Running slows the aging clock

Regular running slows the effects of aging, according to a Stanford study that has tracked 500 older runners for more than 20 years. Elderly runners have fewer disabilities, have a longer span of active life and are less likely to die early deaths, the research found.

“The study has a very pro-exercise message,” said James Fries, MD, a professor emeritus of medicine. “If you had to pick one thing to make people healthier as they age, it would be aerobic exercise.”

At first, runners ran an average of about four hours a week. After 21 years, they were running an average of 76 minutes per week, but they were still seeing health benefits.

Nineteen years into the study, only 15 percent of the runners had died, compared to 34 percent of the non-runners. And while everyone in the study became more disabled over time, for runners the onset of disability started later.

**Did you know?**
The strongest bone in your body is the femur (thigh bone).

In case of emergency

Department poised to meet growing needs

Walking through Stanford Hospital & Clinics’ Emergency Department can be a traumatic experience. Exam rooms are crammed with patient beds and equipment. Hallways are narrowed with more beds, gurneys and equipment. Somehow the medical staff manages to maneuver through the space that remains.

Bob Norris, MD, an associate professor of surgery, presides over the Emergency Department, and in the last few months, he has been sharing the hard numbers that reflect the disparity between the existing space and a patient need that just keeps growing.

The history is simple: The hospital’s emergency room is vintage 1976. It was designed for 30 patient beds—enough to care for 70 people daily. Today between 125 and 150 people arrive in need of medical treatment each day.

The number of patients who come through the emergency room doors has been climbing steadily since 2003. In fiscal year 2007, there was a total of 44,000 visits by adults and children, a 4 percent increase from the prior year. So far this year, the increase is about 5 percent.

In planning the department, no one envisioned a designated trauma center, where the most advanced equipment and experienced staff would be available for patients with the most serious medical needs. The Stanford Hospital Emergency Department is the only Level 1 trauma center between San Jose and San Francisco, a facility staffed with specialists for the most dire injuries or illnesses. The likelihood that Emergency Department patients will need admission to the hospital is triple...
How artists saw the world through eye disease

Michael Marmor, MD, wanted to know what it was like to see through the eyes of an artist—literally.

After writing two books on artists and eye disease, the Stanford ophthalmologist decided to go one step further and create images that would show how these artists actually saw their world and their canyases. Combining computer simulation with his own medical knowledge, Marmor re-created images of some of the masterpieces of French Impressionist painters Claude Monet and Edgar Degas, who continued to work while they struggled with cataracts and retinal disease, respectively.

The striking results are currently on view at the School of Medicine’s Lane Library, which is showcasing Marmor’s scholarly work. The public exhibit, “What Degas and Monet Saw,” is a collaboration with museums around the world, which have supplied reproductions of the painters’ works. These are displayed side by side with Marmor’s simulations of how the artists would have viewed the works through the altered lens of eye disease.

For instance, in Marmor’s simulated version, Degas’ later paintings of nude bathers become so blurry that it’s difficult to see any of the artist’s brushstrokes. Monet’s later paintings of the lily pond and the Japanese bridge at Giverny, when adjusted to reflect the typical symptoms of cataracts, appear dark and muddied. The artist’s signature vibrant colors are muted, replaced by browns and yellows.

“These simulations may lead one to question whether the artists intended these late works to look exactly as they do,” Marmor said. “The fact is that these artists weren’t painting in this manner totally for artistic reasons.”

Marmor chose to focus on Degas and Monet because both artists suffered from eye disease that was documented in historical records, journals and medical histories. Degas had retinal eye disease that frustrated him for the last 50 years of his long career. Monet complained of cataracts interfering with his ability to see colors for 10 years before he finally underwent surgery to have them removed.

“We understand better from these simulations what Degas and Monet struggled with as their vision failed,” Marmor said.

The exhibit was organized by Lane’s Historical Curator Drew Bourn, with assistance from library staff Olya Gary and Patty French.

“What Degas and Monet Saw” is on display at Lane Library until the end of the year. The library is open Monday-Thursday from 8 am to midnight; Friday from 8 am to 10 pm; Saturday from 10 am to 10 pm; and Sunday from noon to midnight.

