

Johns Hopkins Bayview

health & wellness

FINDING JOY



JOHNS HOPKINS
MEDICINE

Peer recovery coaches offer
glimpse of hope from the
grasp of opioid addiction
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The Link Between Depression and Heart Disease

“We have long known that men and women with heart disease and depression are at higher risk for heart attacks and mortality,” explains Johns Hopkins Bayview Cardiac ICU director Marlene Williams, M.D. “But we’re working to better understand the biological mechanisms behind this link, and platelets seem to play a large role.”

Marlene Williams, M.D.
Director, Cardiac ICU



Platelets are rich in serotonin, a major neurotransmitter in the central nervous system. Through her research, Dr. Williams has found a unique pattern of platelet response to serotonin in patients with stable heart disease. She currently is studying whether or not serotonin platelet aggregation (the clumping together of platelets, which causes blood clots and, eventually, heart attacks or stroke) and higher Beck Depression Inventory scores (a standard measure of a person’s symptoms of depression) are directly related.

The good news is mild antidepressants not only can improve mood, but also can help break up “sticky,” clumped-together platelets. “We want to get really good at accurately diagnosing and successfully treating depression in patients with heart disease,” says Williams. “We’ll not only be enhancing their quality of life, but we’ll be providing them with a more effective treatment.”

Correction: “Withstanding the Test of Time,” the cover story of the Fall 2017 issue of Johns Hopkins Bayview Health & Wellness, incorrectly stated that Johns Hopkins Bayview Medical Center was the first academic medical center to perform bariatric surgery. We regret the error.

Women and Kidney Disease

Diagnosis of chronic kidney disease (CKD) is on the rise, especially among women. Approximately 195 million women worldwide are affected by the disease, which also is the eighth leading cause of death in women.

“Women who are diagnosed with CKD also may face other health issues, such as irregular periods, sexual dysfunction, pregnancy complications, bone disease and depression,” says nephrologist Sumeska Thavarajah, M.D. “Creating awareness about these issues is the best way to help women feel comfortable bringing up concerns with their health care team.”

Sumeska Thavarajah, M.D.
Nephrologist



Irregular periods. Women with CKD may experience excessive bleeding, missed periods or early onset of menopause. Certain treatments may help regulate the menstrual cycle.

Sexual dysfunction. Many women with CKD find they don’t have the same interest in sex. This can be caused by the emotional, physical and psychological factors that accompany life with a chronic illness. Changes in medication or taking hormones may help.

Pregnancy. Women are less likely to become pregnant if they have CKD. Women with CKD who become pregnant are at increased risk for high blood pressure and pre-term birth, and may also lose significant kidney function and need dialysis treatment. Pre-conception counseling for women with diabetes and hypertension is important to minimize complications.

Bone Disease. One of the key functions of the kidney is producing hormones, such as active vitamin D, which is important for maintaining bone strength. Women with CKD may need additional calcium and vitamin D supplements to prevent osteoporosis and bone loss from kidney disease.

Depression. Depression is common in everyone with a chronic illness. Studies have shown that one in four women on dialysis have screened positive for depression.

Webinar: Navigating Kidney Transplantation

For individuals who want to understand the kidney transplant process—from pre-transplant evaluation to wait list to post-transplant monitoring.

March 22
7 to 8 p.m.

To register, visit hopkinsmedicine.org/jhbmcl/seminars.

In-Person Seminars: Home Dialysis Modalities

For individuals with advanced kidney disease who want to learn about home dialysis modalities.

March 13
5 to 6 p.m.

Johns Hopkins Bayview Medical Center

The ABCs of Kidney Disease

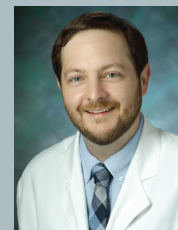
For individuals diagnosed with kidney disease who want to learn about normal kidney function, the causes and stages of chronic kidney disease, the effects of kidney disease on the body, and treatment options for kidney disease and failure.

