5-1991

Reporting the The Knoxville Journal

Ellen Ashley Martin

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University
of
Tennessee Scholars
Senior Project
by

Ellen Ashley Martin
graduate of the class of 1991
May 10, 1991
B.S. in journalism, news-editorial
I completed a paid practicum on the health page of *The Knoxville Journal* from September 1990 to December 1990. I was assistant to the health page editor, Jeff Zimmer.

The position called for 12 hours per week with hourly wages, although these 12 hours did not have to be spent in *The Journal* newsroom. I was responsible for approximately one main health page story each week, usually on a topic suggested by Mr. Zimmer or the city editor, Betsy Lumbye. I was encouraged to generate topics of my own as well.

I was also occasionally assigned news stories to be run in other sections of the paper. The total number of stories per week carrying my byline averaged about two per week, never exceeding three.
Syphilis cases up 62% in Knox

BY ASHLEY MARTIN
of The Journal staff

Syphilis in Knox County is on the rise. Local health officials said reported cases increased 62 percent in Knox County since last year.

"It's going to get worse before it gets better," said Alicia Dale, a public health representative at the Knox County Health Department's sexually transmitted disease clinic.

"I think drug use is a big part of it," she said.

According to health department statistics, 76 cases were reported locally from Jan. 1 to Aug. 31, compared to just 47 during the same period in 1989.

There have been 1,209 reported cases of the highly contagious, sexually transmitted disease in Tennessee so far this year, up 47 percent from the 821 cases during the same time last year.

In April, Tennessee ranked sixth in the nation for the number of syphilis cases. No updated figures were available Thursday.

Syphilis is an infectious venereal disease characterized by lesions that can appear anywhere on the body and usually on the skin. After an incubation period of up to three months in which there are no positive test results and no symptoms, the primary stage begins with one or more sores or lesions. The disease is most contagious at this stage.

The secondary stage occurs about six weeks after the lesions appear and may include by rashes on the palms or feet, mucous patches in the mouth, headache, fever, or malaise, in addition to the lesions.

The preferred treatment is with antibiotics such as penicillin. Relapses are common, with varying periods of remission.

Over the past 10 years, syphilis has been on the rise...
Prince enjoys his own music the most

Prince enjoys the music of Michael Jackson, MC Hammer, Madonna and even Bruce Springsteen. But the music he likes best is his own.

“I like a lot of people’s music, and I’m interested in what’s going on, but I don’t listen to them,” Prince said in an interview in the Oct. 18 Rolling Stone.

“When I’m getting ready to go out, or driving the car, I listen to my own stuff,” Prince said in the interview, possibly his first in five years. “That’s the way it has always been.”

Springsteen’s rock may seem to have little in common with Prince’s funk, but Prince said he respects

Hugo anniversary time to reflect

The Associated Press

SULLIVANS ISLAND, S.C. — Some damaged homes await repairs and members of the Sunrise Presbyterian Church continue to meet under a tent one year to the day after Hurricane Hugo devastated South Carolina.

“It was a dark and sad day,” said the Rev. Mac Hammett, who preaches from the tent within sight of his splintered sanctuary. “It was a moment of death.”

The hurricane smashed ashore in the state on Sept. 21, 1989, pounding Charleston and this barrier island and battering the fishing hamlet of McClellanville with a 19-foot storm surge.

Hugo claimed 29 lives and caused an estimated $5.9 billion on the U.S. mainland after killing at least 56 people and causing more than $2 billion in damage in the Caribbean.

The anniversary has some South Carolinians reflecting. Others want to forget.

“I’ve heard some people say they’ve worked it out and don’t want to talk about it. There are others who have some memories they want to share and it feels good when they do,” family counselor Bob Boston said.

A candlelight ceremony was planned for late today on the steps of Charleston’s City Hall. Gov. Carroll Campbell and Charleston Mayor Joseph P. Riley Jr., among the leaders who shepherded the recovery, will attend.

Organizers expected up to 2,000 people at City Hall, which had its tin roof wrenched off by Hugo and served as a command post during the catastrophe.

“We felt we did not want to let the moment pass without giving thanks because we have so much to be thankful for,” Riley said. “We’re thankful for generosity of those from all over the country. We have thanks we have recovered and we have thanks for so few lives were lost.”

Little damage from the storm remains visible in Charleston.

Syphilis

From Page 1A

across the nation, and the trend in the state apparently “started in West Tennessee and is moving eastward,” said Elizabeth Maxen, assistant director of the state’s sexually transmitted disease control program. An estimated 75 percent of the state’s syphilis cases are in Shelby County in West Tennessee, Maxen said.

Both Maxen and Dale attribute the syphilis surge to increased drug use and sexual activity.

Drugs

From Page 1A

be beer out and send the kids home.”

“Now, there is an increased awareness on the part of law officers. Now, there’s a reason to bring ‘em to us.”

As a component of the law, kids arrested on DUI charges are no

with DUI in Knox County “are low, if anything” and believes before Oct. 1, a significant number of additional teen-agers will be affected by the law.

Keith praised law enforcement's

ACES INTERESTING
Prozac induces suits

Antidepressant drug reportedly causes suicidal tendencies

By ERIK MARGRU Times-Post News Service

It was called the "breakthrough drug for depression." Boosted by a barrage of media attention, including a favorable review in the New York magazine, Newsweek, Prozac became the benchmark antidepressant in history in less than two years, bringing in an estimated $1.7 billion in sales for its manufacturer, Eli Lily & Co.