New space designed for kids’ surgical needs

Kids sharing toys: great. Doctors sharing surgical space: tricky.

For 17 years, pediatric surgeons at Packard Children’s Hospital have jockeyed with surgeons at Stanford Hospital & Clinics for time, space and a new space designed for kids’ surgical needs. The striking results are a big, very wonderful step, said Craig Albanese, Packard Children’s chief of pediatric general surgery. “This will change everything for the better, from how we receive children for surgery to how we care for them after the procedure.”

Families arriving for surgical procedures will check in on the ground floor of Packard Children’s. They will prepare for surgery with the aid of child life specialists in a colorful and friendly environment designed to put kids at ease and wait in a comfortable, brightly decorated room off the cafeteria courtyard. After surgery, a dedicated elevator will lift patients directly to the expanded intensive care unit on the second floor.

The newly constructed space of approximately 35,000 square feet will include operating rooms stocked with instruments designed for use in children. Nearly all equipment and cables are suspended from the ceiling, and flat-screen monitors will display operating images, radiologic examinations and pathology results for reference during the operation. Many functions will be voice activated or controlled by touchscreen.

“Proud” is really the key word here,” said Albanese. “We’re so happy and proud to offer this to our patients, their families and our staff. This is a very big, very wonderful step.”

Michael Marmor, MD, created images of artists’ perceptions, including Degas’ “Woman Drying Her Hair.”

The New York Times

“We don’t think any organisms belong in the amniotic sac. You’d have to presume there’s something wrong.”

—Microbiologist David Relman, MD, on a new study that found that many women harbor bacteria or fungi in amniotic fluid, leading to a greater number of premature births. Aug. 26

“That’s one of the scary things. We’re seeing problems in childhood that we used to not see until adulthood, including type 2 diabetes.”

—Thomas Robinson, MD, MPH, the Irving Schulman, MD, Endowed Professor in Child Health and director of the Center for Healthy Weight at Packard Children’s, on the obesity epidemic in children. May 27

Scientific American

“We have better treatments for crack cocaine addiction than we do for obesity, but there has been a real revolution with bariatric surgery.”

—John Morton, MD, associate professor of surgery, who also reported that probiotics—the “good” bacteria found in yogurt and supplements—can help adult gastric-bypass surgery patients lose more weight. May 22

The New York Times

“I want to make sure we’re not marketing for industry or being influenced by their marketing.”

—Philip Pizzo, MD, dean of the School of Medicine, on a new school policy that severely restricts industry funding of continuing medical education programs for practicing physicians. Aug. 25

The Washington Post

“Just because you have someone who’s older doesn’t mean you shouldn’t think about HIV and HIV screening.”

—Doug Owens, MD, professor of medicine and of health research and policy, on the cost-effectiveness of HIV screening for older adults. June 18

“Kids sharing toys: great. Doctors sharing surgical space: tricky.”

—John Morton, MD, associate professor of surgery, who also reported that probiotics—the “good” bacteria found in yogurt and supplements—can help adult gastric-bypass surgery patients lose more weight. May 22

STANFORD MEDICINE NEWS
Starting or returning to school is a major adjustment that can create plenty of stress for kids and parents. That’s why the pediatric and adolescent health experts at Lucile Packard Children’s Hospital believe it is important to stay on top of a child’s health as well as his or her studies. Here are some back-to-school health tips from Packard Children’s specialists.

**Fight the fast-food world**
Dietician and nutritionist Julie Matel, MS, suggests recruiting young kids for lunchbox duty. “Involving kids in making their lunch may help lunches get eaten,” said Matel, who advises preparing lunch the night before to reduce morning chaos. “Parents have to be creative, too. Nutritious food can be made to sound like fun. For example, try making ‘ants on a log,’ which is a celery stick covered with peanut butter and raisins.”

**Backpack pains**
It’s easy for a child’s backpack to become a health hazard. “It’s not uncommon to hear kids as young as 12 complain of pain in their shoulders, neck and back,” said physical therapist Debbie Tong, MA. “It can be due to an overloaded backpack or a backpack improperly worn.”

