

Henry Ford Health System Publication List

August 2006

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You can access this page at http://www.henryford.com/body_nologin.cfm?id=46638.

Besarab, A. (2006). "Resolving the paradigm crisis in intravenous iron and erythropoietin management." *Kidney Int Suppl*(101): S13-8. [PDF Full-Text](#)

Despite the proven benefits of intravenous (i.v.) iron therapy in anemia management, it remains underutilized in the hemodialysis population. Although overall i.v. iron usage continues to increase slowly, monthly usage statistics compiled by the US Renal Data System suggest that clinicians are not implementing continued dosing regimens following repletion of iron stores. Continued therapy with i.v. iron represents a key opportunity to improve patient outcomes and increase the efficiency of anemia treatment. Regular administration of low doses of i.v. iron prevents the recurrence of iron deficiency, enhances response to recombinant human erythropoietin therapy, minimizes fluctuation of hemoglobin levels, hematocrit levels, and iron stores, and may reduce overall costs of care. This article reviews the importance of i.v. iron dosing on a regular basis in the hemodialysis patient with iron-deficiency anemia and explores reasons why some clinicians may still be reluctant to employ these protocols in the hemodialysis setting.

Besarab, A. and S. Soman (2005). "Does full versus partial correction of anemia have additional cardiac benefit in incident hemodialysis patients?" *Nat Clin Pract Nephrol* 1(2): 70-1. **Full-text Not Available** / [Click for Article Request Form](#)

Carlin, A. M., D. S. Rao, A. M. Meslemani, J. A. Genaw, N. J. Parikh, S. Levy, A. Bhan and G. B. Talpos (2006). "Prevalence of vitamin D depletion among morbidly obese patients seeking gastric bypass surgery." *Surg Obes Relat Dis* 2(2): 98-103; discussion 104. **Full-text Not Available** / [Click for Article Request Form](#)

BACKGROUND: Abnormalities in calcium and vitamin D metabolism have been reported after bariatric surgery. The purpose of this study was to evaluate vitamin D nutritional status among morbidly obese patients before gastric bypass surgery. **METHODS:** We prospectively studied 279 morbidly obese patients seeking gastric bypass surgery for vitamin D nutritional status as assessed by serum 25-hydroxyvitamin D level. In addition, serum samples were analyzed for calcium, alkaline phosphatase (AP), intact parathyroid hormone (PTH), and 1,25-dihydroxyvitamin D. **RESULTS:** Mean patient age was 43 +/- 9 years; 87% of the study patients were women, and 72% were white. Serum calcium and AP levels were normal in 88% and 89% of the patients, respectively. Vitamin D depletion, defined as serum 25-hydroxyvitamin D level <or= 20 ng/mL, was found in 166 patients (60%). An elevated PTH level was found in 48% of the patients.

A significant inverse correlation was found between serum 25-hydroxyvitamin D level and both body mass index ($r = .15$; $P = .012$) and serum PTH level ($r = .45$; $P < .001$). Vitamin D depletion was significantly more prevalent in the African-American patients than in the white patients (91% vs 48%; $P < .001$). CONCLUSIONS: Before gastric bypass surgery, a majority of morbidly obese patients have vitamin D depletion and secondary hyperparathyroidism. Studies evaluating the effects of gastric bypass on vitamin D metabolism must consider preoperative vitamin D nutritional status.

Davis, S. and A. Affatato (2006). "Blunt chest trauma: utility of radiological evaluation and effect on treatment patterns." Am J Emerg Med 24(4): 482-6. [PDF Full-Text](#)

