



Researcher Develops Modified Skin Cell to Treat Severe Burns



Medicine Might Lower Flu Risks for Transplant Patients



Cardiology's Rapid Response Pays Off for Local Man

Academic Health Center FINDINGS

UNIVERSITY OF 
Cincinnati

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FEBRUARY 2007

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UC Dean Solicited to Help Improve Pharmacy Education in the Middle East



Daniel Acosta, PhD, dean of the College of Pharmacy, led a review to assess the quality of pharmacy programs in the United Arab Emirates.

By **Jamie Davis**
jamie.davis@uc.edu

During a recent classroom visit, UC's College of Pharmacy Dean Daniel Acosta, PhD, noted that men and women were taught in separate classrooms and even walked through different hallways to get to class.

He wasn't in a classroom at UC, but at a pharmacy school in Dubai, where the Muslim religion requires that men and women are taught separately.

Dubai is part of the United Arab Emirates (UAE), a Middle Eastern country comprising seven smaller countries each ruled by its own "emir" or prince. Acosta was asked by the UAE Ministry of Education to lead review teams assessing the quality of the pharmacy program at Ajman University of Science and

Technology in Dubai and at a new school in the emirate of Abu Dhabi, Al Ain University of Science and Technology, which is expected to open this fall.

"The United Arab Emirates is a fairly new country (established in 1971)," explains Acosta. "Unlike the United States, they don't really have a group of established pharmacy schools that have gone through the accreditation process—that's why they asked us for help."

Acosta says the curriculum at the UAE pharmacy schools is very similar to that in the United States. One difference, however, is that they offer a baccalaureate degree in pharmacy instead of a doctorate, and they don't currently offer a clinical pharmacy degree.

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Stem Cells May Help Painful Heart Condition

By **David Bracey**
david.bracey@uc.edu

UC physicians are participating in a nationwide clinical trial to test the effectiveness of treating adult heart disease patients with their own stem cells.

The goal of the 20-center clinical study, says local project leader Neal Weintraub, MD, director of cardiology at UC, is to improve the lives of people who suffer from a lack of blood flow to the heart—a painful condition known as chronic myocardial ischemia, or angina.



Weintraub

See **HEART** page 2

Academic Health Center Enacts Tobacco-Free Policy

In light of the recent passage of the Issue 5 smoking ban and for the well-being of employees, students and visitors, the UC Academic Health Center's (AHC) smoking policy has been revised.

Effective Thursday, March 1, the AHC will become a tobacco- and smoke-free institution.

The use of tobacco products, including cigarettes, cigars, pipes, chewing tobacco and snuff, on the AHC campus will be strictly prohibited.

This includes inside and outside all university-owned and leased AHC facilities, sidewalks, parking lots and green space. This also includes smoking while

in vehicles on the AHC campus and in university-owned vehicles on and off the AHC campus at all times.

"As a major health institution, UC expends considerable time and effort in preventing and treating illness and injury, as well as promoting positive health habits," said Jane Henney, MD, senior vice president and provost for health affairs, in a recent letter to AHC faculty and staff.

"Achieving a tobacco-free campus," she says, "reinforces those efforts and the university's health commitment to employ-

See **POLICY** page 2

Physiology Ranked in Top 10

A new study of faculty productivity showed that UC's systems biology and physiology program ranked No. 6 in the nation.

The study, the Faculty Scholarly Productivity Index, rates faculty members' scholarly output at nearly 7,300 doctoral programs around the country using objective, unbiased data, such as papers published and grant dollars received, rather than "reputation" rankings.

UC's systems biology and physiology program comprises about 70 faculty members.

"The quality of the faculty who teach in this and many other pro-

grams at UC means that students who choose our university will get a world-class education, and Ohio will continue to produce world-class scientific knowledge," says program director Nelson Horseman, PhD.

