



NEWS SWALLOWING

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DIRECTOR'S FORUM

~ 15TH ANNIVERSARY EDITION ~

SWALLOWING CENTER ORGANIZATION AND OPERATIONS ON ITS 15TH ANNIVERSARY

H. Worth Boyce, M.D.
Professor of Medicine and Director

A center dedicated to the diagnosis and treatment of patients with swallowing disorders is based on the obvious need for a multidisciplinary approach to provide optimum patient care. There are many patients who suffer from swallowing disorders but there are few, if any, specialized centers or clinics devoted specifically to the challenges of prompt diagnosis and treatment of these difficult problems. Dysphagia is a symptom and not a disease, consequently it is a manifestation of a large number of disorders involving the mouth, pharynx, esophagus, upper stomach, and the central nervous system. Dysphagia is properly defined as a sensation of difficulty with passage of a bolus (liquid or solid) within 10 seconds of the onset of a swallow. The confusing presentations and complex causes of some swallowing disorders require a careful basic history and physical examination, an evaluation by an experienced consultant and specialized studies before a definitive diagnosis can be made and proper management selected. Severe swallowing disorders often are accompanied by a number of physical problems, especially malnutrition that may further contribute to the swallowing impairment.

Proper management of complex esophageal and swallowing problems can be most successful in a program that has a limited or controlled volume of patients so that each is given the necessary time with the esophagologist providing the consultation and/or necessary procedures. This level of care and attention is only possible if financial support is available from sources other than patient care income.

Swallowing disorders are far more prevalent than expected and commonly afflict the elderly. A study from New York Hospital – Cornell Medical Center several years ago revealed that over a three-week period there was a consistent incidence of swallowing problems in about 13 percent of the hospitalized patients. This figure may be even higher in extended care facilities. As the elderly population increases, so will swallowing problems.

Medical and surgical specialists in gastroenterology, otolaryngology, radiology, and neurology have made significant contributions to swallowing disorders that relate to their fields. Speech and language pathologists have been the leaders in the diagnosis and treatment of neuromotor swallowing disorders involving the mouth and pharynx. The USF Center for Swallowing Disorders has developed a program for a cooperative, multidisciplinary approach to swallowing disorders utilizing these specialists. Our purpose is to provide diagnostic and therapeutic recommendations that will permit rehabilitation and relief of dysphagia and its multiple potential complications.

The program for patient evaluation is based on physician referral after a primary evaluation by a gastroenterologist or surgeon has not resulted in diagnosis or adequate symptom relief. The physician's or patient's initial phone call will be followed up by a return call to the patient by one of our Patient Care Coordinators to acquire additional information and properly refer or triage the patient to one of our esophagologists or an affiliated specialist for initial evaluation. After an initial screening evaluation by telephone, the patient is requested to obtain pertinent medical records and x-rays which are essential for a complete and efficient consultation. They are also given an appointment at the Swallowing Center for either a history and physical examination or a special diagnostic or therapeutic procedure as indicated. During the first visit, decisions will be made concerning the appropriate studies needed for further evaluation. If the patient has a primary oropharyngeal motility problem, an evaluation by a speech pathologist will be scheduled, usually after evaluation by an esophagologist. A modified barium swallow to study oral and pharyngeal phases and/or dynamic video esophagram (videotaped barium swallow using liquid and solid boluses) is done to examine for both neuromotor abnormalities and obstructing lesions of the esophagus. From this point on, consultation between affiliated specialists and a case review at our weekly multidisciplinary conference provides a determination of the need for further evaluation. Diagnostic and therapeutic options are discussed between the consultants. Occasionally, joint examinations by specialists are helpful in achieving a consensus on diagnosis and final recommendations. Data on rare or complex swallowing disorders is more readily collected from the highly selected group of patients that we are privileged to evaluate. The availability of these data for clinical research can lead to development of new or improved diagnostic and treatment options.