But into the life of a drug so successful, blanketed some sort of the unknown.

First came a report published in the American Journal of Psychiatry, which suggested that Prozac, as well as other antidepressants, increased the risk of suicidal tendencies. The study was published in 1990. Since then, hundreds of studies have been conducted on the drug, but the findings have been inconsistent.

Some studies have shown an increased risk of suicidal tendencies, while others have not. The FDA has issued several warnings about the drug, but has not revised its labeling or restrictions on its use.

Knoxville psychiatrists not worried over 'anecdotal' reports of Prozac's side effects

'Prozac is not a wonder drug. It has side effects and some people may be very sensitive. But I'm still very glad to have it available because it helps some people who otherwise have no help.'

Brian D. Doyle, a clinical professor of psychiatry and family medicine at the University of Tennessee, said that the drug is effective in treating depression and that it has helped many people. However, he also warned that it is not without risk and that patients should be monitored closely.

The drug is prescribed to about one million people in the U.S. and is widely used to treat depression and other mood disorders. It is also used to treat certain anxiety disorders, such as social anxiety disorder and panic disorder.

Doyle said that he has treated many patients who have been prescribed Prozac and that he has seen an increase in the number of patients who have been treated for suicidal tendencies. He said that he has also seen an increase in the number of patients who have been treated for depression and anxiety disorders.

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State has fewer nursing grads, but more passing licensing tests

BY ASHLEY MARTIN
of The Journal staff

Reflecting the nationwide nursing shortage, the number of nursing school graduates across the state continues to decline.

However, the good news in Knox County is that 98 percent of its nursing graduates are passing their licensing exams.

Recovering from a significant decline in passing rates in 1988 and 1989, this year's graduates from the University of Tennessee's four-year bachelor's program in nursing fared 14 percent better on the licensing exam than the 1989 graduates.

Of the 50 graduates from UT's program who took the test in Tennessee, only one candidate failed the exam this year for a 2 percent failure rate, compared to 16 percent in 1989 and 12 percent in 1988.

Johnnie Mozingo, professor and associate dean of UT's College of Nursing, said she believes the higher passing rates might have resulted from individual students working to prepare themselves for the exam. She said no significant changes were made in the coursework since last year.

"We were concerned about the scores in 1989, and we tried to say to the students, 'You have the responsibility of studying for this exam.' It's possible that students took more time using the materials we already had, such as the interactive computer programs and videotapes that are designed to prepare the students for the exam.

Mozingo said the college also emphasized that the results of diagnostic tests can indicate how a student will perform on the state board examination. Students were encouraged to pay attention to these scores and prepare themselves accordingly.

Elizabeth Lund, executive director of the state Board of Nursing, which administers the exam each February and July, attributed the increase in passing rates to the "adjustment of teaching technology to the student who is less qualified."

Lund said the board exam is periodically revised to reflect changes in the job descriptions of newly licensed nurses when studies indicate changes are necessary.

Despite the success in passing rates, the shortage of nurses continues to affect hospitals across the country.

The number of nursing license candidates steadily declined from 1,729 in 1987 to 1,339 in 1990.

Carolyn Yocum, director of research services for the National Council of State Boards of Nursing, attributes the decrease in the number of graduates to the difficulty of recruiting top high school graduates into nursing programs.

"Twenty years ago, nursing and education were in competition for the top student. Now that women are entering other professions, the applicant pool is down," Yocum said.

"Nurses today also have a lot more to deal with, not only with physical labor, but intellectually ... there's a lot more technology in use and patients in hospitals are sicker and older than they used to be because of government regulations of Medicare reimbursement," said Yocum.

"I think the nursing shortage is still there and it's going to be around for a while. Demand has exceeded supply. There are more places for nurses now outside the hospital, such as in homes with patients who need constant nursing care."

Carol Pullen, an assistant professor at East Tennessee State University's nursing school, doubts a slight elevation in passing rates will significantly reduce the nursing shortage.

Pullen said nursing schools should admit more students to the nursing programs, but she pointed out that most nursing programs are limited in enrollment because of the clinical nature of the programs, which require more faculty members.

"In order to increase the enrollment, you have to increase the number of faculty ... that is a problem with state programs and monies," she said.

NOTE: Tennessee Board of Nursing

TENNESSEE NURSING TEST RESULTS

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<tr>
<th>Year</th>
<th># Pass %</th>
<th>UT-Knoxville BSN, 4-year program</th>
<th>Statewide nursing school graduates</th>
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<td>90</td>
<td>81</td>
<td>1729 1595 92</td>
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<tr>
<td>1990</td>
<td>?</td>
<td>50</td>
<td>1339 1244 93</td>
</tr>
</tbody>
</table>

* Does not include Tennessee nursing school graduates who took exam in other states.

Includes graduates of two-year associate degree programs, four-year nursing school programs, masters programs and diploma programs.
Better brace yourself for a surprise

Orthodontia needn't mean 'metal mouth' any longer

BY ASHLEY MARTIN
The Journal

New treatment options are putting smiles on orthodontic patients' faces and an end to jeers of 'run grin,' 'metal mouth,' or 'brace face.'

Innovative materials and orthodontic techniques for altering jaw structures and aligning teeth mean braces can be less noticeable, more comfortable appliances.

White or clear ceramic and plastic brackets are bringing more adults into orthodontists' offices because they are less visible than metal appliances.

Tiny devices bonded to the teeth, brackets, hold the main wire of braces in place.