Parents should follow the American Physical Therapy Association guidelines suggesting that a backpack weigh no more than 15 percent of a child’s weight, she said. “Following this rule will lessen the wear and tear on muscles and ligaments as well as prevent poor posture. A wheeled backpack is another option, but make sure the handle is long enough and the wheels are large for best posture. Help your child by taking out items that can be left at home and organize the contents to better distribute the weight.”

**Sleep without a peep**
As a father of two school-age children, Rafael Pelayo, MD, pediatric sleep expert, has both a personal and professional interest in helping kids get a good night’s sleep. “A bedtime routine is as important for a 2-year-old as it is for a 12-year-old or a 35-year-old,” Pelayo said. “This means having two to three relaxing activities to help you wind down before falling asleep.”

The best activities? “A national Sleep Foundation poll found that children who read just prior to bed or were read to slept better and longer,” said Pelayo, who has worked with the foundation on many of its sleep improvement initiatives.

**Keep them active**
Some schools don’t have physical education classes, and not every kid is on a school sports team. “Parents can incorporate exercise in other ways,” said clinical instructor Dana Weintraub, MD. “For instance, instead of having children take the school bus, try having parents or other adults walk groups of children to school together.”

Weintraub also said that parents need to be proactive. “Contact your child’s school, school district or health care provider to find out about after-school programs that include physical activity,” she said.

**Avoiding sports injuries**
In addition to staying active, kids need to make sure they exercise safely to avoid injury, said orthopedic surgeon James Gamble, MD. Proper stretching and warm-ups are essential. “Whether it’s for PE class, an after-school activity or varsity sports, proper precautions need to be taken,” Gamble said. “The bone structure of most adolescents is not as developed as adults’, meaning there are areas of growing tissue near the end of long bones. These growth areas injure more often than tendons and ligaments, and can cause a more serious injury to a teen athlete. Almost no sport is immune to growth plate injuries.”

**College health prep**
Adolescent medicine specialist Sophia Yen, MD, MPH, thinks that young adults should be ready for more than just the academics of college. That’s why she advises families of college-bound kids to visit an adolescent medicine health expert. “It’s what I like to call a college tune-up,” said Yen. “We make sure young adults are up to date on college-required immunizations, and we offer the HPV vaccine (see story on Page 7). Additionally, we discuss the pressures of alcohol and sex, and share ways for maintaining a healthy weight and lifestyle.”
Milestone Move

Redwood City outpatient center will consolidate high-demand services

As Stanford prepares to celebrate the 50-year anniversary of the historic move by the School of Medicine and hospital from San Francisco to Palo Alto in 1959, another milestone move is just months away. In February 2009, the Stanford Medicine Outpatient Center will open in Redwood City, marking the start of a new era in ambulatory care.

Major academic and clinical programs will move from their current location at Stanford Medical Center to expanded, state-of-the-art facilities in the 360,000-square-foot Outpatient Center. The move represents the first time in half a century that Stanford has relocated multiple academic and clinical activities away from its main academic campus.

One-stop care

Programs making the move to Redwood City include all outpatient services for orthopedics, dermatology, sleep medicine and pain management. A new Digestive Health center is being planned to meet the growing need for endoscopies and weight management care. An on-site imaging center will offer advanced diagnostic radiology, MRI and CT. Eight operating rooms at the new facility have been designed especially for the increasing number of surgical patients who do not require hospitalization.

“Our goal is to create an environment for these Centers of Excellence that matches Stanford’s quality of care,” said Stanford Hospital President and CEO Martha Marsh. “Every aspect of patient comfort, convenience and service is being carefully planned.”

Facing the need to rebuild Stanford Hospital adjacent to its current location in order to meet state-mandated seismic safety requirements and to address urgent capacity issues, the hospital sought a nearby site where combined research and clinical centers could provide outpatient services in a one-stop location for patients.

Concurrently, the School of Medicine undertook an analysis of its research activities whose goal is to turn discoveries in the lab into innovative treatments for patients. More than 100 Stanford faculty physicians from the School of Medicine will have offices and clinics at the new Outpatient Center.

Improved access

“We are pleased to collaborate with Stanford Hospital to bring important medical and surgical services to our community,” said School of Medicine Dean Philip Pizzo, MD. “Improving access to clinical care and enhancing the quality and performance of our clinical services go hand in hand with our efforts to improve the diagnosis, treatment and prevention of disease through research and innovation.”

