LAHEY HITCHCOCK
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BE SWEET TO YOUR FEET

Foot pain and deformities are extremely common in the United States. Fortunately, most cases can be prevented or relieved by switching or altering footwear and other conservative measures.

According to the American Academy of Orthopedic Surgeons, more than 43 million Americans have trouble with their feet and most of them are women. Often, foot problems are the result of wearing shoes that don't fit properly. In fact, surveys indicate that 80 percent of women wear shoes that hurt their feet, and more than 70 percent of women develop painful foot deformities as a result.

"Poorly fitting shoes may contribute to a number of foot problems," says Mark P. Slovenkai, M.D., an orthopaedic surgeon at Lahey Hitchcock Medical Center who specializes in foot and ankle problems. "Most of them can be treated without surgery."

Bunions

A bunion is a bony bump on the outside edge of the big toe. The tip of the big toe points inward toward the other toes, making the toe joint protrude outward. This exposes the joint to increased friction and irritation.

"Not all bunions are alike," says Dr. Slovenkai. "There's a complex variety of joint, bone and tendon abnormalities that can cause the problem." The most common cause of bunions (or hallux valgus deformity) is an imbalance of forces on the toe that is probably present from birth. However,

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Children Without Focus: Attention Deficit Hyperactivity Disorder

It is estimated that at least 3.5 million children in the United States have Attention Deficit Hyperactivity Disorder (ADHD). According to Mark P. Salerno, M.D., pediatrician at Concord Hillside Medical Associates, Bedford, not all children with ADHD have the same symptoms. "For diagnostic purposes, this disorder has been divided into subsets," he says. "The child may be predominately inattentive, predominately hyperactive or a combination of the two. Attention Deficit Disorder (ADD) describes a child who is more inattentive, and not so hyperactive. But all subsets lead to the same types of problems—poor school performance, frustration and low self-esteem."

Diagnosis

There is no simple way to identify this illness, but a number of tests and profiles are used to get a general picture of the child's strengths and weaknesses. "In diagnosing ADHD, we look for three major behaviors; inattentiveness, hyperactivity and impulsivity. Generally these symptoms have been present before age seven, have been ongoing for at least six months and they happen both at home and at

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bunions are much more common in women than in men, and the high-heeled, pointed-toe shoes that some women wear unquestionably contribute to the problem.

According to Dr. Slovenkai, people have a good chance of preventing bunions by getting the best-fitting shoes possible. In some cases, bunions can be treated with special sleeves to prevent friction, or with night splints to hold the toe open to a more correct position. Sometimes the shoe can be stretched over the location of the bunion to prevent pressure or friction. If these measures fail to alleviate the pain, surgery may be used to realign and balance the big toe to restore normal function.

Hammertoes

A hammertoe, which most commonly affects the lesser toes, occurs when the toe joint becomes contracted and deformed. The most common cause is an ill-fitting shoe, which pushes up against the tip of the toe and causes the joint to contract. The toe, which ordinarily lies flat, is elevated and the top of the toe rubs against the top of the shoe, causing pain and inflammation.

Again, says Dr. Slovenkai, the first step in prevention and treatment is wearing proper footwear—meaning low heels, a rounded toe box and softer leather. If these measures fail, surgery may be used to either realign the toe or remove part of the toe joint. For patients who are not good candidates for surgery, shoes with extra-depth toe boxes can accommodate the hammertoe deformity and ease friction and discomfort.

Metatarsalgia

Metatarsalgia is a generalized term to describe pain in the ball of the foot. There are a number of possible causes. If one bone is more prominent, it may receive more weight-bearing force as you walk or run. That can result in bruising of the bone or even a stress fracture.

Thinning of the fat pad can also result in increased bone pressure and the joints may become inflamed due to the increased trauma. If a nerve becomes pinched, pain, tingling or numbness in the toes can result. If you are experiencing discomfort, avoid dress shoes and try a running shoe for shock absorption and support. Orthotics may also be prescribed.

