Virus in Record Time. *The Washington Post*. November 4, 2003. Page A10.
2. Galvani A, Slatkin M. Evaluating plague and smallpox as historical selective pressures for the CCR5- Δ 32 HIV-resistance allele. Accessed: <http://www.pnas.org/cgi/content/abstract/2435085100v1>. 11/25/03.

NCI Holds Meeting to Examine Barriers to NIH Funding for Minority Researchers

Vickie L. Shavers, PhD

The National Cancer Institute (NCI) lists expanding minority investigator competition and involvement in health disparities research as an objective for reducing racial/ethnic disparities in health. In an effort to identify barriers to minority application and successful competition for NIH funding, 32 researchers from under-represented minority groups attended a November 3–4, 2003 planning meeting for the Minority Investigator Career Development Workshop cosponsored by the Divisions of Cancer Control and Population Sciences, Cancer Prevention and Cancer Treatment and Diagnosis. During the planning meeting, participants discussed barriers to minority application and successful competition for NIH funding, suggested actions that NIH

might take to help overcome identified barriers, and helped set priorities for the agenda for a minority investigator workshop scheduled for summer 2004. Dr. Vickie Shavers, Division of Cancer Control and Population Sciences, is the NCI contact person for the Minority Career Development Workshop.

DC Site of the Germ Attack to Open Soon

The site of the deadly anthrax attack of the U.S. postal system in the DC area will reopen this week.

As many will recall, the post-911 attacks in DC, NY, and NJ killed five and sickened 17 others.

The DC mail-sorting site was sealed and fumigated with chlorine dioxide for 17 hours. Office equipment was either replaced or refurbished. The total cost of the cleanup process was \$130 million.

The source of the attacks has yet to be identified, let alone arrested. Many believe the culprit(s) were domestic in origin.

REFERENCE

- Holly D. Workers to return Friday to Brentwood postal facility. *The Washington Times*. December 2, 2003. Accessed: <http://www.washingtontimes.com/functions/print.php?storyID=20031201-093004-5534r>. 12/2/03.

System for Detecting Bio Agents Enacted

George Dawson, MD

A 60-million dollar network of germ-detection systems has been placed in 31 American cities, in light of the current war on terrorism.

Apparently, the system detects agents once they are airborne and is checked for infectious agents at least once per day. The tests are specific for potential biowarfare agents, according to published reports.

The network now covers 50%

of the American population, or 12 monitoring sites in each of the cities covered.

REFERENCE

Charles D. U.S. Germ Detection System Active in 31 Cities. *Reuters Health*. November 14, 2003. Accessed: http://www.nlm.nih.gov/medlineplus/news/fullstory_14682.html. 11/25/03.

Playground Cancer Risk for Children

George Dawson, MD

The U.S. Environmental Protection Agency recently ruled that a commonly used treated wood poses a cancer risk in children.

The compound used to treat the wood—chromated copper arsenate—elevates the risk of lung, bladder, and skin cancers to 90% of children exposed to it or products laced with it.

Wood product manufacturers have said they will stop using the compound in products in 2004, but the report in *The Washington Post* notes that “there are many playgrounds with such treated woods and in backyard decks.”

REFERENCE

Pianin E. Treated Wood Poses Cancer Risk to Kids. *The Washington Post*. November 14, 2003. Page A11.

Does Lung Cancer Screening Have a Future?

George Dawson, MD

Researchers from Cornell Medical School in New York City recently reported the results of a 10-year study of patients. The patients were over 60 years old and had at least a 10-year history of cigarette smoking. CT scans were used in the study. Of the 3,000 persons screened, 28 patients were said to have early lung cancers/stage 1. Of these patients

who opted for surgical intervention, all were alive at the eight-year follow-up. Of the three who refused surgical intervention, all are dead from the cancers.

Currently, CT scans for screening cost about \$300 to \$400 per test. Still, its worthiness as a cost-effective screening tool for lung cancer has not been proven, as is the case for breast cancer screening—therefore rendering it not yet ready for widespread use.

REFERENCE

Susman E. Lung Cancer Screening Saves Lives, Money. http://www.nlm.nih.gov/medlineplus/news/fullstory_14914.html.

Heart Patients Short-Changed on Basic Medicines

George Dawson, MD

A troubling report suggests that congestive heart failure patients discharged from American hospitals are not getting proper medicines.

Researchers reviewed the discharge records of 54,639 heart failure patients from 260 American hospitals and found that 31% of ideal candidates for ACE inhibitors were not given the drug, even though it was indicated. Whether it was a private or prestigious teaching institution, the numbers did not fluctuate radically.

Of note, some hospitals provided the drug 100% of the time, but they were among the few.

REFERENCE

Associated Press. Heart patients often don't get basic drug. Accessed: <http://www.sunspot.net/news/health/bal-te.heart10nov10,0,4358755.story?coll=bal-heart>. 11/12/03.

African Americans More Accepting of Larger Body Images

George Dawson, MD

An interesting report from the *American Journal of Epidemiology* (October 15, 2003) suggests that African-American women are more accepting of being overweight or obese.

The report detailed the observations of 3,698 Louisiana residents involved in a heart study. Of the African-American participants who made up 28% of the group, a reported 72% were more likely to think they were thinner than they actually were. The whites surveyed were more likely to think that were fatter than they actually were.

Seems to this writer like an early psychological mixture of delusions and early anorexia, simply speaking.

REFERENCE

Study Detects Racial Gap in Body Image. October 28, 2003. http://www.nlm.nih.gov/medlineplus/news/fullstory_14455.html. 10/29/03.

