

# CONNECTIONS


NorthShore  
University HealthSystem

A health and lifestyle publication from NorthShore University HealthSystem

| VOLUME 2 | ISSUE 3 | FEB/MAR 2009

# Killer

# by Stealth



Countering the insidious,  
chronic disease of  
**diabetes**  
with compassionate  
patient education

Welcome to the February/March issue of *Connections*, a bi-monthly publication bringing you the latest in medical research, technology and patient care from NorthShore University HealthSystem (NorthShore). In the 12 years since the NorthShore Research Institute was formally founded with a commitment to support innovative research and speed the translation from bench to bedside, we have developed one of the nation's fastest-growing hospital-based research programs.

The NorthShore Research Institute has experienced extraordinary, exponential growth. Our total external funding dollars for our first fiscal year were \$8 million, compared to \$117 million in research funding in fiscal year 2008.

We have grown from 22,000 square feet of dedicated research space and 150 active research projects to 150,000 square feet and more than 1,000 active research projects. Our team of externally funded principal investigators numbers 200 compared to approximately 45 just 12 years ago.

Our ranking by the National Institutes of Health (NIH) has risen to ninth from 65th among comprehensive, independent research hospitals in the United States. These impressive numbers are a testimony to what can happen with the confluence of talented faculty and physicians, institutional resources and a shared vision.

More important than the numerical markers of success is the real contribution research makes to patient care at all of our Hospitals. Research gives our patients first access to new drugs, new technology and new procedures. And research is one of the ways our physicians distinguish themselves from their peers. Our role as a leader in research allows us to recruit the best clinicians and thus to offer the best specialty and

More important than the numerical markers of success is the real contribution research makes to patient care at all of our Hospitals. Research gives our patients first access to new drugs, new technology and new procedures.



subspecialty care to the patients we serve.

In these phenomenally exciting times, we have reached our goal for the first decade—to become one of the nation's top research hospitals. Now the time is right to reassess and recast our goals and reach even higher.

We are in the process of re-formulating a strategy to better link some of our strongest, groundbreaking programs by integrating our successful outcomes research, clinical trials and research informatics for even greater patient benefit and expertise.

Promising new translational research collaborations are on the horizon as we begin our new teaching affiliation with the University of Chicago Pritzker School of Medicine. Partnering in shared areas of leadership like cancer, medical genetics, imaging and perinatal research will make our already strong translational science programs more robust.

For the last decade, NorthShore University HealthSystem has been a thrilling place to be. Looking ahead, the next decade promises to be even more so.

Best regards,

Leopold G. Selker, Ph.D.  
President, NorthShore University  
HealthSystem Research Institute

# CONNECTIONS

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# Merger Accomplished

Rush North Shore Medical Center joined NorthShore University HealthSystem on Jan. 1, 2009, becoming the fourth Hospital in the NorthShore system and expanding its reach throughout the communities around Skokie, Ill.


**A**s part of its integration into the NorthShore University HealthSystem (NorthShore) family, Rush North Shore Medical Center was renamed Skokie Hospital. The new name demonstrates NorthShore's ongoing support and commitment to Skokie and its communities. Additionally, Skokie Hospital's name is consistent with NorthShore's other three Chicago-area community-based teaching Hospitals—Evanston, Glenbrook (Glenview/Northbrook) and Highland Park.

During the next five years, NorthShore has agreed to invest more than \$100 million to enhance the clinical programs, facilities and technology on the Skokie Hospital campus. "The merger is a win-win opportunity for both organizations and the communities we serve," said Jeffrey H. Hillebrand, Chief Operating Officer at NorthShore. "Both organizations share the commitment to preserve and improve the quality of human life. This

merger gives our communities enhanced access to healthcare, clinical programs and medical research of the highest caliber."

Some of the funds will be invested in extending NorthShore's award-winning, comprehensive electronic medical record (EMR) system on the Skokie campus. By early 2010, the integrated EMR system will provide patients and caregivers enterprisewide with accessible, comprehensive and readable personal health records from anywhere in the NorthShore system or directly in patients' homes through *NorthShoreConnect.org*.

Given the relatively close geographic proximity between the Skokie Hospital and Evanston Hospital campuses, the NorthShore system can improve the efficiency of their operations. Since the Evanston Hospital campus is operating close to capacity, the addition of Skokie Hospital allows NorthShore to continue to grow and develop clinical programs that are beneficial to all patients and our surrounding communities.

"Skokie Hospital will continue to operate as an acute care facility," said Mark R. Neaman, President and CEO at NorthShore University HealthSystem. "We are excited about the potential for joint clinical program development that combines and builds on the strengths of both Skokie Hospital and NorthShore." 

## NorthShore University HealthSystem Online Chats

NorthShore University HealthSystem (NorthShore) continues to be a leader for patient accessibility by offering regularly scheduled physician chats at [NorthShore.org](http://NorthShore.org). The chats allow patients from NorthShore's immediate service area and worldwide the chance to ask questions of NorthShore physicians about many topics. The hour-long chats educate participants about treatment options available at NorthShore.

Join us at [northshore.org/chat](http://northshore.org/chat) for these upcoming chats\* about cardiovascular health:

**Date and Time:** Feb. 6, noon to 1 p.m.

**Topic:** No. 1 Killer in Women? Heart Disease.

**Physician and Information:** Eileen Kelly Hensing, M.D., Director of the Women's Heart Program, discusses what women need to know about prevention and the warning signs of heart disease.

**Date and Time:** Feb. 12, 10:30 to 11:30 a.m.

**Topic:** Snoring is no laughing matter.

**Physician and Information:** Steven Smart, M.D., Director of Cardiac Imaging, lays out sleep apnea's staggering effects on the heart.

**Date and Time:** Feb. 18, noon to 1 p.m.


**Topic:** No return from sudden cardiac death.

**Physician and Information:** Jose Nazari, M.D., a cardiac electrophysiologist, discusses the risks of sudden cardiac death and how you can prevent it.

**Date and Time:** Feb. 25, noon to 1 p.m.

**Topic:** Peripheral Vascular Disease: A hidden disease you should know about.

**Physician and Information:** Justin Levisay, M.D., a cardiologist, discusses the dangers and warning signs of peripheral vascular disease.

For more information and archived online chats, visit [northshore.org/chat](http://northshore.org/chat). 

\* *Physician appearance may be subject to change due to patient care.*



# Derailed Vacation

A patient travels abroad but finds her NorthShore University HealthSystem surgeon's reputation helps her return to his skilled care stateside.

**M**ady Lesnik and her husband, Steven Lesnik, had been planning their trip to London for months, with theater tickets, museum trips and dinners with close friends all scheduled. But even the most thorough vacation plans can be sidelined by a medical emergency.

The day she and her husband flew to England, Mady Lesnik had a bit of a sore neck. She chalked up her aches and pains to some overexertion related to a home renovation project.

Arriving in London the next day, her pain was considerably worse. But not wanting to spoil the day for her companions, Lesnik toughed out a trip to the Tate Modern museum. "I made it through but barely," she remembered.

