

WWW.LSUHOSPITALS.ORG

IN THE NEWS

[[HTTP://WWW.LSUHOSPITALS.ORG/MEDIA-RELATIONS/IN-THE-NEWS.HTM](http://www.lsuhs.org/media-relations/in-the-news.htm)]

[TUESDAY, AUGUST 05, 2008]

New LSU chancellor begins tenure with meetings
The Times-Picayune | 08.04.08 2

Katrina patient deaths case not over, AG says
The Advocate | 08.05.08 3

AG wants Pou records kept closed
The Times-Picayune | 08.04.08 5

MDs urged to quit prostate screens in elderly men
The Times-Picayune | 08.05.08 6

It's Not Over Yet
Gambit Weekly | 08.05.08 7

Medical residents lack sleep, despite policy change
USA TODAY | 08.04.08 10

CDC underestimated new HIV cases by 40 percent
Yahoo News | 08.03.08 12

You're Checked Out, but Your Brain Is Tuned In
The New York Times | 08.05.08 15

As Cancer Lingered, She Lived a Bold Life
The New York Times | 08.05.08 17

New LSU chancellor begins tenure with meetings

The Times-Picayune | 08.04.08

The Associated Press

BATON ROUGE, La. (AP) — New LSU Chancellor Michael Martin took the helm of the Baton Rouge campus Monday, starting his tenure with a round of faculty meetings and a visit with incoming freshmen.

Martin said he doesn't intend to make any immediate, sweeping changes to the university.

"I hope everybody will give me four to six months to kind of get a handle on the place," he said in an interview with reporters Monday afternoon.

Among the areas he said he'd like to improve is the campus' diversity, and he said he'll be attending a diversity forum in Los Angeles at the end of the week with other university leaders.

He said he expects to spend a significant portion of his time on the school's fundraising efforts to help the college reach the \$750 million goal of "Forever LSU," a fundraising campaign it launched in 2006. The campaign has raised more than \$520 million so far.

"I understand that's a big part of the job," he said.

Martin, 61, succeeds Sean O'Keefe, who announced his resignation in January under pressure from LSU System President John Lombardi and the system Board of Supervisors. Martin previously spent four years as president of New Mexico State University.

At LSU, he will lead a 150-year-old university with about 29,000 students and a \$400 million budget. Martin said he's impressed with the traditions of the school and the enthusiasm he's seen so far.

As chancellor, Martin will bring in an annual base salary of \$400,000. He also lives in the chancellor's official campus residence and is provided with a car.

<http://www.nola.com/newsflash/index.ssf?/base/news-41/1217868571204030.xml&storylist=louisiana>

[\[BACK TO TOP\]](#)

Katrina patient deaths case not over, AG says

The Advocate | 08.05.08

By JOE GYAN JR.

Attorney General Buddy Caldwell hinted Monday the murder investigation into patient deaths after Hurricane Katrina may not be over.

In legal papers filed at the state's highest court, Caldwell argues records from former Attorney General Charles Foti's probe of a doctor and two nurses following the deaths of patients after the August 2005 storm should remain out of public view.

Caldwell's stated reason: to "maintain the integrity of the files and avoid compromising any future litigation that could arise from the investigation."

A spokeswoman for Caldwell said he did not wish to comment on the Louisiana Supreme Court filing.

Foti accused Dr. Anna Pou and nurses Lori Budo and Cheri Landry of killing patients by overdosing them with a sedative-painkiller mix during the day after Katrina when Memorial Medical Center in New Orleans had no power and no way to evacuate.

Then-Orleans Parish District Attorney Eddie Jordan dropped the charges against the nurses, and an Orleans Parish grand jury declined to indict Pou in July 2007.

Foti lost his re-election bid later that year.

The state 1st Circuit Court of Appeal ruled in April the records collected by Foti's office should not be released because no one has been convicted or acquitted in the patients' deaths, meaning the case remains an open murder investigation.

The appellate court reversed a September ruling by state District Judge Don Johnson, who concluded the public should see some of those records. Johnson sealed the records until higher courts reviewed his ruling.

The brief Caldwell's office filed Monday at the Louisiana Supreme Court asks the justices to affirm the 1st Circuit decision.