There have been clear appliances available for probably 15-20 years," said Dr. Rupert Knierim, a staff member at the UT Medical Center who also practices privately, said another new effective appliance is the "space age" wire developed through the NASA space program.

"The nickel-titanium alloys in these wires make them move the teeth faster and with less discomfort than the stainless steel wires, which are still used today. They are extremely flexible and therefore long-lasting," he said.

Eddy said the most desirable characteristic of these new appliances is that they don't show as much, which attracts those adults who might otherwise be reluctant to wear braces.

"We are a face culture," said Eddy. "We put a great deal of emphasis on how the face looks. Faces sell everything from cars to sex appeal... The psychological aspect is a very strong motivator."

Patients who choose to wear ceramic appliances should avoid foods that stain teeth, however. The adhesive used to bond the brackets to the teeth is "slightly porous" and can become discolored, causing a "yellowish hue" around the brackets, said Eddy.

Dr. Thomas Pryse, another area orthodontist, said that he doesn't push the ceramic brackets because they are more expensive, more difficult to place and difficult to remove. He opts for an improved version of plastic brackets which are stronger and more dense than earlier plastic appliances, though the newer plastic still might not be as strong as metal or ceramic.

Pryse said that one of his patients who wears the improved plastic brackets has kept her brackets "like new" by abstaining from staining foods such as ketchup, mustard, tea, cola, and coffee.

Pryse tries to accommodate his patients who prefer less noticeable appliances. "People who are in the public light such as teachers and entertainers usually request these," he said.

Pryse estimates that 25 percent of his patients are adults. Of these, "about half" opt for clear or white appliances.

According to Pryse, adults are fairly conscientious patients. "They really desire and request the treatment and they're like ones paying for it," he said. "They are sometimes a little more particular than my younger patients, though."

In addition to the obvious cosmetic motivation for any orthodontic treatment, there are many functional benefits to the appliances as well.

"Improving the functional chewing ability may entail the longevity of the teeth," Eddy said. "There may have prior extraction to the teeth, i.e. extraction or loss of teeth that has not been replaced."

Eddy said that adjacent teeth may tip into the area where a tooth has been and cause an imbalance in the way teeth meet during chewing. Certain problems in jaw alignment may cause tooth loss later in life, sometimes requiring dentures, he added.

Knierim said that having braces may cause adults to better care of their teeth. "People who are more happy with their teeth tend to keep their teeth more healthy," he said.
Mother, daughter seek help for mentally ill children

BY ASHLEY MARTIN
of The Journal staff

Knoxvillian Monica Eberle has a unique perspective on childhood mental illness.

Four years ago, Monica, 11, was diagnosed with bi-polar affective disorder, formerly known as manic-depressive disorder.

She and her mother, endocrinologist Dr. Andrea Eberle, were asked to appear in Los Angeles Wednesday to show their support for a proposed plan by the National Institute of Mental Health.

The NIMH Plan for Research on Child and Adolescent Mental Disorders is a blueprint for funding from Congress for more research into the biological nature of these illnesses.

Eberle testified about her personal experiences as the mother of a mentally ill child before the National Advisory Mental Health Council and the National Mental Health Leadership Forum.

The Los Angeles conference coincided with the Annual Mental Awareness Week Conference in Knoxville, sponsored by the Knoxville Alliance for the Mentally Ill.

Monica's father, Peter Eberle, chairman of the Knoxville conference, said Monica's illness causes her to have wide mood swings, which can be controlled somewhat through medication.

Monica's medication "clips off the highs and lows that occur with her illness," he said. Bi-polar affective disorder is characterized by fluctuating moods of depression and mania, or excessive energy.

She was diagnosed as bi-polar when she was 7, Peter Eberle said.

Monica attends the Knoxville Adaptive Education Center next to Bearden Elementary. The center was set up as a special school for children with biologically based mental disorders. Peter Eberle said his daughter's experience there has been "very positive."

"She has a top-notch teacher who knows how to deal with these children. There is special attention paid to the medical aspect of their disorders. They have a practical nurse on staff who can handle medications. They have very strict, detailed procedures for that, though," he said.

Peter Eberle said the center's system of positive reinforcement to modify the children's behavior is more effective than the traditional programs for behavior modification, which often use punitive measures.

He added that it is important for people to recognize that these children's illnesses are medical — that they are not behavior problems that the children can control themselves.

Previously, research into mental illness in children has not been a priority, he said. "The NIMH plan calls for more research into the biological nature of these disorders and how environmental factors affect the children," he said.

Andrea Eberle's testimony urged that more funding be designated for this research.

She told of her daughter's success in the adaptive education center, stressing the importance of funding for special services for children and adolescents who are mentally ill.

"Parents are now beginning to realize that their children's future may depend on this research," she said.

Monica's father said it has been interesting to watch Monica handle the publicity.

"She wants to keep a lot of this private, but she also realizes that it's important for children and families to come out and talk about these illnesses," he said.

At Wednesday's conference, Andrea Eberle presented Monica's wish list to the 800-plus audience on her behalf. Among the things Monica asked for were "more and better medicine for kids' mental illnesses," "more activities like softball or other sports for kids like me," and "more special teachers to help kids like me."
GOOD FOR WHAT AILS YOU?

Without drugs, doctors, rural folk found remedies

BY ASHLEY MARTIN

How do you treat a bad case of warts when you don't have a car and live 30 miles from the nearest highway, far from doctors or pharmacies? For Knoxville's Betty Long, who grew up in the late 1930s on Cumberland Mountain between Chattanooga and Nashville, a dirty dishrag would do the trick.

