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# our **heaviest** generation

How **UF** is tackling the obesity epidemic in children

New dean named **7**

Helping pudgy pets **15**

Dilbert and the dentist **20**

## On the Cover

Soda, cookies and candy are a constant temptation for any kid. Turn to Page 12 to find out how UF researchers are working to prevent the nation's children and teenagers from gaining unhealthy amounts of weight. Cover photo by Sarah Kiewel.



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# Retiring library director to get back to basics

The day of her retirement at hand, Health Science Center Libraries Director Faith A. Meakin, M.L.S., said she was looking forward to getting back to the three R's — "reading, resting and really getting back into shape."

Meakin bid farewell to friends and colleagues in the familiar environs of the HSC library on March 8, with Assistant Vice President for Health Affairs Gerald Kidney thanking her for 13 years of service and talking about her illustrious career as a medical librarian, which spanned more than four decades.

Her work has taken her from a summer internship at Harvard's medical library and a postgraduate fellowship at the University of California at Los Angeles Biomedical Library to leadership positions at the University of California at San Diego School of Medicine, the World Health Organization in Geneva and the National Network of Libraries of Medicine at the University of Maryland at Baltimore.

She became director of the UF Health Science Center Libraries in 1994.

"I started in California and finished in Florida," Meakin said. "Any profession that can take you on a journey like that is a good one. I was fortunate to discover a real passion and a wonderful profession to invest my life in."

Meakin plans to travel with her husband, Skip. She also mentioned three more R's she wanted to work on — "retooling, reorienting and rethinking."

Read the comments in Faith's guestbook at [www.library.health.ufl.edu/pub/faith.htm](http://www.library.health.ufl.edu/pub/faith.htm)

## UP FRONT



PHOTO BY SARAH KIEWEL

Retiring Health Science Center Libraries Director Faith A. Meakin (left) receives congratulations from Jean Shipman, president of the Medical Library Association. Shipman presented Meakin with a letter of thanks on behalf of the MLA.

# Post it

## The art of medicine

Sometimes, in the wee hours of the morning when no one else is around, UF medical student Susan McLaughlin plays the piano in the Thomas H. Maren Medical Student Reading Room. Juliessa Pavon, a fourth-year medical student and accomplished pianist, practices there too. Other students use the room to do yoga, practice the guitar, read, write poetry or work on their acting chops. And most UF medical students have napped there. At least once.

PHOTO BY APRIL FRAWLEY BRIDWELL



On March 19, medical student performers showed off their artistic sides during an annual ceremony celebrating the Maren Room, which was established in 2002 with money from the Maren endowment fund. While McLaughlin and Pavon played the piano, medical students Ivan Desquesada (left) and Farokh Irani acted out a scene titled "The Good Doctor," in which Desquesada tried to pull one of Irani's teeth.

For five years, the Maren Room has given UF medical students a place to relax and reflect on interests other than medicine, something that was important to the room's namesake, Dr. Thomas H. Maren. Maren, the college's first chairman of pharmacology, believed studying humanities made medical students better doctors.

## Home sweet home

It was a bittersweet day for Alexander Wood, his family and all the friends he has made at Shands at UF. After a seven-month stay, a first-in-Florida surgery and a heart transplant, Alexander finally went home to Orange Park, Fla., on March 9. In September, he became the first child in the state to receive a Berlin Heart, a biventricular assist device that would help him to stay alive until Feb. 19, when a donor heart finally became available.

About three weeks later, he was ready to go home ... in style. A limo ride was donated to him and his family. Laurie Dennis, his aunt, said children were already sitting in his front yard with signs, waiting for Alexander to arrive.

Right before leaving, one last procedure had to be completed — the removal of his IV. Alexander joked with pediatric nurse Mary Lou Hand as she removed it. "Go for it," he said. "No more IV for me. I'm free."

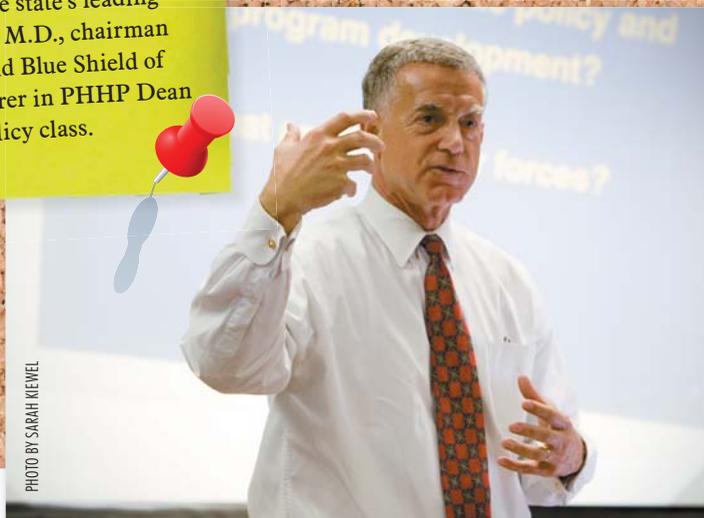
PHOTO BY SARAH KIEWEL



## Lesson from the top

College of Public Health and Health Professions students recently learned how private sector industry can affect public policy from the CEO of one of the state's leading insurers. Robert Lufrano, M.D., chairman and CEO of Blue Cross and Blue Shield of Florida, was a guest lecturer in PHHP Dean Robert Frank's health policy class.