By the second day, Lesnik woke up with severe pain radiating down her right arm that left her with no mobility. The pain pulsed up and down her arm and into her head and shoulders.

It became obvious that Lesnik needed medical attention, and her friends took Lesnik to see their personal physician. He took X-rays and within 24 hours insisted she have an MRI and see a specialist.

"I was sort of in denial and sort of terrified," Lesnik admitted. The pain and numbness were getting even worse, so she agreed

Dr. Ivan Ciric's immediate and careful attention helped patient Mady Lesnik recover from an exceedingly painful herniated disc in her neck.



to see the specialist. The MRI revealed a herniated disc in her neck, and Lesnik knew she could be heading for surgery.

Both Lesnik and her husband were patients of NorthShore University HealthSystem's (NorthShore) Ivan S. Ciric, M.D., and told the British neurosurgeon that Dr. Ciric should be informed of her condition. Calling Dr. Ciric a "name brand American surgeon," the English doctor told the Lesniks he remembered meeting him after a speech


Dr. Ciric delivered at a European medical gathering.

"In fact, he told us that he might have opted to keep her in the hospital in London, but decided that we should get Mady home as quickly as we could into Ivan's hands," Steven Lesnik wrote.

Four days into what should have been a 10-day vacation, Lesnik was on a plane home. Although it was a Sunday night, Dr. Ciric, the Arlene and Marshall Bennett and Joseph A. Tarkington, M.D., Chair of Neurosurgery, met Lesnik as soon as she arrived from O'Hare Airport. Looking at a CD of the MRI on the Lesniks' computer, Dr. Ciric called in special orders and had Mady Lesnik admitted to the hospital that night where she quickly received an epidural for her pain.

Dr. Ciric and Egon M.R. Doppenberg, M.D., performed surgery with anesthesiologist Jeffery S. Vender, M.D., a few days later to remove the disc and fuse the spine. Lesnik's pain was gone instantly.

"There is not a question in my mind that we received world-class attention not only from Dr. Ciric but from the entire staff at NorthShore," Steven Lesnik wrote.

"I am so grateful for the spirit and the personal touch of all the doctors and everyone who helped me recover," Mady Lesnik said. "Dr. Ciric headed up this big effort, very quietly in his own inimitable way." 

# Demonstrating Leadership in Quality

NorthShore University HealthSystem's focus on delivering quality care to patients is recognized for the third consecutive year by the Leapfrog Top Hospitals list.

**L**aura and Joe McGowan were both excited and slightly apprehensive before the scheduled C section to deliver their baby, Gavin, at NorthShore University HealthSystem's (NorthShore) Evanston Hospital. But their anxiety was alleviated after the doctors, nurses and residents demonstrated their professionalism, compassion and kindness, according to the first-time parents.

"My doctor Karyn Herndon was fantastic," wrote Laura McGowan about her stay at Evanston Hospital. "The nurses were wonderful, making sure we were comfortable. They gave us a lot of practical advice in caring for a newborn; they really made the whole experience that much better."

Recommending NorthShore to all their friends, the McGowans said they could not have been happier with the birth process and the hospital stay. "Thanks for all that you do and for your standard of excellence and care," they wrote.

**"The Leapfrog award recognizes the ongoing commitment we have to consistently focus on the highest-quality care for our patients. Only 1 percent of U.S. hospitals reach this pinnacle."**

This is one example of the many letters NorthShore Hospital administrators, physicians and nurses receive commending the quality of their healthcare. On the personal level, it shows why NorthShore's Evanston Hospital was recognized for the third consecutive year as a top national hospital by the Leapfrog Top Hospitals list. And significantly, Evanston Hospital is one of only two hospitals in Illinois and one of 33 hospitals nationwide to achieve this honor.

"The Leapfrog award recognizes the ongoing commitment we have to consistently focus on the highest-quality care for our patients," said Ken Anderson, D.O., Chief Quality Officer at NorthShore. "The Leapfrog group independently reviews our

safety and quality criteria. Only 1 percent of U.S. hospitals reach this pinnacle."

Historically, many hospitals and patients have taken quality for granted. But the physicians, clinicians and staff at NorthShore do the hard work of improving quality and safety for their patients.

"We have shown other hospitals what's possible to achieve through improvements in our systems and processes," Dr. Anderson said. "We have taken quality and safety to a new level by personally getting involved and answering the challenge to get better every day."

The high rating for NorthShore's Evanston Hospital is based on results from the Leapfrog Hospital Quality and Safety Survey,

## Prestigious Award

NorthShore University HealthSystem in collaboration with University of Chicago and Northwestern University has formed the Chicago Prostate Cancer Association, which was recently honored with a prestigious Department of Defense Clinical Consortium Award.

The Department of Defense's (DOD) Prostate Cancer Research Program involves a very select group of leading research institutions across the country conducting sophisticated clinical trial research. NorthShore University HealthSystem's (NorthShore) role in the Chicago Prostate Cancer Association has been spearheaded by Daniel H. Shevrin, M.D., a medical oncologist, prostate cancer specialist and clinical researcher committed to finding improved treatment options for advanced prostate cancer.

Through the DOD Consortium Award, NorthShore patients will now have access to a wide array of pioneering clinical trials offered through all the institutions recognized by the Prostate Cancer Research Program. "The Consortium is dedicated to providing the absolute latest treatment options to patients today," said Dr. Shevrin, a member of the NorthShore Comprehensive Prostate Cancer Center. "We are very happy to be a part of this esteemed group that enables us to offer our patients the latest and most innovative therapies."





Andrew Campbell

Laura McGowan found skillful, compassionate and quality care when she had her first child, Gavin, at NorthShore's Evanston Hospital Infant Special Care Unit. From left to right: Lynn Boecler, Director of Pharmacy at Evanston Hospital; Gavin McGowan; Dr. Karyn Herndon, a NorthShore-affiliated obstetrician/gynecologist who delivered Gavin McGowan; Laura McGowan; and Dr. Ken Anderson, Chief Quality Officer at NorthShore

which is the most complete and current assessment of hospital quality and safety available. The rating system provides an up-to-the-minute assessment of a hospital's quality and safety.

The survey measures the quality of care and patient safety of America's hospitals, with a particular emphasis on the hospital's awareness, accountability, ability and action plan to meet the service excellence standards of quality healthcare for each of its patients.

A study published in the June 2008 issue of the *Journal on Quality and Patient Safety* found that hospitals performing well on the Leapfrog Hospital Survey have lower mortality and better quality of care than those who either didn't perform as well on the survey or who chose not to complete the survey. **C**

One of Dr. Shevrin's trials is studying the use of Dutasteride (known as Avodart) for advanced prostate cancer patients who are undergoing intermittent hormone therapy. This study will be part of the Consortium's trials.