"You can be in somebody's house and steal their dishrag, and rub that dishrag over them warts, and throw that dishrag away, or bury it, but never look back at that dishrag. And by the time that dishrag rots, every one of these warts will be gone," said Long. "It worked for us up in the mountains."

In the absence of modern medicine, rural East Tennesseans often resorted to home remedies and recipes passed down through families and friends. Long used one of the home remedies on her own daughter when she injured her shoulder.

"My little girl, when she was little, she was wrestling with her hands up and it pulled her shoulder out of the socket," said Long. "I told my husband to get the vinegar and brown paper and we wrapped her shoulder in it and when she woke up, there wasn't nothing wrong with her shoulder," said Long.

Monnie Shepherd, who also grew up in East Tennessee, said her grandmother and grandfather mixed concoctions for their family's ailments.

"When we were little, my granny used to tell me names, and when we had warts to give us turpentine and water with a little sugar in it. My papaw used to mix us up cough syrup out of rock candy, whiskey, and something else - and gave us for a cold," said Shepherd.

Herbs also were popular remedies for cold and flu symptoms. Long said her family dug up the baking soda themselves.

"When you were raised out where I was raised, you don't have no doctor to run to you have to do your own. I've gone out many a night by carbide lantern and dug up herbs out of the "W" trees," she said. "We'd get cat's eye, butterfly, ginseng - the best thing, the peckish thing, was old field sage grass."

Just a few sprinkles of water in which sage grass roots had been boiled would "break a fever just a little white," said Long.

Vann Dennis, also of Knoxville, said he remembers wearing herb poultices - hot, moist packs placed on the skin - and drinking water from boiled onions for colds.

"When she got home and washed it off, it wasn't no more than if she had stung her," she said.

Whether based on facts or fallacies, some of these remedies may help ease the symptoms of minor medical problems, although modern prescription drugs or treatments often are superior, said Dr. George Shacklett, chairman of the department of family medicine at University Hospital.

Although most of these remedies probably aren't harmful and they may be effective for some people, they don't take the place of modern medicine, Shacklett said.

But before modern medicine there were home remedies, he noted.

"For instance, before they had antibiotics, they used hot stoves - heated with coal tar and turpentine in between - as a counter- method to bring blood to the area. Although it's not recommended in today's world, it did in fact increase the circulation of blood to the area," he said.

Soak rubber on a cut to stop bleeding as another example of an old trick that isn't necessarily desirable, home remedy.

"As far as I know it's not harmful, but it does leave black spots in the cut, making a permanent black line," said Shacklett.

Shacklett, 64, remembers many of these remedies from his own childhood in Rockwood. His parents gave him a turpentine tonic when he was a boy, but he's not sure if it worked or even if he actually had warts.

Even today, Shacklett said, his patients sometimes employ alternative methods of self-treatment.

A modern thing is wearing copper bracelets for arthritis. I've seen several arthritis patients do that, but I don't know if they work. I certainly wouldn't spend a lot of my money on this, but it may help some people, he said.
Cosmetologists offer help to cancer patients

BY ASHLEY MARTIN

The American Cancer Society and area cosmetologists want cancer patients to look good and feel better by learning to cope with body changes that accompany medical treatments.

Developed by the Cosmetic, Toiletry and Fragrance Association Foundation in cooperation with the ACS and the National Cosmetics Association, the "Look Good... Feel Better" program will teach cancer patients "little tricks of the trade" to improve their appearance and self-esteem, said Piper Cook, program director for the ACS.

"When you have chemotherapy, it dries out your skin because it affects your entire body chemistry. It dries out your hair, too, sometimes making it fall out," said Cook. Other side effects may include discoloration of the skin, deceleration of the fingernails, or the loss of eyelashes and eyebrows.

"Cosmetologists can teach the patients how to use eyebrow pencil to fill in brows or to use a flat brush to make it look like they have more lashes," she said.

"A patient can use the same concealer that she uses under her eyes to cover bleaches on her skin," she added.

Cancer patients will also learn to use wigs, scarves, turbans, and other accessories in creative ways to compensate for hair loss resulting from chemotherapy.

"Look Good... Feel Better" will not interfere with the doctor-patient relationship, said Cook, but will recommend grooming techniques to improve the patient's image and self-esteem.

Beginning in January, licensed cosmetologists who have completed a two-hour training session on the program and its goals will offer their services to patients as American Cancer Society volunteers.

The training sessions are conducted by the American Cancer Society on the local level to instruct cosmetology professionals on the special needs of cancer patients.

Instruction includes a video on the program and its benefits as well as information on the side effects of various treatments, said Cook.

Side effects vary not only among individual patients, but among types of treatment.

"Chemotherapy patients take in chemicals foreign to the body which can cause alopecia, dry skin, darkening of the veins in the arm closest to the injection site; and — because the chemicals cause nausea — weight-loss," said Cook.

"Patients receiving radiation treatment do not have chemical injections, so they generally don't lose their hair unless they receive radiation near their head," said Cook. However, the cosmetologists are instructed to be careful not to wash off special markings on the skin made during treatment, which indicate areas of radiation.

Several area National Cosmetics Association members have already completed the training sessions, including Robert McCardel of Janette's Salons; Darrell James and Martin West of Floren's Salon; and Jack Rogers of the Knoxville Academy of Hair Design.

