

MEDICAL NEWS



IN THE NEWS

FDA OKS ADHD TREATMENT

The U.S. Food and Drug Administration recently approved the use of a medical device to treat children with Attention-Deficit/Hyperactivity Disorder (ADHD). The new device, called the Monarch external Trigeminal Nerve Stimulation System (eTNS), is designed for children ages 7 to 12 who are not currently on medication for the disorder.

The eTNS delivers a low-level electrical pulse to the part of the brain responsible for ADHD symptoms. In a clinical trial of 62 children, results showed that the eTNS increased activity in the regions of the brain that regulate attention, emotion and behavior. The treatment is only available by prescription and must be monitored by a caregiver.

NUMBER TO KNOW

70

Among the 250 infant suffocation deaths from 2011-14, roughly 70 percent involved blankets, pillows or other soft bedding that blocked infants' airways.

STUDY SAYS

TEENS NOT AWARE OF E-CIGS RISK

According to a recent study conducted by the Renaissance School of Medicine at Stony Brook University, 40 percent of teens who thought they were using nicotine-free products had positive urine tests for nicotine.

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YOUR HEALTH

THE LEDGER'S GUIDE TO YOUR WELL-BEING

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FIGHTING FOR YOUR FEET



Jim Hoehne, an orthotist for 40 years, discusses the variety available in foot supports. The three foot orthoses shown are custom devices for non-diabetics. Their top cover is designed for shock reduction. The structure of the device is constructed to each patient's needs. The one in the middle is more accommodating to bony deformities of the foot than the one on the far right, which is semi-rigid. [ROBIN WILLIAMS ADAMS/YOUR HEALTH CORRESPONDENT]

Be aware of potential problems as you age

By Robin Williams Adams
Your Health correspondent

Older feet are more prone to painful foot problems. Shock-absorbing pads inside the soles of the feet waste away. Tendons and tendon sheaths may tighten. Arthritis often attacks the big toe. A weakened immune system increases susceptibility to nail fungus. Diabetes, more common with age, brings added complications. People in their 50s and 60s are more likely to start noticing periodic twinges of arthritic pain in the big toe or pain in the heel, which sometimes can be stabbing and at times like an aching bruise. Prevention can reduce the likelihood of some, but not all, the ravages that time brings to hard-living feet.



Nail fungus and toenail issues become more common as people age, due to factors like poor foot hygiene and a declining immune system. This elderly woman's foot has a bunion and the great toe overlaps the second toe. She has severe thickening of the nails and nail fungus. Soaking the feet isn't adequate cleaning. They need thorough washing. [ROBIN WILLIAMS ADAMS/YOUR HEALTH CORRESPONDENT]

Not going barefoot and wearing appropriate shoes that aren't too tight but give adequate support can help reduce risk of many foot problems, said Jim Hoehne, senior orthotist at Integrity Prosthetics and Orthotics.

Causes of heel pain

Heel pain is the most common foot problem at any age, said Dr. Ripal Y. Patel, a podiatrist with Watson Clinic Bartow. Fat-pad atrophy is one common cause. That's when the body's natural fat pads at the heels and balls of the feet have worn too thin. Those are the shock-absorbing pads referred to earlier. "Fat padding decrease can cause issues," said Dr. Matt Werd of Foot and Ankle Associates in

This article offers advice from two local podiatrists, doctors who specialize in the feet, and a Lakeland orthotist, a practitioner who connects patients with

devices to provide the best foot support. First, a couple of general observations: Excess body weight puts more pressure on the feet.

See FEET, H2

ECT out of the closet

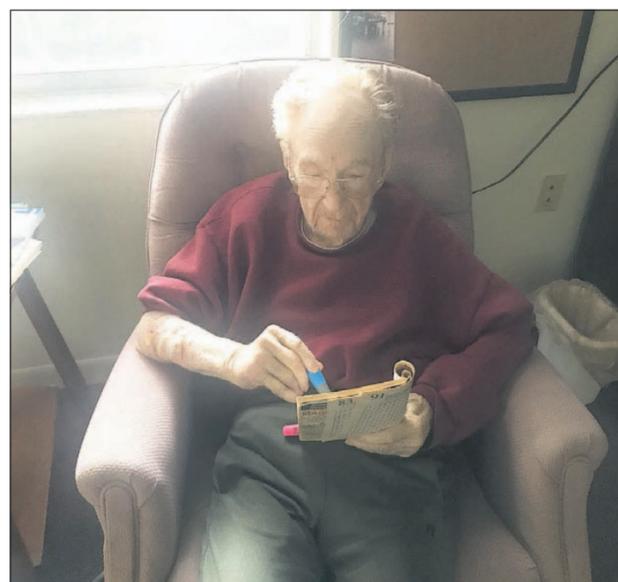
Mental-health professionals want people to know effectiveness, benefits of misunderstood therapy

By Robin Williams Adams
Your Health correspondent

Debra Nussell was startled when a psychiatrist recommended electroconvulsive therapy (ECT) for her elderly father-in-law. Her image of ECT came from decades-old training as a licensed practical nurse and didn't encompass changes made since then.

mind was what I remembered from 30 years ago," she said. "It looked like the electric chair but strapped down." Once Nussell and her husband learned the treatment is gentler than before, more controlled and done under general anesthesia, they agreed with Janet Shearer, his professional guardian, that ECT was worth trying. G.E. Nussell Jr., 94, had been in and out of hospital psychiatric and memory disorder units, despite being on more than one medication for his severe depression.