### Translational Research Funding

NorthShore is also involved in a Specialized Program of Research Excellence (SPORE), a National Institutes of Health (NIH)-funded program for translational research in prostate cancer, which was recently granted renewed funding. Involvement in groundbreaking research is a

key component of NorthShore's Comprehensive Prostate Cancer Center.

"These awards represent an important element of our strategy to provide the finest possible care to our patients," said Charles B. Brendler, M.D., Director of the Comprehensive Prostate Cancer Center. "Our involvement and access to more clinical trials will help facilitate better treatments—particularly for those with advanced disease—where the need is greatest." **C**





Dietitian Mare Baker (center) and diabetes educator Gail Meyerson (right) work with patients like Suzanne Kaatz (left) to provide ongoing information on the many facets of successfully living and thriving with diabetes.





# Killer by Stealth

Chronic and insidious, diabetes is becoming an epidemic. NorthShore University HealthSystem is attacking this destructive disease head-on with a comprehensive initiative that includes a focus on personalized, **compassionate patient education.**

**P**atient education is *vital* to the successful treatment of diabetes, according to Mary Bennett, RD, LDN, CDE, Diabetes Program Manager at NorthShore University HealthSystem (NorthShore). “Effective patient education translates the science of the disease and symptom management into a practical, hands-on working plan for each individual patient,” Bennett said.

Highland Park resident Suzanne Kaatz embodies the program’s success. Diagnosed with diabetes shortly after she turned 70, Kaatz has been a diligent patient, which she said is due to the education program and the skill and sensitivity of Highland Park Hospital program leader Gail Meyerson, RN, BSN, CDE, and dietitian Mare Baker, RD, MS, CDE.

### Making Lifestyle Changes

“It was no fun to find out that I have a progressive and perhaps debilitating disease that requires me to make lifestyle changes. Gail and Mare have taught me how to do what I need to do, and I’m doing it,” Kaatz said. “I mention my own success because isn’t that what this program is about—helping those who are ‘insulin-resistants’ not to be resistant to making changes in the way we live our lives.”

Kaatz is absolutely correct. “Getting control of diabetes is largely in the hands of the patient,” said Pauline Shipley, M.D., Medical Director of the Medical Care Group Diabetes Education Program at NorthShore. “The right education and support from their medical team can give patients the tools to control their disease.”

Kaatz credits her longtime primary care physician John M. Sultan, M.D., who is a NorthShore-affiliated doctor, with putting her on the right path. “It was his conscientious care that led to my early diagnosis,” she said.



“Diabetes ... is a creeping killer that starts in the middle and works its devilment from your eyes down to your toes.”

Endocrinologist Jeffrey M. Lieblich, M.D., Medical Director of the Glenbrook and Highland Park Hospitals Diabetes Education Program, then recommended that Kaatz take part in the structured education program. NorthShore’s diabetes education

includes a one-on-one session with a certified diabetes educator; four group classes covering topics that range from blood glucose monitoring to meal planning to potential long-term complications; and ongoing educational support group meetings.

Repetition is a deliberate component of the education program. Many skills are involved to correctly monitor blood sugar, to learn how medications interact, to work on controlling stress and to adapt to a new diet. Patients are encouraged to ask questions as often as needed.

Additionally, the program relies on a team approach with certified diabetes educators, dietitians, primary care physicians and endocrinologists, as well as related specialists like ophthalmologists and podiatrists, depending on individual patient needs.



As the medical director of NorthShore University HealthSystem's Diabetes program, Dr. Pauline Shipley supports the program's team approach to treating diabetes and serving the community with increased education.

ferent. My job is to really educate them to know what their choices are.”

Describing the educators as friendly and very approachable, Kaatz said she is grateful for their ability to inform without scaring patients about a disease that is usually progressive. “What they get across so well in the program is that diabetes exacerbates the consequences of anything else you may have wrong with you,” Kaatz said. “It’s a creeping killer that starts in the middle and works its devilment from your eyes down to your toes.”

### Building a Network of Support

More than passionate about her patients and her ability to help them care for themselves, Meyerson knows that diabetes is a “family disease” and one that requires patients to build a support network for their success. Meyerson’s own husband was diagnosed with Type I diabetes after they were married, and she has walked the path her patients must follow.

“The patient and their families have to learn how to control the disease. If they don’t, it will control them and they will have problems,” Meyerson said. “Part of learning is correcting the many myths and misconceptions that exist in so many people’s minds. Simple changes can lead to big differences; we want to set people up for success.”

“We’re hopeful that our unique diabetes initiative will make a big difference to the patients we serve, and everyone in the community affected by this chronic disease,” Dr. Shipley said.

Diabetes care is a priority for NorthShore. “We are working to be a responsible community partner, promoting healthy behavior and helping to avert this epidemic,” Bennett said. For more information about diabetes education, call (847) 492-5700 (Ext. 1250). [C](#)

## The ABCs of Diabetes

According to the American Diabetes Association, 23.6 million children and adults in the United States have diabetes, and nearly 25 percent of them do not know they have the disease. Early diagnosis begins with a simple blood test and a visit to a physician. Additionally, 57 million people have pre-diabetes, a condition that, if diagnosed early and managed properly with lifestyle changes, can prolong the onset or even prevent diabetes.

People with diabetes do not produce or effectively use insulin—a hormone that is necessary to convert sugar, starches and other nutrients into energy needed for daily life. There’s no cure for diabetes. While genetics and lifestyle factors, including obesity and lack of exercise, play a role in this disease, its exact cause is not known.

Diabetes is a risk factor for heart disease and many other health complications. At the time of diagnosis for individuals with Type II diabetes, most patients already have a 50-percent reduction in insulin-producing cells.

Studies have shown that patients who undergo formal diabetes education more effectively manage their disease. Diabetics must learn to monitor and manage what NorthShore diabetes educator Gail Meyerson, RN, BSN, CDE, calls the ABCs of diabetes:

**A1c or Average Blood Sugar** (measured over a two- to three-month period)

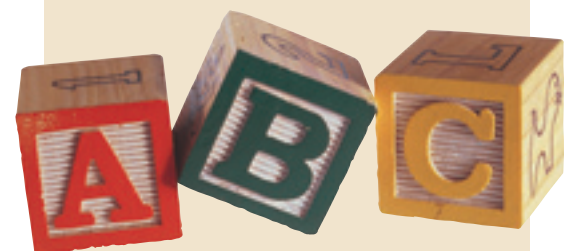
**B** Blood Pressure


**C** Cholesterol

### Facilitating Centralized Care

Uniquely through NorthShore’s electronic medical records, patients’ physicians are constantly up to speed with specialists’ recommendations and latest lab reports, according to Dr. Shipley. Recognized by the American Diabetes Association, NorthShore’s diabetes initiative ensures patients receive state-of-the-art care. Educators and clinicians are specially certified and dedicated to sharing the latest findings and best practices with patients and their families. Diabetes educators are always available to answer questions and act as a continuous resource for patients grappling with their disease.

