

# 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

# Caffeine: Good or Bad?

By Dr. Richard Kirkpatrick

More than 50% of working Americans begin their day with a "pick me up" cup of coffee and when you add in tea and caffeinated soft-drinks, more than 80 percent of Americans get their morning fix. It's become a part of our culture. (Some would say that it an epidemic addiction.)

But is it as healthy/harmless as milk? or juice? or cold water?

The answer is Yes, and No.

For decades, medical research has yielded conflicting results. Bladder cancer – yes or no? Heart irregularities – yes or no. Heart attacks – yes or no? Anxiety attacks – yes or no? America's medical research establishment can't seem to make up its mind.

One thing that is secure, however, is the relationship between caffeine (the stimulant found in coffee) and osteoporosis. Yes, caffeine contributes to osteoporosis.

The chart below displays some interesting data about caffeine content of various coffees. To the nondrinker, the popularity of Starbucks becomes quite clear---it offers more than ambience and unique combinations of flavors, namely a lot more (addicting) caffeine. Note also the high amount of caffeine in colas and "energy" drinks.

But even worse that coffee in terms of osteoporosis, is *diet cola*...any brand. Not only do these drinks contain caffeine (and sometimes more than coffee), but also they are high in "phosphates," chemicals that also cause bone thinning.

Osteoporosis is a very important disease that affects almost all senior citizens and some younger women. Unchecked, it can lead to chronic pain, restricted breathing, and of course fractures of wrists, ankles, hips, and spinal vertebrae. The cost of hip fractures is astounding---over \$50,000 for surgery and rehabilitation, with nearly half of the victims never regaining prior activity abilities. A fractured vertebra is probably a \$30,000 item. And this does not include chronic pain and suffering.

Among the risk factors for osteoporosis are: female gender; Asian/Caucasian race; post-menopausal status; use of corticosteroids, anticonvulsants, blood thinners, or thyroid hormone; and lack of weight bearing exercise. Men who are low in testosterone are also prone. And of course, anybody likely to fall (including many elderly folks with balance disturbance or vision problems or muscle weakness) is especially at risk for fractures if they have osteoporosis.

Just like anything else, use of caffeine needs to be moderate!

Caffeinated Item	Caffeine (mg)
One Cup Drip Coffee - 8 oz.	95
Starbucks Grande Drip Coffee - 16 oz.	330
Starbucks Grande Mocha - 16 oz.	175
Starbucks Grande Latte - 16 oz.	150
Brewed Black Tea - 8 oz.	50
Brewed Green Tea - 8 oz.	40
Coca-Cola Classic	35
Diet Coke	47
Mountain Dew	54
Monster Energy Drink - 16 oz.	160
Red Bull Energy Drink - 8.3 oz.	76
Rockstar Energy Drink - 16 oz.	160
Hershey's Chocolate Bar - 1.55 oz.	9



## The Second Opinion: Monopolies – Part Two

By Dr. Neal R. Kirkpatrick

*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.*

Last month, I shared my concerns about the high prices of health care services that result when one organization or company has a monopoly.... The Law of Supply and Demand says that prices go up when demand is high and services/items aren't widely available. Most economists agree that the converse is also true, namely that when consumers have multiple options to purchase something, the suppliers wind up lowering prices in order to attract business.

This also applies to quality. One has only to look at St. John's Hospital (forgive me for calling it St John's rather than St. John...I guess somebody changed the name after 30 years) for a very clear example of how competition breeds improved quality.

Nearly 5 years ago, Portland's Legacy Health Systems decided to build a new hospital at Salmon Creek, just north of Vancouver. Growth of the state's 3rd largest city was largely to the north, along I-5, while the existing hospital, Southwest Washington Medical Center (SWMC), was located off I-205 on the east side of the county. Further, SWMC was usually so full that patients from Vancouver were diverted or transferred to hospitals in Portland.

However, bankers, attorneys, doctors, and administrators affiliated with SWMC argued that if the state allowed Legacy to go ahead, their hospital would go bankrupt. Similarly, officials from St John's, including PeaceHealth doctors, administrators, board members, and even county commissioners, testified that, if Legacy's plans were granted a Certificate of Need, then St. John's, too, would go out of business. The hearings went on for days.

Well, three things happened. First, the State approved Legacy's plan. Second, SWMC underwent significant expansion. Third, Peace Health spent \$46,000,000 to extensively remodel St John's aging facilities, equipping them with the most modern equipment, beautiful color schemes, and reworking of floor plans.

So, competition caused both SWMC and St. John's to expand, beautify, and upgrade. And **you**, the patients, are the winners.

HooRah for Competition!

## Foodborne Illness – Part One

By Marcie Malone

In the United States, diarrhea results in 300-400 deaths per year in children, 200,000 hospitalizations, 1.5 million outpatient visits, and more than one billion dollars in direct medical costs. Acute diarrhea is most often caused by a foodborne or waterborne disease.

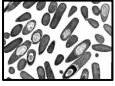
Diarrheal diseases are placed into one of two categories based on the victim's presenting symptom; symptoms vary depending on the area of the intestine that is affected by the disease. Below is a brief description of the two categories:

1. The small intestine secretes fluids and enzymes and absorbs nutrients. If either of these processes gets disrupted, a high volume of watery diarrhea will occur.

The diarrhea will often be associated with abdominal cramping, bloating, gas, and weight loss.

