Abstracts

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1 Tracing the Life of Ibn Sīnā

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Objectives:

1. To inform the audience about the life and times of Ibn Sīnā (Avicenna), "Prince of Physicians"
2. To inform the audience about his medical works
3. To compare the medicine of his time with currently held concepts of modern medicine

Ibn Sīnā's full name is Abū `Ali al-Ḥusayn ibn `Abdullah ibn Sīnā. His Latinized name is Avicenna. He was born in 980 in Kharmaithen (near Bukhara), Central Asia (now Uzbekistan), and died in June 1037 in Hamadan, Persia (now Iran). He was one of the most prodigious physicians and scientists ever produced by the Islamic civilization. This paper, presented in the cradle of his birthplace, will examine his life, contributions, and his towering personality in depth. It will also explain why he earned the title of "Prince amongst Physicians."

2 Adam from Africa and Physicians from Iraq: Evolution and Dispersal to Greece, India, and the Silk Road

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Background/Objective: Medicine is mostly viewed as of "independent" origin in India, Greece, Egypt, and China. Arabs are credited with translation and dispersal, but never as its founders. This ignorance is further confounded by Biblical Adam, Aryan, Semitic, and Hindu race creationism of 6,000 and 3.4 million years, respectively; but with no scientific merit or evidence. The Qur'an, in comparison, is mute about Biblical race creation, when and where Adam was created, and where he settled on earth. The objective here is to review genetics of African evolution, the birth of both scientific and alternative medicine in Iraq, and their ancient dispersal and later return to "Islamic" Iraq (800 AD).

Research Methods: Literature in the oldest languages, Sumerian and Aramaic (ancient Arabic), scriptures such as the Bible, Qur'an and Vedas, and several histories of medicine, sciences and cultures were reviewed. Literature discussing humans' genetic mutations was also included.

Results: Studies reveal that mutations of X, Y chromosomes confirmed the migration of humans between 10,000 and 20,000 years ago from Africa to everywhere, including Iraq, where they invented farming 12,000 years ago. The "oldest" sciences and medicine were recorded in Sumerian and Aramaic between 4,000 and 100 BCE. These were later disseminated to China, Egypt, India, and Greece. The Iraqi medical system had qualified licensed doctors who had treated diseases e.g., typhoid, epilepsy, and heart/lung problems. They also performed many procedures and surgeries.

Alternative medical systems were also founded in Iraq. These included

1. Priestcraft, prayers, and sacrifices
2. Dreams, demons, ghosts, exorcism
3. Astrology and zodiac signs
4. Amulets, charms (*taveez*), and magic
5. Magic 3x3 squares with highest #15 assigned to the goddess Ishtar (Greek Venus)
6. The search for the elixir of life
7. Serpent/caduceus linked to health/life
8. Mental health, soul-yoga system and *kundali ni*
9. Healing power in sacred gems, stones and metals
10. Sacred concept of sets of seven stars, dieties, climate zones, heavens, days in a week and continents.

Iraq also founded advanced mathematics, zero, algebra, geometry, and the clock and calendar.

Studies further reveal that mutation of the seventh chromosome initiated speech, languages leading to scripts and the necessity of medicine. This contradicts the "Divine" birth of Hebrew / Sanskrit.

Conclusion: Ancient Iraq founded the medical systems that turned global and returned in new Aramaic (Arabic) and became modern after 1800 AD. Sciences constitute a single cumulative evolution though sometimes prided as "Hindu, Jewish, Christian, and Islamic."

3 Spine Council Utilizes a Multidisciplinary Team Approach to Build a Successful Spine Program

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Introduction: The Departments of Neurosurgery, Neurology, and Orthopedics established the Spine Council in 2006 to move from a model of competition to one of multidisciplinary collaboration, utilizing pooled resources, improving services, reducing multiple entry points and strengthening the coordination of care for spine patients.

Methods: A compelling need for change was communicated by leadership. Interested stakeholders were engaged, and others followed. The council provides a venue for discussion, decision-making, and collaboration. Unique features of this collaboration included medical and surgical spine clinicians using a team approach to provide spine care. Monthly spine council meetings provided a forum for discussion of issues. Weekly collaboration on cases enhanced patients management and resident teaching through the Spine Tumor and Spine Review Boards. Senior staff members were appointed in both the Neurosurgery and Orthopedic Departments. A jointly produced annual Spine Symposium for Primary Care Providers was held. A unified marketing strategy was developed.

Results: Highlights of successful collaboration by the Spine Council included improving patients' care delivery and satisfaction by reducing multiple entry points, strengthening the coordination of care and reducing redundancy. The new strategy has helped to free more resources, grow the practice and increase the satisfaction of everyone involved. Multiple members of the council won the National Committee for Quality Assurance (NCQA) and Back Pain Physician Recognition Program awards. Surgical spine clinical guidelines and pathways and consolidation of inpatient care to a single unit were developed.

