Primary Care

The comprehensive approach to overall health

The sleep and depression connection

One doctor’s crusade against sudden cardiac death

A second opinion on chronic leg pain
Two out of three women of reproductive age are overweight or obese. And being overweight during pregnancy can cause a host of problems for mother and baby.

Many primary Ob/Gyns aren’t prepared to handle some of the unique needs of these women. That’s why Johns Hopkins established the Nutrition in Pregnancy Clinic, to help women who are obese—their body mass index, a ratio of weight relative to height, is 30 or greater—achieve and maintain a healthy weight during pregnancy.

Obese expectant mothers are at risk for diabetes, heart disease and difficulties with delivery, including increased odds of needing a cesarean section and a greater chance of infection. There is also a higher chance of other complications, including miscarriage or malformation.

In addition, babies born to overweight mothers are more likely to be overweight or prone to cardiac troubles later in life, says Janice Henderson, M.D., a maternal-fetal medicine specialist at Johns Hopkins.

“The clinic provides resources that can help women make an investment in their own health and the health of their babies, now and in the future,” adds Henderson, who leads the clinic with fellow maternal-fetal medicine specialist Erika Werner, M.D.

For more information, appointments or consultations, call 877-546-1872.
THE TRUTH ABOUT MEN, WOMEN AND HEART DISEASE

WHEN IT COMES to matters of the heart—that is, heart attacks—cardiologists are serious about the distinctions between the sexes. For example, did you know men are more likely to develop coronary artery disease that can lead to a heart attack in their 60s, about 10 years earlier than women?

Many experts believe this is partly related to the protective effects of estrogen in women before menopause; however, research at Johns Hopkins suggests that there may be other factors that explain this gender difference, says Pamela Ouyang, M.D., a cardiologist at the Johns Hopkins Women’s Cardiovascular Health Center.

The cardiac experts at Johns Hopkins emphasize preventing heart attacks—for men and women—before they happen by identifying and reducing risk factors such as high blood pressure and high cholesterol. Treatment may include quitting smoking and increasing exercise and, if necessary, undergoing angioplasty, which is the procedure to unblock a blood vessel, especially a coronary artery, to restore blood flow to the heart.

After a heart attack, particularly if it’s treated with angioplasty, similar measures can help prevent a recurrence and return people to normal activity.

“Our cardiac rehabilitation programs provide the exercise and educational resources to reduce risk factors after a heart attack,” Ouyang says.

GUYS: THE TRUTH ABOUT ANGER MANAGEMENT

MEN WHO ARE PRONE TO ANGER may be asking for a heart attack. That’s the conclusion of a study conducted by Johns Hopkins.

“Anger is probably the emotion that’s been looked at the most,” says Ilan Wittstein, M.D., a cardiologist at Johns Hopkins. “People, especially men, with angry or hostile personalities are much more at risk for developing heart disease early in life.”

Negative emotions cause adverse physiological reactions, including high blood pressure and narrowing of the arteries around the heart, which can restrict blood flow and result in a heart attack.

Managing stress and anger is one solution, but Wittstein also recommends reducing controllable risk factors such as high cholesterol.

study was done somewhere that handles a low volume of cases,” says Jonathan Lewin, M.D., chairman of the Department of Radiology and radiologist-in-chief at Johns Hopkins.

A doctor who cares about your health should welcome your interest in a second opinion. Often, there may be no need for additional tests; just bring the original imaging study to the second expert.

If you’ve had a heart attack in the past four years, Johns Hopkins is seeking male and female participants for a clinical trial to evaluate whether a medicine may prevent a heart attack from developing. Call 410-550-4278 for more details.

It’s OK to Ask for a Second Opinion

If you think you want a second opinion, go with your instincts. Having another doctor review your case could be life-changing.

Neuroradiologists at Johns Hopkins published an article demonstrating that a second look at imaging studies resulted in a change in treatment or a different diagnosis nearly 8 percent of the time.

“When it comes to something like brain surgery or another serious intervention, getting a second opinion makes a lot of sense, especially if the first...”
Is Poor Sleep Making You Sad?