Minor chest wall trauma is a common complaint in the emergency department (ED) (Barnea Y, Kashtan H, Skornick Y, Werbin N. Isolated rib fractures in elderly patients: mortality and morbidity. *Can J of Surgery* 2002;45(1):43-6; Lee RB, Bass SM, Morris JA, Mackenzie EJ. Three or more rib fractures as an indicator for transfer to a level I trauma center. *J Trauma* 1990;30:689-94; Dubinsky I, Low A. Non-life-threatening blunt chest trauma: Appropriate investigation and treatment. *Am J Emerg Med* 1997;15(3):240-3). Up to 50% of rib fractures may be missed on standard x-ray (Ziegler DW, Agarwal NN. The morbidity and mortality of rib fractures. *J Trauma* 1994;37:975-9; Palvanen M, Kannus P, Niemi S, Parkkari J. Hospital-treated minimal-trauma rib fractures in elderly Finns: long-term trends and projections for the future. *Osteoporosis International*). Little consensus exists among emergency physicians with respect to the workup of minor blunt chest trauma. The purpose of this study was to evaluate the accuracy of emergency physicians in interpreting rib radiographs and to determine if that interpretation resulted in any variance in treatment patterns. Our study is a retrospective study of 271 charts from a community-based teaching hospital from August 2000 to August 2002. Patients were excluded if they suffered major trauma. The treatment rendered was categorized. Categories included over-the-counter medication, nonsteroidal anti-inflammatory drugs, narcotics, and muscle relaxants. The overall chi2 calculation showed no differences between the fractured group and the no fracture group ($P = .072$). From this, it can be concluded that there were no between-group differences in drugs prescribed based on whether a fracture was diagnosed by the ED physician. Indicating that the interpretation of the rib series does not influence the physicians treatment plan.

DeUgarte, C. M., M. Li, B. Jordan, D. Hill, A. DeCherney and M. Surrey (2006). "Rescue intracytoplasmic sperm injection and preimplantation genetic diagnosis in combination can result in pregnancy." Fertil Steril 86(1): 200-2. [PDF Full-Text](#)

OBJECTIVE: To report the birth of a baby from the transfer of one embryo after rescue intracytoplasmic sperm injection (ICSI) and preimplantation genetic diagnosis (PGD). DESIGN: Case report. SETTING: IVF center. PATIENT(S): A 42-year-old G2P0020 woman with unexplained infertility. INTERVENTION(S): Rescue ICSI followed by PGD. MAIN OUTCOME MEASURE(S): Pregnancy. RESULT(S): Rescue ICSI was performed on seven unfertilized oocytes, which resulted in three embryos. The PGD analysis revealed one normal embryo, which was transferred and resulted in pregnancy and delivery. CONCLUSION(S): Rescue ICSI in combination with PGD can result in a successful pregnancy.

Giannico, G., P. Cortes, M. H. Baccora, C. Hassett, D. W. Taube and J. Yee (2006). "Glibenclamide prevents the increased extracellular matrix formation induced by high glucose concentration in mesangial cells." Am J Physiol Renal Physiol. Epub Ahead Of Print. [PDF Full-Text](#)

Other than stimulation of cell contractility, little is known on potential metabolic effects induced by sulfonylureas independently of insulin action. Previous studies from our laboratory demonstrated complete abrogation of glomerulosclerosis in an experimental model of type 1 diabetes chronically (9 month) treated with low-dose sulfonylureas. Therefore, the effects of glibenclamide (GLIB) on net collagen I, collagen IV and fibronectin medium net secretion and cell layer collagen I deposition were investigated in mesangial cells continuously exposed to 25 mM glucose for 8 weeks and treated with predetermined increasing concentrations of GLIB for the same period. Clinically relevant concentrations (0.01 microM) of GLIB fully suppressed the high glucose-enhanced accumulation of collagen I, collagen IV and fibronectin in the medium and inhibited collagen I deposition in the cell layer. These effects occurred while TGF-beta 1

medium concentration remained elevated and glucose uptake was increased to levels above those in 25 mM glucose-incubated cultures. The decreased collagen I accumulation occurred simultaneously with enhanced collagen I mRNA expression in concert with marked suppression of PAI-1 mRNA and protein expression. This strongly suggests an accelerated matrix turnover favoring breakdown. GLIB-induced effects demonstrated a biphasic pattern, been absent or reversed in cells treated with higher GLIB concentrations (0.1 microM or 1 microM). Therefore, chronic GLIB treatment at low concentrations markedly diminishes the high glucose-induced enhanced accumulation of extracellular matrix components by suppression of steady-state PAI 1 transcriptional activity. These results and those previously reported in vivo suggest that long-term GLIB treatment may prevent glomerulosclerosis in insulin-deficient diabetes. Key words: Diabetic nephropathy, sulfonyleureas, sulfonyleureas, alpha endosulfine, PAI-1.