Conclusion: The multidisciplinary team approach to spine disease has been quite successful at our center. It has made a positive impact on patients' management and brought a collaborative atmosphere to the work place.

The program's success required significant collaboration from stakeholders. A gradual approach that started with relatively easy activities such as education and research built consensus and trust. Allowing players an ownership of the changes was essential to success in more difficult operational issues.

4 Peptic Ulcer Disease: Past, Present, and Future

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For more than a century, peptic ulcer disease (PUD) was most often treated surgically, with resulting high morbidity and mortality rates. There was no effective medical treatment for PUD or its complication when I started medical school in 1963. Effective pharmacologic suppression of gastric acid secretion began with the introduction of histamine H_2-receptor antagonists (H_2RAs) in the 1970s, which greatly improved clinical outcomes. During the 1980s elective peptic ulcer surgery declined by 85%, which can be mainly attributed to the use of the H_2RAs cimetidine and ranitidine. The development of proton-pump inhibitors (PPIs) further improved inhibition of gastric acid secretion, and the lack of tachyphylaxis to PPI therapy ensures very high healing rates for duodenal and gastric ulcers.

It is now more than 20 years since the advent of the "*H. pylori* era," and we are now at something of a plateau in our understanding, diagnosis, and treatment of peptic ulcer disease. Three main issues remain to be resolved. We must find the optimal way

to eradicate *H. pylori* in a time of increasing eradication failure rates. We need to find the best method to prevent ulcer development and ulcer recurrence in nonsteroidal anti-inflammatory drug (NSAID) users, and we must discover how best to treat non-NSAID, non-*H. pylori*-associated peptic ulcers. The worldwide ulcer prevalence rate differs, with duodenal ulcers dominating in Western populations, and gastric ulcers being more frequent in Asia, especially in Japan. Although the incidence of peptic ulcer disease in Western countries has declined over the past 100 years, approximately 1 in 10 Americans are still affected. The annual financial burden of PUD in the United States, including direct and indirect costs, is estimated to be $3.4 billion. Because PUD is still common and peaks in the elderly, it is expected that its impact on human health and health economics will remain an important issue in the future.

5 Homeopathy: An Islamic Modality of Gentle Healing

Hashim Seedat, MD

Objectives:

1. To present an introduction to the science and art of homeopathic medicine and a condensed history.
2 To define homeopathy as a medical approach that respects the wisdom of the body. It is an approach that utilizes medicines that stimulate the body's own immune and defense systems to initiate the healing process.
3 To discuss the basic principle of homeopathy, the law of similars. In the 4th Century BCE, Hippocrates was known to have said: "Through the like, disease is produced, and through the application of the like, it is cured."
4 To present of a case of ulcerative colitis cured with homeopathy and a case of acrodermatitis enteropathogenica.

The highest ideal of therapy is to restore health rapidly, gently, permanently and to remove and destroy the whole disease in the shortest, surest, least harmful way, according to clearly comprehensible principles. The science of homeopathy fulfills all these criteria.

Homeopathy is a branch of medicine introduced in Germany by Dr. Samuel Hahnemann in the late 1700s. While experimenting with the remedies of his day, he found that medicines often produced effects that resemble the disease they are used to treat. He observed that a drug that produces a certain symptom in a healthy individual would eliminate that same symptom in a person with the illness. He concluded that the medicine produces an "artificial" disease that can overpower and substitute for the "natural" disease. He maintained "like cures like" and coined the term "homeopathy" for this system.

In my presentation I will discuss the following:

1. Homeopathy's basic principle, the law of similars;
2. The importance of individualization;
3. The use of small doses;
4. Understanding the healing process; and
5. The scope of homeopathic practice with emphasis on gastrointestinal and childhood conditions.

By providing a diagnostic system that assesses the whole organism rather than simply its parts and by being a therapeutic system that works by stimulating a person's own immune and defense system rather than by simply controlling or suppressing symptoms, homeopathy will inevitably become an integral part of a comprehensive health care system.

6 Changes in Respiratory Carbon Dioxide Pressure (PC02) Associated with Cardiac Cycle

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Introduction: In patients undergoing surgical procedures under general anesthesia or monitored anesthesia care (MAC), I have observed and documented changes in respiratory carbon dioxide pressure (PCO2) in phase with cardiac systole and diastole. These changes occur whether the patients are breathing spontaneously or are being mechanically ventilated. Changes in respiratory PCO2 indicate tracheal airflow, triggered by cardiac cycle. In this communication, this observation, the underlying mechanism(s) and possible physiologic significance are

presented.

Materials and Methods: Observations were made on adult patients undergoing various procedures in the operating rooms or endoscopic units. Monitoring consisted of electrocardiogram (EKG), blood pressure, end tidal PCO2 (ETPCO2), respiratory PCO2, pulse oximetry (SPO2), and temperature.