There is much to be learned about the normal and abnormal swallowing mechanism and ways to improve our diagnostic and therapeutic techniques. Investigations of the effect of drugs on swallowing, alterations in fluids and solids that may make swallowing easier and safer in certain disabled patients, new diagnostic equipment and techniques, screening methods to detect cancer in its early stages, and other projects are being done or planned for our clinical research program.

The Center for Swallowing Disorders has developed an active postgraduate education program conducting postgraduate courses for physicians, speech pathologists and other interested medical professionals. Our third major postgraduate course, Esophagology

for Clinicians, held a Walt Disney World was very successful and another national level program will be conducted in December 2002. We conducted a course on GERD for primary care physicians on November 17, 2001 in Tampa. Another similar course is planned for Orlando June 8, 2002. Two evening programs, Esophagology Grand Rounds for gastroenterologists were held on February 27 and April 17, 2002. Our education effort for patients and lay public is continuing to provide appropriate information on swallowing disorders and the importance of their early diagnosis and therapy. This newsletter, Swallowing News, is mailed to over 3,000 patients and over 1,800 referring physicians twice each year.

We will soon have our Patient Education-Internet Access Room operational in our outpatient clinic. This will provide immediate access for reliable information from internet sites on swallowing disorders and related procedures that patients may review immediately after completing their appointment with one of our physicians. Patients also will be provided a list of websites that have been screened by our staff to be certain the information provided is reliable.

Our practice exists primarily to satisfy the need for tertiary level consultations for difficult swallowing and esophageal disorders as well as related endoscopic diagnostic and therapeutic procedures. The professional goal is to be additive for the medical needs of patients and our colleagues in private practice rather than to operate a competitive practice. In so doing our experience with complex esophageal and swallowing disorders provides a unique opportunity for clinical research on these conditions. To date we have examined and treated patients from 33 states and 5 foreign countries.

It seems appropriate that we review the status of the organization, functions and patient experience of this Swallowing Center on the occasion of its 15th anniversary this month.

CYBERCHONDRIA

Cyberchondria, the excessive preoccupation with one's health caused by often erroneous Internet information, is an increasingly common malady. With the glut of health-related Web sites available to the not-so-discerning consumer, it's no wonder. Conservative estimates put the number of such health sites at 15,000. According to George Lundberg, M.D., editor-in-chief of Medscape.com, "We expect 35 million Americans at least, to access the Internet for health information in the next year."

One look at some patients and you can recognize what ails them. Their faces lack color – they've been drained by fear, usually irrational. But the real sign is in their hands; their white knuckles are clutched around computer printouts containing what they consider sure-fire proof of a devastating illness. Oh no, another case of "cyberchondria".

Surveys commissioned by The Pew Internet and American Life Project indicate that more Americans turn to the Internet for medical information than for sports scores, stock quotes, or online shopping bargains. Health Web sites are so abundant that the World Health Organization recently proposed adding ".health" to the few existing top-level domain names, like ".com" and ".org" which helps users locate sites of interest.

Information-hungry consumers who surf the Internet to investigate nagging health problems may soon find themselves doing some digging and – here's the dangerous part – self-diagnosing. A recent investigation performed by a group of gastroenterologists concluded that one in 10 gastroenterology-related sites contains treatment information that's "unproven or outright quackery".

Some sites even offer the option of "online diagnoses", in which consumers can type in the nature of their problem and receive a "diagnosis" from a medical professional. "I don't know a decent doctor who [believes] he or she could do a proper job during an online consultation. To pretend you can and charge money for it is wrong," contends Mark Porter, M.D., medical editor of Surgery Door, the British health portal.

Since physicians have less and less time to spend with patients and the Internet promotes a greater emphasis on self-help, it's easy to see why consumers delve into the readily available health information on the Web for answers to medical problems. And although this pastime is not without its dangers, some say it has its merits.

A movement is underway to create ethical and content standards for health Web sites. Health on the Net Foundation (a non-profit Swiss organization) (HON) has developed a "code of conduct", which holds participating health Web sites accountable to basic ethical standards of information presentation. Web sites that adhere to the HON Code of Conduct contain the HON logo.