April 24
5 to 6 p.m.

To register for in-person seminars, call 410-550-2820.

Welcome

Noah McKittrick, M.D., has joined the Center for Infectious Diseases. He specializes in the treatment of HIV, Hepatitis C and sexually-transmitted infections, as well as general infectious diseases.



Noah McKittrick, M.D.
Infectious Disease Specialist

To schedule an appointment, call 410-550-2999.

Exceptional Care, Exceptional Gratitude

Lung cancer treatment inspires patient to create international award

Marilyn Holman remembers very clearly her first appointment at the Sidney Kimmel Cancer Center at Johns Hopkins Bayview. She and her husband, Dr. Matthew Holman, still were in a devastated shock after Marilyn was diagnosed with lung cancer in the fall of 2016. What they remember most about that day, however, was the feeling of being embraced by an extraordinary care team.

Many Questions, Many Answers

The Holmans and their family met for an initial consultation with Russell Hales, M.D., and Christine Hann, M.D. “We arrived with my sister and my wife’s two sisters, each with a long list of questions,” Dr. Holman remembers. “Both doctors talked with us for hours and were extremely patient and compassionate.”

As Marilyn’s treatment began, she and her husband continued to notice how comfortable they felt with all the Cancer Center staff. “There was no ego with the doctors, nurses and nurse practitioners. They were always open and receptive, very knowledgeable, and in a position to respond,” says Dr. Holman.

Marilyn’s oncology team included Dr. Hales, her radiation oncologist; Dr. Hann, her medical oncologist; Amy Vance, RN, her nurse practitioner; and Hanika Rodavia, RN, her chemotherapy nurse. “There were never any surprises about the journey and what was ahead for me,” Marilyn explains. “They provided information about

the treatment and the medications, and were so accessible through phone and emails.”

A Way to Say Thank You

As she got closer to the end of her treatment, Marilyn and her husband wanted to do something to recognize the team. “We searched for an award, but we could not find anything,” she explains. “So, we decided we must create one.” After coming across the International Association for the Study of Lung Cancer (IASLC), a



Dr. Julie Brabmer accepts the IASLC Foundation Lung Cancer Care Team Award.

world leader in lung cancer research, the Holmans approached them and worked with them to create the IASLC Foundation Lung Cancer



Marilyn and Dr. Matthew Holman

Care Team Award. Marilyn, an art teacher and artist, helped to create and design the award, then nominated her care team to be the inaugural recipient.

The IASLC Foundation Lung Cancer Care Team

Award honors multidisciplinary

teams that work together to provide the highest quality cancer care. Nominations were accepted from all over the world. The oncology team at Johns Hopkins Bayview was one of two winners from North America.

The award was presented to Marilyn’s oncology team at the World Conference in Yokohama, Japan, on October 16, 2017.

“My family and I are so appreciative of the dedicated staff at Johns Hopkins Bayview Medical Center, and the impact of all the care providers out there,” Marilyn says. “Thank you.”

—Jessica McQuay and Allie Webster



Learn more about lung cancer treatment at hopkinsmedicine.org/jhbmc/lungcancer.



Having lived three decades addicted to opioids and alcohol, Joy Haywood reflects daily on her recovery.

People with opioid addiction are mothers and fathers. They are nurses, teachers and store managers. They hold master's degrees. They love their children. They dress well. They speak articulately. They live in cities, suburbs and small towns. You may work with them, live next to them, love them—without ever knowing they have an addiction.

In 2016, 1,856 of them died in Maryland. Others loved them, depended on them and miss them every day.

But this year, Joy Haywood will not be one of them. For 30 years, the 58-year-old Baltimore native lived with an addiction to opioids and

alcohol. Now four years in recovery, she works as a peer recovery coach in Johns Hopkins Bayview's emergency department, meeting people with opioid addiction in their darkest hours, and reminding them of their chance at a different life.