Simultaneous paper recording of samples of the EKG, ETPCO2, respiratory PCO2, and SPO2 were made.

Results: The magnitude of changes in the respiratory PCO2 varied between 3 and 8 mm Hg, superimposed on the inspiratory and expiratory limbs of the ETPCO2. The ETPCO2 varied from 30 to 45 mm Hg. The respiratory PCO2 changes were observed in patients breathing spontaneously as well as in patients who were paralyzed and mechanically ventilated. These changes were more pronounced when the respiratory rate was less than 10 breaths per minute. They disappeared when respiratory rate was 14breaths or greater. These changes were concomitant with the cardiac cycle as reflected by EKG and SPO2. Tidal volume values were 15 to 45 ml per cardiac beat.

Discussion: The observed changes in the respiratory PCO2 appear to be related to the cardiac cycle. During systole, the cardiac volume diminishes, and this may allow the lung volume to expand, creating a negative pressure in the respiratory airways, thus allowing a small amount of air moving in, resulting in lowering of the respiratory PCO2. During diastole, the cardiac volume increases, which may cause a decrease in lung volume, thus increasing the airway pressure andleading to air moving out and a rise in respiratory PCO2.

Conclusion: Cardiac cycle seems to produce passive air movement in and out of the airway passages. This may be of importance for airflow and gas exchange in patients breathing at a slow rate or during apneic oxygenation.

7 mHealth, Tele-Health, Social Media

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Objectives:

1. To help to understand mobile phone use in the health care setting with examples from both providers and patients
2. To help understand the technologies used for tele-health, with a focus on the medical home model
3. To provide a brief introduction into social media such as Facebook, Twitter and blogging, and provide examples of each in the health care sector.

Summary: The internet started to gain popularity outside of the academic arena around 1996. Laptops were gaining popularity in the business world and with students, one of the most famous being the Macbook. Palm brought personal organizers from simple calculator/calendar function into a new arena with the Palm OS and the ability to create applications for use on a device that you could carry in your pocket. Handspring added wireless connectivity to the Palm and the era of wireless-handled computing started to merge as cell phone companies such as Ericson and Samsung began to make phones that could "multitask." Blackberry and Apple have revolutionized the telecom industry, and now just as the internet transformed health care, so has the next transformation begun.

mHealth is a term that is still being developed and defined but is basically understood as the use of a wireless chip embedded into a device that is used in the health care industry. Project Masiluleke used SMS messages to increase AIDS awareness, which resulted in a dramatic increase in the number of people getting tested while also helping to reduce the cultural stigma associated with getting tested. SMS and MMS technology have been used in Pakistan for tuberculosis medication compliance and in the United States for medication compliance with transplant patients. Companies such as Airstrip and Great Communications are able to provide clinical data to the providers allowing them to become more efficient and improve patient satisfaction, safety, and outcomes.

This technological change has reached into the tele-health market. Once a market for the rural and military, boundaries for providing remote care are blurring. Hello Health and MD Consult provide web-based tele-medicine to a broader range of consumers. The medical home is a model of delivering

care that places diagnostic equipment such as a scale, blood pressure cuff, pulse oximeter, and glucometer in the patients' homes and providing real-time treatment changes that lead to reductions in readmission in the chronic comorbid patients, improved patient outcomes, lower cost of health care, and patient/physician satisfaction.

The internet was once a repository of a vast amount of information that could be used for "research" has now become very interactive. People can share their feelings, experiences, and photos with families, friends, and even strangers. This has been adapted into the healthcare industry by the consumers, especially in the health and wellness industry as well as for patients sharing their experiences. Patientslikeme and Patientsknowbest are just two examples. MySpace, Facebook, and Twitter are the major social media sites, but Sermo and Healthbeat are just some that are now focused on health care.

8 Depression: The Burden of Women

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Objective: This presentation will provide information, especially for nonpsychiatrist physicians, on how to recognize and diagnose depression in their patients.

Background: Clinical depression is a common and serious illness. Roughly 20% of the population will suffer from major depression at some point. According to a recent Canadian study, this incidence may be actually twice as high. Depression carries a high degree of mortality and morbidity, including suicide and suicidal behavior.

Discussion: Depression affects all ages, genders, race, nationalities, and religions. For multiple reasons, including stigma associated with having a mental illness, it is one of the most undiagnosed and under-diagnosed illnesses. Other causes are ignorance and denial due to shame and guilt. This leads to a lot of unnecessary suffering and even death. Depression is twice as common in women compared to men, and suicide attempts are four times as common in women as in men. Some of the possible factors and causes of this higher incidence in women will be explored. Briefly, these factors include social, cultural, religious, and an almost universal bias against women. Other factors are the woman's unique hormonal and reproductive cycles.