Another group with similar goals is the Internet Healthcare Coalition, an international, nonpartisan, non-profit organization committed to promoting quality healthcare resources on the Internet. In 1999, the coalition launched the "eHealth Ethics Initiative", an ongoing project aimed at establishing a set of universal ethics principles for health-related Web sites.

Efforts to make health information of the highest quality available to the public via the Internet are to be applauded. Clearly, however, many sites do not yet subscribe to these high standards. And some of the printouts that patients carry in their white-knuckled clutches may very well contain information from these sub-par sites. We can, however, do some damage control by suggesting to patients that they follow some simple rules when surfing the Net for health information.

A web site that charges for online consultations is likely bogus. There's no way to guarantee that the patient will be communicating with a physician, and no medical professional can accurately diagnose a patient without seeing him or her face-to-face.

It is important that patients go to health Web sites where the information posted is authentic and current, not just advertising paid for by a sponsoring company and disguised as unbiased information.

You should consult the site's privacy policy to ensure prevention of unauthorized access or use of personal data.

Patients who receive Web information, or at least guidance, directly from their trusted physician, will be less likely to visit questionable sites, and we will be seeing fewer cyberchondriacs.

We are developing a program to screen websites for reliable information on swallowing and esophageal disorders that can be accessed in our clinic after the patients visit with our physicians. Also, a list of these sites will be available to our patients at the time of their clinic visit and printed in the next edition of Swallowing News for use on their home computers.

(The majority of this information was abstracted from Physicians Practice, in an article written by Elizabeth Heubeck. She can be reached at ehuebeck@physicianspractice.com)

4TH ANNUAL ESOPHAGOLGY FOR CLINICIANS POSTGRADUATE COURSE

Update on Esophageal Disorders: From A to Z for 2003
December 5-7, 2002

Location: Boardwalk Inn, Walt Disney World,
Orlando, Florida

For further information contact: University of South Florida Office of
Continuing Professional Education, P.O. Box 550610, Tampa, FL 33655-0610

Or Fax to: (813) 974-3217 or register online at:
www.cment.med.usf.edu

CONTINUING MEDICAL EDUCATION

The Center for Swallowing Disorders has continued active participation in graduate medical education by lectures at regional, national and international meetings and by contributions to the medical literature.

Lecture Presentations by CSD Staff

June 13-16, 2001: University of Minnesota Medical School 65th Annual Course on Advances in Gastrointestinal and GI Laparoscopic Surgery: 1) Management of Complex Esophageal Strictures and 2) Current Techniques for Relief of Malignant Esophageal Obstruction. Minneapolis, MN. (Boyce)

September 14-16, 2001: The Texas Society for Gastroenterology and Endoscopy. The 26th Annual Texas Program. Esophageal Stricture Classification as a Guide for Dilation Therapy. Ft. Worth, TX. (Boyce)

November 5-9, 2001: University of South Florida College of Medicine Postgraduate Course. Adventures in the Esophagus – Diagnostic & Therapeutic. Panama Canal, ms Amsterdam. (Boyce)

November 17, 2001: University of South Florida College of Medicine. Update on GERD & Common Swallowing Disorders for Primary Care. Tampa, FL. (Boyce, Johnson, Jones)

December 6-8, 2001: Joy McCann Culverhouse Center for Swallowing Disorders 3rd Annual Postgraduate Course, Esophagology for Clinicians: Barrett Esophagus and Adenocarcinoma: Management Strategies From Reflux to Resection: 1) Normal Esophagogastric Junction and Endoscopic Diagnosis of CLE and 2) Biopsy Diagnosis of Dysplasia – The Hard Truth About Sampling Error. Boardwalk Inn, Walt Disney World. (Boyce)