Gold, L. S. (2006). "The MORE trial: effectiveness of adapalene gel 0.1% in real-world dermatology practices." *Cutis* 78(1 Suppl): 12-8. **Full-text Not Available / [Click for Article Request Form](#)**

Effective treatment of acne often involves combination therapy. Topical retinoids are effective when used in combination with topical and/or oral antibiotics, and recent guidelines from the Global Alliance to Improve Outcomes in Acne recommend retinoids as part of initial and maintenance therapies. The Measuring Acne Outcomes in a Real-World Experience (MORE) trial evaluated the effectiveness, tolerability, and acceptability of adapalene gel 0.1% in combination with other acne treatments for subjects with moderate to moderately severe acne, either as an initial combination regimen for subjects not treated at baseline or as add-on therapy for patients already treated for acne. Of 1979 subjects aged 12 years or older who were enrolled, 1662 completed the 12-week assessment using adapalene gel 0.1% once daily for 12 weeks according to protocol. Adherence to therapy was high for both the initial combination and add-on therapies with adapalene gel 0.1%. Significant reductions in acne lesions were seen as early as week 6 and were even more pronounced by week 12 ($P < .001$ vs baseline for all lesion types at both weeks 6 and 12). A majority of investigators rated adapalene gel 0.1% superior to other acne treatments they had prescribed, and the success rate also was high based on the Investigator Global Assessment. The MORE trial confirms that adapalene gel 0.1% is effective in clearing both inflammatory and noninflammatory acne lesions in patients with moderate to moderately severe acne.

Harper, D., D. A. Bloom, J. A. Rowley, A. Soubani and W. L. Smith (2006). "The high-resolution chest CT findings in an adult with Melnick-Needles syndrome." *Clin Imaging* 30(5): 350-3. **Full-text Not Available / [Click for Article Request Form](#)**

Melnick-Needles syndrome is an X-linked dominant skeletal dysplasia in which patients often succumb at an early age to chronic pulmonary disease. Radiographic findings of Melnick-Needles syndrome consist of characteristic bony abnormalities and interstitial lung disease. We present the high-resolution computed tomographic (CT) findings in a 39-year-old survivor of Melnick-Needles syndrome. The clinical and physical exam findings also demonstrate an association between Melnick-Needles syndrome and obstructive sleep apnea.

Katakowski, M., J. Chen, Z. G. Zhang, M. Santra, Y. Wang and M. Chopp (2006). "Stroke-induced subventricular zone proliferation is promoted by tumor necrosis factor-alpha-converting enzyme protease activity." *J Cereb Blood Flow Metab*. Epub Ahead Of Print. **Full-text Not Available / [Click for Article Request Form](#)**

Cerebral stroke induces proliferation of subventricular zone (SVZ) neural progenitor cells in adult rodent brain. Tumor necrosis factor-alpha-converting enzyme (TACE) proteolysis sheds the nonamyloidogenic soluble ectodomain of the amyloid precursor protein (APP) and is a convertase for tumor necrosis factor-alpha (TNFalpha). The resulting soluble peptides of APP and TNFalpha are mitogenic for neural progenitor cells of the SVZ. Therefore, we hypothesized a role for TACE proteolysis in stroke-induced neurogenesis. Using laser-capture microdissection, we found TACE transcription was increased in SVZ cells of ischemic brain. Immunohistochemistry revealed TACE protein was upregulated in SVZ neuroblasts. Intraventricular infusion of tumor necrosis factor-alpha protease inhibitor-2 (TAPI-2) decreased bromodeoxyuridine incorporation in SVZ cells of rats subjected to middle cerebral artery occlusion. Furthermore, primary

culture SVZ neurospheres from ischemic brain overexpress TACE and its substrates APP and TNF-alpha. These cells proliferated more rapidly, possessed increased TACE protease-dependent alpha-secretase activity, and released more soluble APP and TNFalpha compared with nonischemic control. In addition, TAPI-2 reduced SVZ neuroblast migration out of SVZ explants in vitro. These findings indicate TACE proteolysis as a promoter of stroke-induced SVZ progenitor cell neurogenesis, and suggest this protease activity may represent an attractive therapeutic target for stroke recovery. *Journal of Cerebral Blood Flow & Metabolism* advance online publication, 23 August 2006; doi:10.1038/sj.jcbfm.9600390.