Conclusion: Effective and affordable treatments are available for depression. These treatments are discussed in a manner that enables family physicians to implement them in their practice.

9 Effects of Cognitive Behavioral Short-Term Individual Therapy on Anxiety, Depressive Symptoms, and Cancer-Coping Skills in Women Initially Diagnosed with Cancer

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Objective: The purpose of this study was to examine the effects of cognitive behavioral short-term individual therapy on anxiety, depression, and cancer-coping skills in women newly diagnosed with various cancers.

Design: This study is an experimental pretest-post-test design. Women participants were recruited within six weeks of a diagnosis of cancer. The participants were randomly assigned either to the experimental group, which received cognitive-behavioral treatment (CBT) and active physical treatment (APT), or the control group.

Materials and Methods: Twenty-four women with various cancers were referred by physicians in a large metropolitan area. Ten women who met the study criteria were randomly assigned to either the experimental CBT/APT time-limited individual therapy sessions) or wait-list control group (no treatment). The criterion instruments were: a) Hospital Anxiety and Depression scale (HAD, Zigmond and Snaith, 1983), and b) Cancer Coping Questionnaire (CCQ, Moorey, Frampton and Greer, 2003).

Following completion of two therapy sessions, the five participants assigned to the experimental group received two follow-up telephone calls to encourage participants to use the coping strategies and to ascertain their present condition. At the conclusion of the third intervention session, the criterion instruments were readministered to the experi-

mental group to determine the treatment effects on the dependent variables, anxiety, depression, and coping strategies. The five participants assigned to the wait-list control group did not receive any treatment. The researcher met with each participant to obtain the signed informed consent form, demographic form, and criterion instruments. These instruments were readministered at the end of the fourth week either by return mail or in person. The statistical power consideration based on the sample size limitation (n = 5 per group) required implementing nonparametric exact tests (Mann-Whitney U and Wilcoxon W Tests) rather than asymptotic parametric tests.

Results: Research hypothesis #1 reported a statistically significant decrease in anxiety symptoms in women initially diagnosed with cancer in the CBT/APT time limited individtreatment wait-list control group B (Mann-Whitney U= 3.000, Z= -1.990, p=0.020). Research hypothesis #2 reported a statistically significant decrease in depression symptoms in women initially diagnosed with cancer in the CBT./APT time-limited individual therapy interventions compared to the nontreatment wait-list control group (Mann-Whitney U= 0.500, Z= -2.546, p= 0.008). Research hypothesis #3 reported a statistically significant increase in cancer-coping skills in women initially diagnosed with cancer CBT/APT time-limited individual therapy interventions compared to the nontreatment group (Mann-Whitney U= 3.000, Z= -1.991, p= 0.024).

Conclusion: The findings supported all three research hypotheses. A statistically significant decrease in anxiety and depression symptoms and an increase in cancer-coping skills in women initially diagnosed with cancer receiving treatment as compared to the participants who received no treatment.

Four case studies will be presented, which will show the effect of early psychiatric/psychological intervention, late intervention, no intervention, and ongoing intervention with cancer patients.

10 Secondary Stroke Prevention: A Multidisciplinary Approach

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Background: Stroke is the third leading cause of death and the leading cause of morbidity in the United States. The advancement of technology and the increased awareness of stroke symptoms have improved detection and treatment of stroke patients. There is a great need to improve the prevention of recurrent strokes to help reduce the incidence of stroke in the world. Secondary prevention of stroke should take a multidisciplinary approach.

Purpose: To critically review the stroke literature and provide up-to-date recommendations for secondary stroke prevention. We will discuss the various causes of stroke and the current guidelines for treatment of and prevention of recurrent stroke. Topics to be discussed will include large vessel disease (carotid stenting verses carotid endarterectomy), small vessel disease and prevention, and cardioembolic strokes and use of anticoagulation. Data presented will include the newly completed CREST study results, Cilostazol study results and RE-LY study.

Results: The presentation will guide clinicians in the interpretation of these data.

Conclusion: This critical review of stroke literature should provide all health care workers (primary care physicians, neurologists, and neurosurgeons) vital information that would allow us to work together to help prevent further increase in stroke prevalence worldwide.