Removing the Shame

Johns Hopkins Bayview is working to prevent more opioid-related deaths, in part by taking away the stigma often associated with opioid use disorder. "Never lose your dignity to a diagnosis," says Michael Fingerhood, M.D., chief of the Division of Chemical Dependence at Johns Hopkins Bayview. "Addiction is full of shame. We do our best to take that away."

Using peer recovery coaches in the treatment of opioid addiction is a national evidence-based model. The Surgeon General's recent report on alcohol, drugs and health called its results "promising." When Joy enters a patient's room in the emergency department, she does so with an open mind and an open heart. Patients are often more comfortable talking with her because they know she has walked a mile (or three decades' worth of miles) in their shoes. If they are ready to take the first step, Joy will refer them to a treatment program, then follow up with them to see if they've moved forward with treatment.



The Comprehensive Care Practice at Johns Hopkins Bayview features a team of experts in primary care, as well as specialized care for patients with substance use disorder. To schedule an appointment, call 410-550-2999.

“I Am You, and You Are Me.”

Joy’s story starts out like so many of our stories. She grew up in a loving family, a middle child with two sisters. She loved to play music and write poetry. In her 20s, she joined the Army Reserve and struggled to fit in. What started as an occasional drink to “calm down” turned into alcoholism, and then an addiction to opioids. “By the time I realized it was a problem, it was too late,” she says.

Still, for years, Joy thought she had everything under control because she was dressing nicely, going to work and maintaining her relationships. She worked as a corrections officer for a while. In fact, the only time she had a problem showing up to a job was when she went too long without using opioids; the withdrawal symptoms made it impossible to work. “I didn’t use because I wanted to feel high. I used because I didn’t want to feel sick,” she says.

Today, Joy smiles with the brightness of someone who has made it to the other side, but who doesn’t forget the path she took to get there. “I tell patients that I’m not here to judge,” she says. “I am you, and you are me.”

The Courage of a Phone Call

Joy found the courage to seek treatment four years ago. With most of her income going towards her addiction, she could no longer afford rent, and had been staying with family. One day, her older sister told her, “no more.”

“The disease had covered my eyes,” says Joy. “My light was going out. My spirit was dying. I cried out to God. He told me to find treatment.”

With her sister by her side, Joy called Baltimore County to inquire about a referral for treatment. She admitted herself to an inpatient facility, where her care team prescribed buprenorphine (see sidebar) to calm her with-

drawal symptoms during the most trying first days. Months at a transitional home helped her to rebuild the life she had lost. Slowly, Joy began to find herself again. She continues to attend Narcotics Anonymous meetings to this day.

Now, as a peer recovery coach, she earns a



Joy Haywood has found friendship and encouragement from fellow peer recovery coach Cheryl Brown.

living by helping others find the courage to take the first step in treatment. One quarter of all patients who come to Johns Hopkins Bayview’s emergency department screen positive for substance use disorder. Joy, and other peer recovery coaches like her, visit each of them with the reminder that there is hope. And she is living proof of it.

—Sara Baker



Video Watch Joy tell her story at hopkinsmedicine.org/jhbmcl/patientstories.

On the cover: “I could never do this alone,” says Joy Haywood (pictured left on cover), who finds strength and inspiration in the other peer recovery coaches at Johns Hopkins Bayview: Cheryl Brown (pictured right on cover), Matthew Keilholtz and Eric Trojan (not pictured).

The Opioid Epidemic: How Did We Get Here?

Opioids have been around for thousands of years—Hippocrates prescribed opium for insomnia around 400 B.C. But how did we get to where we are today, where in 12 states, the number of prescriptions written for pain killers exceeded the total number of people living in that state? Dr. Fingerhood points to a number of factors:

Over prescription: Many patients have the false expectation that medication should completely erase their pain, leading to the overuse of prescription opioids. Withdrawal symptoms can begin after just 7 to 10 days of use, so people unknowingly get hooked early. At Johns Hopkins Bayview, a multidisciplinary pain management group rethinks the way we treat people’s pain. For example, a mix of ibuprofen and acetaminophen can be more effective than opioids in treating acute pain. And encouraging patients to invest in physical therapy rather than looking for a “quick fix” can bring long-term, lasting pain relief.