2. The large intestine (colon) absorbs fluid and salt, and excretes potassium. If the colon becomes infected, frequent, small volume bowel movements will occur. The movements will often be painful and mixed with blood and mucus; the victim may run a fever. A colon infection can be diagnosed via a fecal smear; it is positive if it shows red blood cells and inflammatory cells.

The three germs featured in this newsletter all infect the small intestine and present as watery diarrhea:



## 1. Bacteria: *Clostridium perfringens*

**Reservoirs:** This organism lives in soils, aquatic sediments, and the intestinal tracts of animals

**Frequency:** Clostridial enteritis is one of the most commonly reported foodborne illnesses in the US.

**Associated Foods:** *C. perfringens* is often implicated in foods such as meat, poultry, dehydrated soups, sauces, raw vegetables, and spices that are held without maintaining adequate heating or refrigeration before serving. It is also associated with improperly canned food.

**Transmission Mechanism:** It is transmitted via the fecal-oral route. Once ingested, the bacteria produce a toxin in the gut, which then causes the unpleasant symptoms.

**Onset Time:** Symptoms usually appear 8-22 hours after ingesting the bacteria.

**Symptoms:** The disease is characterized by intense abdominal cramps, gas, and watery diarrhea.

**Duration:** Symptoms generally last about 24 hours.

**Treatment:** The victim is given fluids and is encouraged to rest. Antibiotics are not given.

★ *C. perfringens* is closely related to the pathogens that cause tetanus and botulism.

### “The Fecal-Oral Route”

Many diseases are passed through the "fecal-oral route." This is a polite way of saying that infection-laden stool from one person somehow found its way into the mouth of another and caused infection. For example, those who do not wash their hands after using the bathroom or changing a diaper can contaminate food or surfaces. Thereafter, when someone eats the contaminated food, or touches the contaminated surface and then touches his/her mouth, that individual can become ill.



## 2. Parasite: *Cryptosporidium parvum*

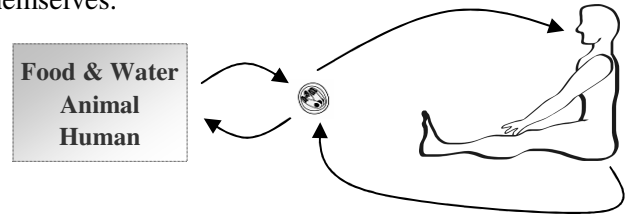
Both the disease and parasite are known as “**Crypto.**”

**Reservoirs:** Crypto is protozoa (single-celled animal) that lives inside a host (e.g. humans, cows, goats, sheep, deer, and elk) and obtains nourishment from the host without benefiting or killing it.

**Serological surveys indicate that 80% of the population has had cryptosporidiosis.**

**Associated Foods:** Crypto is most commonly a water-borne pathogen, but it can occur on any food touched by a contaminated food handler.

**Transmission Mechanisms:** This parasite is transmitted via the fecal-oral route. Those with Crypto infestations can then introduce to parasite to food and water sources or to humans and other animals; they can also reintroduce the parasite to themselves.



**Onset Time:** Crypto symptoms generally begin 2-10 days after infestation, with an average onset time of 7 days.

**Symptoms:** Those suffering from Crypto may have frequent watery diarrhea, nausea, vomiting, abdominal cramps, or low-grade fever. However, this is not always the case; some individuals may never have a single symptom, while others, usually immunocompromised persons, may have much more severe, debilitating symptoms.

**Duration:** Symptoms generally last 2-4 days; however, diarrhea symptoms have been known to last up to 4 weeks.

**Infectivity:** People are contagious and shed Crypto in their stool from the moment they begin feeling ill and can continue to shed Crypto for weeks after their diarrhea symptoms have stopped.

**Treatment:** Most people recover from Crypto without treatment; however, the FDA-approved drug nitazoxanide may be prescribed to help fight diarrhea symptoms.

*Read more on this topic on page four...*



### 3. Bacteria: Enterotoxigenic *E. coli*

**Also Known As:** ETEC, Traveler's Diarrhea, Montezuma's Revenge, and Delhi Belly

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

**Transmission Mechanism:** It is transmitted via the fecal-oral route. Once ingested, ETEC produces special toxins that stimulate the intestinal lining causing it to secrete excessive fluid, thus producing diarrhea and other symptoms.

**Frequency:** ETEC is rarely a foodborne hazard in developed countries with high sanitary standards; however, it is the primary cause of diarrhea among travelers in third world nations.

**Associated Foods:** In the US, ETEC has been implicated in sporadic waterborne outbreaks, as well as soft cheeses, Mexican-style foods, and raw fruits and vegetables.

**Onset Time:** Symptoms usually develop 24-72 hours after ingesting ETEC.

**Symptoms:** Profuse watery diarrhea and abdominal cramping. Fever, nausea with or without vomiting, chills, loss of appetite, headache, muscle aches, and bloating can also occur but are less common.

**Duration:** Illness usually persists for 3-4 days; yet, some infections may take a week or longer to resolve. Symptoms rarely last more than 3 weeks.

**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.

**Treatment:** Most infected individuals will recover without requiring any specific treatment. Fluid and electrolyte replacement can help to prevent dehydration, but anti-motility agents should be avoided because they can prolong the time it takes for the body to rid the toxins. Antibiotics can shorten the duration of the diarrheal illness and discomfort, especially if given early...but they are usually not required.

★ ETEC is just one form of illness caused by *E. coli*. It can also cause a colon infection resulting in inflammatory, bloody diarrhea.

## 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 KLTN (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**

1<sup>st</sup> & 3<sup>rd</sup> 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!