Experts Calling for More Drug Treatment Programs—Not Prisons—for Addicts

George Dawson, MD

With well over 2.1 million Americans incarcerated in American prisons in 2002 and crushing state budgets that are short on tax revenues to support such institutions with the economic downturn for past three years or so, many are now calling for alternative drug treatment policies.

Many suggest that the recent increase in prison populations is related to mandatory drug sentencing for nonviolent drug offenders. Maryland, which has an African-American population of 28%, re-

ports that of those imprisoned for drug-related crimes, 90% are black.

Currently, African-American men constitute the greatest number of American inmates, representing 587,700 as of 2002. In fact, from 1986 to 1999 in Maryland, the number of African Americans sentenced to prison for drug crimes increased from 652 to 4,633.

Perhaps Rush Limbaugh—now that he has completed his drug rehabilitation stint (for a third time)—can serve as an advocate for this type of sentencing reform, which will allow for drug addiction treatment for all American citizens requiring it.

REFERENCES

1. Anderson C. States Face Growing Prison Population. Accessed: http://news.yahoo.com/news?tmpl=story2&cid=519&u=/ap/20030727/ap_on_re_us/prison.7/28/03.
2. Whitlock C. Study Cites Race Disparity in MD. Drug Incarcerations. *The Washington Post*. October 24, 2003. Page B1.

Vital Statistics and the African-American Community, Part 1—Deaths

George Dawson, MD

Preliminary data from the Centers for Disease Control and Prevention, detailing the number and types of deaths experienced in the United States in 2001, had some good news for the community.

Overall, of those 2,417,762 who died, 52% were from the top two killers—heart disease and malignant neoplasms. Actually, the noted age-adjusted death rates continued to decline in both types of deaths, even in our community. African Americans accounted for 287,110 deaths, compared to 285,826 in 2000.

Life expectancy rates for black males increased to 68.6 years and 75.5 years for black females, com-

pared to 75 years and 80.2 years for white males and females, respectively.

The leading causes of infant mortality in the African-American community were low birthweight and short gestation periods—among others—compared to congenital malformations/deformations and chromosomal anomalies in whites.

Finally, death by legal intervention (cop killings), which made it into the death categorization lexicon in the early 1990s, increased from 359 in 2000 to 387 in 2001.

REFERENCE

- Arias E, Smith BL. National Vital Statistics. Deaths: Preliminary Data 2001. Vol.51, No.5; March 14, 2003. Accessed: <http://www.cdc.gov/nvsr/data/nvsr51.html>. November 25, 2003.

Vital Statistics and the African-American Community, Part 2—Births

George Dawson, MD

Preliminary birth data from the Centers for Disease Control and Prevention from 2002 reflected a decline in the number of African-American births.

Overall, there were 4,019,288 births in the United States in 2002. Of these, 2,303,561 were non-Hispanic whites, 590,519 African Americans, and 872,296 Hispanics. Of interest, 97% if black were of non-Hispanic origin. However, on the other hand, of the total white count, which includes Hispanics, one in four was of Hispanic origin.

The birth rates for whites and blacks declined 1% and 3%, respectively, compared to 2001, while the Hispanic birth rate increased 2%.

Teen births for blacks declined again this year, accounting for a whopping 41.3% decline since

1990. Hispanic teen birth rates now surpass that of black teens.

Finally, Utah had the highest fertility rate. Also, Wyoming, Colorado, and New York recorded significant increases in fertility rates, while Alabama, Georgia, South Carolina, Michigan, Illinois, the District of Columbia, and California recorded significant declines.

REFERENCE

- Hamilton BE, Martin JA, Sutton PD. National Vital Statistics. Births: Preliminary Data for 2002. *National Vital Statistics Reports*. 51;11:June 23, 2003. Accessed: November 25, 2003. <http://www.cdc.gov/nvsr/data/nvsr/nvsr51.html>.

Shocker: It's the Whole Tomato, Not a Pill

George Dawson, MD

A new report in the *Journal of the National Cancer Institute* suggests that rats fed lycopene pills as a preventative to getting prostate cancer may not be enough.

It has been reported in many previous studies that diets rich in tomato-based products, in part, may have a protective effect on the prostate in preventing cancer development.

Being the pill-driven culture we are, the answer, therefore, must be as simple as a pill away, as the story goes. But this new report suggests that it may be the whole fruit, with its multitude of chemical components, which is responsible. They also found that animals fed caloric-restricted diets had longer cancer-free survival rates. The rats were given chemicals that caused them to develop prostate cancer.

REFERENCE

- Brown AJ. Whole Tomato, Not Lycopene, Fights Prostate Cancer. November 4, 2003. Accessed: http://www.nlm.nih.gov/medlineplus/news/fullstory_14529.html. 11/12/03.

**WHAT DID 69% OF
PATIENTS DIAGNOSED
WITH DEPRESSION SAY?¹**

I hurt.

Along with their emotional symptoms, depressed patients may also experience physical symptoms, including vague aches and pains.

Do patients present in your office saying, “I’m depressed”? Or, do they come in complaining of physical symptoms such as vague aches and pains? In a primary care study, as many as 69% of depressed patients presented with physical symptoms as their chief complaint.¹

An imbalance of serotonin and norepinephrine in the brain, which causes emotional depressive symptoms, can also occur in the spinal cord. The result may be amplified pain signals that explain a depressed patient’s complaint of vague aches and pains.² As a result, it may be important to consider both serotonin and norepinephrine in your depressed patients.

Researchers at Lilly are investigating the roles of both serotonin and norepinephrine in the emotional and painful physical symptoms of depression. To take a closer look at depression and all of its symptoms, visit www.DepressionAdvances.com.

REFERENCES: 1. Simon GE, et al. *N Engl J Med*. 1999;341(18):1329-1335. 2. Stahl SM. *J Clin Psychiatry*. 2002;63(5):382-383.