Morton's Neuroma

Morton's neuroma is a common cause of pain or numbness under the ball of the foot. Repeated injury causes scarring around the nerve, which causes pain or numbness to radiate from the ball of the foot to the toes—usually the third and fourth toes. High-heeled shoes and thin, hard soles worsen the problem, and the first line of treatment is to switch to better shoes. Sometimes Dr. Slovenkai uses special metatarsal pads to cushion the area. Occasionally, an injection of cortisone also helps. If pain remains, the neuroma may be surgically removed. Surgery successfully relieves pain in about 80 percent of cases.

Heel Pain

There are many different causes of heel pain. While bony overgrowths called heel spurs are common and may contribute to heel pain, the most common cause is plantar fasciitis, inflammation of a ligament called the plantar fascia. The plantar fascia, which helps maintain the height of the arch, starts at the heel and fans out toward the ball of the foot. Whenever we take a step, this causes a pull on the plantar fascia and can cause inflammation at its origin—the heel.

Wearing well-cushioned shoes with good heel shock absorption can ease the impact and may help prevent heel pain.

"Over 90 percent of patients can get better with conservative treatment of their heel pain," Dr. Slovenkai says, "and I approach treatment in a staged fashion."

The first stage of treatment consists of a combination of anti-inflammatory medication, shoe modifications, inserts such as an elastic heel cup and a program of heel-cord stretching exercises. If the problem continues, one or two cortisone injections, along with a local anesthetic at the point of maximum tenderness, may be helpful. For those few patients with continued pain, Dr. Slovenkai may recommend a temporary cast or night splints to stretch out the plantar fascia. If pain persists for many months or a year, he may perform surgery to remove or release a tight ligament or to relieve nerve pressure. If a heel spur is present, it can be removed at the same time.

Ingrown Toenails

An ingrown toenail is a toenail edge that curves into the skin on the side of the toe, causing redness, swelling and pain. Ingrown toenails result partly from the overall shape of the nail and partly from shoe pressure. If nails are improperly trimmed, when they do grow, the advancing nail will penetrate the skin. Sometimes ingrown toenails can lead to repeated infections. The first line of treatment is to trim nails straight across. People may also place a piece of cotton between the nail and the skin to allow the nail to grow out over the edge of the skin. If there is an infection, antibiotics may be necessary. A permanent narrowing of the nail may be recommended if the ingrown nail is recurrent. This is done by chemically or surgically removing a segment of the nail-growing tissue called the germinal matrix.

Diabetic Foot Ulcers

People with diabetes may develop a condition called neuropathy, a lack of sensory-motor function in the foot. Not only can this can cause deformities, but the loss of sensation can lead to ulceration and infection. "For the diabetic patient, routine foot care is very important," says Dr. Slovenkai. "If a neuropathy is identified, multi-density shoe inserts may be used to protect the foot from ulceration."

A less frequent cause of foot problems is ischemia, or loss of circulation to the foot. Poor circulation may cause the skin in the area to break down and if untreated, the underlying bone can become infected, sometimes necessitating amputation.

KEEPING YOUR FEET FIT

"Many patients don't realize that their shoe size may be one or two sizes too small," says Mark P. Slovenkai, M.D., an orthopaedic surgeon at Lahey Hitchcock Medical Center.

"Most patients haven't had their feet measured within the last five or ten years." He offers the following tips for choosing footwear:

- Shop for shoes at the end of the day. Your feet normally swell and become larger after standing or sitting.
- Most people have one foot larger than the other. Fit new shoes to your largest foot.
- Stand up for foot measurement and walk around in shoes you are considering to check the fit.
- Allow a half-inch space from the end of your longest toe to the end of the shoe.
- Your heel should fit snugly in the shoe with no slippage.
- Shoes should be comfortable when you try them on. If they feel like they need to be "broken in," they are probably too tight.

For an appointment in the Department of Orthopaedic Surgery, call 617-744-3250.