Stanford outpatient clinics that are not moving to Redwood City will remain in their current locations on the main Stanford campus. Following construction of the new Stanford Hospital (currently projected to open in 2015–16 next to the existing hospital), these programs are expected to occupy renovated or rebuilt facilities at the medical center.

“This expanded capacity will improve access to services where growing demand has outpaced capacity in our current location,” said Helen Wilmot, the hospital’s vice president for ambulatory services. She estimates that 120,000 patient visits (20 percent of the annual outpatient total) will take place annually at the Redwood City location, along with 9,000 surgical procedures per year.

For imaging services in particular, Wilmot notes that the waiting time for appointments will be significantly reduced. In addition to the new outpatient imaging services to be provided at the Redwood City location, the hospital recently opened the Stanford Medicine Imaging Center on Sherman Avenue in Palo Alto. The Department of Radiology is planning centralized scheduling that will match the type of service a patient needs with the soonest available appointment in the most convenient location.

Campus plans

Within a few years, Stanford University also will open new administrative facilities on the 35 acres surrounding the Outpatient Center site. The university has chosen Redwood City as the location for its first large-scale, major move of administrative and support functions away from the core academic campus in Palo Alto. It has begun the process of seeking required approvals from the City of Redwood City to build up to 1.5 million square feet on the property, with the first phase
What patients need to know

How do I know if my clinic appointment is in Redwood City or at Stanford Medical Center?

Only the clinics for orthopedics, dermatology, sleep medicine, pain management and some gastroenterology services are moving. All other clinic services will remain in their current locations.

How will I know when to plan to go to Redwood City for my appointment?

If your upcoming appointment is after Feb. 17, 2009, it will take place at the Stanford Medicine Outpatient Center in Redwood City. You will be notified by mail and through the telephone appointment reminder system.

Where is it and how do I get directions?

The street address is 440 Broadway, just off Highway 101 near the Woodside Road exit in Redwood City. A map and directions will be included in the notification sent to you by mail and will also be available online on the Stanford Hospital & Clinics Web site at stanfordhospital.com.

Are there multiple buildings? How will I know which building to go to?

There are multiple adjoining buildings with one main entrance. When you enter, the receptionists at the information desk will direct you to the specific location of your appointment.

Where do I park?

Ample free parking is available on site. There will also be a valet parking service for use by patients and visitors at a nominal charge.
Emergency Department 5K Run and Community Day

The first community day for Stanford’s Emergency Department will take place on Saturday, Nov. 22, at 9 am. Activities will include a timed 5K run and walk, food, live music, giveaways, demonstration booths and children’s art classes from Art in Action. A food drive will benefit local shelters. For more information on how to participate or to register, please visit standforderrun.org.

The Solution to the Omnivore’s Dilemma
Presented by Stanford Health Library
Solutions and insights to your dietary conundrums.

Speaker: Christopher Gardner, PhD
Associate Professor, Stanford Prevention Research Center

Date: Thursday, Oct. 30, at 6 pm
Location: Arrillaga Alumni Center, 326 Galvez St., Stanford University
To register, call 650-498-7826.

Neck Pain: Current Concepts in Diagnosis and Treatment
Presented by Stanford Health Library
Diagnosing neck problems and the latest treatment techniques and technologies.

Speaker: Ivan Cheng, MD
Assistant Professor, Orthopedic Surgery

Date: Wednesday, Nov. 5, at 7 pm
Location: San Carlos Public Library, 610 Elm St.
To register, call 650-498-7826.

Fathers of Daughters: The Joys and Challenges of Adolescence
Presented by Packard Children’s Hospital
Ways to strengthen the relationship between fathers and teenage daughters.

Speaker: Julie Metzger, RN
Daughters.

Date: Tuesday, Nov. 11, at 7 pm
Location: Center for Nursing Excellence, 1400 Page Mill Road, Palo Alto
Attendance fee. To register, call 650-724-3783.

Minimally Invasive Approaches to Cardiac Surgery
Presented by Stanford Health Library
New therapeutic approaches and minimally invasive techniques for cardiovascular conditions.