See ECT, H3



G.E. Nussell Jr. has regained more interest in word puzzles and other activities since his ECT treatments, according to a family member and his professional guardian. [PHOTO PROVIDED]

Postpartum depression is a common complication of childbirth

By Juli Fraga
The Washington Post

After Ann's daughter was born, the infant cried a lot because of acid reflux. "When she wouldn't stop, I got angry. I felt like a monster," said Ann, who requested that she be identified only by her middle name because of privacy concerns.

At first, the new mother chalked up her irritability and guilty feelings to stress and sleep deprivation, but when the worrisome feelings lingered, Ann knew something was wrong.

When her daughter was 6 months old, Ann saw her physician, who diagnosed her with postpartum depression (PPD), the most common complication of childbirth, affecting 1 in 7 women, according to the American Psychological Association.

Symptoms of the illness can include frequent tearfulness, feelings of hopelessness, fatigue and, in rare instances, thoughts of self-harm.

Researchers from Northwestern University, in January, identified four risk factors that may help physicians and mental-health professionals predict the seriousness of postpartum depression. The factors are: education, the number of children a woman has, ability to function at work and at home, and depression severity at four to eight weeks postpartum.

The study findings show that postpartum depression can vary in severity, which can affect the type of treatment a woman might need to recover. "This information can help us predict the severity of maternal depression, which can benefit the well-being of a mother early on," said Sheehan Fisher, lead author of the study and assistant professor of psychiatry and behavioral sciences at Northwestern University's Feinberg School of Medicine.

The longitudinal study included 507 women diagnosed with postpartum depression. According to the researchers, postpartum depression can fall into three categories: gradual remission, partial recovery or chronic severe. "Women who partially improve and those with chronic depression are at a higher risk of relapse," Fisher said.

After her diagnosis, Ann expected to recover, but her depressive symptoms never entirely went away — even after taking an antidepressant. Nine months after seeing her physician, the feelings of irritability and worry grew stronger. Before becoming pregnant, Ann had struggled with depression, a risk factor for postpartum depression. Her physician never asked about her mental-health history, Ann said. As a result, she was never screened for the disorder during pregnancy or immediately after giving birth, she said.

Early depression screenings may keep moms such as Ann from falling into the shadows. Fisher said that mental-health screenings can help identify at-risk women who might otherwise go

untreated. "Mothers with severe depression are less likely to receive mental-health counseling, but early intervention and tailored treatment is an essential part of their recovery," he said.

Symptoms of severe prenatal and postpartum depression can include feelings of hopelessness and anhedonia, a loss of interest in things, which can make it challenging for these women to make it to their prenatal checkups, according to Fisher. "Moms who don't receive regular prenatal care are less likely to be screened for mental-health concerns, which can make early intervention more difficult," he said.

Although postpartum depression is common, each woman's symptoms can vary, which means treating the illness doesn't always fit into a "neat little package," said Samantha Meltzer-Brody, a psychiatrist specializing in reproductive medicine at the University of North Carolina, Chapel Hill. She explained that personalized medicine could improve prenatal and postpartum mental-health care for mothers.

"Women diagnosed with breast cancer receive personalized treatment based on the type of cancer they have, which markedly improves treatment outcomes. We need a similar way to tailor perinatal mental-health care," Meltzer-Brody said.

To do this, clinicians need to discern between the different types of perinatal mood concerns. "What is often labeled as 'postpartum depression' could be another mental illness, such as bipolar disorder. And some women experience primarily postpartum anxiety symptoms," Meltzer-Brody explained.

Similar to postpartum depression, postpartum anxiety can cause feelings of irritability and ruminating thoughts to arise. However, mothers with anxiety may also experience physical discomfort such as nausea, dizziness and shortness of breath. And sometimes, the two illnesses overlap. For instance, the latest research findings found that 64 percent of women with chronic postpartum depression also struggled with anxiety. Kate Rope, 45, a mother of two children in Atlanta, suffered from postpartum anxiety. "I had a medically complicated pregnancy, which left me feeling anxious about my health and the health of my baby," she said.

At that time, Rope was seeing a psychotherapist, but talking about her worries wasn't enough to make them go away, she said. "By the time my baby was 9 months old, my brain was exhausted, and I wasn't sleeping very much," Rope added.