YOU ASKED

Question: Is it better to smoke cigars than it is to smoke cigarettes?

Answer: If the smoker does not inhale, the risk of lung disease for cigar smokers is somewhat less than for cigarette smokers. However, there may be a greater risk for cancer of the mouth, throat, larynx and stomach.

According to the American Lung Association, overall cancer death rates for men who smoke cigars are 34 percent higher than cancer death rates for nonsmokers. Cigar smokers also have higher death rates from chronic obstructive pulmonary disease and are four to ten times more likely to die from cancer of the larynx, mouth and esophagus than nonsmokers.

"Smoking cigars is particularly dangerous for those people who have smoked cigarettes," says John F. Beamis, Jr., M.D., head of the Section of Pulmonary and Critical Care Medicine at Lahey Hitchcock Medical Center. "In smoking cessation classes, we see people who have switched from cigarettes to cigars in an effort to quit smoking. These former smokers, out of habit, inhale the cigar smoke more than they think they do, which puts them at risk for all the lung and heart problems related to cigarettes."

Another hazard, for smokers and nonsmokers alike is second-hand smoke. "The smoke from the burning end of a cigar or cigarette is actually more dangerous because when you smoke, the smoke is drawn through the cigar or cigarette which provides some filtration," Dr. Beamis says. "Secondhand smoke has more toxins than smoke that's been inhaled and exhaled."

Cigar smoke, compared to smoke from a cigarette, contains higher levels of damaging chemical compounds which can affect the eyes, nose, throat and breathing passages. One study cited by the American Lung Association, showed that the smoke from nine cigars in one half-hour period polluted the air as much as the smoke from 42 cigarettes. Both types of pollution raised the level of carbon monoxide above safety limits set for workers in industry.

If you're interested in a free smoking cessation introductory session, call 617-744-8808 for information. The next program begins Tuesday, April 15, 1997, 6 to 7:30 p.m.

To make an appointment in the Section of Pulmonary and Critical Care Medicine, call 617-744-3250.

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school—or at least in two different settings," says Dr. Salerno. "For example, if these behaviors occur only at home, and the child's perfectly fine at school, it could be a behavioral issue."

Although ADHD is recognized as a biochemical disorder, there is no reliable diagnostic chemical test. There does seem to be, however, a genetic predisposition. "When we see a child with ADHD, there is a 30 percent chance of finding a parent with ADHD," Dr. Salerno says.

If children with ADHD are not diagnosed, and therefore, go without treatment, it can negatively effect their self-esteem. They may be thought of as less intelligent than they really are or blamed for not being able to sit still.

Behavioral Modification

Treatment should be global, involving the child, his or her family and the school, says Dr. Salerno. "A child with ADHD needs help in managing behavior and help in managing how they feel about themselves as a result of their behavior." Family counseling is important. Parents should also work with the school to come up with an appropriate education plan.

Medication

In addition to psychological counseling and behavioral modification, medication may also be prescribed. The major class of drugs used are stimulants, such as Ritalin. "Giving a stimulant to treat hyperactivity defies common sense," says Dr. Salerno, "but it probably stimulates a part of the brain that allows the person to pay attention. Some children can be helped a great deal by medication, sometimes very dramatically." Other types of medication, mostly antidepressants, also can be helpful.

A patient may go on and off medication during their lifetime. Although ADHD doesn't go away, some people may be able to organize their world to compensate.

"I've seen wonderful changes in children, especially in self-esteem. Children who thought it was their fault, that they were failures and who, with appropriate interventions, greatly improved how they feel about themselves," says Dr. Salerno. "An important thing for people with ADHD to remember is they are not at fault and their behavior is not purely under their control. This is as real as diabetes and children should not be blamed."

For information on pediatricians with special interests in ADHD, call 617-744-3413.

ADULTS WITH ADHD

"Over the past five years, I've seen a steady increase in the number of people asking to be evaluated for ADHD," says Kenneth Adelman, M.D., a psychiatrist at Lahey Hitchcock Medical Center. "Many come in after their children are diagnosed. As they learn more about the disease, they realize they've had the symptoms for most of their life, too."