The cosmetologists participating in the program will provide the first visit free, demonstrating make-over and hair techniques to the patient in either a personal appointment or a group demonstration, said Cook. Future appointments can also be arranged if the patient wishes to become a client.

There will be a kick-off reception for "Look Good... Feel Better" November 18 from 5:30 to 7:30 p.m. at the Candy Factory. Area cosmetologists, doctors, nurses, cancer patients, and their families and friends are invited to view demonstrations of the beauty and fashion techniques available through the program.

Judy Gardner of WBLR-TV and Watson's, spokesperson for the event, will demonstrate scarf- and turban-tying techniques at the reception.

Cook said invitations will be sent to American Cancer Society self-help and support groups and to oncology units in area hospitals.

"We want to have hands-on demonstrations with patients, too," said Cook. "We hope to set each hospital to provide us with at least one patient."
Home Ties helps families
Unique method takes up where social services agencies leave off

BY ASHLEY MARTIN
of The Journal staff

Wendy Stafford is home to stay, thanks to Child and Family Service's Home Ties Program.

Wendy was 16 years old when she first concluded she couldn't take living at home. Life was filled with long bouts of heated arguments with her mother and screaming fits lasting as long as eight hours.

"I hated it here," said Wendy, now 17. "But I hated it at the runaway shelter, too." Wendy ran away four times before she met Robin Pike, supervisor for Home Ties and the counselor assigned to work with the Staffords. The Department of Human Services referred the Staffords to Home Ties in a last-ditch effort to keep Wendy in her home.

Wendy was in danger of being placed in an institutional facility, as are many teenagers who have behavior and emotional problems so severe that they can no longer live at home.

Lynelle Hammett, assistant executive director of Child and Family services, said Home Ties is part of a national trend in family preservation programs. The Knoxville Home Ties program is one of eight in the state.

"There are not enough appropriate facilities for children being taken into care. Tennessee has the second-highest rate of psychiatric hospitalization of teen-agers in the nation," she said.

The Tennessee project, modeled on a program started in Washington state, is a year old this month. Hammett said the Home Ties program has served 77 families since the program started.

"The idea is that if it's a true crisis, then the usual social services where the counselors see the family in the agency, or where they see them only a few hours a week, are just not going to get the job done," Hammett said.

Wendy's mother, Judy Stafford, liked the program because of the cooperative relationship between counselor and parent, and between counselor and teen-ager.

"Wendy felt like she couldn't trust anybody out there," Stafford said. "But she could trust Robin. Other agencies took sides, and Home Ties didn't. I felt like they were trying to help me as much as they were trying to help Wendy."

The program's strategy is a unique approach called the psychoeducational model, said Hammett. "The idea is that there are things you need to teach the family in order for them to live together. If everybody is screaming at each other, then nobody is listening."

Wendy's mother said Pike helped her family communicate more efficiently. "Robin would more or less referee sometimes ... we'd have chalkboards, and it would get what's wrong with WENDY? What do you need me to get it all out. If it had just been her and me, we'd have come to blows before I got to No. 2," she said.

Wendy said that with Pike's help, she finally got to give her side of the story. "When I would come home late, Mom just didn't want to listen to me. She wanted her own conclusions about everything. We talk to each other now and then, and we do," Wendy said.

Stafford says her daughter can now, "I told them that the runaway girl under all that, and he said it didn't improve.

One thing Wendy wants to do is going back to school and making friends. "I ran away, but I'd like to return to school in January."

"It'll be hard out I guess I'll be, but I'll be myself. If they told me to do something, I know it is right."

Wendy Stafford (left) and her sister, Karen, participated in the Home Ties program, which helps families work out problems by communicating.

SUSAN J. HICKS/The Journal staff
Dental visits don’t have to hurt, 2 Knox doctors say

BY ASHLEY MARTIN
of The Journal staff

One local dentist took some of the scariness out of dental work this Halloween by giving his young patients toy sets of neon false teeth.

But giving away toys and stickers is just one way Dr. Philip Powell, dental health chairman of the District II American Dental Society, relaxes frightened patients.

Powell and his staff wear colorful blue shirts and khaki pants instead of the traditional "starched white uniforms" to make their office environment less threatening.

Powell’s efforts are among the many techniques dentists are using to relax the fear and anxiety common in dental patients of all ages.

Powell’s examining chairs are all in one room, forming an "open bay" office layout, where children can see other children under treatment.

"If they can see other children in chairs, they think, 'If he can do it, I can do it, too,'" Powell said. "Fear of the unknown is what makes children fearful of dental work."

Another Knoxville dentist, Dr. Nicholas Showalter, eases his patients' fears by sharing some of his own. "I just tell them how much fun I have on an airplane," Showalter said. "No matter what the source, if you can give them something you're scared of, they'll do it, too."

"Ninety percent of what we do is to sit down with the fearful patient and ask them what bothers them the most," he said.

Showalter said sometimes a patient objects to a particular instrument or smell. "We try to distract the typical 'dentist smell,'" he said.

Chemicals such as eugenol, a compound used under fillings as an anaesthetic, and formaldehyde, which "smells like the stuff they put on toothpaste," are particularly unpleasant to patients, Showalter said.

"Eugenol will linger forever, so we don't keep it in the room," he said.

Showalter believes a thorough explanation of dental procedures also allays patients' fears. "It goes through it from A to Z, telling them exactly what I'm going to do before I even begin. I do the dentistry with my patients, not on them."

Showalter promises his patients that if they say, "Ouch!" once when they feel somewhat uncomfortable, he will stop immediately.