11 Comprehensive Stroke Centers: The Optimal Structure and Role in the Management of Stroke

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Objectives:

1. To present the multiple disciplines of treating stroke patients
2. To discuss the importance of beginning TPA treatment within three hours
3. To discuss the importance of establishing a multidisciplinary program

Stroke is one of the leading causes of death and disability. In the last decade in United States, the

Centers for Medicare and Medicaid Services has promoted the concept of certified stroke centers to provide coordinated and comprehensive care, especially in the acute setting. The care of stroke victims is extended and involves multiple disciplines. The majority of hospitals have received such certification, but only a small percentage actually has all the necessary facilities to provide comprehensive care. The initial impetus had come from the beneficial effect of intravenous administration of tissue plasminogen activator (TPA). However, the three-hour window to initiate the treatment has made smaller hospitals utilize telemedicine or telephone consultations as well as transfer agreements. Unfortunately only about 5% of the eligible patients are actually receiving TPA. In order to provide comprehensive evaluation and treatment, the institution needs to establish a multidisciplinary program. At a minimum the center needs stroke neurologists, neuroendovascular specialists, vascular neurosurgeons, neuroradiologists, vascular surgeons, and neurointensivists. They have to be supported by advanced diagnostic facilities and other medical disciplines such as cardiology as well as research, both basic and clinical. Stroke, like myocardial infarction, needs both immediate care and long-term prevention. The benefits of such a center will be detailed based on many years of our experience with a fully functional comprehensive center at our institution.

12 Diabetes 2010

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Background: One in every 14 Americans has diabetes, and another 40% of the population is at risk for developing the disease. Every year in the United States, diabetes accounts for:

- More than 200,000 deaths
- 82,000 amputations
- 44,400 new cases of end-stage renal disease (ESRD)
- 24,000 new cases of blindness

Objectives: The objectives of this presentation are to introduce the updates in the definitions, diagnosis and management of Type 2 diabetes in 2010.

1. The presentation will include new guidelines defining the criteria for diagnosing diabetes, glucose intolerance, and impaired fasting glucose.
2. The differences in the outcome and goals of the American Diabetes Association (ADA) and the American Association of Clinical Endocrinology (AACE).
3. New management strategies, including the different groups of medications and their uses for individual patients.
4. Newer modalities to administer insulin and home glucose-monitoring systems.

Conclusions: At the end of the presentation, we will learn the newer management strategies and their application to patients with diabetes, as well as how to perform early intervention in the population at risk for this disease.

13 Influenza Pandemics: Historical Perspective and Emergence of H1N1 Influenza A Virus

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Objective: Review the influenza pandemics history since 1918, and the mechanisms of re-emergence of the H1N1 influenza virus.

Background: The H1N1 pandemic of 1918 caused 40-50 million deaths. This virus has continued to provide its genes to new viruses for the past 90 years resulting in 4-5 more pandemics of influenza. Sporadic cases occurred in between, but H1N1 disappeared in 1957, only to re-appear in 1976. The current H1N1 swine origin (SOIV) virus carries three gene segments that share a common descent from the 1918 H1N1 virus.

According to the World Health Organization (WHO), all continents have been affected by the 2009 pandemic. It was estimated that in Europe, there will be 230,000-750,000 influenza related deaths.

H1N1 virus had spread worldwide within three

months, mostly through human-human transmission by inhalation, hand contacy, and also by contaminated fomites.

Material and Methods: Review of literature and aseries of case studies are used to identify the diagnostic features and complications of 2009-2010 H1N1 pandemic. Clinical presentation of H1N1 infection appears to be similar to the seasonal influenza, with an acute, self-limited febrile illness, and recovery in one week. Patients with compromised immunity may develop severe complications or die. Some patients also develop diarrhea, vomiting, shortness of breath, myalgia, and arthralgia. Younger people (<18 years) are more susceptible to H1N1 virus infection.

Complications include pneumonia, respiratory failure, encephalitis, transverse myelitis, aseptic meningitis, and Guillian-Barre syndrome. Those with chronic lung and cardiovascular diseases, diabetics, obese, immunosuppression, and pregnant women risk higher morbidity and complications.

Conclusions: The Centers of Disease Control and Prevention (CDC) recommended that antiviral prophylaxis with neuraminidase inhibitors (oseltamivir, zanamivir) be considered for high-risk close contacts of cases, and health care personnel. H1N1 flu vaccine became available in August 2009, and was given to high-risk groups, followed by general population, including approximately 159 million people in the United States. The emergence of another pandemic from an animal source highlights the need for continuing research of zoonotic viruses.

14 Hepatitis B: An Overview

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Hepatitis B is a ubiquitous disease of global distribution most prevalent in Southeast Asia including Indo Pak subcontinent. An estimated 350 million people worldwide are active carriers of the virus and approximately 100,000 people will die annually from the disease. The virus is not only transmitted horizontally from person to person but also vertically from mother to neonates at the time of birth, leading to chronic liver disease and early demise in the prime of life.

The objectives of the presentation are:

1. To review the molecular and genetic basis of the virus, its clinical manifestations and other ramifications.
2. Vertical transmission of the virus from mother to new born at the time of birth leading to transmission of virus generation after generation.
3. To discuss the immunological mechanism of the liver injury induced by the virus, leading to chronic liver disease and associated complications.
4. Significant progress has been achieved in the field of antiviral treatment, including hepatitis B, and these newer and effective drugs will be reviewed.
5. Discuss the vaccines and vaccination especially in newborns.