As with children, criteria for diagnosis includes a preponderance of symptoms in three categories: impulsivity, attention problems and hyperactivity. There must also be convincing evidence that symptoms began before age seven.

Because ADHD is not well defined, and until recently not recognized, many adults have been misdiagnosed over their lifetime. Symptoms may have been labeled as depression, bipolar disorder, obsessive-compulsive disorder, post-traumatic stress disorder or the effects of drug use.

"Adults with ADHD experience almost the same problems that children experience, but some earlier hyperactivity may have been tempered by maturity or learned coping skills," says Dr. Adelman. "But even if a person can keep the illness from being overt, it has a profound negative effect on the patient and his or her family."

Michele Lucas, L.I.C.S.W., at Lahey Hitchcock Northshore, has ADHD and gives lectures on the illness. "People who were never diagnosed were generally referred to as chronic underachievers," she says. "They may have gotten erratic grades—doing very well some terms but getting very low grades the following term in the same class. They had trouble concentrating, focusing, finding something they could stay with. Teachers and parents assumed their performance was willful."

"These individuals probably have trouble managing time, keeping appointments, setting priorities and keeping track of things," says Dr. Adelman. "Self-esteem is low because of the negative messages they've gotten all their life." People with ADHD may also have a low economic status, partly because they have had less education than others. Those with a severe form of the illness probably don't hold jobs very long. They get bored or discouraged easily and have trouble dealing with complaints from their employers.

Personal relationships also suffer. People with ADHD react quickly and may not be able to sustain the sort of energy needed to work through problems. "It's very important for the spouse to understand what's going on so they can support their partner and get support for themselves. It also helps to know there's a reason for their frustration," says Dr. Adelman.

The same type of treatments that work for children, in general, work for adults. Along with finding ways to compensate with organizational techniques and changes in work and home environments, stimulants or antidepressants may be prescribed.

"Being diagnosed with ADHD can be the most significant day of some people's lives," says Ms. Lucas. "They have believed the messages that they are lazy, chronic procrastinators and underachievers, and that in some way, they were at fault. When they are diagnosed properly, they realize that it's a biological illness that they have no control over. It's a very powerful realization."

For an appointment in the Department of Psychiatry and Behavioral Medicine, call 617-744-3250.

Water Resources: You Never Outgrow Your Need

Most people know they should drink more water, but some may not be getting enough fluids for optimum health. "Water is one of the body's most important nutritional needs," says Diane Bleday, M.S., R.D., nutritionist at Lahey Hitchcock Medical Center. Water regulates body temperature through perspiration, carries nutrients and oxygen to the cells and removes wastes, lubricates all joints and protects organs and tissues. Adequate fluid levels also help promote healthy, elastic skin.

Because water plays a role in so many processes, a deficiency has negative effects. One common result is constipation. "Constipation usually is one of the first signs that you're not getting enough fluids," says Ms. Bleday. "Drink more water to prevent or treat constipation."

How Much Is Enough?

It is almost impossible to drink too much water because the body eliminates any excess. The Recommended Dietary Allowance (RDA) is eight to ten cups per day, but the need varies with climate, body size, diet, exercise and other conditions, such as pregnancy and breast-feeding, when greater fluid intake is necessary. "For most people, drinking six to eight cups of water daily is enough, because water is contained in food, especially fruits and vegetables," says Ms. Bleday. "For example, broccoli is 90 percent water, and oranges and apples contain about 85 percent water." To meet your fluid requirement, you can substitute fruit juice, low-fat milk and soft drinks, but when considering alternatives, be aware of calorie content. A glass of juice contains as many calories as a soft drink with sugar. Coffee, tea and cola drinks, as well as alcoholic beverages, are not good sources, as they have a diuretic effect, tending to increase the amount of urine produced by the kidneys.