"We don't wear anything that even looks like a uniform. A tooth brush is fine, but tends to alienate people," said Showalter.

Showalter dresses up his equipment as well. "A lot of the equipment is kind of spooky, so we try not to put anything on the patient's face. Our X-ray suit is painted with a great face with a nose and freckles," he said.

"The only white lab coat in the office is a 'Deputy Dentist' suit that young patients can wear for fun.

"Anxious patients sometimes can't figure out what to do with their hands while they're in the chair, Showalter said. "We put stuffed animals in each room. I give them something to hold onto," he said.

Soft rock from one of the local radio stations usually plays throughout the office, but patients can bring their own music to play on cassette recorders with headphones.

"The music can help make it a more relaxed environment," said Showalter.

The office's patient range age from 1 to 85. He encourages parents to bring their children at a very young age for an "orientation visit" — perhaps every three or four years during a parent or sibling's appointment time.

"Children who become familiar with the dentist's office at an early age are less likely to be fearful of examinations in the future," he said.

"We might let them hold the vacuum or watch the parent during treatment," said Showalter. "We tell them that when they get old enough, we'll let them get in the chair, too."

When young patients are particularly frightened of being examined, they may feel more comfortable being examined sitting in a parent's lap, said Showalter.
Minor surgery can mean major relief

New procedure offers less expensive, less painful alternative to hysterectomy

BY ASHLEY MARTIN
of The Journal staff

Relief from long, heavy menstrual periods no longer requires major surgery, thanks to a new minor surgical procedure called endometrial ablation.

Offered as an alternative to hysterectomy, endometrial ablation involves insertion of an instrument through the cervix to cauterize the inner lining of the uterus. Destruction of the cells that produce the uterine lining each month greatly reduces or even eliminates a woman’s menstrual flow.

Dr. Larry Gurley, of Centennial Medical Center in Nashville, said endometrial ablation is part of a growing trend in gynecology to develop less invasive surgical procedures using lasers and other modern technology.

"Telescopie procedures such as the one we are replacing open surgical procedures... they're more cost-effective, less risky, relatively painless, and the recovery time is much shorter," Gurley said.

An instrument called a resectoscope, a pencil-sized tool with an electrified rollerball or loop on the end, has taken the place of lasers, previously used for this procedure.

Although lasers were successful, the resectoscope is "more cost-efficient, quicker, and safer" than the laser, said Gurley.

A hysterectomy, or surgical removal of the uterus, is a major surgical procedure costing between $10,000 and $20,000, compared with $4,000 to $7,000 for endometrial ablation.

Recovery time for a hysterectomy is six weeks, compared to a short two to four days for endometrial ablation.

Gurley said eligible candidates for this procedure are women who have "unusually heavy menstrual periods that interfere with daily life or cause anemia" and would otherwise be considering a hysterectomy.

Causes of excessive bleeding include hormone imbalances, benign fibroid tumors or polyps, or poor coagulation (clotting) of the blood.

All of the women for whom it is recommended have tried other treatments such as hormonal therapy or D&C — a scraping of the uterus — to no avail.

One disadvantage of the procedure is that it nearly always results in sterilization. This procedure is only recommended for women who do not plan to have any more children," said Gurley.

Pregnancy is not impossible, as the ovaries are not affected by the procedure, but implantation of the egg is nearly impossible because the lining of the uterus has been destroyed.

For this reason, Gurley said, a patient may choose to be sterilized by tubal ligation at the same time.

Patients must undergo a pre-operative hysteroscopy and an endometrial biopsy or D&C to rule out any abnormal cell growth in the uterus such as hyperplasia or pre-cancerous growth. A hysteroscopy allows the physician to view the uterine cavity; an endometrial biopsy is a sample of the uterine tissue.

Pre-operative medication includes medication such as Lupron, Synarel, or Dancrine to suppress the uterine lining.

Dr. James Daniel of Centennial Medical Center, said the purpose of the medication is to make the lining "very thin" to facilitate destruction of the cells that produce it.

Although the risk of post-operative complications is lower with endometrial ablation than with a hysterectomy, there is a small chance of recurrence.

"Endometrial ablation has a 70 to 85 percent success rate, based on reduction of menstrual flow, rather than absence of menstrual flow," said Gurley.

However, in cases where excessive bleeding recurs, the procedure can be repeated.

Because the instrument used to cauterize the lining is a skill-dependent instrument, the physician who will perform the procedure said Danieli.

Dr. Robert Elder, an OB/GYN at University Hospital, said women in this area "be interested in something more definitive such as a hysterectomy."

"I haven't been able to convince them to have endometrial ablation would like those patients who are eligible consider this. This procedure is much less traumatic than a hysterectomy," said Elder.

Danieli suggests that some women might benefit from undergoing a procedure that may be permanent. "Some women who are childbearing years just want to be treated and not have to worry about recurrence," said Elder.

Gurley said that women need not wait for the procedure to become new. "We've been performing it since 1993, and we're using tactics that's been around for years."
Home is where the health care is

Superior Home Health Care nursing supervisor Sandi Turner takes the blood pressure of Homer Bernhardt, 80, at his Knoxville home.

Home care is an alternative to long hospital stays

BY ASHLEY MARTIN
of The Journal

For patients just released from the hospital, there's no place like home. With the help of a home health care service, patients can return to bed in the comfort of their own homes.

Home health care, an alternative to prolonged hospitalization or institutionalization, allows patients to receive quality medical care in the home.