The other top 10 programs were at John Hopkins, Case Western Reserve, Vanderbilt, Cornell, Pittsburgh, Yale, Columbia, New York University and the University of Washington.

The Faculty Scholarly Productivity Index is produced by Academic Analytics, a for-profit company. ■

UC Finds Common Drug Linked to Increased Rate of Brain Hemorrhage

Greater Warfarin Drug Use May Explain Increased Hemorrhage Cases

By **Dama Kimmon**
dama.kimmon@uc.edu

The rate of intracerebral (brain) hemorrhage associated with blood-thinning drugs quintupled during the 1990s, and in people over 80 the rate increased more than 10-fold, according to a UC study published in the Jan. 9, 2007, issue of the journal *Neurology*.

The increase in hemorrhage, says UC assistant professor and study author Matthew Flaherty, MD, is due to greater use of the drug warfarin, which is commonly prescribed to prevent blood clotting but carries the side effect of bleeding.

The use of warfarin increased in the 1990s after studies showed it reduced the risk of stroke caused by blood clots in people with atrial fibrillation, a condition that causes irregular heart rhythm and becomes more common as people age. Blood clots can lead to ischemic stroke, the most common type of stroke. An intracerebral hemorrhage is a stroke caused by bleeding in the brain.

For the study, researchers identified all patients in the greater Cincinnati area hospitalized with a first-time intracerebral hemor-



Matthew Flaherty, MD, is studying the relationship between blood-thinning drugs, such as warfarin, and the rate of intracerebral hemorrhage.

rhage during three time periods: 1988, 1993 to 1994, and 1999. In 1988, the annual rate of intracerebral hemorrhages associated with use of blood-thinning drugs was 0.8 cases per 100,000 people. In 1999, the rate was 4.4 cases per 100,000 people. For people age 80 and older, the rate increased from 2.5 in 1988 to 45.9 in 1999.

Because warfarin is currently the best way to prevent blood clots in patients with atrial fibrillation, Flaherty cautions that its use should not necessarily be discontinued.

"Warfarin is highly effective in preventing ischemic stroke among people with atrial fibrillation," says Flaherty. "For many, the benefits of preventing ischemic stroke continue to outweigh the risk of a hemorrhagic stroke.

"Our findings should not discourage the use of warfarin when it's appropriate. Doctors can use these findings to make sure they are weighing the risks and benefits of warfarin use for their patients. For researchers, these results may

See **DRUG** page 4

Genetically Altered Skin Cells May Reduce Lethal Infections in Severe Burn Victims

By **Amanda Harper**
amanda.harper@uc.edu

Burn researchers have created genetically modified skin cells that, when added to cultured skin substitutes, may help fight off potentially lethal infections in patients with severe burns.

Dorothy Supp, PhD, and her team have found that skin cells genetically altered to produce higher levels of a protein known as human beta defensin 4 (HBD4) killed more bacteria than normal skin cells. HBD4 is one in a class of proteins that exist throughout the body as part of its natural defense system.

“Adding these genetically modified cells to bioengineered skin substitutes could provide an important defense system boost during the initial grafting period, when the skin is most susceptible to infection,” explains Supp, an adjunct research associate professor at UC and researcher at Cincinnati Shriners Hospital for Children.

Supp believes defensins could become an effective alternative method for burn wound care and infection control. Using them in cultured skin substitutes, she adds, could also decrease a patient’s risk for infection, improve skin graft survival and reduce dependence on

topical antibiotics.

Researchers reported these findings in the January 2007 issue of *Journal of Burn Care and Research*.

Cultured skin substitutes are grown in a laboratory using cells from a burn patient’s own skin. These cells are cultured, expanded and combined with a spongy layer of collagen to make skin grafts that are reattached to the burn wound.

“Cultured skin substitutes are improving the lives of many burn patients, but they also have limitations—including an increased susceptibility to infection,” says Supp. “Because cultured skin grafts aren’t connected to the circulatory system at the time of grafting, they aren’t immediately exposed to circulating antibiotic drugs or antibodies from the body’s immune system to fight off infection.”