Feeling Thirsty?

When the water in your body is reduced, the sodium concentration in the blood rises, which triggers a sensation of thirst. Therefore, by the time you feel thirsty, the fluid level in your body has already dropped below the ideal level. "Elderly people tend to lose their sense of thirst, so they need to be particularly conscious of water intake," says Ms. Bleday. "We often see elderly patients who are dehydrated. Even for young, healthy people, feeling thirsty may occur only after you need fluid."

Make It a Habit

To get an accurate idea of how much you drink, keep a water log. For a few days, make a note every time you drink something and how many ounces you consumed. At the end of each day, run a total. If you're not drinking at least 64 ounces, find ways to increase, such as keeping a bottle of water on your desk and in the car.

Another sign you're not drinking enough is the color of your urine. When fluids are low, the body conserves by concentrating urine, which makes the urine dark.

Exercising Caution

Strenuous activity increases the need for fluids because the amount of water lost through sweat and respiration increases dramatically. Perspiration is a sure sign that you're losing fluids, but sports such as bicycling or sailing keep the skin dry through rapid evaporation. Drink before, during and after exercise.

When exercising or working outdoors, be alert to signs of heat exhaustion, which is caused by prolonged heat exposure and dehydration. Symptoms include fatigue, weakness, anxiety, lightheadedness or dizziness. If you suspect heat exhaustion, move to a cool place, apply ice packs and drink fluids.

Heat stroke can be fatal if untreated. The elderly and people with heart or lung disease are at highest risk, but anyone working in high humidity and heat is susceptible. Signs of heat stroke include hot, dry skin, high body temperature, confusion and loss of consciousness. If you suspect heat stroke, get medical help immediately.

Travel Advisory

Pressurized air in the cabin of an airplane is extremely dry and your body needs additional water. Fluid depletion contributes to jet lag, and, even on short trips, you'll arrive parched and tired. Next time you fly, drink extra water before you board, avoid coffee, tea and alcohol during the flight and bring a bottle of water to drink from often.

To see a nutritionist, have your primary care physician request an appointment. Call 617-744-3250.

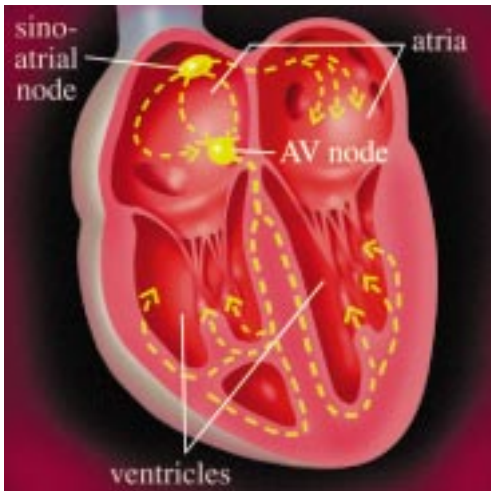
DANGERS OF DEHYDRATION

When fluid intake is not enough to replace fluid lost, dehydration results. Fluid is lost through the skin during perspiration, through the lungs and through the kidneys. More obvious and potentially serious is fluid loss through vomiting or diarrhea. Dehydration can cause a dangerous increase in body temperature which can lead to heat exhaustion and heat stroke. Signs of dehydration include:

- Fatigue
- Severe thirst
- Dry lips and tongue
- Increase in heart rate and breathing
- Dizziness
- Confusion
- Dark-colored urine
- Muscle cramps when exercising
- Nausea and headache

CARDIAC ARRHYTHMIAS: ASSESSING THE RISK

Most people occasionally have irregular heartbeats and, in most cases, they are no cause for alarm. Certain types of arrhythmias can produce worrisome symptoms, however, and some can be dangerous. Fortunately, most cases can be effectively treated with lifestyle changes, medications, electronic devices or catheter ablation.