Depression and sleep disorders such as sleep apnea can go hand in hand. Stacey Ishman, M.D., M.P.H., an otolaryngologist (ear, nose and throat doctor), sleep medicine specialist and director of the Johns Hopkins Center for Snoring and Sleep Surgery, has some answers that can help put your mind to rest.

**Q** Is there a connection between poor sleep habits and depression?

There are studies that show associations between obstructive sleep apnea—which causes interruptions in breathing during sleep—and depression symptoms. It seems that depression is more common in people who have sleep apnea. It might have to do with the fact that sleep apnea leads to poor sleep quality, which can make you feel down or depressed.

**Q** Can treating sleep apnea relieve depression?

If you’re diagnosed with sleep apnea and depression symptoms, treating the sleep apnea can improve your mood and reduce your depression symptoms. For that reason, it’s a good idea for anyone who has symptoms of depression to be screened for sleep apnea and other sleep disorders.

**Q** I think a lack of sleep is affecting my mood. What can I do to fix this?

Improving your sleep habits can help. Try to go to sleep and wake up at the same time every day, and make sure your bedroom is quiet, dark and cool. Do something relaxing, such as reading, before you go to sleep.

**Q** How do I know if I have sleep apnea, and what can I do about it?

Snoring is the most common sign of sleep apnea. A sleep study can give you a definitive answer. Treatments include losing weight, changing sleep positions, wearing dental appliances and using a device called a CPAP (continuous positive airway pressure) machine, which helps maintain continuous airflow and steady breathing. Surgery is also an option for some people.

For more information, appointments or consultations, call 877-546-1872.
Young at Heart

Cardiologist Theodore Abraham is raising awareness about a troubling cardiac condition among youths

JOHNS HOPKINS CARDIOLOGIST
Theodore Abraham, M.D., has a bold plan to reduce sudden cardiac death, which kills more than 3,000 young people a year in the United States, many of them athletes. Often, the cause is hypertrophic cardiomyopathy (HCM).

“I saw a lot of young kids come in and have this condition with a high risk for sudden death,” recalls Abraham, who in 2004 launched the Johns Hopkins Hypertrophic Cardiomyopathy Clinic. “What struck me during these conversations was that they were unaware, even if their own parent had died, that they were at risk. They were completely unaware.”

Abraham believed that a large academic medical center like Johns Hopkins could engage and give back to the community by offering a screening once a year, with a mission to offer young people information they wouldn’t otherwise have access to; use the screening to raise awareness about heart disease in the young; and research HCM.

“The most important thing about HCM,” he says, “is it’s the number-one cause of heart-related sudden death in people younger than 30. It’s very often publicized when athletes die suddenly, and very often the cause is hypertrophic cardiomyopathy.”

Three years after launching the clinic, Abraham became a man with a new mission—to lead the ambitious annual “Hopkins Heart Hype” program that provides free heart screenings for local young athletes.

To date, Abraham and a band of more than 120 Johns Hopkins volunteers—cardiologists, physicians, nurses, allied health professionals and laypeople—have screened more than 1,000 young athletes. Abraham has developed a new screening protocol that includes a questionnaire, a blood pressure check, an electrocardiogram, an echocardiogram and an ultrasound to detect five of the most common causes of sudden cardiac death in youths.

Abraham hopes to see the day when every young athlete has a thorough heart screening in addition to a physical before participating in sports, which is a controversial stance because of costs. “We always tell people who are detractors or who challenge us, talk to the parent of the 14-year-old who just died, and find out what price they’d pay for that child,” he says. “The answer lies there.”

Watch a video of cardiologist Theodore Abraham, M.D., right, explaining why he established the “Hopkins Heart Hype” program and what his goals are for hypertrophic cardiomyopathy screening. Visit hopkinshearthype.org. For more information, appointments or consultations, call 877-546-1872.

