

AMG HealthWise

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FAMILY PRACTICE

WALLACE F. BURROUGHS, II, M.D.
DAVID L. BYRD, M.D.
JENNY M. BYRD, M.D.
WALTER W. RUCKER, M.D.



INTERNAL MEDICINE

RONALD A. LEO, M.D.
CHRIS L. MAYNARD, M.D.
C. RICHARD SHARPE, M.D.

FAMILY NURSE PRACTITIONER

TRICIA W. UNDERWOOD, MSN, CFNP
DEBORAH D. PEASE, MSN, CFNP
IRINA KOPT ABRAMS, MSN, CFNP

Changes Taking Place at AMG

Exciting new changes will soon be taking place at Athens Medical Group. Effective April 17th, 2000, AMG will be returning to private practice and will no longer be managed or associated with Columbia/HCA-Physician Services.

We want our patients, visitors, and the community to know Athens Medical Group has prepared and anticipated this change for well over a year and are moving forward in providing our patients the same high quality standards and excellence in health care services as they have received in the past.

Our group practice will be restructured to include Wallace F. Burroughs, II, M.D., Chris L. Maynard, M.D., and C. Richard Sharpe, M.D. All physicians are Board Certified.

Athens Medical Group is extremely fortunate to have Tricia W. Underwood, Certified Family Nurse Practitioner, who has been with AMG for two years. New additions to our professional staff include Irina Kopt Abrams, CFNP and Laurie Davis, CFNP. Certified Nurse Practitioners are professional physician extenders who have advanced education and clinical training as expert health care providers.

In addition to these six health care providers, successful physician recruitment efforts shall continue to include at least two Internal Medicine Specialist and/or Family Practice Physicians within the coming year.

Our vision and philosophy has not changed. We are committed to provide superior primary care health services in an efficient, and cost effective environment.

Our objectives in returning to private practice are very clear as we commit to our patients a higher degree of accessibility, continuity of care, provided by a compassionate, professional, and exceptionally skilled staff. Our goal is to ensure uninterrupted health care services for our patients.

We will continue to provide the latest state of the art equipment and technology:

- Lab Services
- X-ray Services
- Bone density screenings for osteoporosis
- Colon cancer screenings
- EKG and stress testing
- Occupational Health Services
- Cardiac Rehab Services
- FAA Flight Physicals

On-site services will include: Cardiology, Neurology, Oncology, Neurosurgery, Plastic Surgery, and Cardiac Rehab. Other services available are preventive medicine, and executive, school, and sports physicals.

Another component of this exciting change is our insurance claims administration and billing office will return on-site to Athens Medical Group. Currently all patient accounts are handled at Columbia Physician Services in Chattanooga.

Effective April 17, 2000, Athens Medical Group will once again offer our patients the convenience and personal customer service on a local level. Patients may call or stop by our office to inquire about their claims or statements with a patient representative who will be happy to assist with any billing question or concern.

Athens Medical Group physicians and staff are very excited about this renewed opportunity to restructure and return to private practice. We anticipate the addition of new physicians and new services in the near future. Our core values, purpose, and commitment are to the patients and the community we serve, with a new perspective toward the many challenges and changes in today's health care environment.

What is Diabetes?

NEXT MONTH'S TOPIC: "DIABETES MANAGEMENT"

If your doctor recently diagnosed you or someone you love with diabetes, you're not alone. Nearly 16 million people in the United States — nearly one out of every 17 people — have diabetes. And about 2,150 new cases are diagnosed each day.

Technically, this disease is known as "diabetes mellitus," diabetes from the Greek for siphon, to describe the excessive thirst and urination characteristic of this condition, and mellitus from the Latin for honey — diabetic urine is filled with sugar and is sweet. Physicians and medical books use the term diabetes mellitus, but colloquially, this disease is simply called diabetes.

There are many types of diabetes, but the three most common are type 1, type 2, and gestational diabetes. All of them are a little different. But everyone with diabetes has one thing in common: Little or no ability to move sugar — or glucose — out of their blood into their cells, where it is the body's primary fuel.

People who don't have diabetes rely on insulin, a hormone made in the pancreas, to move glucose from the blood into the body's billions of cells. But people who have diabetes either don't produce insulin or can't efficiently use the insulin they produce. Without insulin, they can't move glucose into their cells. Glucose accumulates in the blood — a condition called hyperglycemia ("hyper" = too much, "glycemia" = glucose in the blood). Hyperglycemia causes intense thirst, the need to urinate frequently, blurred vision, fatigue, and other symptoms. Over time, high blood glucose can cause very serious medical problems.

Diabetes Symptoms

- The need to urinate more than usual
- Unusual weight loss
- Blurred vision
- Cuts and bruises that are slow to heal
- Extreme hunger
- Constant thirst
- Feeling weak or tired
- Tingling or numbness in hands or feet
- Frequent and recurring infections such as urinary tract, boils, fungus
- Erection impairment in men, and unusual vaginal dryness in women

Who Gets Diabetes?