Causes of Arrhythmias

The function of the heart is to continually pump blood throughout the body to nourish all of the body's tissues. It is divided into four chambers, two atria located on top and two ventricles at the bottom.

Normally, each heartbeat starts at the right atrium, in a group of cells called the sinoatrial node, which is essentially the body's own electronic pacemaker. It sends out an electrical impulse, which passes through the atria and signals them to contract, pumping blood into the ventricles. Then the electrical impulse travels through another group of cells called the atrioventricular (AV) node to the ventricles, signaling them to contract, which pushes blood throughout the body. Under normal circumstances, the heart contracts, or beats, between 50 and 100 times per minute.

When this carefully orchestrated routine is disrupted, the result is a cardiac arrhythmia, also known as irregular heartbeat. An arrythmia may occur if the sinoatrial node itself develops an abnormal rate or rhythm, if another part of the heart initiates the heartbeat and takes over the heart rhythm, or if there is a heart block, in which the electrical signal cannot travel normally down the conduction pathway to the ventricles.

Types of Arrhythmias

In most cases, arrhythmias are harmless and will not cause symptoms or affect a person's daily life. In some cases, however, arrhythmias may produce heart pounding or palpitations, chest pain, shortness of breath, dizziness, lightheadedness or fainting. If you have these symptoms, call your primary care physician. An arrhythmia can weaken the pumping action of the heart, depriving the heart, brain or body of blood. Some arrhythmias, such as ventricular tachycardia or ventricular fibrillation, can be life-threatening.

Ectopic heartbeats, extra heartbeats in an otherwise steady rhythm, are common and do not require treatment. According to David Martin, M.D., a cardiologist at Lahey Hitchcock Medical Center, virtually all middle-aged adults have ectopic heartbeats.

Bradycardia is excessive slowing of the heart beat. It can produce fatigue, dizziness, lightheadedness or fainting.

Tachycardia is a rapid heartbeat, which may cause palpitations, rapid heart action, dizziness, lightheadedness or fainting. Rapid heartbeat arising from the ventricles (called ventricular tachycardia) may lead to a dangerous condition called ventricular fibrillation, in which the ventricles are quivering and cannot pump blood. If not treated, this can lead to what is called "sudden death," death immediately following the onset of symptoms. It was this type of arrhythmia that very suddenly took the life of Boston Celtics basketball player Reggie Lewis. "These are the arrhythmias we worry about most," Dr. Martin says.

Atrial fibrillation and flutter usually occur as a consequence of coronary artery disease. In atrial fibrillation, the atria fire much too quickly for the impulses to get through the AV node to the ventricles. This causes a rapid and irregular ventricular rate, loss of coordination between the atria and ventricles, and, ultimately, inefficiency in pumping. Atrial flutter is similar to atrial fibrillation except that the atria contract more regularly and somewhat more slowly. The most common symptom of atrial fibrillation and atrial flutter is palpitations, although often there are no symptoms.

Either type of arrhythmia may cause an embolism, a blood clot that forms in the atria and lodges in the circulatory system, and patients with atrial fibrillation or flutter are sometimes treated with blood-thinning agents to prevent clots. "This type of arrhythmia doesn't cause immediate death, like ventricular fibrillation, but atrial fibrillation is something we take very seriously," says Dr. Martin.

If you have the symptoms of an arrhythmia, call your doctor to have them checked out. He or she may be able to tell whether you have an arrhythmia just by listening to your heart. Low blood pressure may also be a sign that you have an arrhythmia and you may be given an electrocardiogram.

An electrocardiogram (ECG or EKG) records the electrical activity of your heart. The pattern of the electrocardiogram can reveal abnormalities of heart rhythm, damage to the heart muscle from a previous heart attack, insufficient blood flow to the heart muscle or inflammation of the membranes surrounding the heart (pericarditis) or the heart muscle itself (myocarditis).

An exercise ECG or "stress test" is usually performed while you are walking on a treadmill. This can show whether exercise causes or worsens the arrhythmia, or if there is evidence

of inadequate flow in the heart muscle. A walking ECG, or Holter monitor, records your heart responses over a 24-hour period.