"Due to the fact that the investigation concerned homicide charges and the grand jury issued a 'no true bill', litigation has not been finally adjudicated or otherwise settled, at the very least," Caldwell wrote.

"If charges were to be brought in connection with the deaths that occurred at Memorial in the future, and the investigatory file was determined to be a public record, the integrity of that case would be seriously compromised," he warned.

Caldwell said the failure or refusal of a grand jury to indict a person does not preclude a later indictment by the same or another grand jury.

He added that another grand jury could further investigate and indict someone else for the patient deaths, or continue to investigate under its investigatory authority.

"It is clear that this case could be investigated by another grand jury. Thus, this case is still officially open," he wrote.

The various court rulings concerning records of Foti's probe have been the result of a lawsuit filed by Jane and John Does against Foti, CNN, The Times-Picayune in New Orleans and others who have tried to get the records released.

The plaintiffs are health-care professionals who contend that disclosure of their identities would violate privacy rights, violate the privilege they enjoy with their patients, or reveal information presented to the grand jury.

<http://www.theadvocate.com/news/26268739.html>

[\[BACK TO TOP\]](#)

AG wants Pou records kept closed

The Times-Picayune | 08.04.08

Posted by tmorris

BATON ROUGE -- Louisiana's Attorney General has filed a brief in favor of keeping off-limits the material an Orleans Parish grand jury reviewed in connection with murder charges against a doctor and two nurses.

The 1st Circuit Court of Appeal in April reversed a lower court ruling that some of the documents in the case against Dr. Anna Pou and nurses Lori Budo and Cheri Landry should be made public. The appellate court ruled that the information should not be released because no one has been found guilty or acquitted in the patients' deaths, therefore the case remains an open murder investigation.

In documents filed today, Attorney General Buddy Caldwell agreed, saying charges could be brought in the future for the deaths at Memorial Medical Center following Hurricane Katrina.

http://www.nola.com/news/index.ssf/2008/08/ag_wants_pou_records_kept_clos.html

[\[BACK TO TOP\]](#)

MDs urged to quit prostate screens in elderly men

The Times-Picayune | 08.05.08

The Associated Press

NEW YORK (AP) — Doctors should stop routine prostate cancer screening of men over 75 because there is more evidence of harm than benefit, a federal task force advised Monday in a new blow to a much scrutinized medical test.

The U.S. Preventive Services Task Force, which made the recommendation, reported finding evidence that the benefits of treatment based on routine screening of this age group "are small to none." However, treatment often causes "moderate-to-substantial harms," including erectile dysfunction and bladder control and bowel problems, the task force said.

The new guidance is the first update by the task force on prostate cancer screening since 2002. The last report on the subject from this panel of experts, which sets the nation's primary care standards, concluded there was insufficient evidence to recommend prostate screening for men of all ages.

In recent years, there has been a growing debate about the value of the somewhat imprecise PSA test to detect cancer, as well as the value of treating most prostate cancers. A number of experts contend patients are being overtreated.

Most major U.S. medical groups recommend doctors discuss the potential benefits and known harms of prostate screening with their patients and make individual decisions. And most agree such testing shouldn't occur before age 50.

The federal task force reviewed past research in reaching its conclusion and "could not find adequate proof that early detection leads to fewer men dying of the disease," task force chairman Dr. Ned Calonge of Denver, said in a statement.

Prostate cancer is the most common cancer in American men — about 220,000 cases will be diagnosed this year. It is the second leading cause of cancer deaths in men. But most tumors grow so slowly they never threaten lives. There is no accurate way to tell which tumors will.

Earlier this year, a study found that older men who already had early-stage prostate cancer were not taking a big risk by not treating it right away. The vast majority were alive 10 years later without significantly worrying symptoms or had died of other causes.

Prostate cancer treatments are tough, especially on older men. Some doctors instead recommend "watchful waiting" to monitor signs of the disease and treat only if they worsen, but smaller studies give conflicting views of the safety of that approach.

The new guidelines from the Preventive Services Task Force were published in this month's Annals of Internal Medicine.