Astrid McCabe, administrator at Superior Home Health Care in Knoxville, said that home care is expanding rapidly as the public becomes aware of its benefits.

"During 1986-89, over 136,000 patients were cared for in their homes in Tennessee, and in the 1990s, we anticipate that number to double," said Gayle Sasser, executive director of the Tennessee Association for Home Care.

"In the last 10 years, the trend has increased along with improved medical technology. Patients are discharged from the hospital much sooner, but they need follow-up care," said McCabe.

By returning home sooner or avoiding hospitalization entirely, patients save money and have a much swifter recovery, too," said Bob Levine, administrative support supervisor.

He added that scientific evidence shows patients recover more quickly at home, surrounded by families and other care givers.

Skilled home-care workers include nurses, social workers and physical, occupational, speech, and respiratory therapists. Home-care workers can administer medication, catheters, feeding tubes, I.V. fluids, injections, and countless other medical treatments, as well as instruction in self-care.

"We also want to help the patients to be responsible for their own care, rather than depending on others," said Sasser.

Patients under home care and their families are taught to participate in the recovery and be responsible for maintaining their health.

Sasser Lindsey, director of Home Care Services at St. Mary's Hospital, said the home-care industry emphasizes patients' rights and responsibilities. "Before we administer care, we inform the patient of his rights, such as the rights to refusal, confidentiality, to have his property treated with respect, to participate in the patient's health care plan, and to be notified of any changes in the plan," Lindsey said.

"We're a guest in their home, so we can't change their environment, but we are very tuned in to notifying or teaching the patient and the care giver how to care for himself," she said.

Home-care services are not a substitute for a doctor's care, however.

"Home care is administered strictly on a doctor's orders," said Levine. The doctor assesses the patient's condition and decides whether the prescribed treatment can be safely administered outside the hospital, he said.

A doctor will refer the patient to a specific agency or the patient may choose his own.

Home health-care professionals are on call 24 hours per day to offer the highest quality medical care, said Lindsey.

Knoxvillian Myrtle "Sparky" Burnhardt, whose husband, Homer, 80, receives home care, says the home-care professionals have been very helpful to her, as she is legally blind.

"We have received very good home care," she said. "We've had a few emergency situations with Homer, and they have responded very quickly."

Under the instruction of the home-care professionals, Myrtle gives her husband medications twice daily and changes his 24-hour medicated dermal patch in the evening. Homer is "extremely weak," and he can walk only a few feet at a time from the living room to the bedroom, she said.

Although home-care agencies serve patients of all types and ages, many are covered by Medicare and Medicaid, which have criteria for home-care coverage.

"The real restriction is that they must have a 'homebound' status," said Levine. This means that only in exceptional circumstances, such as a visit to the doctor, would the patient ever leave the home.

McCabe said more and more private insurance agencies are beginning to cover home health-care costs as the industry expands. "Private insurance companies usually don't require that patients be homebound. Some even cover care administered in the office or at school," she said.
Riverboat doing its part to douse smoking for day

BY ASHLEY MARIN
of The Journal staff

Smokers who want to kick the habit can celebrate their first smoke-free day with a riverboat cruise down the Tennessee River.

As part of the American Cancer Society's Great American Smokeout Thursday, Knoxville Riverboat Co. will admit passengers on the 1 and 2:30 p.m. tours at a special price — their cigarettes or other smoking paraphernalia and a promise to give up smoking for the entire day.

Knoxville participants in the Great American Smokeout will be joined by millions of other smokers across the nation as they pledge to stop smoking for 24 hours. And a free riverboat cruise is not the only reward for their efforts.

A recent surgeon general's report, "The Health Benefits of Smoking Cessation," says kicking the habit benefits both healthy people and those already suffering from smoking-related illnesses.

Quitting for just one day can give a smoker the incentive to swear off cigarettes permanently, said Piper Cook, program director of the Knox County Unit of the American Cancer Society.

"We'll have educational booths set up at East Towne and West Town malls to give out information and survival kits with hard candy or gum and quitting tips to help them stop, but we're trying to help them quit for good," she said.

Cook said the smokers either participate as individuals or as part of a company promotion or non-smoking policy.

Levi Strauss and Co.'s manufacturing plant on Cherry Street will participate in the Smokeout through the society's "Adopt-a-Smoker" program, said Rosilyn Flanagan, an occupational nurse at the plant. A non-smoker "adopts" a smoker for the day, giving moral support to help him or her quit, she said.

Employees of the plant who go on to participate in the society's long-term "Fresh Start" program will receive rewards at three, six and nine months of smoking cessation, as incentives to quit smoking permanently. The reward for quitting for one year is a trip to Gatlinburg, said Flanagan.

The Great American Smokeout will kick off a new non-smoking policy for the Knoxville Riverboat Co.'s dining cabin. Beginning Thursday, the dining cabin will be a designated non-smoking area of the boat.

Some riverboat company employees will be trying to quit right along with the passengers. "Captain Ed" Utterback, the company's manager, who smokes two packs of cigarettes a day, said he's been "working up to this for a long time."

"I've been reading a lot and looking at pictures of burnt-out lungs. Some of my friends in the industry have died of smoking-related diseases, and one is suffering from cancer — I'm going to quit forever," he said.

This is not Utterback's first attempt to quit. He managed to give up smoking for a week once, but he experienced nervousness and "night-sweats," so he started smoking again. This time, he plans to "have a good supply of candy on hand" to help him stop.