The Arsenal Against Arrhythmias

There are a number of treatments available for arrhythmias. For ectopic heartbeats that cause undue anxiety, quitting smoking and limiting consumption of alcohol and caffeine may help cut down their frequency.

Several types of drugs are used to treat arrhythmias. Beta blockers can help the ventricles pump more effectively by slowing impulses through the AV node. Antiarrhythmic drugs are used to return the heart rhythm to normal. In some cases, anticoagulants are prescribed for patients with atrial fibrillation or flutter in order to prevent dangerous blood clots.

Another approach is a type of implantable electronic device. For instance, the symptoms of bradycardia can be corrected with an implantable electronic pacemaker, a small, battery-powered device producing electrical impulses that travel from the atria down through the ventricles.

Implantable defibrillators, introduced in the 1980s, were originally used as a last resort for treating people with dangerous cardiac arrhythmias. They can detect fibrillation and respond by delivering an electric shock to the heart to return the heartbeat to normal. According to Dr. Martin, the devices have improved so much technically that they are now becoming first-line treatment for life-threatening ventricular arrhythmias in patients with heart disease.

The current models, about the size of a small bar of soap, no longer require major heart surgery and the batteries now last longer—up to six or eight years. The new models are also "smarter," recording and storing information about the arrhythmia that can later help the doctor determine its cause.

A study recently reported in the *New England Journal of Medicine* suggests that implantable defibrillators significantly reduce the risk of death in heart attack survivors. Researchers at the University of Rochester Medical Center in Rochester, New York studied the benefits of defibrillators in 196 patients with ventricular tachycardia who had already survived heart attacks. During the two-year follow-up period, 15 patients with defibrillators died, 11 of them from cardiac causes, whereas 39 patients who did not get defibrillators died during the same period, 27 from heart-related causes. These devices reduced the risk of death by about half in these patients.

An interventional technique called catheter ablation is becoming an increasingly accepted treatment for some types of arrhythmias. The technique employs delivery of heat-energy at the end of a catheter, which is threaded up through a blood vessel of the groin. The device pinpoints and cauterizes the specific group of cells that is causing the arrhythmia. "Unlike drugs or electronic devices, which only treat the symptoms, catheter ablation has the potential for a cure or eradication of the problem," Dr. Martin says.

For an appointment in the Section of Cardiology, call 617-744-3250.

Skin Cancer Screening

"Of all cancers, skin cancer is the easiest to detect," says E. Laurie Tolman, M.D., a dermatologist at Lahey Hitchcock Medical Center. "A yearly screening and knowing how to check moles for changes is very important because malignant melanoma, if not treated early, can be life-threatening."

It is estimated that 40 to 50 percent of Americans who live to age 65 will have skin cancer at least once. At greatest risk are people with fair skin that burns and freckles when exposed to sun, people who have had one or more severe blistering sunburns, and those who have a family history of skin cancer.

The two most common types of skin cancer are basal cell and squamous cell carcinomas. While rarely life-threatening, if not treated, these skin cancers can destroy nearby tissue, including bone.

Malignant melanoma, the most dangerous type of skin cancer, usually occurs near an existing mole or dark spot. A normal mole is evenly colored and is flat or raised with a round or oval shape and sharply defined borders. According to the American Cancer Society, signs of melanoma include:

- **Asymmetry**—one half of a mole does not match the other half.
- **Border irregularity**—edges are ragged, notched or blurred.
- **Color**—moles that have different shades of tan, brown or black, sometimes with patches of red, white or blue.
- **Diameter**—moles larger than the size of a pencil eraser, about a quarter of an inch, or moles that increase in size.

To decrease your risk of skin cancer, avoid excessive exposure to sun, wear a skin block of at least SPF 15 when exposed and stay out of tanning booths. "I think tanning booths should be banned," says Dr. Tolman. "Most are not checked regularly for output and excessive exposure can cause burning, eye damage, skin cancer and premature aging of the skin."