December 6-8, 2001: Joy McCann Culverhouse Center for Swallowing Disorders 3rd Annual Postgraduate Course, Esophagology for Clinicians, Barrett Esophagus and Adenocarcinoma: Management Strategies From Reflux to Resection: 1) Epidemiology of CLE (Columnar-lined Esophagus) and Adenocarcinoma: Recent Data – Future Concerns and 2) Providing Optimal Acid Suppression for GERD and CLE – Are Progression, Dysplasia and Cancer Risk Altered? Boardwalk Inn, Walt Disney World. (Johnson)

March 12, 2002: New Orleans Gut Club Lecture. Management of the Obstructed Esophagus. New Orleans, LA. (Boyce)

March 13, 2002: Visiting Professor at the Ochsner Clinic. New Orleans, LA. (Boyce)

Contributions To Medical Literature

Boyce HW, Jr. Hiatus Hernia and Peptic Diseases of the Esophagus, Chapter In: Gastrointestinal Endoscopy, Sivak MV, ed. 2nd Edition. WB Saunders, Philadelphia, Pennsylvania, 2000, pp 580-597.

Boyce HW, Jr. Special Varieties of Esophagitis, Chapter In: Gastrointestinal Endoscopy. Sivak MV, ed. 2nd Edition. WB

Saunders, Philadelphia, Pennsylvania, 2000, pp 598-614.

Theodoropoulos DS, Ledford DK, Lockey RF, Pecoraro DL, Rodriguez, Johnson MC, Boyce HW. Prevalence of Upper Respiratory Symptoms in Patients with Symptomatic Gastroesophageal Reflux Disease. Am J Respir Crit Care Med 2001;164:72-76.

Boyce GA, Boyce HW, Jr. Esophagus: Anatomy and Structural Anomalies, In: Yamada T, Alpers DH, Laine L, Owyang C, Powell DW, eds. Textbook of Gastroenterology, 4th Edition. Lippincott-Raven, Philadelphia, Pennsylvania, submitted for publication April, 2001.

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Things To Remember

OFFICE HOURS: 8:00 a.m. 'til 4:30 p.m. Monday through Friday. Telephone hours: 8:00 a.m. 'til 5:00 p.m.

Also, our emergency telephone number for after hours is (813) 974-2201

BILLING: Payment for services rendered is due at the time of your visit. Please be prepared to pay any co-payments due at the time of your visit to the Center.

Patients who have problems with their physician or facility fee bills should contact Gayle Stephens, Financial Specialist, at the University of South Florida Medical Clinics at (813) 974-3575 between the hours of 9:00 a.m. and 4:00 p.m. Monday through Friday.

For those patients who are from out-of-town, a new toll-free number has been added for you to call with billing questions. The number is 1-888-873-3627. This number is for calls originating in Florida and is only for billing questions and help with insurance authorizations.

HAS YOUR INSURANCE COMPANY OR PRIMARY CARE PHYSICIAN CHANGED?

With an ever changing medical insurance market (shopping for the best contract, companies merging, others closing their doors, etc), you may have changed insurance company. If you changed your insurance company you may have a new primary care physician. Maybe you have moved and had to choose a new doctor closer to your home. Regardless of the circumstances we would very much appreciate your contacting our office to let us know, (813) 974-3374. This will not only insure we can obtain the necessary authorizations/pre-certifications and that your medical bills go to the right insurance company but it will help us make sure your medical records are forwarded to the right doctors. Thank you for helping us keep the records straight.

MEDICAL STAFF

Director H. Worth Boyce, Jr., M.D.
Professor of Medicine
Hugh F. Culverhouse Chair
in Esophagology

Medical Staff. Milton C. Johnson, M.D.
Assistant Professor of Medicine

Patient Care Janet L. Jones, B.A., CGC
Coordinator *Instructor in Medicine*

Assistant Patient Care Betsy J. Lamoy, R.N.
Coordinator

Office Manager Candace K. Harley

Administrative Secretary Natalie A. Ralyea

Laboratory Technician John A. Rodriguez

Appointment Secretary Jennifer C. Rust

SPEECH PATHOLOGY CONSULTANTS FOR OROPHARYNGEAL SWALLOWING DISORDERS

Speech Pathology Joy E. Gaziano, M.A., CCC/SLP
Linda Stachowiak, M.S., CCC/SLP
Pascale Bourne, M.A., CCC/SLP