“There’s a lot we can learn through conversation,” Meyerson said. “Everybody’s diabetes is unique. Everybody’s questions are different, and everybody’s fears are dif-





Vickie Burke used medical and alternative medicine to fight her sarcoma. NorthShore Integrative Medicine therapies such as acupuncture helped her recover after surgery and manage better through chemotherapy and radiation, as well as during her healing process.

# Holistic Healthcare for Cancer

A patient diagnosed with sarcoma—cancer of the soft tissue—has an excellent outcome from the combination of traditional and integrative medicine at NorthShore University HealthSystem.



Vickie Burke is sensitive to needles, so she would not have thought of acupuncture as her first choice. But when she was diagnosed with stage III soft tissue sarcoma two years ago, Burke was open to trying alternative treatments that would help her recover from major surgery and make it through the grueling rounds of chemotherapy and radiation.

A team of NorthShore University HealthSystem (NorthShore) physicians—including Bruce Brockstein, M.D., Meredith Belber, M.D., and William Bloomer, M.D.—cared for Burke with traditional treatments for sarcoma. Spearheaded by Leslie Mendoza Temple, M.D., an Integrative Medicine team from NorthShore provided acupuncture and massage therapy to combat her fatigue and loosen her tissue after surgery.

“I wanted to feel that I was contributing to my care,” Burke said. “I was open to alternative treatments like massage and acupuncture that would boost my immune system during and after the traditional medical care.”

Soft tissue sarcomas can occur almost anywhere in the body, but 43 percent happen in the extremities. Overall, soft tissue sarcomas are rare—less than 1 percent of all cancers in the United States. Sarcomas account for 7 percent of all cancers in children and young adults.<sup>1</sup> When Burke was diagnosed, she was 55 and a mother of three and grandmother of two.

## Trauma to the Body

Burke’s sarcoma weighed 2.5 pounds on her left buttock close to the bone. After surgery, she had difficulty moving and developed fibrosis—excess fibrous connective tissue. Her fibrosis was caused by a combination of extensive surgery and radiation.


“My left buttock was as hard as a rock when my radiation ended,” Burke said.

Through NorthShore’s Integrative Medicine, Burke followed an aggressive plan of frequent treatments with acupuncturist David Vavrinchik and massage therapist Sheila McCarthy-Daskovsky. For the first two months after radiation, the frequent massages and acupuncture sessions softened the fibrosis considerably.

“Losing that much muscle mass depleted Vickie’s strength and energy,” said Dr. Mendoza Temple, Director of Integrative Medicine at NorthShore. “Using acupuncture and massage treatments, she could optimize her recovery. We wanted to prevent the fatigue patterns from setting into her body. Her healing is an ongoing process.”

Currently, Burke receives twice weekly massages and acupuncture sessions. She walks four miles daily, eats nutritiously and takes prescribed herbal supplements to strengthen her immune system. “Acupuncture is one of many tools she has used to contribute to her wellness,” Vavrinchik said.

From the medical perspective, Burke recovered very quickly. “Her chemotherapy treatments went well, and Vickie used integrative medicine therapies to get relief from the side effects,” said Dr. Brockstein, who holds the Kellogg-Scanlon Chair of Oncology at NorthShore.

As for Burke, she recognizes that one type of treatment is not a magic bullet. “I think every piece of the formula is a key to optimal health,” she said. “I would have gotten through the surgery, radiation and chemotherapy without one of them, but not as well. I had wonderful caregivers in traditional and nontraditional medicine. They worked as a team and were apprised of what the others were doing through my electronic medical record at NorthShore.” 

1. National Institute of Cancer Fact Sheet, “Soft Tissue Sarcomas: Questions and Answers.”



Vickie Burke and David Vavrinchik, her acupuncturist at NorthShore Integrative Medicine, select healthy herbs in the NorthShore Wellness Shop at the Park Center in Glenview.

## Integrative Medicine at NorthShore’s Kellogg Cancer Care Center

As a sarcoma survivor, Vickie Burke wants other oncology patients to benefit from the alternative therapies available through NorthShore’s Integrative Medicine. Burke and her husband, Tim, and the Dan Boehnen family contributed to providing free acupuncture and/or bodywork to cancer patients at Evanston Hospital’s Kellogg Cancer Care Center from September through Oct. 31, 2008.

Additionally, Burke spoke about her own experience to raise funds for establishing an Integrative Medicine program at Highland Park Hospital’s Kellogg Cancer Care Center. Her presentation was part of The Auxiliary of NorthShore at Highland Park Hospital and Saks Fifth Avenue’s “Key to the Cure” fundraiser in October 2008 where a percentage of the sales at the Highland Park store was donated to the program.

“I want other cancer patients to benefit from using alternative therapies in tandem with conventional medicine,” Burke said. In addition to the Evanston and Highland Park Hospital locations, NorthShore’s Integrative Medicine also is available at the Park Center in Glenview. For more information about Integrative Medicine, call (847) 492-5700 (Ext. 1251).

## CARDIOLOGY

# Matters of the Heart

Women, even younger women, are at great risk for heart disease. It's the No. 1 cause of death for women and men in the United States. But many women are not paying enough attention.

**W**hile Carole Smith was making dinner for her family, she had an overwhelming weakness below her elbows in both arms, as well as indigestion. After lying down for a few minutes and then feeling better, Smith finished making dinner. Almost immediately afterward, the 49-year-old nurse felt worse.

Her NorthShore University HealthSystem (NorthShore) primary care physician, Lisa Abrams, M.D., told her to go to a hospital's Emergency Department. Smith's husband, Stan, drove her to NorthShore's Glenbrook Hospital.

"The ironic part is that I thought 'I know this cannot be my heart,'" Smith said. "I was exercising regularly and had recently lost weight." Earlier that day, Dr. Abrams had told Smith that her blood pressure was slightly high, and she would prescribe medication to lower it.

As Smith became nauseated en route to Glenbrook Hospital, she realized she could be having a heart attack. For both women and men in the United States, heart disease causes more deaths than all types of cancer combined. Like Smith, many women initially do not realize what is happening to them.

"I think the big problem is that women don't personalize their health issues," said Eileen Kelly Hensing, M.D., Head of the Women's Heart Program at NorthShore. "Women often do not take the time to pay attention to their bodies until they are so sick that they cannot do anything else.

"Instead, women have to become their own best advocates. They need to ask questions



Dr. Eileen Kelly Hensing is educating women to take better care of their hearts. From left: Carole Smith and Dr. Kelly Hensing

## Prevent Heart Disease

- Don't smoke;
- Keep blood pressure and cholesterol levels low;
- Maintain an active lifestyle;
- Maintain a healthy weight; and
- Prevent diabetes.<sup>1</sup>

1. "Risk Factors I Can Change," American Heart Association Live and Learn.

like 'How can I keep myself healthy?' With the help of their doctor, they can determine ways to lower their risk."

Through a cardiogram, physicians at Glenbrook Hospital found out Smith had a spontaneous coronary artery dissection—a very rare heart attack. It occurs when there's a lack of oxygen to the heart muscle. The majority of heart attacks occur when plaque

builds up in the arteries, and a piece of plaque breaks off that stops the heart's function.