Currently, physicians manage cultured skin graft infections during the early healing period by continually wrapping the wound in dressings soaked in antimicrobial drugs. Although this protects the grafts, Supp says, it can also contribute to the emergence of drug-resistant strains of bacteria, so better infection control methods are needed to counter this effect.

In a three-year laboratory study, Supp isolated the HBD4 gene from donated tissue samples and transferred it into surface skin cells to



UC researcher Dorothy Supp, PhD, has developed modified skin cells that may become an effective alternative for burn wound care.

give them enhanced infection-fighting abilities. These cells were then infected with *Pseudomonas aeruginosa*, a type of bacterium found commonly in hospitals, and allowed to incubate. Analysis revealed that the genetically altered cells containing HBD4 were more resistant to microbial infections than the unaltered cells.

“If it proves effective in additional testing,” Supp predicts, “this

type of gene therapy could be a promising alternative infection-control method for burn wounds.”

Researchers hope to begin testing this approach in an animal model this year.

The study was funded by Shriners Hospitals for Children. Coauthors include Jason Gardner, Jennifer Klingenberg and Andrea Smiley, of Shriners, and Alice Neely, PhD, of Shriners and UC. ■

POLICY: Academic Health Center Bans Tobacco Use

from page 1

ees, students and the local community.”

The Academic Health Center is not the only health facility implementing this new initiative. Nearly 20 other local hospitals, including University Hospital and other Health Alliance of Greater Cincinnati hospitals, Cincinnati Children’s Hospital Medical Center and Cincinnati Shriners Hospital for Children, have recently enacted tobacco-free policies.

The university is offering education, information and cessation support to those immediately affected by this new policy through the UC Wellness Center. Those interested in learning more about available nicotine programs should call (513) 584-4457 or visit www.uc.edu/uhs.

UC is also encouraging tobacco users interested in quitting to contact the state of Ohio’s Tobacco Quit Line by calling (800) 943-4840 or visiting www.standohio.org.

AHC faculty and staff are asked to contact their department manager with any questions concerning this new policy. They can also read the entire policy and review other information by visiting health.uc.edu/finance_admin/tobaccopolicy.html. ■

Leaders to Present NIH Grant Application Update Feb. 13

Academic Health Center leaders will present an update on UC’s application for a National Institutes of Health (NIH) Clinical and Translational Science Award at noon and 5 p.m. Tuesday, Feb. 13, in Kresge Auditorium.

“What the NIH Roadmap and Clinical and Translational Science Award Mean to the Academic Health Center” will be led by Jane Henney, MD, senior vice president and provost for health affairs, David Stern, MD, College of Medicine dean, Thomas Boat, MD, chair of the pediatrics department and director of Cincinnati Children’s Hospital Research Foundation, and James Heubi, MD, and Joel Tsevat, MD, codirectors

of the Center for Clinical and Translational Science and Training (CCTST).

The presenters will provide an update on the progress of the grant working groups.

Receiving the NIH’s Clinical and Translational Science Award will create an academic home for clinical and translational research within the Academic Health Center and transform the way both types of research are conducted. UC’s application is due Oct. 24.

For reservations, call (513) 558-7540 or e-mail susan.swearingen@uc.edu. For more information on the grant application process and the CCTST, visit med.research.uc.edu/cctst. ■

HEART: Stem Cells Tagged Promising for Angina

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“The hope is that the stem cells will help to form new vessel networks to deliver blood flow to the heart and alleviate the symptoms of angina,” says Weintraub.

