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• 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"

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Medical School: B.J. Medical College (India)
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Graduate School: University of Portland

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Undergraduate School: University of the State of New York
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Undergraduate School: California State University, Hayward
Graduate School: Stanford University Medical Center

Say Cheese

By Elissa Brentano

Recently, advertisements sponsored by the American Dairy Farmer's Association have linked the consumption of dairy products to weight loss. They know that nothing catches the eye of an American like the promise of easy weight loss – let alone, a weight loss due to eating food. So, just how true is this claim? Can dairy products actually aid in weight loss?

In a recent study, all participants consumed the same amount of calories daily, but those on the high-dairy diet containing about 200-1300 mg calcium lost 70% more body weight and 64% more body fat than those on the low-dairy diet. Previous studies have shown that calcium can boost weight loss by increasing fat breakdown in fat cells.

The Physician's Committee for Responsible Medicine argues that claims made by the Association are misleading. The Association is spreading the word that consuming three servings of milk, cheese, or yogurt each day can help people lose weight. What they should be telling consumers is that consuming three servings of milk in a reduced-calorie diet helps burn more fat than just by cutting calories alone. However, adding dairy and cheese products to an existing diet, without making other modifications, will increase the total number of calories and can lead to weight gain.

Similar to most things in life, cheese, and other dairy products are beneficial when consumed in moderation. People who eat dairy products sensibly can reduce blood pressure and help prevent heart disease. Consuming cheese and dairy products can also prevent osteoporosis, colon cancer, and premenstrual symptoms.

calcium absorption. When calcium tablets are taken, the other essential nutrients are lacking, thus the amount of calcium absorbed into the body is reduced.

For people ages 19-50 years old, the average daily intake of calcium is 1,000 mg. For people over 51, a diet containing at least 2,100 mg of calcium is advised. However, calcium must be



accompanied by vitamin D for proper absorption.

In closing, if trying to indulge in dairy products to enhance weight loss, remember that the bottom line of successful weight loss is burning more calories than you take in.

In addition, certain cheeses, like Cheddar and Mozzarella, may also help prevent tooth decay.

Keep in mind that milk and cheese in the diet can make a significant contribution to calorie and fat intakes, but there are now plenty of low fat alternatives available, such as skimmed or semi-skimmed milk, low-fat yogurts and reduced-fat cheeses.

While many people take calcium supplements, this is not as effective as eating the daily dosage. Foods that contain calcium also often contain other nutrients that aid in



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.

The Second Opinion: Monopolies – Part Three

By Dr. Neal R. Kirkpatrick

Thanks for all the positive feedback on my previous essays on the evils of monopolies. Here's yet another thought to consider...the insurance business.

No one in America is happy with insurance companies these days – except perhaps their millions of employees (who have good jobs) and the media that earns billions annually in advertising sales. One has only to look at the map of every US Airport neighborhood, to realize that insurance companies must be rolling in enormous money. Skyscrapers and high rises are expensive, and most are pretty lavish in layout and furnishings. We Americans have been so "sold" on insurance, that we have ceded the Insurance Industry "Carte Blanche" in terms of prices.

But with multiple options, there's at least some competition that results in price cuts or coverage improvements. I mean, if you get frustrated with Regence, you can switch to Premera or LifeWise. If you're a large enough business, you can fire all of the companies and become "self funded." (You collect premiums and pay bills, and buy stop loss insurance so that if anybody has an enormous bill, it's paid by Lloyds of London, or another "secondary insurance company."

Think of how much worse it would be if there was only a single insurance company. No longer would you be able to "vote with your feet," by switching insurers. You'd just be stuck. And the bigger the outfit became, the harder it would become to get a real live person to deal with your issue. Payments to doctors and hospitals would fall because, well, there would be no reason to keep them up.

Well friends, that's exactly what would happen if we have "Single Payor" health insurance. In this setup, there's only one insurance company, and it's pretty much either the federal government or some mega-corporation that "won" the bid on a contract. No more changing companies when you get angry – you'd just have to file another complaint to join the millions of other items referred to some computer system in Washington, DC.

Thirty years ago here in Longview, both Monticello Medical Center (community owned) and St. John's Hospital (owned at the time by the Sisters of St. Joseph of Peace) argued in favor of consolidating all health care services (but especially the super-profitable ones of surgery, orthopedics, urology, ENT, dialysis and chemotherapy), but at their hospital. This competition allowed the doctors to get the best equipment and retain the best nurses. It also allowed you, the consumer, to get a better price. Once MMC yielded control to Sutter Health Care Systems of California, and Sutter shortly thereafter sold to St. John's, guess what happened? 1) Many of the best RNs left, to work in Centralia or Vancouver; 2) The doctors could no longer get the best equipment unless they could show it would result in bigger profits for the hospital; and 3) Prices rose exponentially.

So, beware efforts to consolidate health care, either in terms of ownership of the doctors, the hospitals, or the insurance companies. Monopolies are not in your best interest!

Foodborne Illness – Part Three

By Marcie Malone

Did you know that approximately 5% of the US population is suffering from acute diarrhea at any given time? Unfortunately, eating contaminated food or water is what causes most cases.

There are over 250 different types of foodborne (or waterborne) illness. Bacteria, viruses, fungi, and parasites

cause the majority of these; harmful toxins or chemicals cause the rest.

The most common foodborne infections are those caused by *Campylobacter*, *Salmonella*, and *E. coli*. Read on to find out more about these three types of bacteria.



1. Bacteria: *Campylobacter jejuni* (Kamp-e-lo-back-ter) (juh-june-ee)

Reservoirs: Campylobacter can be found in the intestinal tracts of cats, dogs, poultry, cattle, swine, rodents, monkeys, wild birds, and humans.