After her heart attack, Smith selected Dr. Kelly Hensing as her cardiologist because her practice focuses on women's health and heart problems.

Having a heart attack has changed Smith's perspective about life. The mother of two sons—one in middle school and the other in college—she is incredibly grateful for what she has.

Smith has fully bounced back, exercises regularly and watches her diet. Under Dr. Kelly Hensing's supervision, she takes medications to lower her blood pressure and cholesterol.

"Carole is controlling her risk factors and is a model patient," Dr. Kelly Hensing said. "She is focused on a healthy lifestyle and is interested in achieving her risk factor goals." **C**



## NEUROLOGY

# New Lease on Life

A young patient with Parkinson's disease has surgery and follow-up care at NorthShore University HealthSystem that changes his life forever.

**D**iagnosed with Parkinson's disease in his 20s, Michael Corbett was devastated. It started with a twitch in his finger but progressed into a very serious disability. "It was pretty bad. I was losing control of everything," Corbett said. "I had a hard time going out in public."

Then Corbett saw NorthShore University HealthSystem's (NorthShore) Michael Rezak, M.D., Ph.D., speaking at a conference and decided to make an appointment. Dr. Rezak thought Corbett would be an ideal candidate for what was at the time an experimental procedure—deep brain stimulation (DBS).

Ten years ago, DBS was not yet U.S. Food and Drug Administration approved for Parkinson's disease treatment. But Corbett was more than willing to try the new procedure.

"I was at the point that I would have tried anything. I was in my 30s, I couldn't work, and I couldn't do anything," Corbett said. "Dr. Rezak told me there were no guarantees it would work, but I had a lot of faith in him."

DBS uses electrical impulses to stimulate a target area in the brain. The tiny device used to produce the electrical stimulation is surgically implanted in the brain. Patients are awake during the surgery as specially trained neurologists communicate with the patient during neurophysiology mapping to ensure that the device is placed in exactly the right location. A small battery-powered generator similar to a pacemaker is implanted in the patient's chest and connected to the electrodes implanted in the brain by a thin wire.

"When they first turned the DBS on, my

experience was like night and day," Corbett said. "I stopped shaking; it was incredible." Shortly after the procedure, Corbett went home to visit his family in Canada and was so thrilled with his new lease on life that he played hockey with his dad and brother. "That's how good it made me feel—I was able to do anything I wanted," he said.

A fall on the ice somehow led to a broken wire in his DBS. But following Dr. Rezak's quick diagnosis, the wire was repaired. While he no longer plays hockey, 10 years after his DBS Corbett runs three times a week, works out with weights and lives a full, active life with his wife and two children.

Since treating Corbett, who was his first Parkinson's disease patient to receive DBS at NorthShore, Dr. Rezak and his team have successfully cared for another 250 Parkin-

son's disease patients with DBS.

"I love having this technique available to help patients with Parkinson's," said Dr. Rezak. "We can actually turn back the clock many years."

Dr. Rezak expects that with increased awareness of this powerful technology more patients will have the opportunity for this life-changing procedure. A recognized DBS leader, Dr. Rezak and his team—neurosurgeon Jeffrey W. Cozzens, M.D.; neurophysiologists Lawrence P. Bernstein, M.D., Emmanuel K. Nenonene, Ph.D., and Kevin E. Novak, Ph.D.; neuropsychologist Michael Mercury, Ph.D.; movement disorders neurologist Arif Dalvi, M.D.; and program coordinator Erica Liszak, RN—regularly draw referrals nationwide. For more information about DBS, call (847) 492-5700 (Ext. 1252). **C**



A steady hand is just one of the benefits of deep brain stimulation for NorthShore patient Michael Corbett, whose Parkinson's disease has been successfully controlled through his treatment from NorthShore neurologist Dr. Michael Rezak.

RESEARCH INSTITUTE

# Healing the Mind, Body and Spirit

NorthShore University HealthSystem is a site for a National Cancer Institute-funded study to determine if reflexology improves quality of life for women with advanced breast cancer.

“**T**he shoulder bone’s connected to the foot zone; the tailbone’s connected to the heel zone.”

These lyrics could literally apply if the results of a National Cancer Institute (NCI)-funded study determines that reflexology improves quality of life for women diagnosed with advanced breast cancer.

NorthShore University HealthSystem (NorthShore) personnel are collaborating with the study’s principal investigator, Gwen Wyatt, of the College of Nursing at Michigan State University. At NorthShore, David Victorson, Ph.D., of the Center on Outcomes, Research & Education (CORE), is the team’s site principal investigator, working with additional CORE investigators David Eton, Ph.D., Margaret Whalen, RN, and Gwen Faulkner.



The goal of reflexology—a popular alternative medical practice—is to release blockages around the 7,200 nerve endings in the feet while stimulating circulation and improving nerve and blood supply throughout the body’s energy system.

“Reflexology delivered what I expected. Each session left me feeling calmer because I concentrated on the treatment instead of the illness, which was easy because it was relaxing and comforting—and felt like it had a purpose. It empowered me.”

Reflexology uses pressure points in the hands or feet to affect other parts of the body. The popular practice is based on the principles that there are reflexes in the feet and hands that correspond to all organs, glands and parts of the body. In reflexology, the goal is to encourage the release of blockages in and around the 7,200 nerve endings in the feet while stimulating circulation and improving nerve and blood supply throughout the entire energy system.<sup>1</sup>

“The aim of this study is to see if reflexology improves the quality of life (QOL)—mainly physical and emotional well-being—for women with breast cancer (stages III and IV) who are undergoing chemotherapy within the context of conventional medical care,” Dr. Victorson said.

The clinical trial involves a three-group, single-blinded randomized design in which all participants continue to receive conventional care. One group receives four weekly sessions of reflexology from a certified reflexologist; another group receives four weekly placebo reflexology sessions from a trained placebo provider; and the third group (the control group) receives conventional medi-

cal care alone. Placebo and control group members receive a free, one-hour reflexology session following their participation.

Following this trial, researchers will determine if those who received reflexology or placebo reported significantly better QOL outcomes at seven weeks, 13 weeks and longitudinally over time than those who received conventional care only. They will also determine if women in reflexology and placebo groups report significant differences in physical and emotional indicators at follow-up assessments compared to one another, as well as women who received conventional care only.

NorthShore oncologist Elaine Wade, M.D., suggested the study to Robin Conyers, a patient at the Kellogg Cancer Care Center at Glenbrook Hospital.

“Reflexology delivered what I expected,” Conyers said. “Each session left me feeling calmer because I concentrated on the treatment instead of the illness, which was easy because it was relaxing and comforting—and felt like it had a purpose. It empowered me.” **C**

1. Branch Reflexology Institute, 2006, “The Body Talks,” Foot Reflexology Training Chart, Okemos, Mich.

## COMMUNITY RELATIONS

# Win-Win Scenario

Community-based mentoring programs at NorthShore University HealthSystem generate interest in healthcare careers and even attract future employees.