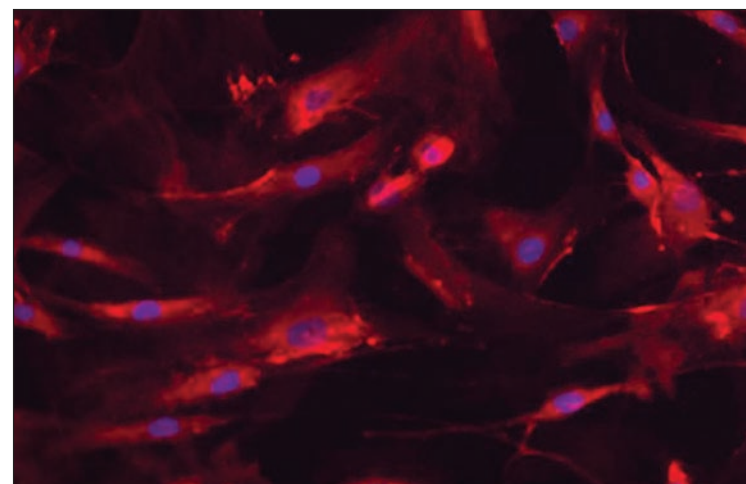
Stem cells are “undifferentiated” cells that haven’t yet evolved into any specific tissue. The researchers will collect cells capable of forming endothelium, the inner lining of blood vessel walls, from each patient’s blood, and then inject them into regions of the patient’s ailing heart that have insufficient blood flow.

Weintraub says that obtaining the cells in this study is less invasive compared with previous methods of harvesting them.

Instead of collecting the stem cells directly from the patient’s bone marrow, researchers will use a far more comfortable and convenient procedure. They will inject participants with a medication that “mobilizes” or draws the cells out of the bone marrow and into the blood stream, where they can easily be harvested.

The researchers will collect the stem cells using Hoxworth Blood Center’s sophisticated Amicus blood cell separator, a process known as apheresis. They will then identify the specific stem cells they need using an Isolex 300i magnetic cell selection system. The staff at University Hospital’s cardiac catheterization lab will inject the purified cells into the patient’s heart.

Lab personnel will use a NOGA XP cardiac navigation system,



UC is one of very few institutions studying visceral adipose stem cells, which researchers hope will deliver promising therapy for humans.

recently approved by the U.S. Food and Drug Administration, to “map” the heart and guide an experimental catheter, known as a Myostar, to inject the cells into the heart.

No surgery is involved, Weintraub stresses, so patients will be allowed to go home the next day. Their progress will then be followed for a year.

“The risk of this therapy is low,” Weintraub says, “and it’s much less traumatic than performing open heart surgery to deliver the cells.”

The body’s ability to heal injury and restore normal function “often ends up having something to do with stem cells,” Weintraub explains.

“The body has an innate capacity to heal itself,” he says. “This ability of stem cells to regenerate and replenish tissue function helps us

to heal from injuries and illnesses. It may also help us maintain bodily functions as we age.

“We’re trying to enhance nature’s own way of healing by isolating these cells and injecting them in concentrated form directly into the heart, where we think they can help improve blood flow to the heart muscle.”

The trial is funded by the Cellular Therapies business unit of Baxter Healthcare Corporation, which manufactures the Isolex cell selection system. Weintraub has no financial interest in either Baxter or Johnson & Johnson, which markets the NOGA XP and Myostar technology.

The study will eventually involve about a dozen patients. For more information, including participation criteria, call (513) 558-2273 or e-mail heart@uc.edu. ■

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Editor: Jill Hafner

Writers: David Bracey, Jamie Davis, Amanda Harper and Dama Kimmon

Layout: Jill Hafner

We want to hear from you. To submit news, suggestions or address changes, or to join the mailing list, e-mail uhealthnews@uc.edu.

Contacting Us:

Phone: (513) 558-4639

Fax: (513) 558-2910

E-mail: uhealthnews@uc.edu

Web: healthnews.uc.edu/findings

Mail: Academic Health Center *Findings*

University of Cincinnati

165 Health Professions Building

PO Box 670550

Cincinnati, OH 45267-0550

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UC HEALTH LINE

What Every Woman Needs to Know About Heart Attacks

By Jamie Davis
jamie.davis@uc.edu

Cardiovascular disease (CVD) is the No. 1 killer of American women, and more women have died of the disease than men since 1984.