<http://www.nola.com/newsflash/index.ssf?/base/national-9/1217908756250330.xml&storylist=health>

[\[BACK TO TOP\]](#)

It's Not Over Yet **Gambit Weekly | 08.05.08**

By Greg Thomas

When you have PTSD (Post-Traumatic Stress Disorder), it's the same kind of thing they see in combat situations. If someone wasn't put together very well in the first place, they are more likely to develop more serious (mental) disorders." That's what retired, 33-year New Orleans Police Department veteran David Benelli sees among the ranks of first responders almost three years after Hurricane Katrina. "It's like they've come home from a war, but the war is right here. It's still going on."

Benelli's observation mirrors three scientific studies that show a 40 percent spike in the number of people with moderate to serious mental disorders related to Katrina. Scientists are discovering that people from all walks of life and all socio-economic strata are just now developing diagnosable symptoms. It's not just first responders or those who experienced the horrors of staying in the city during the hurricane and the levee breaches. It's the woman in the next cubicle, the man fixing your roof, the attorney, the housewife, the guy who mows your lawn, the cab driver, the engineer, the executive.

The studies indicate the costs are varied: marital discord, absenteeism at work, tumbling work performance, increases in the use of antidepressants and tranquilizers, and a surge in alcohol and illegal drug use. One study also indicated a 37.7 percent increase in depression, PTSD and anxiety. Although suicides appeared to rise immediately following the storms, rates have now declined to pre-Katrina levels.

The number of New Orleans-area residents who are seeking mental health help is increasing, and Gov. Bobby Jindal in June signed sweeping reform bills he had backed during the Louisiana legislative session. The \$89 million package of bills authorize creation of crisis centers and eventually permanent mental health centers that will provide continuous care, make it easier to commit dangerous patients, and allow teleconferencing counseling sessions in the state. The bills provide funding statewide, but the bulk will be spent in the New Orleans area.

The need is obvious. Ronald Kessler, professor of Healthcare Policy at Harvard Medical School and principal investigator for the Hurricane Katrina Community Advisory Group (CAG) conducted a survey between January and March 2006 and the same months in 2007 concerning the well-being of Katrina survivors. The CAG study, paid for by the Rand Corporation and the National Institute of Mental Health, is ongoing and now has a base of 3,000 Katrina survivors. The study Web site contains hundreds of recorded histories, including this one from a New Orleans woman who rode out the storm with friends:

"The water rose to four-and-a-half feet in a matter of minutes. We went into the attic. The first thing [my friend's husband] did was chop a hole in the attic so if it did keep rising we had a way out, because we just sat there unknowing. (Her own home took only 6 inches of water.) The scariest, stressful thing is all the people that I know and care about telling me they had lost everything. They had lost loved ones. It's not losing possessions; it's the devastation. It will never be like what they say is normal. It will never be normal here again."

"Initially it was just (that) everybody wanted to come in and tell their story," says William Brasted, a clinical psychologist who practices in Algiers and specializes in crisis management, PTSD, stress, anxiety and mood disorders. "What has happened since then is that [problems] are much more subtle. The people we are seeing now are often people who are just basically worn out. It's the usual gamut of problems: contractors, Road Home money and job loss — every mental pressure imaginable that Katrina and Rita forced upon people along the Gulf Coast. Schools are gone, insurance premiums tripled, each and every issue (made their mental state) as precarious as a toddler stacking blocks. The risk is that it all could come tumbling down with a little nudge."

Kessler's survey shows mental disorders among people who were in the path of Katrina are taking longer to subside and are overwhelming a crippled mental health system that state Department of Health and Hospitals Secretary Alan Levine says "was neglected for 20 years" before it was nearly destroyed by the storms.

A Ninth Ward woman who stayed for the storm described her experiences to investigators: "I stayed. I didn't evacuate. I noticed a lot of things that I didn't think I'd ever have to experience. It was very sad. I was very upset. It was stressful. I cried for two, three weeks after the storm. I'd seen a lot of dead bodies — old, elderly people passing and dying in front of me. The Army people took us to the Interstate to get on a bus to go to Texas. We were there two or three days, no food. My most stressful experience? Seeing little babies dying in front of me, and elderly people, and then I lost my father."

In October 2007, Kessler and others — including Psychologist Anthony Speier, head of the Office of Mental Health, a division of DHH — warned a congressional committee that mental problems could continue in the years following the disaster and eventually could develop among even the heartiest of residents.