The risk factors for type 1 and type 2 diabetes are different. A major difference in the characteristics of people who get the disease is the age of onset. Half of all people diagnosed with type 1 diabetes are less than 20 years old. The risk for type 2 diabetes increases with age. Half of all new cases of type 2 diabetes occur in people 55 or older.

You are at a higher risk of developing type 1 if:

- Someone in your family has had the disease
- You are white
- You are less than 30 years old.

You are at a higher risk of developing type 2 diabetes if:

- Someone in your family has had the disease
- You are 55 or older
- You are overweight
- You are of Native American, African American, or Hispanic Descent
- You have delivered a baby weighing more than 9 pounds at birth
- You were previously diagnosed with gestational diabetes


For more information
regarding diabetes visit
www.diabetes.com

In type 1 diabetes, excessive urination and constant thirst are the classic symptoms. But 90 to 95 percent of all diabetics over age 20 have type 2 diabetes. The symptoms of this form of the illness may not be dramatic — or even noticeable. In fact, the American Diabetes Association estimates that millions of Americans have type 2 diabetes, and are not even aware of it.

Diabetes can, indeed, be life-threatening — but only if blood sugar (glucose) rises or falls considerably above or below the normal range. Those who keep their blood glucose close to normal by practicing tight control can live rich, full, virtually normal lives. All it takes is some basic background information, and some lifestyle adjustments, which might seem challenging at first, but quickly become routine.

For Freedom at home, work and play . . .

New NovoPen®3
Insulin Delivery System
The Anywhere Insulin



NovoFine 30
Disposable Needle,
30 gauge x 1/3" (8mm)

Human Insulin (recombinant DNA origin), 3mL cartridge
Available in N, R, and 70/30 formulations

Any change in insulin should be made cautiously and only under medical supervision.

Water! Water!

Two out of every three Americans don't drink enough water to replenish the average eight glasses a day the body loses and needs to replace.



What did you say?



"There is no reason anyone would want a computer in their home."

-Ken Olson, president, chairman and founder of Digital Equipment Corp., 1977

Precious Cargo: Protecting the Children Who Ride With You

Put kids in the rear... make sure everyone's secured... then put it in gear.

Motor vehicle crashes are a leading cause of injury and death for children in the United States. At particular risk are infants and other children who ride unrestrained, improperly restrained, or are too close to the instrument panel during a collision. When used correctly, child restraints and safety belts are 50% to 70% effective in preventing fatalities and reducing serious injuries. Unfortunately, despite the existence of laws in all 50 states requiring the use of child restraints, many young children still ride unrestrained in motor vehicles.

Tragic reports of children being seriously injured or killed by air bags have raised public awareness and concern about our ability to adequately protect children who ride in motor vehicles. Air bags can seriously injure or kill occupants, especially those who are not properly restrained in the front seat.

Studies show that when combined with safety belts, air bags are effective in reducing injury and preventing death in adults. But neither safety belts nor air bags are designed to protect infants and other young children, who need the protection of appropriate child restraints.

Drivers have a responsibility to ensure that all passengers, including infants and children, are properly restrained in the vehicle.

All infants and young children should be secured in a child restraint that is appropriate for their age and size.

A rear seat is the safer place for all children to be secured. If a toddler or older child must ride in the front seat, adjust the vehicle seat as far back as possible. During the trip, be sure the child is restrained properly, sitting up against the seat back, and is not leaning forward.

- Read and follow the vehicle owner's manual and the instruction provided with the child restraint system for proper usage. Be sure the restraint you choose fits securely in the vehicle before you transport a child in it.
- Never place a rear-facing infant restraint in the front seat of a vehicle having passenger air bag, unless the vehicle has an air bag cutoff switch and the air bag is turned off.
- Use a booster seat until the child outgrows it, at which time the child can use an adult safety belt. Never place shoulder belts behind a child's back or under the arm.
- All infants and young children should be secured correctly in appropriate child restraints.
- A rear seat is the safer place for all children to be secured.
- Air bags do not replace the need for all motor vehicle occupants to be properly restrained.
- The use of child restraints and safety belts is a learned habit.



READERS WANT TO KNOW...

Q Is it better to bandage a minor cut...or just leave it uncovered?

A A. Leaving a skin wound uncovered can lead to infection and scarring. *Better:* Rinse the wound with water or clean it with alcohol wipes... apply an antibiotic ointment such as Polysporin or Bacitracin...and cover it with sterile bandage. If the wound starts to dry out, reapply the antibiotic ointment and recover it. Neal Schultz, MD, a dermatologist in private practice in New York City.

Q What's the best approach to treating chronic jaw pain?