**M**entoring programs are often viewed as opportunities that benefit students by offering a glimpse into a profession that interests them. Through its many mentoring programs, NorthShore University HealthSystem (NorthShore) does just that.

### Evanston Hospital—University of Chicago and Loyola University

The Perinatal Family Support Center at Evanston Hospital provides clinical social work services to women and their families experiencing challenges related to pregnancy, birth, prematurity or perinatal loss. It also provides a real-world learning environment for social work students from the University of Chicago and Loyola University.

This year, several master's degree students and one undergraduate student are serving internships with the Center.

"The depth of the work that we do here provides an internship that is challenging and unique," said Nancy Eschbach, LCSW, Director of the Perinatal Family Support Center at NorthShore.

The internship benefits NorthShore, too. "For us, it's a win-win situation because our interns integrate so many great skills and learn so much about their field," Eschbach said.

### Glenbrook Hospital—School District 214 Medical Academy

For eight years, students in the Medical Academy Program of High School District 214 have had the opportunity to rotate



Mentoring programs offer win-win opportunities for NorthShore and its mentees. Bonnie Lane, LCSW (right), a social worker in Highland Park Hospital's dialysis unit, explains Advance Directives policies in the electronic medical records system to Amy Lemmon, a master's-level intern in social work from Loyola University.

through Hospital departments, job shadow and get hands-on, clinical healthcare experience at the Hospital. Each school year, the Hospital has provided approximately 1,500 rotation hours of one-on-one mentoring on site to students.

Glenbrook educational specialist Mary Meyer, RN, M.S., coordinates the program from the Glenbrook Hospital side. "The medical academy program adds a new dimension to the high school experience for participating students, who are carefully screened and have expressed a high interest in pursuing a profession in medicine and healthcare," she said.


### Highland Park Hospital—Stevenson, Deerfield and New Trier High Schools

Highland Park Hospital's clinical practitioner Sara Levin, MSN, RN-BC, eagerly talks

about the Hospital's longstanding relationship with Stevenson High School and Deerfield High School and a developing connection with New Trier High School.

Highland Park Hospital has several student mentors in Physical Therapy, Respiratory Therapy or Nursing. Some nursing participants observe for two days.

On Day 1, they observe for two hours, lunch at the Hospital and then study another area for two hours. Day 2 features a morning tour of Evanston Hospital, and then an afternoon tour of The Wellness Center at the Park Center in Glenview.

"All of them—at 15 years old—think they want to be physicians, but we cannot arrange observations with physicians," Levin said. "Our goal is to expose them to healthcare professions and introduce them to different domains rather than limiting the view to medicine." 



# Natural Fit

Several leaders at the University of Chicago Pritzker School of Medicine share their views on why the new teaching affiliation with NorthShore University HealthSystem makes sense.

The fit between NorthShore University HealthSystem (NorthShore) and the Pritzker School of Medicine is a natural one—uniting a premier medical school with a leading teaching hospital system. The University of Chicago Medical Center (UCMC) is a regional specialty center focused on complex care for serious illnesses. NorthShore provides Pritzker students, Residents and Fellows with patients who have a variety of diseases in a community setting.



**James L. Madara, M.D.:**  
CEO and Dean, University of Chicago Medical Center

**Question: Why does this partnership make sense for the Pritzker School of Medicine?**

**Answer:** It provides new learning opportunities. We focus on complex cases, investigational cancer therapies, clinical trials, complicated surgery—problems for which people travel hundreds or thousands of miles. Medical students need experience with a wide range of cases, and that’s what they’ll see at NorthShore. They’ll also work with exceptional physicians providing excellent care.



**Holly Humphrey, M.D.:**  
Professor of Medicine and Dean for Medical Education

**Q: The Pritzker School of Medicine—the fastest-rising medical school in national rankings in recent years—carries tremendous prestige. How do NorthShore patients benefit?**

**A:** They will get bright, inquisitive medical students and Residents who seek to understand every clinical decision. This curiosity-driven learning fosters attention to detail and broadens options for each patient.



**Joseph G. N. “Skip” Garcia, M.D.:** Professor and Chair, Department of Medicine

**Q: Could this affiliation improve access to advanced care, even investigational therapies?**

**A:** Yes. Collaborations in interventional endoscopy, complex kidney disease and emergency resuscitation could enhance treatment options. Plus, we will soon share electronic medical record systems, which help track each patient’s predisposition to illness.

**Q: The University of Chicago is well known for its cancer research. What does this affiliation bring to cancer patients?**

**A:** Many NorthShore physicians trained at UCMC, so there’s a collaborative relationship already, particularly in the Phase II clinical trial research program. For advanced cancer patients, the affiliation offers access to novel therapeutics and National Cancer Institute-sponsored trials.



**Jeffrey B. Matthews, M.D.:** Professor and Chair, Department of Surgery

**Q: How will the affiliation improve training? What can Residents bring to the care of patients at NorthShore?**

**A:** The outstanding surgeons at NorthShore bring added variety, breadth and depth to our Residents’ educational experience. In return, our bright young Residents, Clinical Fellows and students will keep their teachers at the top of their game.

**Q: Are there synergies between the two surgical programs?**

**A:** Both are strong programs with an interest in developing new knowledge. UCMC offers the region’s most comprehensive organ transplant program, the leading robotic coronary bypass program in the country and more clinical trials than any other center in the state of Illinois. **C**

# Quality of Life

The teamwork of NorthShore University HealthSystem physicians transforms a patient's quality of life.

**L**eslie Mendoza Temple, M.D., set in motion discoveries that have dramatically improved Carol Gilbert's life. The head of Integrative Medicine at NorthShore University HealthSystem (NorthShore), Dr. Mendoza Temple became concerned because Gilbert's hemoglobin and blood sugar levels were rising, although they were still on the high end of normal range. She referred Gilbert to NorthShore endocrinologist Megan Jacobs, M.D., and hematologist Lynne Kaminer, M.D.

As a result of the referrals, Dr. Jacobs diagnosed Gilbert with insulin resistance, while Dr. Kaminer found that she had hemochromatosis, a hereditary condition of abnormal iron metabolism that leads to insulin resistance. Individuals with this disease absorb too much iron from their diets, and the metal can reach toxic levels in organs such as the liver, heart, pituitary, thyroid, pancreas and joints.

"Dr. Mendoza Temple got the ball rolling for these diagnoses. I am really impressed with the coordination of care at NorthShore," Gilbert said. "These conditions were caught before they got out of control. I am not a diabetic. Fortunately, the hemochromatosis has not caused lasting damage to my organs and joints. Dr. Mendoza Temple, Dr. Jacobs and Dr. Kaminer have saved my life."


