

Our Medical Staff

Neal R. Kirkpatrick, MD (retired)

Medical School: University of Wisconsin
 Internship: The Evanston Hospital
 Residency and Masters Program: Mayo Clinic
 • Senior Resident Associate

Wendell C. Kirkpatrick, MD (retired)

Medical School: Washington University
 Internship & Residency: The Baltimore Union Hospital

Richard A. Kirkpatrick, MD

Medical School: University of Washington
 Residency: Mayo Clinic
 Fellowship in Biomedical Communications: Mayo Clinic

Rebecca L. Becker, MD

Medical School: Medical College of Ohio
 Residency: Michigan State University
 • Chief Medical Resident

Vladimir I. Bogin, MD

Medical School: University of Moscow (Russia)
 • Brown University & Yale University
 Residency: Strong Memorial Hospital, University of Rochester
 • Chief Medical Resident

Irina A. Stolerman, MD

Medical School: University of Moscow (Russia)
 Residency: Strong Memorial Hospital, University of Rochester

Gregory Khurtsidze, MD

Medical School: Tbilisi State Medical University (Georgia)
 Residency: Huron Hospital, Cleveland Clinic
 • Assistant Chief Medical Resident

Maia L. Gakhokidze, MD

Medical School: Aieti Medical School (Georgia)
 • "Best Student of the Year"
 Residency: Huron Hospital, Cleveland Clinic
 • Chief Medical Resident

Rajden E. Kutelia, MD

Medical School: Aieti Medical School (Georgia)
 • "Excellence Award"
 Sub-Internship: Emory Medical School
 Residency: Huron Hospital, Cleveland Clinic
 • "Best Third Year Medical Resident"

Vivek J. Murari, MD

Medical School: B.J. Medical College (India)
 Residency: Mayo Clinic & Cook County Hospital (Chicago)

G. Carol Sayles, ARNP

Undergraduate School: Oregon Health Sciences University
 Graduate School: University of Portland

Karen L. Joiner, ARNP

Undergraduate School: University of the State of New York
 Graduate School: University of Portland

William Dennis-Leigh, PA

Undergraduate School: California State University, Hayward
 Graduate School: Stanford University Medical Center

Screening for Abdominal Aortic Aneurysm

by Richard Kirkpatrick, MD

"Medicare covers care for injuries and illnesses, not screening tests." That was the original concept, as the AMA and Federal Government envisioned providing a safety net to the nation's senior citizens in 1966. I suspect that the conservatives pressed for this limitation because they knew that, if all available testing were to be covered, the whole program would go bankrupt in short order.

Over time, however, authorities have agreed that some screening tests are financially worthwhile, in that early detection of condition X, Y, or Z results in not only BETTER results, but also CHEAPER results. Hence Medicare decided to cover mammograms and pap smears for early detection of breast and cervical cancer. And then annual Cholesterol Profiles to identify people at risk for heart attacks and strokes. And also periodic colonoscopies and sigmoidoscopies to find precancerous polyps. And thereafter, DEXA scans for early recognition of osteoporosis.

Now, yet another diagnosis and test has been approved. It's Aortic Aneurysm Screening by Ultrasound. And we can do it at our Commerce Office.

I first learned about Aneurysms long before medical school. "Aortic Aneurysms" was the title of my dad's Master's Thesis at the Mayo Graduate School of Medicine in 1948. His classic treatise remains in the Mayo Medical Library and has been cited in many medical journal articles and texts.

(Way to go, Dad!!!)

The aorta is the large artery that carries blood from the heart to the rest of the body. In the chest, as it courses upward from the heart, it's called "the ascending thoracic aorta." At the top of it's path, near the neck, the aorta gives off two branches, namely the subclavian arteries, which in turn become the carotid arteries that serve the brain and brachial arteries that take blood to the arms. This portion of the vessel is called the "aortic arch."

Thereafter, the aorta heads downward—the "descending thoracic aorta." In the abdomen, it's called the "abdominal aorta" and it gives rise to the renal arteries that serve each kidney, before splitting into the left and right iliac arteries, below the belly button. You can feel the iliacs in your groins. They then become the "femoral arteries" in the legs.

Aneurysms are bulges. They're caused by weaknesses in the walls of the aorta, generally aggravated by high blood pressure and high amounts of plaque on arterial walls. Eventually, they can rupture, and a ruptured aortic aneurysm is a disaster. Only about 50% of victims ever recover, and that process often entails a month in the hospital, much of it in the ICU, as organs that have been damaged by shock created when the blood normally coming to them, instead leaks out into the abdomen or chest. Many times, an instantaneous fatal heart attack is really a ruptured aneurysm with sudden death as the consequence.

Read more on this topic on page three...



The Second Opinion: Hospice Eligibility

By Dr. Neal R. Kirkpatrick

Hospice is a system of compassionate medical care for Medicare eligible Americans who have a terminal illness with life expectancy of 6 months or less.