After months of endless worry and anxiety, she saw a reproductive psychiatrist who prescribed anti-anxiety medication. "Within two weeks, I felt like I exhaled for the first time in months," Rope said.

ECT

From Page H1

There were periodic emergency department trips with complaints of chest pain and other physical illnesses.

He kept saying he was ready to die.

The cycle needed to stop.

"I said, 'How much medication can we give before he overdoses?'" Shearer said. "He's sleeping all the time ... There's a person in there ... There has to be a way to reboot him."

When the doctor said ECT was the only other option available, Shearer shared that with his family.

Treatment began at the end of 2018. After several ECT sessions, G.E. Nussell Jr. became more cheerful and eager to socialize with family.

"He's playing cards with the people where he lives now," Debra Nussell said. "Before, he didn't care. He would lie in his room and the blinds were closed. Now the blinds are open."

The contrast in his artwork before and after ECT may show the change best. A painting he did before ECT was stark and dark, resembling a bright red blood spill in a black landscape.

His latest, after multiple treatments, has bright pinks, blues and greens surrounding a white cross.

"He is so different," Debra Nussell said.

She decided to share their experience to make others aware that "ECT when indicated clinically makes a significant difference."

The treatment provides brief electrical stimulation of the brain.

Overcoming a false image

Movies like "One Flew Over the Cuckoo's Nest" reinforced an image of the therapy as painful in the public's mind.

"Having commenced its movie career as a severe but helpful remedy for personal distress, ECT on film has become a progressively more negative and cruel treatment, leaving the impression of a brutal, harmful and abusive maneuver with no therapeutic benefit," researchers Garry Walter and Andrew McDonald wrote in a 2001 report on how American movies portray ECT.

They reiterated that finding in 2009. Other researchers and mental health professionals say that negative portrayal continues.

As a result, families either don't know the treatment exists or have negative impressions of it, said Alice Nuttall, director of behavioral health services at Lakeland Regional Health.

"Its reach could be so much more in our communities," Nuttall said. "We want to bring more public awareness of what ECT is."

Extensive research finds ECT "highly effective for the relief of major depression," the American Psychiatric Association says on its website.

For patients with severe major depression not complicated or moderated by other mental health conditions, APA said "ECT will produce substantial improvement in approximately 80 percent."

Some studies show its overall effectiveness to be 85 to 90 percent, said Dr. Felix Widlacki, associate medical director of behavioral health with LRH. He also is chief of its neuromodulation services, device-based therapies like ECT.



Prior to getting ECT treatments, when his depression was affecting him more, G.E. Nussell Jr. painted this image.

[PHOTO PROVIDED]



Janet Shearer, professional guardian for G.E. Nussell Jr., holds a recent painting he did. It is more cheerful, reflecting his improved mood after receiving electroconvulsive therapy as depression treatment, than a prior painting.

[ROBIN WILLIAMS ADAMS/YOUR HEALTH CORRESPONDENT]

Most people treated with this method at LRH Medical Center are patients already admitted to the hospital.

In large part that's due to lack of awareness, including among medical professionals, Widlacki said.

Most ECT can be done on an outpatient basis, he said, but getting that to happen will depend on

better awareness.

Lakeland Regional is boosting its efforts to increase awareness of ECT as the health system prepares to add TMS, another non-medication treatment for depression that can be done on an outpatient basis.

TMS, which stands for transcranial magnetic stimulation, uses focused magnetic pulses to stimulate nerve cells in the brain.

It's expected to be at LRH by fall.

Winter Haven Hospital, which did TMS in the past, isn't providing it now, said Communications Coordinator Nafari Vanaski.

ECT most commonly is used in treating major depression with psychotic features like hallucinations. Bipolar disorder is another condition for which it's effective in many patients, Widlacki said.

Medication rather than ECT is going to be first treatment for most of those patients unless their condition is unusually severe or needs faster results, Widlacki said.

It's used in some patients with schizophrenia and with catatonia, in which patients can get increasingly unresponsive and agitated. Catatonia is the condition for which ECT is most effective, Widlacki said, although those are only a small percentage of patients treated with it.

ECT patients, on average, get a course of nine treatments, he said.

Some continue with medication. Some, like G.E. Nussell Jr., keep getting monthly maintenance ECT.

He's stopped complaining of regular chest pain and has fewer headaches now, Shearer said.

In addition to anesthesia, ECT patients may get muscle relaxers. Those can leave some patients with temporary jaw tightness or body aches. "I've never had anyone complain of severe pain," Widlacki said.

Short term memory loss may occur, typically after three or four treatments, he said, but that tends to be of the time shortly before and after a treatment is given.

"People don't forget their ABCs, how to sing 'Happy Birthday' or their wife's face," he said.

In giving ECT treatment, the team interacts with family members as much as the patient, Nuttall said, mentioning that she has heard other encouraging improvement stories.

"You see many come in with what you would define as a hopeless state, unkempt, not showering," she said. "During the course of treatment, you start to see change."

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