Kathryn Power, director of the federal Substance Abuse and Mental Health Services Administration (SAMHSA), testified that two weeks after Katrina hit, the agency's National Suicide Prevention Hotline received 1,400 calls weekly from displaced Katrina survivors — a 600 percent increase in calls before the storm.

Levine, who took office at the start of this year, says he was shocked by the magnitude of the problem.

"I arrived in January, literally days within which New Orleans Police Department officer Nicola Cotton was shot 15 times by a diagnosed paranoid schizophrenic, someone who has been in and out the revolving door of the state's mental health system and was released only hours before killing her." He blames most of the problem on years of budget cuts and inattention. "This is a system that has been neglected for 20 years," he says.

The most recent survey on post-Katrina mental health was released by the Population Studies Center at the University of Michigan Institute of Research. Written by UM psychologist Narayan Sastry and Tulane University School of Public Health and Tropical Medicine Professor Mark VanLandingham, the survey was conducted during the last six months of 2007. It is the latest data available, although Kessler began collecting data in July for a three-year study.

VanLandingham and Sastry found that 20 percent of New Orleans-area residents affected by the storm showed signs of serious mental illness and another 19 percent showed indications of minimal to mild mental illness. Across all demographics, they found that 60 percent of those displaying signs of mental disorders either had their homes destroyed or severely damaged. Another finding was that there were "major disparities in mental illness by race, education and income." African Americans were the single largest demographic "with higher levels of psychological stress." The study found that 31 percent of African-American respondents were in the "high-distress" category compared to only 6 percent of the white survivors who were surveyed.

Sastry says he and VanLandingham are expanding the survey to include up to 2,000 people so they can continue to evaluate mental health status and needs.

A study by the Tulane School of Public Health and Tropical Medicine found that compared to 2003 — the last year reliable data was available — the number of people who died in New Orleans increased 47 percent in the last six months of 2006. Experts say the high death rate affected the elderly, those with chronic medical conditions and other existing medical problems. They say the stress of evacuation, a lack of medical care and other stressors worsened their conditions and hastened early death.

Much of the \$89 million spending package Jindal signed will fund a new comprehensive mental health system with clinics in Orleans, Jefferson, St. Bernard, Plaquemines and other parishes. The bulk of the spending — \$31.5 million — will fund a Metropolitan Human Services Authority covering Orleans, St. Bernard and Plaquemines parishes, while \$27.1 million will go to establish the Jefferson Parish Human Services Authority.

The first priority will be to establish crisis clinics to release pressure on emergency rooms and law enforcement agencies. The number and locations of permanent facilities are yet to be determined. The

mental health centers will diagnosis and provide continuing care, including medications, for substance abuse or medical disorders.

At the direction of Jindal, Levine pushed hard for the reforms, and freshman Sen. David Heitmeier, D-New Orleans, introduced the legislation.

"We had terrible, terrible utilization of our resources, especially in (dumping) patients at emergency rooms or parish prison (even prior to 2005)," Heitmeier says. "It's a sweeping reform. It's an unprecedented rebuilding of what was a bad system, then (Katrina) destroyed the system. (My) first thought was Katrina just exacerbated (it)."

In an interview in June, Kessler said that compared to survey samples of survivors of tornadoes, earthquakes and manmade disasters, "We find the recovery trajectory for Katrina (survivors) is considerably slower than other disasters or traumatic events." The study found that 31.2 percent of a sample group showed "evidence of mood or anxiety disorder (and) among those, only 32 percent had used any mental health services since the disaster, including 46 percent of those with serious disorders." It breaks down the severity of the mental disorders: mild to moderate, 11.9 percent; serious, 19.9 percent.

"The difference between this disaster and other disasters is that people didn't just lose their homes, they lost their community," says Algiers clinical psychologist William Brasted. "Their church is often gone, their neighbors are still gone, and a lot of them are still in the grief process, frustrated that it hasn't come back."

Depression, suicide, substance abuse and fights among couples are rising in a region still ill-equipped to handle the number of people who need psychological help, says Dr. Robert Dahmes, a psychiatrist in Algiers. "It applies to people who have never thought of having a mental health issue to those with pre-existing conditions exacerbated by the storms. Stress contributes to existing underlying mental illness. The depression rate goes up and the suicide rate goes up."