Despite this, when women seek medical care, doctors may not always associate their symptoms with acute coronary syndrome (ACS) and do not treat them as aggressively as men.

That's what researchers from across the country, including Andra Blomkalns, MD, assistant professor and director of the UC emergency residency program, found in a review of several national studies.

"I feel that sometimes clinicians, and even patients, don't believe that women have the disease," says Blomkalns. "Coronary heart disease has been thought of as a 'man's disease' for so long that the attitudes, therapies and interventions have not been thought of as gender neutral."

Blomkalns suggests several things that women should know about coronary heart disease:

- **Women may have different heart attack symptoms than men.** Pain in the chest and arms and shortness of breath are among the "classic" symptoms many people associate with a heart attack. Gastric symptoms such as stomach pain or nausea, not the "classic" symptoms, may be experienced more by women, say Blomkalns. "Unfortunately," she says, "physicians often have greater difficulty identifying serious clinical cardiac symptoms in women, making it more difficult to administer optimal treatment."
- **Women tend to be older than men when they have their first heart attack.** According to Blomkalns, in addition to being older than men by about 10 years, women often have other health complications, like diabetes and high blood pressure. These conditions can have a



Andra Blomkalns, MD, says that physicians often have difficulty identifying serious cardiac symptoms in women.

higher risk for death or other cardiovascular complications.

- **Cardiac treatment is mostly based on research trials involving men.** Traditionally, fewer women have been enrolled in CVD clinical trials than men. "Because the standard methods of diagnosis and treatment for heart attacks are the result of trials involving mostly men, the treatment may not be perfectly applicable to women," says Blomkalns.
- **Women are often not treated as aggressively as men.** Despite the fact that women tend to have higher risk features than men, recent national research that Blomkalns was involved in shows that women who arrived at the hospital with heart attack symptoms were less likely to be treated according to the standard guidelines. "We're trying to understand the disparity so we can ensure that all patients at risk for a heart attack, female or male, receive care that has been proven to save lives."
- **Women may experience greater side effects from cardiac treatment than men.** Women tend to have more complications from

cardiac procedures than men, including bleeding more often after receiving antithrombotics (blood thinners) and fibrinolytics (clot busters). "Women and men are different when it comes to heart disease," Blomkalns says. "They present differently and act differently when they are treated. We have not begun to understand the implications of these differences, and more research is needed."

Regardless whether you are a man or a woman, there are several risk factors you can control or treat to reduce your chance of coronary heart disease.

Blomkalns recommends the following for healthy living:

- **Avoid tobacco smoke and excessive alcohol consumption**
- **Eat food low in cholesterol and saturated fats**
- **Be physically active and maintain a healthy weight**
- **Get regular medical exams.**

"Following these suggestions can improve your cardiovascular health and prevent other diseases, such as diabetes," she says.

UC Health Line features timely health information for consumers.

Resident's Past Training Leads to Unique Case Study

By Dama Kimmon
dama.kimmon@uc.edu

A UC resident's training in organic chemistry is credited for his swift assessment of a patient at University Hospital—and that quick thinking resulted in an interesting case study appearing in the Feb. 1, 2007, issue of the *New England Journal of Medicine*.

Ashkan Emadi, MD, PhD, an internal medicine resident with a degree in organic chemistry, discovered that a 43-year-old alcoholic man—with no initial abnormalities on his toxicology screening—was suffering from isopropanol poisoning after drinking the alcohol-based hand sanitizer from the container in his room.

Because many people with alcoholism metabolize alcohol differently from those without the disease, Emadi's patient did not need dialysis treatment and recovered fully.

But, Emadi warns, the concentration of isopropyl alcohol in hand sanitizers can be deadly even if consumed in small doses.