When accepted after application of the patient, family, friends or a professional, the care is provided in the home if possible, but if necessary, at a hospice facility, nursing home, or hospital.

Medicare is the chief payor, but only for expenses related to treatment and management of the terminal disease. Other expenses are the obligation of insurance or family. (Most people are not sure of the strictness of this limitation.)

Acceptance as a client requires 1) proof of eligibility 2) patient-family acceptance of limitations, 3) doctor certification of the expected 6 months or less survival. After all are accomplished, a full plan of management is developed, using doctors, nurses, aids, technicians, counselors and volunteers. Then care begins. If the patient is still alive at 6 months, the plan can be extended.

Please remember that Hospice Care is intended to keep the participant as comfortable as possible, but neither to prolong life nor accelerate demise. Further information can be obtained from the hospice office in Longview or via other resources.

Dr. Neal finished his internal medicine and cardiology training at the Mayo Clinic; he came to Longview in 1949. For 28 years, he wrote a weekly newsletter for staff at local hospitals and nursing homes. This column is a continuation of his lifelong effort to help spread medical information throughout our area.

Our Mission

To help people with their health when they need help.

- Hospice of WA State:
1-888-459-0438
- Hospice of OR State:
503-228-2104
- Hospice National:
1-800-658-8898
- Medicare:
1-800-633-4227

New MRSA Cure

Methicillin-resistant Staphylococcus aureus (MRSA) is a strain of "staph" bacteria that is resistant to common antibiotics. MRSA infection is therefore hard to treat and can be fatal. In the 1990's, Targanta developed a drug for Eli Lilly & Co. called oritavancin. The drug was to be given in a one-time dose. The FDA wouldn't approve the drug back then because it had severe side effects. Since then, Targanta has been working on the drug and has somehow eliminated most of the drug's unpleasant side effects, while at the same time making it more powerful (it was 200 mg in 1990s, but is 1,200 mg on today's FDA application). The FDA's decision to approve the drug is expected this month.

Please Welcome...

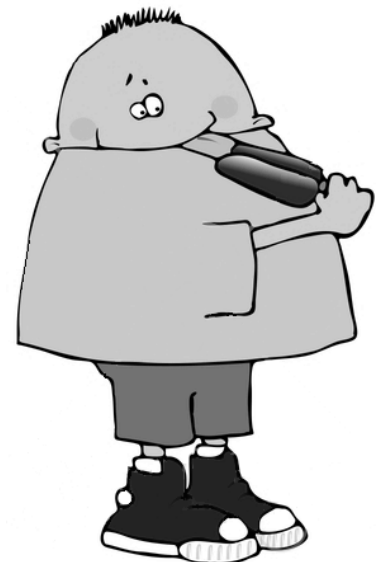
Two new providers have recently joined Kirkpatrick Family Care. Please welcome Leanne Williams, ARNP and Chris Aichele, ARNP. Both nurse practitioners graduated from Washington State University in Vancouver. Look for more information on our two newest members in the upcoming January issue.

Type 2 Diabetes in the Youth

A recent article in the Diabetes Journal Club (vol. 4) described the epidemic of diabetes developing in children in the United States. Since 1990 the incidence of the disease has been on the rise resulting from the increase in the number of obese children. Prior to 1990 type 2 diabetes in the youth was rare, but by 1999 new cases were more and more common due to insulin resistance developing in the young obese population. By the year 2000, the incidence of diabetes had actually tripled since 1990.

Some predisposing factors for developing the disease consist of obesity, insulin resistance, sedentary behavior, and family history of diabetes. Ethnic minorities and females were also at higher risk for developing the disease.

In order to diagnose cases obese children should be screened for fasting blood sugar at 10 years of age, or at puberty, and every 2 years thereafter. The cornerstone of therapy for treatment of type 2 diabetes is education, lifestyle modification, and pharmacotherapy.

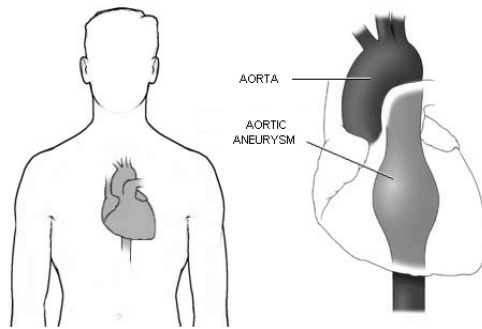


Abdominal Aortic Aneurysms Continued...

The good news is that aneurysms can be fixed. The cure rate is over 95%, and hospital stays are just a few days. New technology of "endovascular repair" can be done with minimal hospital time----perhaps eventually as an outpatient procedure

In the traditional repair, the vascular surgeon cross clamps the aorta above and below the bulge, which is then cut out. He or she then sews a piece of Dacron (camping tent material) to the top and bottom ends of the remaining aorta, and unclamps the vessel so that blood will flow again, down the new channel.