Speaker: Michael Fischbein, MD
Assistant Professor, Cardiothoracic Surgery

Date: Wednesday, Dec. 3, at 7 pm
Location: 2-B Stanford Shopping Center
To register, call 650-498-7826.

Sleepless in Silicon Valley
Presented by Packard Children’s Hospital
Solutions to help babies and young children get a good night’s sleep.

Speaker: Rafael Pelayo, MD
Director, Pediatric Sleep Service

Date: Thursday, Dec. 4, at 7 pm
Location: Packard Children’s Hospital Auditorium, 725 Welch Road, Palo Alto
To register, call 650-724-3783.

Cancer Supportive Care Programs
Free programs open to all cancer patients and their families and caregivers. Unless otherwise noted, all programs are held at Stanford Cancer Center, 875 Blake Wilbur Dr.

For questions, please call 650-725-9481.

Lung Cancer Support Group
• First Wednesday of the month, 11 am–12:30 pm
  Conference Room 3116
• Third Wednesday of the month, 7–8:30 pm
  Conference Room 2105

Expressive Art & Imagery
Tuesdays, Oct. 7-Nov. 4, 11 am–12:30 pm
Room 2103

Gaining and Regaining Balance
Wednesday, Oct. 15, 6:30–8 pm
Room 2103
To register, call 650-725-9456.

Nurturing Daily Practices to Sustain You
Wednesday, Nov. 19, 6:30–8 pm
Room 2103
To register, call 650-725-9456.

NIA Exercise
Wednesdays, 1:45–2 pm
Fridays, 11:30 am–12:15 pm
Vivre Fitness, 611 Emerson St., Palo Alto

Look Good … Feel Better
Monday, Nov. 17, 12:30–2:30 pm
Room 2105
To register, call 650-725-9456.
In My Opinion

HPV vaccine has multiple benefits

BY NAYER KHAZENI, MD, MS
Medical Fellow, Pulmonary and Critical Care Medicine

If you’re not a young woman or a mother of one, you may think the recent news and controversy about HPV (human papillomavirus) vaccination doesn’t apply to you. But as HPV’s role in a wide variety of conditions other than cervical cancer is being discovered, the vaccine may soon be of interest to you whether you’re female or male, young or old.

HPV has many different subtypes, some of which can be transmitted without sexual contact, causing diseases as harmless as skin warts often passed around by children. But it is also the most common sexually transmitted infection in the United States, causing anal and genital warts and, more seriously, cervical cancer. Most western countries have made formal recommendations for vaccinating girls and young women, and the U.S. Centers for Disease Control and Prevention (CDC) suggests vaccination for girls aged 11 to 26.

But the vaccines have been shown to be safe and effective in women up to age 55, and they were recently approved for women over 26 in Australia. Talk to your doctor to see if you’re eligible. For now, you might have to pay for it out of pocket, but this may change as studies examine cost-effectiveness in adults, and the U.S. Food and Drug Administration performs an expedited review for approval in women over age 26.

You may soon be hearing more news about HPV vaccination in males. HPV vaccines are currently approved for boys in Europe, Australia and Mexico, and may be approved for boys in the U.S. by 2009. While the initial goal of vaccinating males is to prevent transmission of the virus to their sexual partners, investigators are increasingly examining the vaccine’s role in protecting men against a host of other HPV-related diseases to which they are susceptible themselves.

HPV can cause many anal, penile and vulvar cancers. A study published in the Journal of Medicine in July 2007 found an extremely strong association between oral HPV infection and head and neck cancers, and a February 2008 study in the Journal of Clinical Oncology showed an increase in the rate of cancers caused by HPV infection as opposed to the rate caused by tobacco and alcohol (the two previously implicated risk factors).

The good news is that most of the HPV subtypes causing these malignancies are the same as those targeted by currently available vaccines. Despite recent concerns about vaccine safety, the CDC has not found a clear link between HPV vaccination and serious adverse events. So stay tuned as researchers discover more about this troublesome virus and ways to protect you from it.

Nayer Khazeni, MD, MS, specializes in pulmonary and critical care medicine, teaches and conducts research at Stanford University Medical Center.