For that reason, Emadi and co-

author LeAnn Coberly, MD, suggest a labeling change on all hospital hand sanitizer dispensers that may dissuade patients, particularly those with alcoholism, from drinking the dangerous chemical.

But while effecting change like altering the soap-dispenser labeling may be a long way off, the two authors say they hope to increase awareness among physicians of the potential dangers of this form of intoxication.

"Physicians should be aware of the potential for isopropanol intoxication, especially among alcoholics, in the hospital setting," the authors write.

Their case study has already raised awareness among house staff at University Hospital.

"I've had people tell me that since hearing about the case, they've moved these dispensers out of rooms of patients with alcoholism," says Emadi.



Emadi

Handling Hazardous Materials



Third-year medical student Allegra Tenkman receives some mobility assistance from a Cincinnati fireman during a hazardous materials working course held on Jan. 3. The Cincinnati Fire Department helped students try on personal protective gear, such as this Hazmat suit, so they could experience what it's like to work with patients while wearing bulky equipment. Students also toured decontamination tents set up outside the college.

Popular Medicine Might Lower Flu Risks in Transplant Patients



Rita Alloway, PharmD, discusses flu symptoms with John Meinke during an office visit. Alloway and Gautham Mogilishetty, MD, are testing a common flu drug's effect on treating liver and kidney transplant patients.

By David Bracey
david.bracey@uc.edu

While flu can be dangerous for anyone—it kills between 250,000 and 500,000 people worldwide each year—it's a particular problem for organ transplant patients whose natural defense or "immune" system has been medically suppressed.

Now a new, international clinical trial will seek to determine whether a common flu medication will reduce the need for transplant patients to be readmitted to the hospital, or even prevent them from dying from complications like pneumonia.

The prescription medication is oseltamivir, marketed as Tamiflu, and researchers at UC will join 150 centers worldwide in determining its effect in treating liver and kidney transplant patients.

If oseltamivir proves effective, says Gautham Mogilishetty, MD, director of renal transplantation at UC and local principal investigator for the study, it will not only save "immunocompromised" transplant patients' lives. It will also reduce hospital readmission costs and get transplant patients back to a normal life faster.

UC was one of the centers chosen for the study, he says, because of its extensive experience in trans-

plant clinical research and expertise in immunosuppression.

The 50 patients to be studied locally represent the largest group in the trial, which is expected to involve nearly 500 patients overall. Following 12 weeks of treatment and four weeks of follow-up, Mogilishetty and his colleague Rita Alloway, PharmD, will compare results in patients who received oseltamivir with those who were given a placebo.

The study is supported by funding from F. Hoffmann-La Roche. Mogilishetty has no financial interest in the company. For more information, call (513) 558-1568 or e-mail rita.alloway@uc.edu.

Team's Rapid Response Saves Patient's Life

By **Amanda Harper**
amanda.harper@uc.edu

When Paul Johnson arrived before dawn at University Hospital for a routine screening exam, he could never have predicted that he'd instead end up in the cardiac catheterization lab, just minutes away from death.

Johnson, 68, had experienced some unexplained bladder bleeding, so his urologist scheduled a routine exploratory procedure to identify the source of the problem.

But Johnson never made it past

the registration desk. Instead, he had a sudden heart attack.

The quick thinking and smart decisions of an early-morning team of hospital clerks, technicians, nurses and doctors changed what could have been an ill-fated morning into a life-saving experience for Johnson.

When Johnson arrived at the registration desk, admissions representative Helen Mathis overheard him complaining of tightness in his chest and called the same-day surgery team to alert them of a possible problem.

"That call was the first step in a series of decisions that saved Paul's life," recalls Bruce Bracken, MD, the urologist scheduled to perform Johnson's exploratory surgery.