Katramados, A., S. Patel and P. Mitsias (2006). "Non-invasive magnetic resonance myelography in spontaneous intracranial hypotension." *Cephalalgia* 26(9): 1160-4. [PDF Full-Text](#)

Kontos, A. P. and D. M. Ozog (2006). "Use of purse-string suture technique in closure of flesh tunnel defects of the bilateral earlobes." *Dermatol Surg* 32(8): 1070-1. [PDF Full-Text](#)

Kos, L. and T. Shwayder (2006). "Cutaneous manifestations of child abuse." *Pediatr Dermatol* 23(4): 311-20. **Full-text Not Available** / [Click for Article Request Form](#)

Dermatologists and child abuse are not frequently associated in the minds of most physicians. Yet the most common manifestations of child abuse are cutaneous. This article reviews cutaneous manifestations of physical abuse, including bruises, lacerations, abrasions, human bites, and burns. It also discusses ways that dermatologists can differentiate abusive injuries from accidental ones as well as from the many dermatologic conditions that can mimic child abuse. Finally, we review what actions the dermatologist should take when suspecting abuse in a patient.

Kowalski, M., B. A. Harkness and K. Ananthasubramaniam (2006). "Transient ischemic dilatation of the left ventricle with severe post stress left ventricular dysfunction in the setting of severe aortic stenosis and normal coronary arteries." *Int J Cardiovasc Imaging*. Epub Ahead Of Print. [PDF Full-Text](#)

Transient ischemic dilatation (TID) of the left ventricle observed during single photon myocardial perfusion emission computed tomography (SPECT) is an important non-perfusion finding that may not only suggest underlying significant (usually multi-vessel) coronary artery disease (CAD) but also an independent prognostic factor of adverse outcomes regardless of abnormal or normal perfusion finding. We present a patient with no significant epicardial coronary disease who had significant TID and considerable decrease in the left ventricular ejection fraction with left ventricular dilatation after a rest-stress Tc-99m tetrofosmin SPECT study in the setting of severe aortic stenosis. With the advent of gated SPECT imaging the additive value of determining rest and post stress EF, as demonstrated in this case, aided in the recognition of TID and transient decrease in the left ventricular ejection fraction. These are not necessarily related to obstructive epicardial coronary disease, but are a result of severe aortic valve disease causing subendocardial ischemia in the setting of multiple other non-ischemic etiologies of TID such as left ventricular hypertrophy and diabetes mellitus.

Lafata, J. E., G. Divine, C. Moon and L. K. Williams (2006). "Patient-physician colorectal cancer screening discussions and screening use." *Am J Prev Med* 31(3): 202-9. [PDF Full-Text](#)

BACKGROUND: Little is known about patient-physician colorectal cancer (CRC) screening discussions or how discussion content affects screening use. Analyses conducted in 2004-2005 of patient-physician CRC screening discussion content and its association with screening use are described. **METHODS:** A mailed survey and retrospective claims data were used to compile information on insured, primary care patients aged 50 to 70 years (n = 4966). The survey collected information on patient-physician CRC screening discussion content (including the 5A's: assess, advise, agree, assist, and arrange). Survey responses were linked with 5-year retrospective claims data (ending December 31, 2003) on CRC screening use. Among patients reporting screening discussions, generalized estimating equation approaches were used to estimate the association of discussion content with screening use. **RESULTS:** Among those reporting discussion information (n = 2463), 80% reported discussing CRC screening with their physician. The content of these

discussions varied, and only 54% used CRC screening. Multivariable model results indicated that the likelihood of screening was greater among patients reporting help scheduling an appointment (assist) (odds ratio [OR]=2.69, 95% confidence interval [CI]=1.95-3.72) and those reporting a discussion of results or follow-up (arrange) (OR=1.63, 95% CI=1.18-2.24), and lower among patients offered a choice among screening modalities (agree) (OR=0.57, 95% CI=0.37-0.86) as well as among those who wanted more screening information (OR=0.65, 95% CI=0.43-0.97). CONCLUSIONS: Not all patient-physician CRC screening discussions result in CRC screening use. It is important to understand which aspects of shared decision making and discussion content are likely to increase informed and value-concordant decisions to participate in recommended evidence-based CRC screening.