A A. When the pain is related to temporomandibular disorder (TMD), it can often be eased by a simple mouth stretch in conjunction with relaxation exercises. TMD is a set of conditions that affect the jaw's muscles and joints. In a recent study, stretching and relaxation—listening to soothing music or relaxation tapes—relieved jaw pain and eased jaw movement in 40 TMD patients. *What to do:* Slowly open your mouth as wide as you comfortably can. Hold for five seconds, then slowly close your mouth. Repeat 15 times, three times a day. *Caution:* Check with your doctor before doing this exercise if your pain is primarily in front of your ear or if you experience painful clicking in your jaw joints or extreme difficulty opening your mouth. Stretching exercises may be harmful if you have those symptoms.

Richard Ohrbach, DDS, PhD, assistant professor of oral diagnostic sciences, School of Dental Medicine, State University of New York, Buffalo.

Q My granddaughter gets a lot of ear infections. Would removing her adenoids help?

A A. That's not the best initial approach. The first line of treatment for recurrent ear infections is usually oral antibiotics. If the problem persists, ventilating tubes surgically inserted through the ear drum may be helpful. These tubes eventually fall out, however. If the infections continue after the inserted tubes fall out, adenoidectomy (removal of the adenoids) can then help. But a recent study showed that children who had adenoidectomies—with or without tonsillectomies—before tube operations experienced only a small reduction in the frequency of ear infections...and this risk reduction lasted only a year. Jack L. Paradise, MD, professor of pediatrics, University of Pittsburgh School of Medicine. His study of 461 children with recurrent ear infections was published in *The Journal of the American Medical Association*.



AMG HealthWise

Patsy C. Sharp, BS, ART

Practice Administrator

Editor

Athens Medical Group would like to introduce you to the **AMG HealthWise** Newsletter. This publication is to advise you, our patient, of the latest news and information within our office. You can find it each month in our lobbies and in our patient rooms.

ATHENS MEDICAL GROUP



*Don't wait for a fracture
to find out if you have
osteoporosis*

A bone density measurement can help your doctor diagnose osteoporosis before a fracture offers.



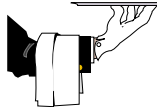
It is estimated that at age 50, a woman has nearly a 40% chance of developing an osteoporotic fracture during her remaining lifetime. A woman's lifetime risk of hip fracture alone is equal to the combined risk of developing breast, uterine, and ovarian cancer — and up to 20% more women who suffer hip fractures die within one year of the fracture than those of a similar age who haven't suffered a hip fracture. Our staff will discuss osteoporosis and show you our new bone density measurement system in action. Safe, noninvasive, and painless, this highly accurate system can provide information on bone density in just a few minutes. Call Athens Medical Group at 745-6575 to reserve your place.

1031 West Madison Avenue

Athens, Tennessee 37371-0070

423-745-6575

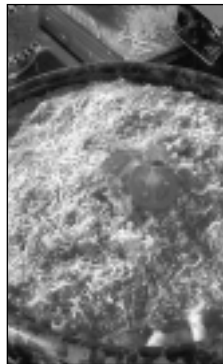
Heart-Healthy Recipes



Pasta Casserole

Please your family with this hearty pasta casserole. Serve a tossed salad and fresh fruit to complete the meal.

- | | |
|--|---|
| 1 (8-ounce) package elbow macaroni, uncooked | 1/2 cup (2 ounces) shredded 40% less-fat Cheddar cheese |
| 2 cups 1% low-fat cottage cheese | 1 (8-ounce) can no-salt-added tomato sauce |
| 1/4 cup skim milk | 1/4 cup fine, dry breadcrumbs |
| 2 tablespoons minced fresh parsley | 2 tablespoons freshly grated Parmesan cheese |
| 1 tablespoon minced fresh chives | Cherry tomato slices (optional) |
| 2 teaspoons dried oregano | Fresh oregano sprigs (optional) |
| 1/2 teaspoon salt | |
| 1/2 teaspoon pepper | |
| Vegetable cooking spray | |



1. Cook macaroni according to package direction, omitting salt and fat. Drain; set aside.
2. Place cottage cheese and milk in container of an electric blender; cover and process until smooth. Transfer to a large bowl; stir in parsley and next 4 ingredients. Add macaroni, and toss to combine.
3. Spoon half of macaroni mixture into a 1 1/2 quart baking dish coated with cooking spray. Sprinkle with half of Cheddar cheese, and top with half of tomato sauce. Repeat layers. Sprinkle with breadcrumbs and Parmesan cheese.
4. Bake at 375° for 30 minutes or until bubbly and golden. Garnish with tomato slices and oregano sprigs, if desired.

Yield: 7 (1-cup) servings; Exchanges per serving: 2 very lean meat, 2 starch, 1 vegetable; Per serving: Calories 228, Carbohydrate 34.3g, Protein 15.5g, Fat 3.2g, Cholesterol 8mg, Fiber 1.2g, Sodium 548mg

Worry
is like rocking in a
rocking chair;
it gives you something
to do but it
doesn't get
you anywhere.



**"You should check your e-mails more often.
I fired you over three weeks ago."**