Nurse Lindsay Mussburger also jumped to action, instructing Mathis to alert the nearby critical care nurses in the cardiac catheterization lab of a possible emergency. Less than 60 seconds after that call, a team of nurses and technicians were on the scene to whisk Johnson away to the cardiac catheterization recovery area for evaluation.

It was clear: Johnson was experiencing an anterior myocardial infarction, otherwise known as "the widow maker." The team had to act quickly if they were going to save his life.

After conferring with cardiac interventionalist Saeb Khoury, MD, the team immediately took Johnson to the cardiac catheterization lab, not the emergency room—the second life-saving decision of the morning.

Johnson's angiogram showed a complete blockage in his left anterior descending coronary artery. His heart was not receiving enough oxygenated blood and his body was rapidly shutting down.

Khoury placed a cardiac-assist balloon pump in Johnson's aorta. He then placed a supportive stent in the vessel to clear the blockage and optimize blood flow.

Less than 30 minutes later, Johnson was resting safely in the coronary care unit. As he says: "I dodged a bullet that day and I give all praise to God and University Hospital."

Johnson recently returned to University Hospital's cardiac catheterization lab to thank the team that saved his life. He says they gave him his life back, and that was the best present he has ever received.

"I just love those people," he says. "I felt like the president of the United States—that's how well they treated me." ■



University Hospital patient Paul Johnson (center) reunites with the rapid response team that saved his life.

UPCOMING EVENTS

FEBRUARY 11

FIT to Fight Ovarian Cancer
9 a.m. and 11 a.m.
Cincinnati Functional Fitness
Participate in a one-hour functional integrated training (FIT) class to benefit the Barrett Cancer Center at the University of Cincinnati. Cost is \$50. Visit fittofightoc.com or call (513) 558-8624.

FEBRUARY 12

Dermatology and Ophthalmology Clinic Open House
2 to 4 p.m.
Hoxworth Center First Floor
Tour the new clinical space of the dermatology and ophthalmology departments. Physicians and staff members will be on hand to answer questions and light refreshment will be available. Call the ophthalmology clinic at (513) 584-5461 or the dermatology clinic at (513) 584-4644. Both clinics will begin to see patients in the new space on Feb. 13.

FEBRUARY 17

Community Cancer Education Day
10 a.m. to 4 p.m.
Kingsgate Marriott Hotel at UC
This free event, sponsored by University Hospital, is designed to provide the public with the latest information about preventing, detecting and treating all types of cancer. Exhibits, videos and Q&A sessions will be ongoing throughout the day. Visit www.uccancereducationday.org or call (513) 558-8624.

FEBRUARY 24

Hematological Malignancies Review Conference
8 a.m. to 2:30 p.m.
Kingsgate Marriott Hotel at UC
Rami Komrokji, MD, and Carl Siegrist, MD, will lead a review of the American Society of Hematology's annual meeting. Attendees will learn the latest advances in hematological malignancies. Continuing medical education credits are available. Visit ucimedweb.uc.edu/ashreview. ■

DRUG: Warfarin Linked to Brain Hemorrhage

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stimulate efforts to develop safer alternatives to warfarin and better treatments for people with brain hemorrhages."

Stroke is the third leading cause of death in the United States. The Centers for Disease Control and Prevention estimates that in the United States about 700,000 strokes occur each year—500,000 being first or new strokes.

The study was supported in part by the National Institute of Neurological Disorders and Stroke.

Study collaborators include Kathleen Alwell, Joseph Broderick, MD, Mary Haverbusch, Brett Kissela, MD, Dawn Kleindorfer, MD, Charles Moomaw, PhD, Padmini Sekar, and Daniel Woo, MD, all of UC. ■

NEWS EXTRAS

Allied Health Sciences Accreditation Meeting

The College of Allied Health Sciences will hold a public meeting on its upcoming reaccreditation process for the master's degree in speech-language pathology and doctor of audiology in the communications sciences and disorders department. The meeting will be held at 4 p.m. Monday, Feb. 26, in French Building Room 101.