In conclusion we have achieved remarkable success in understanding the molecular and genetic basis of the virus leading to not only treating the already afflicted but also in the field of prevention, especially the infants, children, and the high-risk groups of adults.

15 Surviving Malpractice and Other Bad Outcomes

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Objectives:

1. Identify five stages in a lawsuit for the physician-defendant
2. Provide three examples of behaviors to be avoided when sued
3. Describe strategies to respond to five common tactics used by lawyers on witnesses
4. Define the four "C's" of risk management
5. List eight common allegations and how to

avoid them.

This lecture will present the five stages involved in a lawsuit for the physician-defendant.

1. Service of Process: It involves a summons and complaint. How does the physician tell his family, partners, and practice that he is being sued? How should the physician deal with the plaintiff and family?
2. Discovery: Most likely it will involve interrogations and a deposition.
3. Pretrial Proceedings: Does it go to arbitration; is it binding or nonbinding? Will it be presented to an administrative panel?
4. Trial Settlement: Location, publicity, venue enter into the picture.
5. Appeal Process: This involves money, time, and energy .

Trick questions, behaviors, and words to avoid will be discussed. This presentation will describe the strategies to respond to five common tactics used by lawyers on witnesses. The "do" and "don't" list of words for physicians will be reviewed extensively.

The presentation will discuss the importance of the Four "C's" of risk management: compassion, communication, competence, and charting. These are all routine in any physician's office.

The most frequent claims against physicians are failure and/or delay in diagnosis, negligent obstetrical practices, negligent fracture and trauma care, failure to consult in a timely manner, negligent drug treatment, negligent procedure, and failure to obtain informed consent.

Other considerations a physician must consider are asset protection, costs involved, increase in insurance premiums, and how will it affect the practice in the future.

16 CT Imaging and Related Risk of Cancer

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Background: Since the development of the first commercial computerized tomography (CT) in 1972, CT has become a major source of radiation. Recently published studies have shown the estimated future cancer risk from current CT scan use in United States. It is time for a paradigm shift in the way we approach the use of CT imaging as we balance the risk-benefit profile for our patients.

Methods: Several recently published studies have addressed the projected cancer risks and radiation exposure from CT scans performed in the United States (Arch Intern Med, 2009, 169(22); 2049-50 and 2071-77, Emergency Med, 2010, 2010; 1-1) Every day, more than 19,500 CT scans are performed in the United States, subjecting each patient to 2 millisieverts (mSV) to 31 mSV, the equivalent of 30 to 442 chest radiographs per scan. Radiation doses from common CT procedures are higher and more variable than what is typically cited. There is considerable range in dose within and across institutions. In the United States, 2,900 future cancers will be directly attributable to CT scans performed in 2007.

Results: The Food and Drug Administration's (FDA) Center for Devices and Radiological Health has initiated a three-pronged proposal with a goal to support benefits associated with medical imaging while minimizing the risk.

1. More regulation of imaging device manufactures and imaging facilities to reduce unnecessary radiation
2. Promote safe use of these devices, help physicians to make informed decisions when ordering tests (appropriate use criteria)
3. Increase individual patient awareness of their exposure to radiation from medical imaging. Develop a"patient imaging card" to track their procedures and share information.

Conclusions: The amount of radiation to which Americans are exposed from medical imaging has tremendously increased over last two decades. The goal of the FDA is to support the benefits associated with medical imaging while minimizing the risk.

17 New Use for an Old Drug

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Objective: To demonstrate a new use for an old

anti-inflammatory drug.

Design: Pemphigus and pemphigoid are autoimmune blistering skin diseases that are potentially fatal. The mainstay of therapy is systemic corticosteroids, which cause numerous, significant side effects. Instead of Prednisone, 19 patients with pemphigus and 22 patients with pemphigoid were treated with sulphasalazine. Sulphasalazine is converted to sulphapyridine by the liver immediately after ingestion.

Materials and methods: The diagnosis in all 41 patients was confirmed by histology, immunopathology, and serology. Sulphasalazine in doses of 40-45 mg/kg/day were given orally until active blister formation stopped. The same dose was maintained for 4 additional months. Then, the drug was tapered and discontinued in the subsequent 9-12 months.

Results: All patients responded to the drug. New blister formation ceased in a mean of 2.8 months in pemphigus and 3.4 months in pemphigoid patients. Treatment was discontinued after a mean of 10.2 months in pemphigus and 11.6 months in pemphigoid patients. Followup after discontinuation of sulphasalazine was 2.9 years in pemphigus and 3.2 years in pemphigoid patients, without recurrence.

Conclusion: Sulphasalazine is a safe, effective drug in the treatment of pemphigus and bullous pemphigoid patients. It should be considered before initiating systemic corticosteriod therapy.