PHOTO BY SARAH KIEWEL



## Got expired drugs? Toss 'em

Doing some spring cleaning this year? Battling your messy closet monster may take a few hours or days but UF pharmacy experts say it's also the perfect time to take stock of what lurks in your medicine cabinet. Many American families hold onto out-of-date drugs, sometimes stockpiling them for that next illness. But experts say it's wise to toss all expired medications, especially antibiotics, which have a short shelf life. Most liquid suspensions used for children lose potency in as little as two weeks, even when refrigerated. "A lot of people feel like they've paid good money for these medicines and they want to keep them around just in case," said Paul Doering, a UF professor of pharmacy. "That makes sense on the surface, but in the future it very well may be that the condition is different, that that condition doesn't warrant that strong of a medication."

After the medicine cabinet is cleared, Doering says you may want to relocate what's left to a new location. The temperature and humidity shifts in bathrooms can contribute to the chemical breakdown of some medications. A resealable plastic container kept in an out-of-the-way place is better for long-term storage. Experts also recommend families tally their household medicine chest's contents each year and review the list with their physician. Ask your pharmacist for the best way to dispose of your prescriptions.

For more on this story, visit <http://news.health.ufl.edu>



# WANTED: More docs

State needs more residency slots to counter looming physician shortage



PHOTOS BY ANNEY DOUCETTE

By Tom Fortner

The deans of Florida's medical schools have banded together to support legislation co-sponsored by Sen. Bill Nelson, D-Fla., and Sen. Harry Reid, D-Nev., that would expand residency training in Florida and 23 other states where physician shortages are predicted.

On March 13, deans of the new medical schools being established at the University of Central Florida and Florida International University joined those at UF, the University of South Florida, the University of Miami, Florida State University and Nova Southeastern College of Osteopathic Medicine in calling for passage of the bill and its companion bill in the House, which was filed by Rep. Kendrick Meek, D-Fla., and co-sponsored by Kathy Castor, D-Fla.

If passed, Florida hospitals would gain 347 new residency positions — more than any other state. Residency is a period of three to five years after medical school when physicians train in a specialty.

"There's a very clear and indisputable line between needing to have more residency positions and the future supply of physicians in the state of Florida,"

said Robert Watson, M.D., UF's senior associate dean for medical education.

Two days after the announcement of the deans' endorsement, a familiar pattern was repeated on Match Day, when medical students found out where they will complete their training. Fewer than half of Florida's graduating medical students will be staying in the Sunshine State for their residencies. The percentage of medical students staying in-state for residency at each of the allopathic schools shook out this way: UF, 37 percent; Miami, 34 percent; FSU, 43 percent; and USF, 50 percent.

Once medical graduates leave the state, it's less likely they'll return to practice. Statistically, doctors tend to remain in the area where they do their training; therefore, increasing the number of physicians-in-training in a state is essential to increase the physician workforce.

Watson has no doubt that more Florida graduates would remain in the state for their residencies if more slots were available. Since he can personally attest to the caliber of doctor UF produces, he hates to see them leave, he said.

"It makes no rational sense to me not to find places for them," Watson said.

The root of the current problem lies in the way the federal government helps meet the nation's demand for doctors. The Medicare program has traditionally paid for most physicians' residencies, the final step in a doctor's training. But in 1997, federal law capped the number of Medicare-supported medical residents for hospitals. A decade later, the number and geographical distribution of federally

Before the Match Day festivities begin, envelopes containing residency assignments await each of the 125 senior medical students (right). UF College of Medicine senior Charisse Ricord (far left) pins her residency location on the map after announcing her destination to the crowd. Dr. Patrick Duff, associate dean for student affairs, stands behind her on the stage. Fellow seniors Bernadette Schoneburg and Ambar Patel (middle) search for their envelopes. At the end of the day, pushpins in the map show a large number of residencies clustered in the Southeast (below).



# Match madness

## UF medical students match to top residencies

By April Frawley Birdwell

**S**tanding by the makeshift stage, Jennifer Tromberg surveyed the nearly empty Reitz Union ballroom. Rumbblings of a celebration at The Swamp had circulated through the crowd and most of the other medical students had already left, filtering out with parents and significant others.

Crumpled napkins, half-eaten pieces of yellow cake, empty plates smudged with white frosting and boxes — leftovers from the 410 tiny boxes Tromberg and her mother folded to hold orange and blue M&Ms — were all that remained of the Class of 2007's Match Day ceremony. And Tromberg, who helped organize this year's event, couldn't quite grasp it.

"I feel like I was in anatomy not that long ago," she said. "And now I am at my own Match Day. It's hard to believe."

Each year, at the same time at medical schools across the country, students receive sealed envelopes that tell them where they will complete their residencies, the next step in their medical training. This training lasts at least three years and determines the trajectory of their careers. Of UF's 125 graduating medical students, 28 will stay at UF, either in Gainesville or Jacksonville, said Patrick Duff, M.D., the college's associate dean for student affairs.