Gilbert is taking new medications for her insulin resistance, has changed her diet to



Dr. Leslie Mendoza Temple takes a holistic approach to healthcare for her patients. She worked in tandem with other NorthShore physicians to provide the best care for Carol Gilbert and many other patients. From left: Carol Gilbert and Dr. Mendoza Temple

remove vitamins and foods supplemented with iron, and has given blood regularly to decrease her iron levels. Through the treatments and a vigorous exercise program, she has lost 26 pounds over seven months. Additionally, her son and daughter have discovered they are genetic carriers of hemochromatosis, and their children will be tested in the future.

"The addition of Integrative Medicine to

traditional healthcare gives us more tools in our toolbox to help identify the source of chronic conditions," Dr. Mendoza Temple said. "Transparency is a key to better healthcare. And through our system of electronic medical records, we can share information easily and form an integrative medical team. Every physician here knows how other physicians are caring for the same patient." 

## Wellness and Lifestyle Program for Women

Dr. Mendoza Temple originally evaluated Gilbert's health through the Total Intuitive Woman Wellness and Lifestyle Program based at the Park Center in Glenview. The Program teaches a holistic nondiet approach to help women regain a normal relationship with food. During the course of 45 weeks, the participants are given the tools to return to their innate ability to regulate hunger and fullness, use exercise to improve their health, join group sessions with counselors specializing in intuitive eating and attend educational sessions on topics ranging from acupuncture to organic foods to menopause.

"Since I enrolled in the Total Intuitive Woman Program, the quality of my life has improved tremendously," Gilbert said.

The members of the Integrative Medicine team—Dr. Mendoza Temple, Medical Director; Paulette Brody, RN, Program Director; therapists Carol Grannick, LCSW, and Judith Matz, LCSW; and dietitian Judy Kolish, RD—contribute to the participants' education about improving their overall lifestyle. For more information about the Program, call (847) 492-5700 (Ext. 1253).

# Born to Be Wild

A patient makes the ultimate gift to support the NorthShore University HealthSystem Kellogg Cancer Care Center.

Seven years ago, Chicagoan Karen Richards, 48, found out she had breast cancer. Today, she rides motorcycles with other survivors to raise funds and awareness for breast cancer research. Part of her quest was to give back to NorthShore University HealthSystem (NorthShore) with a planned gift through her trust.

After she was diagnosed in 2002, Richards researched her treatment options throughout Chicagoland and chose NorthShore's Kellogg

Cancer Care Center. "Kellogg Cancer Care Center stood out as a caring and sympathetic place," she said. "The doctors were more concerned about the patient and less about the procedure. They were tremendously positive."

Richards's experience was life-changing, and she sought ways to demonstrate her appreciation for the wonderful care she received during her cancer treatment. She became a member of the Oncology Patient Advisory Board whose members include

Kellogg Cancer Care Center patients and their family members. The Board's main objective is to improve patient satisfaction by listening to patients' experiences and forming direct lines of communication between the patients and NorthShore.

Richards's decision to make a planned gift to the Kellogg Cancer Care Center went beyond her original goal to give back. At first, she felt volunteering her time was enough, but she realized that making a planned gift through her living trust was a viable option and would be another way to show her support and gratitude.

"It never occurred to me to plan a gift this way because even though I don't have children of my own, I always thought my estate should go to family," Richards said. "I sent the instructions to my lawyer to amend my living trust, and it was easy to change."

Since beating cancer, Richards took up motorcycle riding to give women, especially young women, hope that there is life after cancer. She has also used her hobby to raise money for breast cancer research. "A survivor riding a motorcycle sends a powerful message of what our lives can be like after cancer. It's a symbol of strength," Richards said. "One of the many things I learned from having cancer was to face my fears and never be afraid again."

For more information about making a planned gift to NorthShore University HealthSystem Foundation, contact Jeff Pickering, Assistant Vice President of Fund Development, NorthShore Foundation, at (847) 492-5700 (Ext. 1254). [C](#)





# Innovative Surgery

NorthShore University HealthSystem becomes the first in the area to establish a leading research and training center for natural orifice surgery.

A recent \$1 million gift from The Grainger Foundation to support a sophisticated incisionless surgical technique has the potential to revolutionize care for patients around the world—Natural Orifice Transluminal Endoscopic Surgery (NOTES).

“The Grainger Foundation’s gift creates a significant opportunity for NorthShore because it shows our commitment to become the leading research and development laboratory for NOTES instrumentation, and paves the way for an international training and education center for surgeons,” said Michael Ujiki, M.D., NorthShore University HealthSystem (NorthShore) Department of Surgery attending physician. “NorthShore is an ideal location to sponsor this new Research

Laboratory and Training Center because of our high volume of surgical patients.”

During a NOTES procedure, surgeons insert a flexible endoscope through the body’s natural openings, such as the mouth, belly button or colon, to perform certain bariatric, gastrointestinal, gynecological and urologic procedures. The technique is well developed, but specially designed optical and surgical instruments need further investment and research.

“We are tremendously grateful for the Grainger gift because NOTES represents a new generation of minimally invasive surgery with significant patient benefits,” Dr. Ujiki said. “It will improve patient outcomes considerably. Patients who otherwise would not have been candidates for traditional open or laparoscopic surgery could successfully undergo NOTES.”

The Grainger Foundation has a long history of providing generous support for patient care programs and engineering-led research initiatives at NorthShore. Its gift will support salaries for biomedical engineers, lab personnel and a research and education coordinator. It also will provide resources to outfit a laboratory to conduct research on equipment and instrumentation, develop post-graduate courses to train physicians worldwide and offer community education on the new NOTES procedure.

To learn more about philanthropic opportunities in the Department of Surgery, contact John Hanson, Director of Philanthropy, NorthShore Foundation, at (847) 492-5700 (Ext. 1255). **C**



Michael B. Ujiki, M.D., is one of the first physicians in the country to perform NOTES and will play a lead role in researching and developing NOTES technology.

Andrew Campbell



## Save the Dates

**Wednesday, May 6, 2009**

Myra Rubenstein Weis Health  
Resource Center

13th Annual Benefit Luncheon  
*Healthy Lifestyles: Mind,  
Body and Soul*

Highland Park Country Club

Benefitting NorthShore’s LIFE

Cancer Survivorship Program  
(847) 492-5700 (Ext. 1256)

**Saturday, June 20, 2009**

The 2009 Hospitals’ Gala

*From Ragtime to Rock ‘n’ Roll*

The Fairmont Hotel, Chicago

Benefitting a Guided Patient Support

(GPS) Program at NorthShore’s

Kellogg Cancer Care Center

(847) 492-5700 (Ext. 1257)

**NorthShore**  
University HealthSystem  
**Foundation**

The NorthShore University HealthSystem (NorthShore) Foundation is the leading philanthropic entity of NorthShore. We actively engage volunteer friends and invest in community partnerships that result in generous charitable contributions to advance the mission of NorthShore and demonstrate our commitment to the community. To learn more about the NorthShore Foundation, please visit [northshore.org/foundation](http://northshore.org/foundation) or call us at (847) 492-5700 (Ext. 1258).