18 Caring for the Elderly: Skin Tears and their Management

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As the elderly population grows and ages, emergency room visits are increasing. Many of these visits are related to simple and complex skin avulsions. This paper will discuss the simple and complicated methods used to close these open wounds by using the patients' own avulsed skin. This prevents unnecessary skin grafting in this very fragile elderly population.

19 Current Skin Rejuvenation Methods for the Aging Skin

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Objectives:

1. To address and understand the primary factors of the aging skin, identifying earlier treatment options.
2. To add to the physician knowledge repertoire, basic skin care options including topical treatment and their applications.
3. To appreciate the current dynamic options with laser treatment and surgical methods necessary to improve the effects of aging.

Skin has a natural protective mechanism to repair itself from sun damage, age, and injury. Because of the barrier mechanism of protection from the outside environment, thermal and radiation damage along with genetic predispositions allows for skin to age rapidly.

Over the past few decades, treatment with oils and moisturizers has been the mainstay of methods to keep skin moist and healthy. This has led to some improvement in maintenance of the youthful skin; however, most women in their early 40s are challenged with the loss of skin elasticity and natural body oils. Clinical use of phenol peels and TCA peels along with dermabrasion have been a useful treatment alternative to reverse the effects of actinic radiation and aging. The right patient population and treatment led to significant down time in some cases and inability to be near the sun in others.

There continues to be a strong demand for using "quick recovery" peels and lasers to not only tighten the aging skin in the middle aged population, but also in the younger patient population with preventative treatment. Currently, CO2, Erbium, Thermage and Fraxel lasers are used depending on the skin color, patient age and desired effect. In combination with tissue fillers and Botox as a method for aesthetic improvement, laser tightening with multiple wavelength capabilities can treat: vascular anomalies, tighten skin, reduce wrinkles, and improve acne scarring.

My specific topics will review the current treatment of skin rejuvenation by both ablative and non-ablative techniques, updating the clinician with the most current treatment options for patients with aging skin issues.

20 Combatting Hair Loss in Men and Women

A. Razzaque Ahmed, MD
New York Methodist Hospital
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Objective: Provide therapeutic options for combating hair loss in men and women.

Design: Loss of hair can result in significant psychological stress and loss of self-esteem. It can be a part of the aging process.

Materials and methods: The biology of hair growth and hair cycle will be presented. Alopecia areata, which is common in children and young adults, will be discussed. Patterns of male pattern baldness in young and older men will be presented. Adult female hair loss, especially post-menopausal, will be presented, and etiologies discussed.

Results and conclusions: Current available medical and surgical therapies will be discussed. Treatment of alopecia areata with sublesional triamcinalone injections will be described. Use of minoxidil and Propecia for male pattern baldness in young and older men and postmenopausal women will be discussed in detail, especially the protocols and potential side effects. Potential role of lasers to thicken hair density if and when satisfactory hair growth occurs. Indication for surgical intervention and options for different procedures, along with their advantages and disadvantages, will be discussed. Potential role of herbal products in producing hair growth or maintaining existing hair and preventing further loss will be discussed.

21 Use of a Vascular Endoluminal View to Appreciate the Anatomy of a Complex Abdominal Aortic Pseudoaneurysm for Treatment

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Russell H. Morgan Department of Radiology and Radiological Sciences
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Objectives:

1. To present a case study of how to manage a patient with an acute aneurysm leak / rupture
2. To discuss what diagnostic modalities are available / feasible for the patient
3. To discuss follow-up care and management of a patient with an aneurysm repair

This presentation will present a case study of an 81-year old female with a ruptured pseudoaneurysm with origins from the celiac axis as well as the aorta, which were stabilized with celiac artery stenting and coil embolization of the aortic component. Standard imaging, including a contrast-enhanced CT scan with 3-D reconstruction, was suboptimal as far as pre-procedural planning was concerned. As an adjunct to standard imaging, I will report the utility of an endoluminal view in delineating the anatomy surrounding this complex pseudoaneurysm. The use of an application permitted the planning and treatment of this life-threatening condition.

This presentation will be enhanced by the actual power point projection of the procedure.

22 Effective Money Management Strategies in a Strangulated Economy for Physicians

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Much change has affected medical practices over the past two decades making practice management a challenge now and in the future. With the future of health care still being unclear, proper monetary investment for your maximal retirement income is important.

Many physician investors have a tendency for focal investment strategies, which have shown to be a failed method of financial success as noted in the recent market upheaval. One of the most practical and effective management strategies is a shariah-compliant and well-diversified portfolio investment

method. This has been proven to be a savvy and successful medium for long-term physician investments. Adding a diversified retirement plan and debt reduction are safer techniques.

The goal of this presentation is to create awareness and a strategy model for effective medical retirement planning and longterm strategy for physician shariah investment, maximizing practice revenues and offsetting poor investment practices.