TAKING HEART

- Sudden cardiac death is a short-circuit of the electrical system of the heart that can happen without warning and without symptoms of chest pain. It tends to show up between ages 12 and 20.
- About 5 percent of the athletes whom cardiologist Theodore Abraham, M.D., screens have heart abnormalities, including hypertrophic cardiomyopathy (HCM), that require treatment.
- All athletes diagnosed with HCM are advised to avoid strenuous sports, such as football, basketball, and track and field, and some who are at particularly high risk for sudden cardiac death undergo procedures to have implantable defibrillators placed in their chests to correct life-threatening heart rhythms.
Norman Poulsen, M.D., a physician for 34 years, recalls a patient he saw recently. “He described a set of symptoms to me, while I mostly just listened,” he says. “Then we talked about everything going on in his life, and after that I told him we should watch his symptoms for a while before trying a treatment. A few days later he sent me a note saying that our talk had made him feel much better. Just talking with him had made a difference.”

Medicine isn’t always as simple as a good chat, of course. But Poulsen, who leads family medicine and is a regional director at Johns Hopkins Community Physicians (JHCP), says this particular encounter illustrates the importance to people of gaining access to top-notch primary care, where a quality conversation can sometimes be as important as any other treatment.

“Primary care can handle 85 percent of the problems that patients have,” he says. “And it can coordinate all the care needed for the other problems.”

In fact, primary care providers—medicine’s front line in guarding our health—are increasingly being seen as the key to the best possible care, as well as to holding down health care costs. So important is it for people to engage with good primary care that many health care systems, including Johns Hopkins Medicine, are creating a new approach to primary care called “medical homes” that may become the heart of how care is delivered.

**Broad Knowledge and Skills**

If some people tend to underestimate the importance of primary care, it may be in part because of the very phrase “primary care,” says Steven Kravet, president of JHCP, the largest primary care network in Maryland. “The word ‘primary’ makes people think of ‘basic’ or ‘simple,’ as in ‘primary color’ or ‘primary school,’” he says. Kravet notes that the pivotal role of primary care in medicine has been dramatically driven home in studies of how health care costs and results vary around the world. Simply put, the stronger the emphasis a country places on its primary care system, the more likely it is to be highly ranked.

Primary care physicians aren’t technically considered “specialists,” Kravet says, but they do bring a special set of skills that can make a big difference in our health. For one thing, a primary care physician can be adept at spotting a broad, underlying condition responsible for a range of symptoms. Depression or a chronic inflammatory disorder, for example, can manifest in any number of ways: stomach discomfort, joint pain or problems with multiple organs.

“Primary care physicians are very good at thinking holistically,” Kravet says. “They know the patient and the patient’s family, and can put the illness into
WHAT TO LOOK FOR IN PRIMARY CARE

When searching for a primary care clinic or practice, consider these capabilities:

**Team care.** Increasingly, primary care physicians are relying on a team that might include a physician assistant, a nurse practitioner, a behavior coach and others.

**An emphasis on prevention.** Most people stand to realize big health benefits, including lower risks of most major diseases, if they adopt healthier lifestyles. Your primary care team should play a strong role in helping you achieve that goal.

**Quality time with the physician.** Although much of your care may come from others on your team, you should still have face time with a doctor you trust, who listens to you, and who can help you understand the big picture in your health.

**Electronic records.** Care providers should have the ability to access all of your records anywhere in the office, and even remotely. Providing you with Web or smartphone access is a big plus.

context.” What’s more, he adds, the primary care physician has an understanding of the medical system that allows him or her to refer the patient to the right specialist when needed.

But if primary care medicine has always been important, it is becoming increasingly so in the face of big changes taking place in health care. One of the biggest is a growing emphasis on preventive medicine.

“Cardiovascular disease, diabetes and other chronic conditions are very preventable,” says Patty Brown, president of Johns Hopkins HealthCare, the arm of Johns Hopkins Medicine that administers government and other medical coverage plans on behalf of about a quarter-million people. “When you look at the best way to make sure that someone achieves those lifestyle changes, it’s to ensure that individual has a good relationship with primary care providers.” The effect of healthy habits on a person’s life can be enormous, she adds, noting an example that there is recent preliminary evidence that a 5 percent reduction in weight in an overweight person can reduce the risk of diabetes by 65 percent.

**Your Primary Care Team**
To help ensure care is delivered most effectively and efficiently, health care systems are creating the “patient-centered medical home.” In short, the medical home transforms a primary care clinic or other facility into a home base, where most of what a person needs for better health is available. Though the primary care physician remains at the center of providing care, an emphasis on a team is paramount. This typically includes nurse practitioners, physician assistants, health coaches, community health workers and more.