Rising Costs: Once medical professionals recognized the number of people misusing opioids, they stopped writing as many prescriptions. To avoid painful withdrawal symptoms, people turned to heroin as a cheaper alternative. Many overdose deaths are the result of heroin laced with fentanyl, a strong synthetic opioid. Dr. Fingerhood and other Johns Hopkins physicians advocate for the use of naloxone, a lifesaving drug that can prevent overdose deaths. He uses a metaphor to explain naloxone’s role: “You don’t want to have a fire in your house; you do everything you can to prevent it,” Dr. Fingerhood says. “But you still have a fire extinguisher just in case.”

Addictive Qualities: Opioid’s effect on the brain is unique; many people form an addiction before they have a chance to realize what is happening. The majority of Dr. Fingerhood’s patients maintain a job and a family, but are struggling to safely end their use of opioids. For many curious adolescents, addiction begins with the single use of a leftover prescription pain pill found in their family’s medicine cabinet. A fairly new drug, buprenorphine, has been a game-changer. By reducing withdrawal symptoms and helping to prevent relapse, it gives physicians a powerful tool to offer patients seeking recovery.

A Moment's Notice

Early detection allows for quick breast cancer treatment

Katrina Shaw knows that although you can prepare, you can't always predict the future. Originally from Long Island, New York, she'd come to Baltimore to attend Morgan State University before beginning a career in radio and media. One night, she went to see a friend's band and ended up talking with a saxophone player named Warren; they've now been married eight years. Her active involvement in her church, community and work kept her life happy and full. Then, at her annual mammogram in September 2013, they found a mass in her left breast.

Shaw had always been careful. She had fibrocystic breast tissue, which can show up as lumps on screening mammograms and require regular monitoring. Because she'd been getting regular mammograms, it was easy to compare the lump with images from previous years and see that something had changed. A follow-up ultrasound showed blood flow in her left breast's mass, which is indicative of cancer.



Katrina Shaw wasted no time in seeking treatment after her breast cancer diagnosis.



To schedule an appointment, call 410-550-8282.

A biopsy shortly after confirmed it was breast cancer. Shaw's primary care provider recommended she visit the Johns Hopkins Breast Center at Johns Hopkins Bayview Medical Center.



Mehran Habibi, M.D.
Breast Surgeon

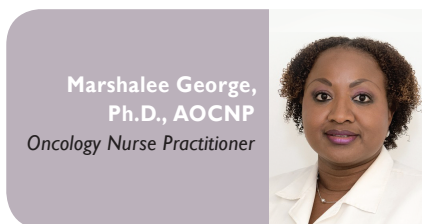
Shock, Then Action

Shaw was understandably nervous, but left her first meeting with breast surgeon Mehran Habibi, M.D., feeling relieved. "He said I was really blessed, because the cancer was caught early," says Shaw. "He said I had a good radiologist, because the mass could not be seen on a regular mammogram screening."

The breast cancer diagnosis surprised Shaw, since she had no family history of cancer at all, but "I felt really good knowing I had a lot of options." As oncology nurse practitioner Marshalee George, Ph.D., AOCNP, explains, only 12 to 15 percent of women who develop breast cancer have any family history.

After that, things moved quickly. "Delays give cancer time to spread and travel," says Dr.

George. "The behind-the-scenes navigation at the Breast Center helps connect patients to care quicker." Shaw was becoming increasingly anxious about pain in her right breast. She consulted with a plastic surgeon at the Breast Center and decided to have a double mastectomy to remove both breasts, followed by breast reconstruction with implants.



Marshalee George,
Ph.D., AOCNP
Oncology Nurse Practitioner

Path to Recovery

Shaw's first operation in November was a co-surgery that included the double mastectomy and tissue expander placement to create space for the implants. The surgery

"The behind-the-scenes navigation at the Breast Center helps connect patients to care quicker."