When fixed by the endovascular technique, a patch-tube is collapsed and floated up the aorta to the proper place. It is then expanded so that its beginning and end portions are in good aorta. It is attached top and bottom. In essence, it's a new pipe flowing through the zone of the aneurysm.



So, with the enormous discrepancy between the ultimate results of a planned surgery and emergency operation, it makes sense (i.e. better and cheaper) to identify and fix the aneurysm long before it ruptures. But bulging aneurysms create no symptoms, so we can't depend on the patient to recognize their presence.

Ultrasound and CT scans can detect, and measure the size of, aortic aneurysms. When a normally 3 cm channel becomes a 5 cm one, it's time to talk about surgery

to repair the problem. The 5 cm cutoff is based on statistics showing that aneurysms almost never burst unless they're wider than 5cm. (I should add that I have seen many people with aneurysms as big as 7 or 8 cm who never suffered a rupture.)

The simple ultrasound detection of bulges takes only a few minutes of our technician running a probe over your abdomen, looking for a bulge in the channel. If one is present, the tech measures its width.

This Medicare benefit is available to all adult patients who have ever smoked. (Smoking is a risk factor, along with hypertension and high cholesterol scores. In some cases, it is a hereditary condition.) If you would like an appointment for the test, contact any of our receptionists. You can be screened on any weekday.

Diuretics

So-called "water pills," or diuretics, cause the body to lose more fluid in urine than would occur naturally. Several different types exist. Mostly, we use "loop diuretics," like furosemide (Lasix) and torsemide (Demedex). They're the most powerful.

Thiazides are commonly used, too, but mainly for their effect in lowering the blood pressure, rather than to keep fluid levels down. Examples include Indapamide and Hydrochlorothiazide.

Diuretics have several uses:

1. Lower the Blood Pressure (and not just by reducing the fluid levels)
2. Lower the Blood Volume to reduce the workload of a tired/stressed heart.
3. Lower the Blood Volume so that heart chambers will contract, thus reducing the stretching of valve rings that can make valves leak more.
4. Eliminate potassium and magnesium when levels are higher than appropriate.

Complications of diuretics include:

1. Abnormal low blood volume with resulting lightheadedness upon standing suddenly.
2. Loss of potassium in the urine, with resulting low blood levels and consequent arrhythmias, weakness and muscle cramps.
3. Loss of magnesium in the urine, with low blood levels and similar consequences to #2 above.
4. Rashes, backache, and numerous other nagging difficulties.

If you are on diuretics and experience symptoms suggestive of any complication, please come to the office for a blood test to see what is going on.

Social Butterflies Live Longer

The Alameda County Study, which followed 7000 people for 9 years, found that people who ate healthy and were isolated, did not live as long as people who had many chronic medical issues like obesity and poor diet, but were in many relationships.



Kirkpatrick Family Care is Sponsoring

Breakfast with Santa



December 6, 2008

at the

Monticello Hotel in Longview

For more information contact

Longview Parks and Rec

360-442-5400

Diabetes Update

If you are currently on insulin therapy, please call (360) 423-9580 to schedule an appointment with Beth King, RN, CDE or Robin Hammon, RD at our Diabetes Education Center.

House Calls

Dr. Rich Kirkpatrick Hosts a Medical Talk Show on KLTU (Channel 11)



Seminars

Held at the Canterbury Inn

Diabetes Support

1st & 3rd Tuesday of the Month
4:00 P.M.

Priorities Change

According to a book about the sinking of the Titanic, a grandmother in a lifeboat, was granted 3 minutes to get something from her room. She raced past all the loose money in the casino and got to her room, where she grabbed 3 oranges and made no effort to retrieve her diamonds and other jewelry. Being in a life/death situation like a lifeboat, changes your priorities.

Gift Ideas

Dave Kirkpatrick, now a Physicians Assistant student at Emory University, has released another CD of original music. If you are interested, you can get a copy for \$10 at the front desk of the main office on WA Way. The work is also available through Amazon.com. In addition, Dick Sayles, MSW, whose wife is our much-loved Nurse Practitioner, Carol Sayles, has released his second CD of Christian music he has composed. It's entitled "God Songs" by Richard Sayles and Friends. This is a 3-year project that involved a dozen local musicians and production techies. You will be amazed at the professional quality. If you'd like a copy (\$10) you can contact Dick at 360-425-5135.

Clinic Hours

Monday through Friday

8:00 A.M. to 8:00 P.M.

Saturday & Holidays

9:00 A.M. to 1:00 P.M.

Sunday & Christmas

Noon to 4:00 P.M.

Open **EVERYDAY** to help you!