Did you know?
Every human spent about half an hour as a single cell.

FROM EMERGENCY ON PAGE 1

that of a community hospital emergency room. Being treated at a Level 1 trauma center improves a patient’s chances of survival by 20 percent or more.

One out of every five patients in Stanford’s Emergency Department is a child. The department has a fully equipped pediatric section. A special waiting room ensures that families who may have had to bring other children with them can be together in a warm, comforting environment. A recent Institute of Medicine report found that adequate emergency pediatric care is a rare feature in American hospitals.

One out of every four patients treated for emergencies is from Palo Alto, so local residents don’t have to venture far when they are in medical trouble and need quick attention.

Ninety percent of the time, the department is operating at or above capacity, even with 18 beds added through the creative use of existing space. When all the beds are full, the department cannot accept new arrivals for limited periods of time, except for trauma patients. Last year, the Emergency Department deferred ambulances from Santa Clara County to other hospitals a total of 222 hours. It diverted patients coming from San Mateo County 370 hours during the same period.

The department also lacks surge capacity, a significant concern in the event of a major earthquake, bioterrorism event or pandemic flu.

“We need more than Band-Aids,” said Paul Auerbach, MD, a clinical professor of surgery in the Division of Emergency Medicine. “We never know what’s coming through the doors—it could be a child with an earache or a transplant patient in organ rejection.” Often the department is so overwhelmed that he tells the staff, “Put on your track shoes and get ready to run.”

The medical center’s planned renewal project includes significant expansion for the Emergency Department. Last November, Silicon Valley entrepreneur Marc Andreessen and his wife, Laura Arrillaga-Andreessen, pledged $27.5 million to help build a state-of-the-art Emergency Department that will double its current size, add new technologies and increase staff to include a patient advocate program. The gift also includes an endowed position for a medical director of disaster preparedness.

The Emergency Department is operating at or above capacity 90 percent of the time.
many years ago, our 3-month-old son Brian was admitted to the former children’s hospital at Stanford because there was a chance he had a brain tumor. Despite the difficult circumstances, we received the best care anybody could want. It turned out that Brian did not have a tumor. He is now a healthy and proud father of three girls.

When Lucile Packard Children’s Hospital opened in 1991, it was the perfect opportunity for us to come back and say “thank you” by being volunteers. To help the families at Packard Children’s adds an incredible amount of meaning and purpose to our lives.

As proud members of the hospital’s Baby Cuddler program, we help nurture the babies in the intensive care units simply by providing our love. As preemies, many of these infants stay in the hospital for extended periods, and their parents can’t always be there. To comfort these fragile newborns and aid in their development, we hold them and often sing to them.

Cuddling these babies gives back to us in so many ways. It nurtures our spirit and returns to us the gift of gratitude. Just the other day, a woman stopped us at Trader Joe’s to introduce us to her 11-year-old daughter because we had cuddled her many years ago.

Volunteering at Packard Children’s has been a wonderful experience, and it has allowed us to leave a legacy of service for the next generations in our family. It has also kept us connected with our community, and we hope our presence speaks to the great admiration and respect we have for the wonderful staff, nurses and doctors who work at Packard Children’s every day. They truly create a “culture of caring.”

Pat Rice and Claire Fitzgerald are a husband-and-wife duo who volunteer at Lucile Packard Children’s Hospital to “continue doing the work of the heart.” Fitzgerald is a marriage and family therapist, and Rice is a therapist and psychological consultant for business professionals. Inspired by the courage of Packard Children’s patients and families, the couple became dedicated to making a difference in others’ lives.

Part of a culture of caring

Volunteers play a critical role in the hospitals’ mission to deliver high-quality patient care and make a tremendous difference in the lives of patients, families, caregivers and staff.

■ To volunteer at Lucile Packard Children’s Hospital, please call 650-497-8696 or visit www.lpch.org/jobsVolunteering/ Volunteering/index.html.

■ For information about volunteer opportunities at Stanford Hospital & Clinics, please call 650-723-7424 or visit stanfordhospital.com/employment/volunteering.

■ To take part in the Hospital Auxiliary program, which includes volunteer opportunities for both teens and adults, please call the auxiliary office at 650-723-6636.