Many people who were on low doses of antidepressants or anti-anxiety medications before the storm are on much higher doses now, he says. In addition, many of his patients who were stable before Katrina are now chalking up high absenteeism at work, and are applying for disability or medical leaves of absence. "These are patients that ... never would have asked for them before (the storm)," Dahmes says.

He estimates there were about 290 psychiatrists in the metropolitan area before Katrina and that only about 50 have returned to their practices. Psychotherapists with doctorates in psychology have returned in greater numbers, he says.

"The issues we are seeing are lingering effects continuing to express themselves in adverse circumstances," says the Office of Public Health's Speier. Some people, he says, are experiencing something akin to flashbacks triggered by severe rain or thunderstorms. "People have increased arousal (of emotions) and anxiety" during such events, Speier says.

Just as the rebuilding of New Orleans continues with stumbles and successes, so does the recovery of thousands of Katrina survivors. For many, the black clouds, the howling winds and rising water are still swirling.

<http://www.bestofneworleans.com/dispatch/2008-08-05/feat.php>

[\[BACK TO TOP\]](#)

Medical residents lack sleep, despite policy change

USA TODAY | 08.04.08

By Liz Szabo

A policy that reduced workweeks for medical residents hasn't helped junior doctors get more sleep, and it hasn't kept them from making mistakes or getting into car accidents, a new study shows.

In the past, residents sometimes worked 36 hours straight, putting in 100 hours a week. A 2003 policy from the Accreditation Council for Graduate Medical Education cut shifts back to 24 to 30 hours, with a maximum of 80 hours per week.

HEALTH BLOG: The doctor will see you now ...

Doctors hoped that cutting back hours would prevent exhausted residents from making life-threatening medical errors and keep sleepy doctors from falling asleep at the wheel, says Christopher Landrigan, author of a study in today's Pediatrics .

But a study of 220 residents — doctors who, like the characters in Grey's Anatomy, are in their first few years out of medical school — shows little change:

- While 80% of residents worked shifts of more than 30 consecutive hours before 2003, 56% of residents worked 30 or more hours at a stretch after the policy change.
- The length of extended work shifts decreased 3%, to 28.5 hours at a stretch.
- Residents got the same amount of sleep — 7 ½ hours a day — during the spring after the rules went into effect as they did in the spring before the policy.
- Residents made about the same number of mistakes — 1½ mistakes for every 100 orders given.
- Residents had just as many accidental needle-sticks and car wrecks.
- About 20% of residents met criteria for depression, both before and after the policy change.

On the plus side, rates of burnout among residents fell from 75% to 57%. But the study shows doctors are still working too many hours without rest, Landrigan says.

He says that other countries have stricter work limits.

In New Zealand, junior doctors may work no more than 16 hours straight and 72 total hours a week, according to the paper. In Europe, doctors may work no more than 13 consecutive hours and 48 to 56 hours a week.

Federal law in the USA limits work hours for other high-risk professionals, such as airline pilots, nuclear facility workers and truck drivers, Landrigan says. "Doctors have been left to regulate their own hours and, at least to date, haven't done so very effectively," Landrigan says.

Landrigan notes that some hospitals have already made changes.

Brigham and Women's Hospital in Boston, for example, has cut surgical shifts from 24 hours straight to 12 hours, Landrigan says. The hospital is also considering reducing shifts for residents in the intensive care unit.

Landrigan notes that his study has limitations. His study included only pediatric residents at three large children's hospitals in Boston, Washington, D.C., and Palo Alto, Calif. It's possible, he says, that his study may not reflect the experience of other specialties.

Ingrid Philibert, of the graduate medical council, says the study may not reflect current working conditions. She says the council is examining how the policy change is working.

She says there are downsides to shortening residents' hours. Doctors who work shorter hours might have to leave before their patients have been treated. And doctors signing off for the day could make mistakes as they transfer their patients to the new physicians just starting work, Philibert says.

Rebecca Sadun, director of student programming at the American Medical Student Association, says cutting work hours isn't as easy as it sounds.

"We need more physicians in training," Sadun says. "Without more residents, we can't give people more rest."

Sadun says residents need rest in order to help their patients.