Meza, J., S. Alam and S. Martin (2006). "FPIN's clinical inquiries. Treatments for chronic prostatitis." *Am Fam Physician* 74(3): 475-7. [PDF Full-Text](#)

Nerenz, D. R., K. A. Hunt and J. J. Escarce (2006). "Health care organizations' use of data on race/ethnicity to address disparities in health care." *Health Serv Res* 41(4 Pt 1): 1444-50. **Full-text Not Available** / [Click for Article Request Form](#)

Rivers, E. (2006). "The outcome of patients presenting to the emergency department with severe sepsis or septic shock." *Crit Care* 10(4): 154. **Full-text Not Available** / [Click for Article Request Form](#)

Although multiple studies of acute myocardial infarction, trauma, and stroke have been translated into improved outcomes by applying diagnosis and therapy at the most proximal stage of hospital presentation (before intensive care unit arrival), this approach to the sepsis patient has been lacking. In response to this, a trial comparing early goal-directed therapy (EGDT) versus standard care was performed using internally and externally validated criteria for early identification of high risk patients, established definitions, and a consensus-derived protocol to reverse the hemodynamic perturbations of hypovolemia, vasoregulation, myocardial suppression and increased metabolic demands. That trial of EGDT resulted in significant reductions in morbidity, mortality, vasopressor use, and health care resource consumption. The end-points used in the protocol and the outcome results were subsequently externally validated, revealing similar or better mortality benefit. This commentary examines the rationale and validation for the use of early markers of illness severity. Current evidence support the endpoints in the EGDT protocol, external validity in regards to outcome benefit and the universal need to improve the quality of care for early sepsis.

Shesely, E. G., C. B. Hu, F. Alhenc-Gelas, P. Meneton and O. A. Carretero (2006). "A second expressed kininogen gene in mice." *Physiol Genomics* 26(2): 152-7. [PDF Full-Text](#)

We isolated PCR, RNA ligase-mediated rapid amplification of cDNA ends (RLM-RACE-PCR)-, and RT-PCR-generated clones from mouse kininogen family transcripts. DNA sequencing indicated that the clones were from two distinct genes. One set (K1) is from the previously reported mouse kininogen gene. The second set (K2) has an open reading frame, is 93% identical to K1 in the overlapping nucleotide sequence, and, unlike T-kininogens in the rat, encodes a bradykinin motif identical to K1. We discovered that K2 exists with two different 5' ends. We used RT-PCR to determine the distribution and relative abundance of K1 and K2 mRNA in mouse tissues. K2 is transcribed and K1 and K2 are generally both expressed in the same tissues; however, they differ in their regulation of the alternative splicing event that yields either low-molecular-weight kininogen (LMWK) or high-molecular-weight kininogen (HMWK). For example, in the liver K1 is expressed as both HMWK and LMWK, whereas K2 is only expressed as LMWK. Conversely, in the kidney K2 is strongly expressed as both HMWK and LMWK, whereas K1 is not expressed as HMWK and expressed only very weakly as LMWK.

Silva, G. B., P. A. Ortiz, N. J. Hong and J. L. Garvin (2006). "Superoxide stimulates NaCl absorption in the thick ascending limb via activation of protein kinase C." *Hypertension* 48(3): 467-72. [PDF Full-Text](#)

Abnormal production of superoxide (O(2)(-)) contributes to hypertension, in part because of its effects on the kidney. The thick ascending limb absorbs 20% to 30% of the filtered load of NaCl. O(2)(-) stimulates NaCl absorption by the thick ascending limb by enhancing Na(+)/K(+)/2Cl(-) cotransporter activity; however, the signaling mechanism is unknown. We hypothesized that O(2)(-) stimulates NaCl absorption by activating protein kinase C (PKC). To test this, we measured the effect of O(2)(-) on: (1) Cl(-) absorption in the presence and absence of PKC inhibitors, (2) total PKC activity, and (3) activation of specific PKC isoforms. Isolated perfused medullary thick ascending limbs were exposed to O(2)(-) generated by xanthine oxidase (1 mU/mL) and hypoxanthine (0.5 mmol/L). O(2)(-) increased Cl(-) absorption by 42% (from 76.2+/-3.6 to 108.2+/-11.9 pmol/min per millimeter; n=5; P<0.05). After treatment with the general PKC inhibitor staurosporine (10 nmol/L), O(2)(-) did not stimulate Cl(-) absorption (Delta-5.7+/-8.6%; n=6). In thick ascending limb suspensions, O(2)(-) increased total PKC activity by 33% (from 66+/-11 to 88+/-12 mU/mg protein; n=5; P<0.05) and increased PKC-alpha and PKC-delta activity by 1.75- and 0.37-fold, respectively. The PKC-alpha/beta-selective inhibitor Go976 (100 nmol/L) blocked the ability of O(2)(-) to stimulate Cl(-) absorption by isolated perfused medullary thick ascending limbs (Delta4.5+/-15.0%; n=5). The role of PKC-delta could not be studied because of cell necrosis caused by the selective inhibitor rottlerin. We conclude that PKC-alpha is required for O(2)(-)-stimulated NaCl absorption in the thick ascending limb.