GRAPEFRUIT'S POTENCY: The Dark Side

Grapefruit juice has long been known to pack a vitamin C wallop, but several years ago researchers uncovered a darker side to this sunny beverage. When combined with certain medications, grapefruit juice can significantly increase a drug's levels in the bloodstream, thus increasing its potency and the chance of side effects. Grapefruit and its juice have an inhibitory effect on an intestine-dwelling enzyme that breaks drugs down; the body then absorbs more of the drug than was intended. Researchers aren't sure which ingredient in grapefruit is the culprit, but it doesn't seem to be present in other fruits, including other citrus fruits. Unfortunately, the drugs with which grapefruit juice interacts are some of the most commonly prescribed medications currently on the market, including cholesterol-lowering Zocor and Lipitor, the tranquilizer/muscle relaxant Valium and possibly the impotence drug Viagra.

Interactions with these medications produce effects similar to those of overdose, which could mean muscle pain or weakness, dizziness, increased sedation or even, in extreme cases, kidney

failure. The scientists who conducted the study insist, however, that no one should overreact, as grapefruit juice is perfectly safe when combined with many medications. They urge instead that all patients discuss their diet, including grapefruit consumption, with their physicians. (From Digestive Health and Nutrition, Jan/Feb 2001)

HOT WATER AND ESOPHAGEAL MOTILITY DISORDERS

Forty-eight patients with intermittent dysphagia to both solids and liquids, chest pain and/or regurgitation all were evaluated by means of endoscopy, barium swallow, esophageal manometry and esophageal scintigraphy (radioisotope study for esophageal emptying). Patients were followed clinically for as long as six months to assess symptomatic response. Esophageal scintigraphy revealed a mean time of 48.5 seconds for a bolus to pass through the esophagus. This time decreased to 27.8 seconds after hot water swallows.

Changes on esophageal motility study were noted with hot water swallows and clinically, 28 of 48 patients (58%) noted significant improvement of their symptoms and have been ingesting hot water or other hot liquids regularly with their meals.

It was concluded that hot water accelerates esophageal clearance, decreases the amplitude and duration of esophageal body contractions, and improves symptoms in patients with esophageal motility disorders. These findings may have clinical application in the management of chronic dysphagia due to motility disorders.

It is noted that the disorders included achalasia, diffuse esophageal spasm, nutcracker esophagus and non-specific esophageal motor disorders, as well as scleroderma and polymyositis. There was no effect of hot water swallows on a hypertensive lower esophageal sphincter. (From Practical Gastroenterology, Jan 1999)

Drinking hot coffee, tea, and other hot beverages may increase risk of esophageal cancer, Spanish researchers write in the Nov. 15th International Journal of Cancer. Dr. Xavier Castellsague of

COOL IT DOWN

Barcelona's L'Hospitalet de Llobregat and associates analyzed data from 5 studies enrolling nearly 3,000 patients, finding that heavy drinking of a maté, a tea commonly served in parts of South America that is drunk hot through a straw, was associated with a nearly 400% increase in the risk of esophageal cancer. Drinking other very hot beverages, including tea or coffee with milk, was also associated with an increased risk, whereas drinking coffee or tea that was warm or only slightly hot was not associated with increased risk. The findings "adds evidence for a carcinogenic effect of chronic thermal injury in the esophagus induced by the consumption of very hot drinks," the group concludes. (From Gastroenterology Newslink produced by Pyrro Education Group and distributed by Janssen Pharmaceutica)



Joy McCann Culverhouse
Center for Swallowing Disorders
University of South Florida

University of South Florida Health Sciences Center
12901 Bruce B. Downs Blvd., MDC Box 72
Tampa, FL 33612

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