— Dr. Marshalee George

took four hours, which left her husband, himself a prostate cancer survivor, "on pins and needles." After testing confirmed all traces of the cancer had been removed, she had her final breast reconstruction surgery in February of 2014.

Today, Shaw is a licensed Zumba instructor and pursuing her certification to be a health coach. She encourages other women to get regular testing, and women with fibrous breast tissue to get extra screening. She says, "I had this life-changing event, and I want to inspire and help others" through education and motivation. She credits the staff at the Breast Center for their excellent care, which made an extremely stressful time in her life easier. When she hits her five-year anniversary next year, she says, "I'll really celebrate."

— Martin Fisher

Living With Fibrocystic Breast Tissue

Fibrocystic breast tissue is denser and more prone to cysts, or round nodules in the tissue. These lumps are usually benign, but can require further diagnosis via mammography or 3D tomography, a diagnostic technology that causes less discomfort for a shorter time and is available at all Johns Hopkins Breast Center locations. These cysts can grow and become painful due to increased estrogen production or caffeine intake. "At the Breast Center, we try to manage cysts conservatively," explains oncology nurse practitioner Marshalee George, Ph.D., AOCNP. Women experiencing hormone-related breast pain should take nonsteroidal anti-inflammatory drugs like ibuprofen or naproxen, while reduced caffeine intake can also reduce the pain and growth of breast cysts. As a last resort, some of the fluid can be drained from the cysts to provide temporary pain relief. Cysts that regularly develop into an abscess or become infected may require surgical removal.

Dr. George also notes that breast pain is one of the most common complaints she hears, and that the solution is sometimes as simple as switching to a supportive bra in the proper size. She recommends that patients get a formal bra fitting every time they gain or lose weight. Breast pain can also be caused by changes in hormones, typically related to a woman's menstrual cycle or taking birth control pills.

Helping to Stamp Out Alzheimer's Disease

It was a moment Kathy Siggins had waited 17 years for. She, along with Congressman Elijah Cummings, Postmaster General Megan Brennan and other key stakeholders, pulled a drape to reveal the U.S. Postal Service's Alzheimer's semipostal stamp. Available through 2019, the stamp costs 60 cents and covers the cost of first-class, single-piece postage, plus an additional amount to fund Alzheimer's research.

Siggins began advocating for a fundraising stamp shortly after her husband Gene passed away from Alzheimer's in 1999. Gene had been a patient of Constantine Lyketsos, M.D., who is now the director of the Johns Hopkins Memory and Alzheimer's Treatment Center. "After he died, I thought to myself, 'We really need to do something to raise awareness and money for this disease,'" she says.

Inspired by the breast cancer stamp, which has raised more than \$85 million for the disease, Siggins went to USPS headquarters and officially filed a request for an Alzheimer's stamp. She collected thousands of signatures showing support, which resulted in legislation that led to a commemorative awareness stamp in 2008. But Siggins wanted more.

"Was I happy that the post office decided to do an Alzheimer's stamp? Of course," she says.



The Alzheimer's stamp was unveiled at a ceremony at Johns Hopkins Bayview.

"But what I really wanted was something that would raise money and help find a cure for the disease."

Siggins continued to collect signatures and even lobbied the House of Representatives and Senate to bring back the semipostal stamp program, which was put on hold in 2001. Finally, in 2015, Congress approached the Postmaster General and asked her to reinstate the program.

This past November, Siggins saw the fruits of her labor at a first-day-of-issue ceremony held at Johns Hopkins Bayview. When she helped pull the drape, a large replica of the stamp was revealed—the profile of an older woman with a caring hand on her shoulder.

"I thought this day would never come," she says. "I was overwhelmed with emotions thinking of Gene and feeling the loss of so many people who began this journey with me and are no longer here. It was such a special day for the Alzheimer's community."

—Meghan Rossbach

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