Silver, B., K. M. Grover, X. Arcila, P. D. Mitsias, S. M. Bowyer and M. Chopp (2006). "Recovery in a patient with locked-in syndrome." Can J Neurol Sci 33(2): 246-9. [PDF Full-Text](#)

BACKGROUND AND PURPOSE: Sildenafil citrate has been shown to enhance neurogenesis, angiogenesis, synaptogenesis, and neurological outcome by augmentation of cyclic guanosine monophosphate (cGMP) levels in animal models of ischemic stroke. Whether sildenafil citrate may be helpful for recovery in human stroke is unknown at this time. **METHODS:** A 41-year-old woman with locked-in syndrome due to pontine infarction began receiving 150 mg of oral sildenafil citrate daily on a compassionate use basis in August 2003 and continues treatment at this time. Magneto-encephalography (MEG) was performed at 12 and 17 months after stroke. **RESULTS:** No serious adverse events have occurred. Significant milestone recoveries including standing, use of both arms, talking, and full return of swallowing have occurred, particularly after nine months of treatment. The MEG showed a significantly increased amplitude in the somatosensory cortex. **CONCLUSION:** Daily use of high dose sildenafil citrate appears to be safe in this patient with stroke resulting in locked-in syndrome. Further studies will be required to establish safety and efficacy.

Singh, M., C. L. Drake and T. Roth (2006). "The prevalence of multiple sleep-onset REM periods in a population-based sample." Sleep 29(7): 890-5. [PDF Full-Text](#)

STUDY OBJECTIVE: The presence of 2 or more sleep-onset rapid eye movement periods (SOREMPs) on a Multiple Sleep Latency Test (MSLT) has been used as 1 of the criteria for the diagnosis of narcolepsy and is thought to be specific to this disorder. However, previous studies have shown the prevalence of SOREMPs in healthy volunteers and apneic patients to be higher than expected. The present study determined the prevalence of 2 or more SOREMPs in a representative sample of the population from southeast Michigan and investigated potential associations with other sleep-related variables. **DESIGN:** Cross-sectional laboratory-based analysis. **SETTINGS:** Sleep disorders clinic. **PARTICIPANTS:** Population-based sample. **INTERVENTIONS:** N/A. **MEASUREMENTS:** A population-based sample of 333 subjects was assessed by nocturnal polysomnography and daytime MSLT (5 naps), and an additional 206 subjectively sleepy people were also assessed (total = 539). Sample demographics were comparable to the 2000 census. Epworth Sleepiness Scale scores were also determined. Groups were formed based on a median split of each sleep variable (Epworth Sleepiness Scale, MSLT, total sleep time from nocturnal polysomnography) for comparisons of SOREMPs in each group. **RESULTS:** The prevalence of 2 or more SOREMPs was 3.9%. Only mean sleep latency on the MSLT was a discriminator for the presence of 2 or more SOREMPs (short latency = 6.3%, long latency = 1.9%, p < .05). Among the subjects who had an MSLT of 5 minutes or less (an indicator of a pathologic level of sleepiness), 9.5% had 2 or more SOREMPs. **CONCLUSIONS:** The overall prevalence of 2 or more SOREMPs in our sample is 3.9%. Interestingly, of the variables assessed (MSLT, Epworth Sleepiness Scale, and total sleep time from

nocturnal polysomnography), objective sleepiness, as determined by the MSLT, was the only measure significantly associated with 2 or more SOREMPs. Therefore, subpopulations with excessive sleepiness (eg, shift workers, young adults, patients with apnea) are likely to have a greater prevalence of SOREMPs.