Free Skin Cancer Screenings will be held Saturday, May 31, 8 a.m. to noon, at Lahey Hitchcock Medical Center. Call 617-744-8976 for an appointment.

You Asked

Question: Can Fosamax be used to prevent osteoporosis?

Answer: The drug alendronate (Fosamax) inhibits bone loss and enhances bone formation. While used to treat the bone-thinning disease, osteoporosis, it has not been approved by the Food and Drug Administration (FDA) for prevention. Preliminary data from numerous studies does, however, indicate that 5 mg daily (rather than the 10 mg dose used for treatment) is effective in menopausal women in preventing loss of bone mass.

"Osteoporosis is a silent disease until the first fracture occurs," says Howard E. Rotner, M.D., F.A.C.E., an endocrinologist who helped develop the Osteoporosis Clinic at Lahey Hitchcock Northshore. "As treatment options increase, there is a greater need to identify men and women at risk for osteoporotic fractures."

Osteoporosis can be accurately diagnosed by performing a simple, non-invasive test called bone densitometry.

The British journal *Lancet* recently published results of a clinical trial which tested the effect of alendronate on the risk of additional fractures in women who had suffered vertebral fractures. Of the over 2,000 women studied, half were given a placebo and half were given alendronate. After three years, 78 women in the alendronate group had one or more new vertebral fractures compared with 145 in the placebo group. The risk for hip and wrist fractures was also reduced.

If taken correctly, gastrointestinal side effects, such as esophageal irritation, heartburn and cramps can be minimized or avoided. "Fosamax must be taken with a large glass of water, first thing in the morning, on an empty stomach and the patient should not lie down right away," says Dr. Rotner.

Risk factors for osteoporosis include family history; early menopause; extreme thinness; a diet low in calcium and/or vitamin D; a sedentary lifestyle; smoking; alcoholism; chronic disease such as kidney, bowel or liver disease; and use of medicines such as steroids or excessive thyroid hormone replacement therapy.

If you would like an appointment at the Osteoporosis Clinic, call 617-744-3250. For information about the Osteoporosis Clinic, call 617-744-3413.

Lahey Hitchcock Clinic

Whether you need a primary care physician in your community or a specialist for complex problems from allergies to heart disease, Lahey Hitchcock Clinic has a doctor who's right for you.

Lahey Hitchcock offers the best of both worlds—a network that links more than 100 community-based internists, family practitioners and pediatricians throughout eastern Massachusetts with 300 doctors representing virtually every specialty and subspecialty of medicine at Lahey Hitchcock Medical Center in Burlington and Lahey Hitchcock Northshore in Peabody.

Anyone with a health concern can become a patient at Lahey Hitchcock Medical Center or Lahey Hitchcock Northshore by calling the Central Appointment Office. For those who don't have a specific doctor in mind, the Appointment Coordinators are skilled in matching patients with appropriate staff members. If you have a primary care physician and would like a referral to see a Lahey Hitchcock specialist, your physician can call the Physician Referral Office.

To be seen by a physician at a Lahey Hitchcock community practice, you should call the practice directly.

We accept all "traditional" insurance plans, HMO Blue and other Blue Cross and Blue Shield plans, the plans of Harvard Pilgrim Health Care, the Tufts Health Plans, as well as more than 35 other health insurance and managed care plans. Plan affiliations vary by location.

For a Directory of Sites or information about Lahey Hitchcock Clinic services, call 617-744-3413.

Or, see our Web Page at www.lahey.hitchcock.org

To make an appointment with any physician at Lahey Hitchcock Medical Center or Lahey Hitchcock Northshore, call 617-744-3250.

For the address and number of Lahey Hitchcock Clinic community practices near you, call 1-800-524-3955.

To submit questions to the "You Asked" column, write to:
Lahey Hitchcock Health Letter
P.O. Box 541
Burlington, MA 01805

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