# Advanced Stroke Care

The Auxiliary of NorthShore University HealthSystem at Highland Park Hospital will fund Lake County's first Primary Stroke Center.

In summer 2008, Highland Park resident Julie Stone personally knew two people who suffered strokes and received care at Highland Park Hospital. For Stone, who is President of The Auxiliary at Highland Park Hospital, it was proof that the group's fund-raising efforts to support a Primary Stroke Center at the Hospital were on target.

During the last two years, The Auxiliary has raised \$400,000 to establish the Primary Stroke Center to address the nation's third leading cause of death and No. 1 cause of

disability. The concept behind Primary Stroke Centers includes putting in place hospitalwide mechanisms to quickly identify and intervene in acute stroke, and creating a multidisciplinary team that can deliver rapid and sophisticated care.

To become a Primary Stroke Center, hospitals must meet stringent criteria from The Joint Commission, a national healthcare accrediting organization. Highland Park Hospital plans to submit an application for The Joint Commission certification in fall 2009. The Hospital will be the first in Lake County, and the second within NorthShore University HealthSystem (NorthShore), to achieve Primary Stroke Center recognition. Evanston Hospital's Primary Stroke Center received certification in 2006, under the leadership of Daniel Homer, M.D., Vice Chairman of the Department of Neurology, who is Director of both Evanston and Highland Park Hospitals' stroke programs.


"The Auxiliary is absolutely advancing the new Primary Stroke Center," Dr. Homer said. "In fact, its support is the cornerstone of the project." He recruited James Castle, M.D., as Director of Highland Park Hospital's Stroke Service and Stroke Unit in June 2008, as well as advance practice nurse Jenifer Green, who specializes in stroke care and education. Green has trained nurses in the Hospital's Emergency Department, Intensive Care Unit and the Stroke Unit, which opened in January.

The best stroke treatment depends on rapid response time by 911 responders, Emergency Department staff and stroke

specialists. For many stroke patients, one of the most effective ways to reverse a stroke is to administer intravenous tissue plasminogen activator (tPA) within three hours after symptoms begin. At Highland Park Hospital, the Acute Stroke Team is available to treat eligible stroke victims emergently 24 hours a day, seven days a week.

"The resources we establish toward certification as a Primary Stroke Center assure patients that we are operating at a high level of quality and expertise," Dr. Castle said. "Most important, this program will have a huge impact on the level of care we provide to our patients."

In addition to The Auxiliary's philanthropic support, the Staubitz Family Trust created NorthShore's Stroke Registry seven years ago to collect clinical data to track and improve the quality of stroke care at NorthShore Hospitals. Another Highland Park Hospital auxiliary member, Suellen Altholz, and her husband, Thomas Altholz, established the Stroke Education Program to fund education and patient support programs. In addition, the Robert Szombathy Acute Stroke Team Fund supports Hospital-based neurologists with interventional expertise to care for patients suffering a stroke.

For more information about The Auxiliary at Highland Park Hospital, contact Sue Rosenfeld, Manager, at (847) 492-5700 (Ext. 1259). To learn more about supporting the Department of Neurosciences with a philanthropic gift, contact Walt Cody, Director of Philanthropy, NorthShore Foundation, at (847) 492-5700 (Ext. 1260). 



Through their fund-raising efforts, the NorthShore University HealthSystem Auxiliary at Highland Park is advancing the Hospital's new Primary Stroke Center. Working on the project are, from left, Jenifer Green, A.P.N.; James S. Castle, M.D., neurologist and Director of the Primary Stroke Center at Highland Park Hospital; Julie Stone, Auxiliary President; and Nadine Woldenberg, Auxiliary Past President.



# Seasonal Affective Disorder: Shedding Light on the Winter Doldrums

Steven Tovian, Ph.D., NorthShore University HealthSystem-Affiliated Psychologist

*Now is the winter of our discontent  
Made glorious summer by this sun of York;  
And all the clouds that low'r'd upon our house  
In the deep bosom of the ocean buried.*  
—**Richard The Third, Act 1, scene 1, 1–4**

Little did William Shakespeare know that these lines—taken from his 16th century play *Richard The Third*—would be cited as perhaps the first literary reference to seasonal affective disorder, or SAD, in the 21st century.

NorthShore University HealthSystem-Affiliated psychologist Steven Tovian, Ph.D., recited the quote when asked how long ago SAD may have been referred to in literary or medical works. Tovian, board-certified by the American Board of Professional Psychology, diagnoses SAD, educates patients on its symptoms and provides tips on how to deal with the condition.

## Question: What is SAD?

**Answer:** First referenced as a condition by the American Psychiatric Association (APA) in the 1980s, SAD is a cyclic seasonal condition—a form of depression that appears at the same time each year.

## Q: What are its symptoms?

**A:** Symptoms include unexplained fatigue, lethargy and depression as winter approaches and daylight hours shorten. It's not the "winter blues" or holiday stress. Instead SAD is a serious condition that surfaces in autumn and resolves at winter's



Dr. Steven Tovian, who has worked for 20-plus years with patients with SAD, specializes in clinical and health psychology as well as biofeedback.

end. To be diagnosed with SAD, a patient must have had symptoms for two consecutive years, according to the APA.

## Q: Who is susceptible to SAD?

**A:** Women, who are more prone to develop the condition, comprise 70 to 80 percent of those with SAD. Most are in their 30s when diagnosed, but the incidence of SAD decreases as a person gets older. Teenagers are at highest risk among young people. Family history is a factor, as is geography. The farther away from the equator, the less light exposure during autumn and winter, which means a higher incidence of SAD.

## Q: What causes SAD?

**A:** The exact cause of SAD is unknown, but

chemical makeup, age and genetics are contributing factors. Researchers also cite circadian rhythm—the physiological process that helps regulate the body's internal clock; melatonin—a sleep-related hormone linked to depression that the body produces more of during winter's long nights; and serotonin—a natural brain chemical that affects mood—can drop during times of reduced sunlight and lead to depression.

## Q: Is there a test for SAD?

**A:** No, there is no single test for SAD. Diagnosis is based on a thorough psychological interview, with questions about mood, lifestyle, sleeping and eating patterns and performance changes at work or school.

## Q: How is SAD treated?

**A:** The most common therapies are getting more sunlight, using light therapy, taking medication and psychotherapy. Because light creates biochemical changes that lift our mood, those with mild SAD often improve by spending more time outdoors.

Others find light therapy helpful. Light therapy seems to stimulate serotonin, is easy to use, has few side effects and causes a biochemical change in the brain that mimics outdoor light and lifts one's mood. Medications, often antidepressants and selective serotonin reuptake inhibitors (SSRIs), may be prescribed for SAD, too. Psychotherapy is another option, as is the combination of light therapy, medication and psychotherapy. **C**



# **NorthShore**

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## University HealthSystem

- **Evanston Hospital**
- **Glenbrook Hospital**
- **Highland Park Hospital**
- **Skokie Hospital**

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