“There are many things that can contribute to a patient’s health that can be done, and done very well, by a team member other than the physician,” Poulsen says.

In particular, Kravet notes, nonphysician team members can do much of the coaching involved in preventive medicine. “Patients need to have time to discuss prevention with a care provider to really understand what it takes to stay well,” he says. “Are they wearing seat belts? Are they wearing bike helmets? How much stress is there at work and home? What are their relationships like? What are their exercise habits? What about smoking and drinking and drug use? All the components of our lives affect our health, and exploring them can take long and involved conversations with a trained professional.”

Kravet says this doesn’t mean the physician stays behind the scenes. Rather, the physician’s time can be used to zero in on the most challenging issues. “People trust their doctors, and want to hear their doctors tell them what they need to do to be healthy,” he says. “My role is to identify the key issues and discuss them with the patient to come up with a plan. Then team members can help work with the patient to carry out the plan.”

**Technology Makes It More Personal**
Another component of the medical home is electronic medical records that seamlessly weave
You can find answers to thousands of medical questions, as well as tools and tips for healthy living, from Johns Hopkins experts and others at sharecare.com, a website designed to simplify your search for quality information on health and wellness topics.

**DR. OZ on Managing Your Health**

“Many people think of health care as being about diagnosis and treatment at the doctor’s office and the hospital,” says Mehmet Oz, M.D. “But really, much of what needs to happen for longer, healthier lives is about the lifestyle changes we can all make in between visits to the doctor.”

Oz is the Emmy-winning host of The Dr. Oz Show and the co-creator of Sharecare, a Web-based, interactive Q&A platform that enables consumers to access quality health care information from trusted sources, including Johns Hopkins Medicine. He is aware of all that specialized, high-tech medicine can deliver to patients who have serious health challenges. But he prefers to focus on what we can do ourselves, backed by strong primary care medicine.

Oz has several main recommendations for taking daily preventive care into our own hands to reduce the risks of heart disease, cancer, diabetes, Alzheimer's and other disorders, as well as to slow down the ill effects of aging. Among them: eating an assortment of fruits and vegetables, exercising, managing stress and sleeping better. “When we engage in healthier habits, some of the positive effects start taking hold right away,” Oz says. “And when we keep them up, they continue to pay off for a lifetime.”

Getting good primary care is an important part of the picture, he adds. “It’s not only that we need to see someone who’s trained to catch early signs of problems when they’re most easily treatable,” he explains. “It’s also having a caregiver who can listen to you, address your concerns and spend the time to help get you on the right path to taking care of yourself.”

These are keys, Oz says, to enjoying a longer, healthier life.

together detailed notes from every care provider who sees the person, lab and imaging results, and the like. “We’re seeing a real transformation in the amount of information we can have at our fingertips now, and it’s letting us keep track of patient care in a way we’ve never been able to do before,” Poulsen says. “Even when we’re at home, we have full access to all the same information that we’d have at the office, and that means when we get a call at night we can make decisions that keep patients safer and healthier.”

What’s more, Poulsen adds, the primary care team can get reports on which patients are facing gaps in their care. “If patients don’t come into the office as often as we’d like, or aren’t getting that test they were supposed to get, or aren’t filling their prescriptions,” Poulsen says, “we know it now, and we know what they need.”

Armed with that sort of information, the medical-home team can reach out to get care to the person, wherever he or she is. “I can have nurses or pharmacists interacting with the patient by email or phone on a regular basis to reinforce the advice and prescriptions they got at the office,” Kravet says.

“It’s often what happens between visits to the doctor’s office that’s most important to health,” he adds. “Now we can contact them to see if there are any problems or any barriers to their improving, whether it’s depression, confusion about how to take their medication or difficulty in keeping up their exercise.” People can perform some of the between-visit monitoring themselves via a website or smartphone.

Not that any tool will ever fully replace the face-to-face conversation between patient and primary care physician. Poulsen recalls going on a long sailing vacation some years ago with his family, only to find himself thinking about those conversations. “I was really missing hearing patients tell me their stories,” he says. “I think the chance to listen to those stories is one of the reasons many of us go into this field.”