"As a physician in training, to know I have someone's life in my hands and not be able to operate at my best, that's the scariest thing," Sadun says.

http://www.usatoday.com/news/health/2008-08-04-residents_N.htm

[\[BACK TO TOP\]](#)

CDC underestimated new HIV cases by 40 percent

Yahoo News | 08.03.08

By MIKE STOBBE, AP Medical Writer

The number of Americans infected by the AIDS virus each year is much higher than the government has been estimating, U.S. health officials reported, acknowledging that their numbers have understated the level of the epidemic.

The country had roughly 56,300 new HIV infections in 2006 — about a 40 percent increase from the 40,000 annual estimate used for the past dozen years. The new figure is due to a better blood test and new statistical methods, and not a worsening of the epidemic, officials said.

But it likely will refocus U.S. attention from the effect of AIDS overseas to what the disease is doing to this country, said public health researchers and officials.

"This is the biggest news for public health and HIV/AIDS that we've had in a while," said Julie Scofield, executive director of the National Alliance of State and Territorial AIDS Directors.

Experts in the field, advocates and a former surgeon general called for more aggressive testing and other prevention efforts, noting that spending on preventing HIV has been flat for seven years.

The revised estimate by the Centers for Disease Control and Prevention and the methodology behind it were to be presented Sunday, the opening day of the international AIDS conference in Mexico City.

Since AIDS surfaced in 1981, health officials have struggled to estimate how many people are infected each year. It can take a decade or more for an infection to cause symptoms and illness.

One expert likened the new estimate to adding a good speedometer to a car. Scientists had a good general idea of where the epidemic was going; this provides a better understanding of how fast it's moving right now.

"This puts a key part of the dashboard in place," said the expert, David Holtgrave of Johns Hopkins University.

Judging by the new calculations, officials believe annual HIV infections have been hovering around 55,000 for several years.

"This is the most reliable estimate we've had since the beginning of the epidemic," said Dr. Julie Gerberding, the CDC's director. She said other countries may adopt the agency's methodology.

According to current estimates, around 1.1 million Americans are living with the AIDS virus. Officials plan to update that number with the new calculations but don't think it will change dramatically, a CDC spokeswoman said.

The new infection estimate is based on a blood test that for the first time can tell how recently an HIV infection occurred.

Past tests could detect only the presence of HIV, so determining which year an infection took place was guesswork — guesswork upon which the old 40,000 estimate was based.

The new estimate relies on blood tests from 22 states where health officials have been using a new HIV testing method that can distinguish infections that occurred within the past five months from those that were older.

The improved science will allow more real-time monitoring of HIV infections. Now, CDC officials say, the estimate will likely be updated every year.

Yearly estimates allow better recognition of trends in the U.S. epidemic. For example, the new report found that infections are falling among heterosexuals and injection drug users.

Some experts celebrated that finding, saying it's a tribute to prevention efforts, including nearly 200 syringe exchange programs now operating in 36 states despite a federal ban on funding for such projects.

But they also lamented the CDC's finding that infections continue to increase in gay and bisexual men, who accounted for more than half of HIV infections in 2006. Also, more than a third of those with HIV are younger than 30.

Some advocates say that suggests a need for more prevention efforts, particularly targeting younger gay and bisexual men.

For years, AIDS was considered a terrifying death sentence, and since 1981, more than half a million Americans have died. But medicines that became available in the 1990s turned it into a manageable chronic condition for many Americans, and attention shifted to Africa and other parts of the world.

Last week, President Bush signed a \$48 billion global AIDS bill to continue a program that he called "the largest commitment by any nation to combat a single disease in human history."

But some advocates complain that CDC's annual spending on HIV prevention in the United States has been held to roughly \$700 million since 2001, while costs have risen. (That's about 3 percent of what the federal government spends on AIDS; much of the rest is on medicines, health care and research.)

The new estimate is "evidence of a failure by government and society to do what it takes to control the epidemic," said Julie Davids, executive director of the Community HIV/AIDS Mobilization Project.

Whether more funding comes or not, the revised estimate clearly is a "wake-up call to scale things up," said Dr. Kevin Fenton, who oversees CDC's prevention efforts for HIV/AIDS.

Some said more attention needs to focus on prevention among blacks, who account for nearly half of annual HIV infections, according to the new CDC report.

A recent report by the Black AIDS Institute concluded that if black Americans were their own nation, they would rank 16th in the world in the number of people living with HIV.