Stang, P., C. Frank, M. U. Yood, K. Wells, S. Burch and B. Muma (2006). "Bipolar Disorder Detection, Ascertainment, and Treatment: Primary Care Physician Knowledge, Attitudes, and Awareness." Prim Care Companion J Clin Psychiatry 8(3): 147-152. **Full-text Not Available / [Click for Article Request Form](#)**

Objective: To describe knowledge, attitudes, and awareness of bipolar disorder detection, ascertainment, and treatment among primary care physicians in a managed care setting. **Method:** Quota sampling was used to obtain 102 completed surveys assessing knowledge, attitudes, and awareness of bipolar disorder from a pool of 350 primary care physicians in a large, vertically integrated Midwestern health system from June 2004 through August 2004. Descriptive statistics were used to characterize the distribution of the study results at the physician level. **Results:** Primary care physicians are experiencing challenges in diagnosing and treating bipolar patients, who can be difficult and time-consuming. In answering questions about major depressive episode and manic episode symptoms, at least 15% of respondents assessed most symptoms incorrectly. In analyzing 3 case studies, 9%, 11%, and 28% of respondents, respectively, answered all of the questions correctly. When asked which drugs are U.S. Food and Drug Administration-approved for the maintenance treatment of adults with bipolar I disorder, no survey respondent replied correctly for all drugs listed. Importantly, our survey also indicates that these physicians are very willing to refer bipolar patients to psychiatrists for evaluation and treatment, which may help to ensure optimal care. **Conclusions:** Opportunities for improvement exist in diagnosing and treating patients with bipolar disorder in the primary care setting, perhaps aided by guidelines, education, and a collaborative care model with psychiatry.

Tong, W., O. I. Kulaeva, D. J. Clark and L. C. Lutter (2006). "Topological analysis of plasmid chromatin from yeast and Mammalian cells." J Mol Biol 361(5): 813-22. **Full-text Not Available / [Click for Article Request Form](#)**

Yeast has proven to be a powerful system for investigation of chromatin structure. However, the extent to which yeast chromatin can serve as a model for mammalian chromatin is limited by the significant number of differences that have been reported. To further investigate the structural relationship between the two chromatins, we have performed a DNA topological analysis of pRSSVO, a 5889 base-pair plasmid that can replicate in either yeast or mammalian cells. When grown in mammalian cells, pRSSVO contains an average of 33 negative supercoils, consistent with one nucleosome per 181 bp. This is close to the measured nucleosome repeat length of 190 bp. However, when grown in yeast cells, pRSSVO contains an average of only 23 negative supercoils, which is indicative of only one nucleosome per 256 bp. This is dramatically different from the measured nucleosome repeat length of 165 bp. To account for these observations, we suggest that yeast chromatin is composed of relatively short ordered arrays of nucleosomes with a repeat of 165 bp, separated by substantial gaps, possibly corresponding to regulatory regions.

Tunceli, K., M. Pladevall, L. K. Williams, G. W. Divine, J. C. Simpkins, S. S. Nag, S. G. Sajjan, S. J. Kamal-Bahl, C. M. Alexander, J. E. Lafata and J. E. Lafata (2006). "Trends in lipid management among patients with diabetes." Endocr Pract 12(4): 380-7. **Full-text Not Available / [Click for Article Request Form](#)**

Objective: To examine trends in lipid management (cholesterol testing, treatment, and goal attainment) among patients with diabetes and to analyze the factors associated with initiation of lipid-lowering therapy. **Methods:** We conducted a longitudinal, retrospective study of patients with diabetes identified during a 24-month baseline period (January 1, 1995, to December 31, 1996) and for whom follow-up was continued for 5 years (1997 to 2001). Generalized estimating equations were used to test for time trend effects in lipid management. We modeled the days from baseline to the first lipid-lowering prescription fill date with a multivariate Cox proportional hazards regression model. **Results:** Rates of lipid testing, treatment, and goal attainment significantly improved ($P < 0.001$) during the 5-year study period: from 37% to 67% for lipid