Transmission Mechanisms: *Campylobacter* is spread via the fecal-oral route.

Associated Foods: Nearly all chicken flocks are infected with Campylobacter; when the birds are slaughtered, the bacteria move from the intestines to the meat. As a result, Campylobacteriosis is mostly caused by eating raw or undercooked poultry meat, or by eating foods contaminated by that meat. Drinking raw milk or fecally-tainted water may also result in infection.



Frequency: In the US, *Campylobacter* is the #1 cause of food poisoning and, worldwide, it causes over 400 million cases.

Onset Time & Duration: Symptoms usually begin 2-10 days after ingesting the bacteria and continue for about 1 week.

Symptoms: Most people with campylobacteriosis have diarrhea, cramping, abdominal pain, and fever and diarrhea may be bloody and accompanied by nausea and vomiting. Some may also acquire urinary tract infections or meningitis; in rare cases, victims may develop Guillain-Barré Syndrome.

Treatment: Most people infected with Campylobacter recover without any specific treatment; however, antibiotics may shorten the infection's duration.

Guillain-Barré Syndrome

(ghee-yan) (bah-ray)

Description

Guillain-Barré Syndrome (GBS) is a temporary disorder in which the patient's immune system attacks part of its peripheral nervous system. The affected nerves become inflamed, causing pain, weakness, numbness, and/or paralysis in the extremities; these symptoms may progress to the upper body and face.

Transmission

While the direct cause of GBS remains a mystery, it is known that GBS often occurs within days or weeks after a patient has had a bacterial or viral infection. In rare cases, GBS has also been triggered by flu vaccination.



2. Bacteria: *Salmonella species*

The Disease: Nontyphoidal Salmonellosis or *Salmonella* gastroenteritis.

Reservoirs: *Salmonella* typically lives in the intestinal tract of humans and animals, especially in poultry, swine, and reptiles. For example, it is very likely that reptiles, such as turtles, lizards, iguanas, and snakes have *Salmonella* on their skin. Also, chickens carry *Salmonella* – of the 69 billion eggs they produce annually, about 2.3 million contain Salmonella.

Transmission Mechanisms: *Salmonella* is transmitted via the fecal-oral route and is most common in the summer and fall.

Associated Foods: *Salmonella* is frequently found in foods of animal origin such as beef, poultry, milk, or eggs, but any food, including vegetables, may become contaminated.

Frequency: It is estimated that approximately 3 million cases of salmonellosis occur in the US annually; of those, about 15,000 people will be hospitalized and about 400 will die.

Onset Time: Symptoms appear 12-72 hours after infection.

Symptoms: Symptoms usually begin with nausea and vomiting, and progress to abdominal pains and diarrhea. Additional symptoms may include fever, headache, chills, and muscle pains. Medical attention is needed if the diarrhea is severely dehydrating or if the infection spreads beyond the intestines; these situations can be life threatening.

A small number of persons with *Salmonella* infection develop pain in their joints, irritation of the eyes, and painful urination 3-4 weeks after initial symptoms; this is called Reiter's syndrome. It can last months to years and can lead to chronic arthritis.

Duration: Diarrhea symptoms generally last 4-7 days, but bowel habits may take several months to return to normal.

Treatment: There is no reliable treatment for *Salmonella* infection; however, some options include:

1. Fluid & Electrolyte Replacement
2. Dietary Modifications – it is best to avoid milk products to help alleviate abdominal pains
3. Antibiotics (if the infection spreads outside of the intestine)
4. Antidiarrheals – use Imodium to slow down intestinal movements and increase fluid absorption.

Read more on this topic on page four...



3. Bacteria: Enterohemorrhagic *E. coli*

Also Known As: EHEC, Shiga toxin-producing *E. coli* (STEC), or *E. coli* 0157

Reservoirs: *E. coli* is a bacterium that normally lives in the intestines of humans and other animals.

Transmission Mechanism: EHEC is transmitted via the fecal-oral route. The ingested bacteria produce an intestinal toxin to which the victim's body has a marked inflammatory response.

While EHEC is only responsible for 3% of all cases of acute diarrhea, it is responsible for 47% of all hospitalizations for acute diarrhea (and the hospital stay usually lasts 6-14 days).

Associated Foods: EHEC has been found in undercooked ground beef, raw milk, cold sandwiches, water, unpasteurized apple juice, and vegetables (e.g. leafy greens and sprouts).

Onset Time: Symptoms usually develop 1-9 days after ingesting EHEC, with an average onset time of 3 days.

Symptoms: The main symptom is watery diarrhea that becomes grossly bloody; although, symptoms of vomiting, abdominal pain and tenderness, and a slight fever may also be present.

Complications: EHEC can cause the potentially fatal hemolytic-uremic syndrome (HUS); it is characterized by acute kidney failure, anemia, and low platelet counts. HUS can also cause neurological complications including seizure, stroke, or coma. HUS is fatal 50% of the time in small children and the elderly.

Duration: Most people recover within 5-10 days.

Infectivity: Victims can shed ETEC in the stool as soon as diarrhea symptoms start and this continues until a few days after the symptoms resolve. Because low numbers of organisms can cause infection, EHEC is easily transmitted from person to person and has been difficult to control in childcare centers.

Treatment: Infection with EHEC should be treated by a physician and will include some sort of fluid and electrolyte replacement to prevent dehydration.

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 KLTV (Channel 11)

Wednesday Night

7:00-8:00 P.M.

Monday Morning

10:00-11:00 A.M.

Seminars

Held at the Canterbury Inn

Diabetes Support

1st & 3rd Tuesday of the Month

4:00 P.M.

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!