"We have been inadequately funding this epidemic all along. We need to step it up," said former U.S. Surgeon General Dr. David Satcher, who is now an administrator at Atlanta's Morehouse School of Medicine.

The new estimate has been anticipated for a long time. The CDC began working on the new methods nearly seven years ago.

Late last year, advocates said they had heard the figure was about 55,000 and pressed the CDC to release it. Agency officials declined, saying they were submitting their research for medical journal review.

"These are extremely complicated statistical methods," and CDC officials wanted the work to be thoroughly reviewed by outside experts, Gerberding said. The CDC's findings are being published in the Journal of the American Medical Association.

Until 1992, the number of diagnosed AIDS cases was used to predict how many people were newly infected each year. That method produced an estimate of 40,000 to 80,000. More recently, the CDC focused on infections among men who have sex with men, who account for about half of new HIV diagnoses.

http://news.yahoo.com/s/ap/20080803/ap_on_he_me/med_hiv_infections;_ylt=AuErFuxnHreu8vj7Rr5E2BJvzwcF

[\[BACK TO TOP\]](#)

You're Checked Out, but Your Brain Is Tuned In
The New York Times | 08.05.08
 By BENEDICT CAREY

Even the most fabulous, high-flying lives hit pockets of dead air, periods when the sails go slack. Movie stars get marooned in D.M.V. lines. Prime ministers sit with frozen smiles through interminable state events. Living-large rappers endure empty August afternoons, pacing the mansion, checking the refrigerator, staring idly out the window, baseball droning on the radio.

Wondering: When does the mail come, exactly?

Scientists know plenty about boredom, too, though more as a result of poring through thickets of meaningless data than from studying the mental state itself. Much of the research on the topic has focused on the bad company it tends to keep, from depression and overeating to smoking and drug use.

Yet boredom is more than a mere flagging of interest or a precursor to mischief. Some experts say that people tune things out for good reasons, and that over time boredom becomes a tool for sorting information — an increasingly sensitive spam filter. In various fields including neuroscience and education, research suggests that falling into a numbed trance allows the brain to recast the outside world in ways that can be productive and creative at least as often as they are disruptive.

In a recent paper in *The Cambridge Journal of Education*, Teresa Belton and Esther Priyadarshini of East Anglia University in England reviewed decades of research and theory on boredom, and concluded that it's time that boredom "be recognized as a legitimate human emotion that can be central to learning and creativity."

Psychologists have most often studied boredom using a 28-item questionnaire that asks people to rate how closely a list of sentences applies to them: "Time always seems to be passing too slowly," for instance.

High scores in these tests tend to correlate with high scores on measures of depression and impulsivity. But it is not clear which comes first — proneness to boredom, or the mood and behavior problems. "It's the difference between the sort of person who can look at a pool of mud and find something interesting, and someone who has a hard time getting absorbed in anything," said Stephen J. Vodanovich, a psychologist at University of West Florida in Pensacola.

Boredom as a temporary state is another matter, and in part reflects the obvious: that the brain has concluded there is nothing new or useful it can learn from an environment, a person, an event, a paragraph. But it is far from a passive neural shrug. Using brain-imaging technology, neuroscientists have found that the brain is highly active when disengaged, consuming only about 5 percent less energy in its resting "default state" than when involved in routine tasks, according to Dr. Mark Mintun, a professor of radiology at Washington University in St. Louis.

That slight reduction can make a big difference in terms of time perception. The seconds usually seem to pass more slowly when the brain is idling than when it is absorbed. And those stretched seconds are not the live-in-the-moment, meditative variety, either. They are frustrated, restless moments. That combination, psychologists argue, makes boredom a state that demands relief — if not from a catnap or a conversation, then from some mental game.

"When the external and internal conditions are right, boredom offers a person the opportunity for a constructive response," Dr. Belton, co-author of the review in the *Cambridge journal*, wrote in an e-mail message.

Some evidence for this can be seen in semiconscious behaviors, like doodling during a dull class, braiding strands of hair, folding notebook paper into odd shapes. Daydreaming too can be a kind of constructive self-entertainment, psychologists say, especially if the mind is turning over a problem. In experiments in the 1970s, psychiatrists showed that participants completing word-association tasks

quickly tired of the job once obvious answers were given; granted more time, they began trying much more creative solutions, as if the boredom “had the power to exert pressure on individuals to stretch their inventive capacity,” Dr. Belton said.