Alice Byrd, who works in the company's main office, will enjoy a smoke-free 50th birthday Thursday. Byrd, who smokes one to two packs per day, is a first-time quitter who plans to stop smoking forever.

Smoking is a hard habit to break. Freddie Birdwell, coordinator for the 1990 Smokeout, said that of 17.9 million participants in the 1989 Smokeout, about 4 million remained "smokeless" when surveyed three days later.

However, some smokers have been able to quit permanently after several unsuccessful tries. The Great American Smokeout encourages people to make a 24-hour successful attempt to provide incentive for an effort to quit for good.

Smokeout

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FIVE QUIT TIPS TO HELP YOUR NON-SMOKING HABIT

1. Lay in a supply of sugarless gum, carrot sticks, etc.

2. When the urge to smoke hits, take a deep breath, hold it for 10 seconds and release it slowly.

3. After you quit, start using your lungs. Increase your activities and try a new sport.

4. If you gain weight because you miss smoking, wait until you get over the wish to smoke before you diet. Dieting is easier then.

5. Frequent places where you can't smoke, such as libraries, theaters, department stores or even bed during the first weeks you are off cigarettes.

MARTHA LYONS/ The Journal staff
Some adult survivors of the disease experience new symptoms...
"People get the idea that either you can walk or you can't," said James Jones. "I had a sudden weakness in my left leg, where if I got my knee bent, it would buckle. Now I can walk, but it's kind of like my batteries are weak. I can walk, but I can't get any strength or endurance out of it. If I walk for 20 minutes, my legs are as tired and as shaky as if I had run up 7 flights of stairs."

After a frustrating series of visits to doctors who were puzzled by her condition, Jones was finally diagnosed with post-polio syndrome and was relieved to learn that the polio virus had not been causing her symptoms, and that she could alleviate the symptoms by modifying her lifestyle.

Dr. Marinos Dalakas, chief of the neuromuscular diseases section of the National Institutes of Health, describes post-polio syndrome as "new symptoms experienced 25 to 30 years after the original polio attack, including muscle weakness or pain, joint pain, fatigue, and diminished muscular endurance."

Polio survivors who have not used a cane, crutches, or a wheelchair since their original illness may need such equipment again. Those who have may need new, stronger devices in order to get around.

The experiences of polio survivors vary with each individual, depending on the severity of the initial polio attack, said Dalakas.

The new symptoms may appear not only in the muscles originally affected by the polio virus, but also in the apparently unaffected ones, he added.

If the initial polio attack affected the respiratory system and its muscles, strength may be impaired by post-polio syndrome as well, he said.

Dalakas estimates that only about 15 percent of polio survivors will be affected. Reasons that the other 85 percent's conditions remain stable are yet unknown. Doctors are still researching post-polio syndrome's nature and its causes.

"We do want to emphasize that progression of weakness continues, but very, very slowly," he said. "Patients often have periods of stability lasting from one to 10 years, as well."

Dalakas reassures his patients that there is no evidence that the polio virus can remain in the muscle tissues, so they should not fear a second bout of the illness. He also emphasizes that post-polio is not a life-threatening condition; it can be alleviated with lifestyle changes and helpful devices.

Knoxville neurologist Dr. William Paulsen, who has seen about 10 post-polio patients, said several theories have been proposed to explain post-polio's causes.

"Our understanding is that there are certain nerve cells damaged, but not killed, by the polio virus," he said. "Then with age and the passage of time, those cells that survived start to weaken and die early."

Dalakas said researchers have found that the muscle tissue "orphaned" by the damaged nerve cell during the initial polio attack is reconnected by regenerating "sprouts," which are supported by the nerve cell.

"The new connection is not as strong, and it puts too much demand on the nerve cell, so, with time, you lose some of the muscle strength and endurance," he said. The 25- to 30-year stability period before the onset of post-polio symptoms may be the amount of time it takes for the "sprouts" to deteriorate enough to cause significant loss of strength.

Dr. Robert L. Chironna, of Knoxville's Patricia Neal Rehabilitation Center, said he has seen 5-10 post-polio patients this year.

"We try to evaluate them for all other types of problems which could be causing the new symptoms before we diagnose them," said Chironna. "Post-polio is a diagnosis of exclusion. Once we've ruled out other things such as arthritis or a pinched nerve, we can recommend therapy such as selective strengthening exercises or training in the right way to walk."

Chironna said patients sometimes strain their muscles by the way that they walk to compensate for their disabilities.

Terry Jones has learned to deal with her symptoms by conserving her energy in her day-to-day living. She uses an electric cart outside her home when shopping or running errands, and she avoids stairs like the plague.

"I can talk to people at eye level, yet I'm conserving my energy as much as possible at all times," she said.

Much of the initial information that Jones received came from a support group leader in Arizona, where she was living at the onset of her symptoms. "I don't know what I would have done if I hadn't had her for a contact," she said.

Support organization often can provide information and recommend physicians to frustrated post-polio sufferers, she said, although there is none here in Knoxville.

Powell resident Bob Day led a group in 1987 that dissolved after one year. Day said lack of support and recognition from hospitals, along with skepticism among doctors, caused interest to diminish.

"One successful group is in Nashville, with 700 members. They have a local hospital that is willing to work with them and do some research and evaluation," said Day. Groups also exist in Chattanooga and Memphis.

Interested people can write the International Polio Network, 4502 Maryland Ave., in St. Louis for listings of professionals, clinics, and support groups in their area.