23 The Power of Religion and Spirituality on Healing

Fadia M. Abaza, MD

In recent years, the focus on body/mind/spirit has increased. More than 1800 studies have focused on the effects of religion and spirituality on health and well-being. This presentation will review some of these studies as well as the recommendations of the prominent scholars in this field, such as Herbert Benson, MD (cardiologist and founder of Body/Mind Institute of Boston) and Harold G. Koenig (codirector of Duke's Center for Spirituality).

Furthermore, specific aspects of the Islamic faith will be included to provide examples of how the teachings of the Qur'an and the Prophet ﷺ have direct parallels with modern medical findings.

24 Nursing Trainees from Kashmir at King Fahd Medical City in Riyadh, Kingdom of Saudi Arabia: A Unique and Successful Experiment in Transfer of Skills and Knowledge

Faroque A Khan, MB, MACP
King Fahd Medical City
Riyadh, Kingdom of Saudi Arabia

Objective and Background:

Following an agreement signed in 2007 between an *awqāf* (financial trust)-managed nursing college, Bibi Halima Nursing Collge (BHNC) in Kashmir, and the King Fahd Medical City (KFMC), a tertiary care 1067 bed complex in Riyadh, 12 female final year bachelor of science nursing students were accepted for training at KFMC for a three-month period from September to November 2009. This unique and interesting experiment resulted in several outcomes.

Design: Twelve students from a new and developing nursing college in Kashmir had a chance to train and experience nursing in a modern well-equipped tertiary care center in the Kingdom of Saudi Arabia (KSA) and to interact with staff members from many countries. The 12 students were all from modest backgrounds and were traveling outside Kashmir for the first time. The manner in which they adapted to a totally and at times overwhelming environment was indeed remarkable.

Results: This exchange of health professionals from an underdeveloped area undergoing a major political strife to a developed politically stable country has several take-home messages:

1. It can be used as a model by others who have an interest in transfer of knowledge and experience.
2. IMANA and other similar organizations can use this experience in other parts of the developing world.
3. This experiment was mutually beneficial for both BHNC and KFMC, The new skills acquired by the trainees at KFMC, for example basic life support, are being taught to other health professionals in Kashmir.
4. While the concept is relatively easy to understand, developing and working on the details involving curriculum, housing, finances, and visas can represent a challenge. However, with some planning and a supportive environment we were able to manage a program that exceeded the expectations of both BHNC and KFMC. Based on the outcome of this initial and successful experiment, there are plans to continue and expand the program in 2010 and beyond Insha Allah.

Conclusions: This presentation will highlight the dos and don'ts of an exchange program between two institutions, each with a unique culture, ethos, and bureaucracy and also share some highlights from this experiment. The lessons learned can be used by attendees in developing exchange programs, which facilitate transfer of skills and technology.

25 Nutrition and Fitness in The Holy Qur'an and Hadith

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Objectives :

1. To discuss that diet type is the determining factor in the body weight;
2. To discuss that exercise is the determining factor in fitness; and
3. To stress that the Qur'an and Hadith were explicit in emphasizing the above two objectives.

The Glorious Qur'an was revealed to Prophet Muhammad ﷺ more than 14 centuries ago. The knowledge, particularly the science that it contains, continues to amaze intellectuals, Muslims and non-Muslims alike. The guidelines in the Qur'an and Hadith are consistent, with much of the scientific research in the field of nutrition and fitness. Islam has provided comprehensive guidelines regarding not only food and drink but also introducing proper eating habits and perfect lifestyle as manifested by the Prophet's way of life.

This presentation will show that the Qur'an preceded by centuries what nutrition scientists know today, a testimony that the Divine Book came only from the Creator of this universe, man and life, Allah the Almighty ﷻ. The benefits and harms caused by nutrients consumed by humans such as carbohydrates, proteins, fats, minerals, and vitamins will be discussed in detail. Exercises that benefit the human body and exercise abuse will be addressed.

26 Diagnosed and Undiagnosed Obstructive Sleep Apnea: What are the Perioperative Implications?

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Obstructive sleep apnea (OSA) is a common sleep disorder caused by partial or complete obstruction of the upper airway. OSA is present in a significant proportion of the population, but the majority of patients remain undiagnosed. The American Society of Anesthesiologists (ASA) issued practice guidelines for the perioperative management of OSA patients in order to reduce the risk of adverse outcomes and improve perioperative care. Upon completion of this presentation the attendee shall understand:

1) The prevalence of diagnosed and undiagnosed OSA
2 Definitions of mild, moderate, severe OSA
3) The STOP-BANG screening tool for OSA
4) Perioperative complications secondary to OSA, including hypertension, hypoxia, dysrhythmia, myocardial infarction, pulmonary edema, stroke, and respiratory failure
5) Guidelines for ambulatory surgery of the OSA patient
6) Current recommendations for perioperative continuous positive airway pressure (CPAP) use
7) The current trends of perioperative analgesia for the OSA patient.