testing; from 19% to 41% for treatment with a lipid-lowering agent; from 22% to 37% for achievement of low-density lipoprotein cholesterol (LDL-C) levels <100 mg/dL; and from 54% to 75% for achievement of LDL-C levels <130 mg/dL. The relative likelihood (hazard rate) of treatment with lipid-lowering agents was greater for patients with LDL-C levels (3)100 mg/dL relative to patients with LDL-C concentrations <100 mg/dL. Treatment with lipid-lowering agents of patients with a cardiovascular event during follow-up was approximately 3 times more likely relative to those without such an event. Conclusion: We found that rates of lipid testing, treatment, and goal attainment improved significantly between 1997 and 2001. Nevertheless, ample room for improvement of these rates continues to exist. Particular attention may be warranted to ensure that patients with diabetes receive lipid-lowering agents not only after a cardiovascular event but also before such an event occurs. (Endocr Pract. 2006;12:380-387).

van Buskirk, C., E. M. Burd and M. Lee (2006). "A painful, draining black lesion on the right heel. Tungiasis." Clin Infect Dis 43(1): 65-6, 106-8. [PDF Full-Text](#)

Vazquez, J. A. and J. D. Sobel (2006). "Anidulafungin: a novel echinocandin." Clin Infect Dis 43(2): 215-22. [PDF Full-Text](#)

Until recently, the treatment available for serious fungal infections was composed of amphotericin B and azoles, and each class demonstrated significant limitations. Echinocandins are a new class of drugs that have shown promising results in treating a variety of fungal infections. Of these, anidulafungin is a novel echinocandin that appears to have several advantages over existing antifungals. It is unique because it slowly degrades in humans, undergoing a process of biotransformation rather than being metabolized. It has potent in vitro activity against *Aspergillus* and *Candida* species, including those resistant to fluconazole or amphotericin B. Results of several clinical trials indicate that anidulafungin is effective in treating esophageal candidiasis, including azole-refractory disease. The results of a recent study comparing fluconazole versus anidulafungin demonstrated the superiority of anidulafungin in the treatment of candidemia and invasive candidiasis (IC). Studies evaluating the concomitant use of anidulafungin and either amphotericin B, voriconazole, or cyclosporine did not demonstrate significant drug-drug interactions or adverse events. To date, anidulafungin appears to have an excellent safety profile. On the basis of early clinical experience, it appears that anidulafungin will be a valuable asset in the management of serious and difficult-to-treat fungal infections.

Wallace, J. M., R. M. Rajachar, X. D. Chen, S. Shi, M. R. Allen, S. A. Bloomfield, C. M. Les, P. G. Robey, M. F. Young and D. H. Kohn (2006). "The mechanical phenotype of biglycan-deficient mice is bone- and gender-specific." Bone 39(1): 106-16. [PDF Full-Text](#)

Biglycan (bgn) is a small leucine-rich proteoglycan (SLRP) enriched in the extracellular matrix of skeletal tissues. While bgn is known to be involved in the growth and differentiation of osteoblast precursor cells and regulation of collagen fibril formation, it is unclear how these functions impact bone's geometric and mechanical properties, properties which are integral to the structural function of bone. Because the genetic control of bone structure and function is both local- and gender-specific and because there is evidence of gender-specific effects associated with genetic deficiencies, it was hypothesized that the engineered deletion of the gene encoding bgn would result in a cortical bone mechanical phenotype that was bone- and gender-specific. In 11-week-old C57BL6/129 mice, the cortical bone in the mid-diaphyses of the femora and tibiae of both genders was examined. Phenotypic changes in bgn-deficient mice relative to wild type controls were assayed by four-point bending tests to determine mechanical properties at the whole bone (structural) and tissue levels, as well as analyses of bone geometry and bone formation using histomorphometry. Of the bones examined, bgn deficiency most strongly affected the male tibiae, where enhanced cross-sectional geometric properties and bone mineral density were accompanied by decreased tissue-level yield strength and pre-yield structural deformation and energy dissipation. Because pre-yield properties alone were impacted, this implies that the gene deletion causes important alterations in mineral and/or the matrix/mineral ultrastructure and suggests a new understanding of the functional role of bgn in regulating bone mineralization in vivo.

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