All are invited to provide comment to accreditation site visitors from the Council on Academic Accreditation in Audiology and Speech-Language Pathology of the American Speech-Language-Hearing Association.

Pulmonary Hypertension Program Launched

Jean Elwing, MD, assistant professor in the division of pulmonary critical care and sleep medicine, has launched a pulmonary hypertension program to assist people with breathing difficulties caused by high blood pressure in the lungs. Elwing, who completed her fellowship in pulmonary and critical care at UC, will see patients at the Medical Arts Building. To learn more about the program, call (513) 475-8523.

Rapid Response Symposium

University Hospital will host a two-day symposium on how to identify and treat patients with early signs of a cardiac arrest. "Rapid Response Matters" will be held on Friday, Feb. 23, from 8 a.m. to 4:30 p.m. and Saturday, Feb. 24, from 8 a.m.

to noon at the Alliance Business Center auditorium, 3200 Burnet Ave.

Attendees will learn the importance of rapid response teams and the tools necessary to plan, train and implement a team. Registration is \$20 and due by Monday, Feb. 19. To register, call (513) 519-1113 or e-mail hillmc@ucmail.uc.edu.

Walk/Run to Support IvaDean Scholarship Fund

The College of Medicine is soliciting runners and walkers to participate in the 2007 Cincinnati Flying Pig Marathon to benefit the IvaDean Medical Student Scholarship Fund. Participants are eligible to compete in two- or four-person relay running teams or individually as a runner or walker. This year's race will be held Sunday, May 6. The scholarship fund, named in honor of associate dean IvaDean Lair, provides financial support to medical students in need. For more information, e-mail Wan Lim at limwc@ucmail.uc.edu.

Eighth Annual Bone Day

The Eighth Annual Bone Day Conference will be held Monday, April 9, at the Kingsgate Marriott Conference Hotel at UC. Internationally recognized leaders will discuss the latest advances in diagnosing and treating osteoporosis. Registration is \$35 by March 19, \$50 afterward. Registration is waived for training physicians and UC staff. To register, visit www.conferencing.uc.edu/boneday. ■

For Parkinson's Treatment, Is Espresso Worth a Shot?

By **Dama Kimmon**
dama.kimmon@uc.edu

UC neurologist Alberto Espay, MD, says coffee is turning heads as a possible prevention for Parkinson's disease.

Recent studies have shown that coffee drinkers are less likely to develop Parkinson's. And new laboratory studies have determined that the drink's natural stimulant, caffeine, can enhance the effects of the most common drug given to Parkinson's patients, levodopa.

"In fact, scientists are currently working on drugs for Parkinson's that act on the brain in the same way caffeine does," says Espay.

"With all we know about coffee, if you drink it, keep drinking. And if you don't, it wouldn't hurt to start.

"It's unclear what amount of coffee must be consumed to have the most benefit," he adds. "But because coffee has no clear health risks, go for it. Just be sure to talk with your doctor first if you have high blood pressure or other health concerns."

Parkinson's results from the loss of a group of brain cells that produce the natural neurotransmitter dopamine. Without dopamine, brain nerve cells don't fire properly, causing an inability to control movement. For more information, visit healthnews.uc.edu. ■

PHARMACY: Dean Asked to Review Overseas Educational Programs

from page 1

Since males and females are educated separately, faculty members also teach the same courses twice a day. Once UAE students graduate, however, both sexes work together.

The review team recommended to the colleges that students receive more practical experience working in community, hospital and industrial settings to complement their curriculum with real-life experiences as a pharmacist or scientist.

Although Acosta was in Dubai

and Abu Dhabi to review educational programs, he says the experience of going to a part of the world he has not previously visited was educational for him.

"I was able to learn more about the culture, and see how students behave and how they interact with faculty," says Acosta.

"I'm happy to be able to help my international colleagues strengthen their pharmacy programs to graduate students who will practice good pharmacy." ■