In the past few years, a team of Canadian doctors had the courage to examine the fog of boredom as it thickened before their (drooping) eyes. While attending lectures on dementia, the doctors, Kenneth Rockwood, David B. Hogan and Christopher J. Patterson, kept track of the number of attendees who nodded off during the talks. They found that in an hourlong lecture attended by about 100 doctors, an average of 16 audience members nodded off. “We chose this method because counting is scientific,” the authors wrote in their seminal 2004 article in The Canadian Medical Association Journal.

The investigators analyzed the presentations themselves and found that a monotonous tone was most strongly associated with “nod-off episodes per lecture (NOELs),” followed by the sight of a tweed jacket on the lecturer.

In a telephone interview, Dr. Rockwood, a professor of geriatric medicine at Dalhousie University in Halifax, Nova Scotia, said when the material presented is familiar, as a lot of it was, then performance is everything. “Really, what it comes down to,” he said, “is that if you have some guy up there droning on, it drives people crazy.”

Dr. Rockwood and his co-authors have followed up with two more related reports and attribute the inspiration for the continuing project to Dr. Patterson.

Early on in one of those first dementia lectures, he went out cold.

<http://www.nytimes.com/2008/08/05/health/research/05mind.html>

[\[BACK TO TOP\]](#)

As Cancer Lingered, She Lived a Bold Life

The New York Times | 08.05.08

By DENISE GRADY

"I have plans, and cancer is interfering with my plans!" Karen Pasqualetto said by e-mail a few months ago.

Ms. Pasqualetto was the subject of an article in The New York Times last year about the uneven quality of cancer treatment in the United States, and patients' battles with conflicting medical advice, tight-fisted insurers and rugged courses of therapy. Uncommonly candid, seemingly incapable of whining, she fearlessly exposed both her toughness and her vulnerability in a way that made her an ideal interview subject and an irresistibly engaging human being.

Her situation was beyond grim. In July 2006, about a week after giving birth to her first child, she was found to have colon cancer that had already spread to her liver. A doctor said she had six months to live.

Ms. Pasqualetto refused to give up. A self-described Type A go-getter, at 35 she had already had one successful career, in technology start-ups, and had moved on to another, helping to found a Catholic school in Seattle and becoming a teacher there.

Now, she was even more driven: she could not bear the thought of leaving her daughter, Isabel, without a mother. So she unleashed her determination on the disease. She fired the first doctor, sought second and third opinions, and chose an oncologist who said he thought treatment could buy her more time. Eleven months later, after 22 rounds of chemotherapy, she watched Isabel take her first steps.

In June 2007, she took a bold step, one that her oncologist did not endorse. She flew to Baltimore for a grueling eight-hour operation at Johns Hopkins, in which surgeons removed 70 percent of her liver and a footlong segment of her intestine.

Though she knew there were no guarantees, Ms. Pasqualetto began to let herself think and dream a bit about the future.

But her reprieve was short-lived. By December, cancer had reappeared in her liver, and she went back on chemotherapy. The treatment was arduous and exhausting, but she still managed to travel to Washington in March, to speak to an advisory panel of the Food and Drug Administration about her experience with drugs used to treat anemia in cancer patients. She reminded the panel that even small improvements in quality of life mattered to patients who were terminally ill and eager to make the most of whatever time they had left.

In May, she said by e-mail, "We have been having as much of a normal life as colon cancer allows." She added, "We have the support of family and friends and most of the time that is enough."

She continued to make plans to show Isabel to the world, and the world to Isabel.

She wrote: "I always try to live my life, rather than be immersed in desperation."

In mid-May, she learned that the cancer had spread to her lungs. She contemplated an experimental drug that had never been tested in humans before, and ultimately decided against it.

On July 12, she celebrated Isabel's second birthday.

Ms. Pasqualetto, 37, died at home shortly after midnight on July 28, with family and friends by her side. She leaves Isabel; her husband, Chris Hartinger; her parents, John and Ruth; her sister, Jill; her brother, John; and her former students and countless friends and admirers who took heart from her grit and tenacity, and her will to live.

<http://www.nytimes.com/2008/08/05/health/05cancer.html?ref=health>

[\[BACK TO TOP\]](#)