For more information, appointments or consultations, call 877-546-1872 or visit hopkinsmedicine.org/jhcp.
The Mouths of Babes

A Maryland couple found help for a congenital defect that affected their children

In the fourth month of pregnancy with our second child, daughter Elizabeth, we received the type of news that every parent-to-be dreads: An ultrasound revealed she had a cleft lip. All expectant parents dream of having a perfect baby, and learning that ours had a congenital defect filled us with anxiety and launched us on a mission to find the best care possible for our daughter.

We spent hours researching on the Web, but luckily our pediatrician highly recommended Richard Redett, M.D., director of the Johns Hopkins Cleft and Craniofacial Center. We can never forget how Dr. Redett instantly put us at ease when we first met by saying, “Congratulations on your pregnancy.”

We enjoyed a rapport with him and appreciated his skills at distilling highly complex medical information into simple terms. We also felt reassured to know the center treats about 650 babies and children each year. Practice makes perfect, and we wanted a surgeon with a strong track record of success.

But our daughter’s care included much more than the plastic surgery she received at age 4 months to virtually erase her cleft lip. At the Johns Hopkins Cleft and Craniofacial Center, every infant receives a thorough evaluation by a team of specialists [including a geneticist; a pediatric ear, nose and throat specialist; a hearing specialist; an orthodontist; and a plastic surgeon]. Then at age 13 months to 15 months, each child is evaluated again by the team, including a speech pathologist, to ensure proper speech development.

No sooner did we think our challenges with oral clefts were a thing of the past than our third child, Ryder, was born with a cleft palate. Dr. Redett says the risk increases slightly with additional children. Ryder is now 6 months old, and Dr. Redett will repair his palate at age 10 months.

But this time we can relax, knowing we have an expert team at Johns Hopkins we can trust to give Ryder the best care that’s available.

Johns Hopkins is conducting one of the largest studies in the world looking at the genetics of oral clefts. Families with children who have oral clefts can obtain more information about participating in the study by calling 410-955-9475.

Watch a video about this family’s experience at the Johns Hopkins Cleft and Craniofacial Center at hopkinsmedicine.org/mystory, or get details about cleft surgery at hopkinsmedicine.org/cleft. For more information, appointments or consultations, call 877-546-1872.
It’s no secret that clogged arteries can wreak havoc on your heart. But what you might call poor circulation actually may be a potentially dangerous blockage of large arteries in the legs. This peripheral arterial disease (PAD) is caused by the same kind of fatty deposits or plaque that can build up in the coronary arteries leading to the heart.

Although the disease is often linked to diabetes, the truth is we’re all prone to PAD as we age, says Mark Lessne, M.D., a Johns Hopkins interventional radiologist, with one in five people older than 65 suffering from the condition.

For people with moderate to severe PAD who may need revascularization (rerouting of blood vessels) to restore blood flow to their legs, the good news is Johns Hopkins features an expert multidisciplinary team with interventional radiologists, podiatrists and surgeons all working together to determine a person’s treatment options, including interventional radiology and vascular surgery.

Interventional radiology is minimally invasive, requiring a needle-sized incision, Lessne says. During the procedure, the doctor passes a catheter into the blocked artery, inflating a tiny balloon to open the blockage and positioning a tiny metal stent to keep the artery open. “Most often, there’s a shorter recovery time and fewer complications,” Lessne says, adding that there is a trade-off. Depending on where the disease is, the effects of interventional radiology may not last as long as vascular surgery.

In some cases, vascular bypass surgery is an alternative. Thomas Reifsnnyder, M.D., chief of Johns Hopkins Bayview’s Division of Vascular Surgery, is an expert in using a segment of a person’s vein to bypass the troublesome blockage.

People who have the most advanced stage of PAD, known as critical limb ischemia, face nonhealing ulcers and gangrene, prompting some physicians to recommend amputation. Reifsnnyder emphasizes the importance of getting a second opinion from Johns Hopkins.

“I frequently get phone calls from physicians and family members of patients telling me their loved ones are going to require an amputation,” he says. “When I see those patients as a second opinion, frequently the repair or surgery to save that limb is easily done and is something that can absolutely change a patient’s life.”

For more information, appointments or consultations, call 877-546-1872.
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