Ripping into her own envelope, Tromberg gaped as she read the words she'd agonized over for nights: the University of Virginia and dermatology. Tromberg hoped she'd match there, but because dermatology is one of the most prestigious and difficult specialties to land, she knew there was a chance she wouldn't.

"It's huge for me just to match in dermatology," Tromberg said. "It's surreal to get my first choice."

Best friends Stephanie Romero and Jessica Versage didn't think they would both match with their first choice, an obstetrics and gynecology residency at a hospital in the middle of the mountains in North Carolina. There were only four spots in the program.

Versage and Romero looked at each other after opening their envelopes. Neither could believe it. They both got in.

"We thought there was no way," said Versage, whose boyfriend and fellow medical student, David Nguyen, also matched at the hospital. "We've been hoping for it, though." **P**

supported medical residents do not reflect recent population growth or shifts.

Growth states like Florida with large numbers of elderly people and baby boomers have been hit hardest. Florida ranks 46th nationally in the number of total residency positions per 100,000 population, according to the Council for Education Policy, Research and Improvement, or CEPRI, which estimated that Florida would need an additional 2,700 residency positions to meet the national ratio of medical residents to 100,000 population.

Watson frequently refers to the CEPRI report, which in 2004 made seven recommendations to guide the state with respect to investments in medical education, ranked in order of their cost-effectiveness. The first two dealt with establishing a health-care practitioner database to provide accurate workforce data on which to base policy decisions. The third and fourth recommendations called for expanding residency positions, including provision of state funding for new slots.

Some relief should come from the Veterans Administration, which funds its own residency program and is currently in an expansion mode. Also, hospitals can and do fund their own residency positions, usually in areas that match their particular clinical needs.

Even with the additional federal funding for residency slots envisioned in the Nelson-Reid bill, that may be only a temporary fix. Watson said Florida will continue to lag below the median for residents per population because of the state's future growth and the aging of the millions of baby boomers who already live here. That will result in longer waits to see a doctor, inappropriate use of the emergency room and greater patient morbidity due to delays in care.

"Being at the median is not going to be enough," Watson said. **P**

# The POWER of CARE

Devoted donor helps college teach students art of empathy



PHOTO BY SARAH KIEVEL

Mrs. Annie Lou Chapman congratulates an awardee during the Chapman Society banquet. Established in her late husband's name, this UF medical humanism society honors medical students, residents and faculty who show compassion and kindness toward their patients.

By April Frawley Birdwell

Annie Lou Chapman rose gingerly from her seat, steadying herself on the arm of the man seated next to her in the Paramount Hotel banquet hall. She only had one thing to say.

"All of you be like Dr. (Robert) Watson and you'll be fine," she instructed the medical students, residents and faculty who'd just been inducted into the UF medical humanism honors society named after her late husband, Dr. Jules B. Chapman.

Simply put, doctors need to show their patients they care. Understanding this aspect of medicine is just as important as memorizing facts like what the septum pellicidum is or knowing where to find the left subclavian artery, says Robert T. Watson, M.D., senior associate dean for educational affairs, the Jules B. Chapman professor of clinical care and humaneness and — most likely — Mrs. Chapman's favorite doctor next to her late husband.

For more than 10 years, Mrs. Chapman, now 93, has helped the college train its students to become the sort of caring physicians her late husband was and Watson is. Disappointed with the way doctors treated her husband

when he was ill, Mrs. Chapman established a trust after he died to fund humanism-focused projects in the college to help ensure that new doctors will treat their patients with dignity and caring.

Mrs. Chapman's support has led to a scholarship, awarded to a medical student who shows promise for becoming a caring doctor; to the Chapman Society, UF's chapter of the Gold Humanism Society, which honors medical students, residents and faculty for how they treat patients; and to a one-of-a-kind endowed professorship in clinical care and humaneness, which Watson currently holds.

These programs have helped shape the sort of caring environment Watson says is crucial to producing caring, humane doctors. He emphasized it when he wrote his first strategic plan in 1991.

"Everyone knows there's something about medical school that makes people more cynical," Watson said. "It's the environment. It's bad role models. What can you do to counteract this cynicism? Support them. Protect them. Love them. It's made, in my mind, a huge difference."

When Mrs. Chapman told students to be like Watson, it wasn't because she thinks he is a caring doctor. She knows he is. He was the one who diagnosed her with a serious illness more than a decade ago.

"She liked my bedside manner, that's what it boiled down to," Watson said.

Later, after Mrs. Chapman had recuperated and was back home in Fort Myers, Watson received a call. Mrs. Chapman, who had already established the scholarship fund, wanted to change the amount she donated to the college.

She wanted Watson and other UF leaders to meet with her at her home to discuss it.

"I remember thinking, 'She might donate \$25,000,'" Watson said, recalling when Mrs. Chapman's financial planner told him about the trust. "I don't remember the exact amount because I was so shocked. It was a few million."

With matching funds from the state, that trust now exceeds \$4 million, Watson said.

The Jules B. Chapman professorship in clinical care and humaneness was established out of that fund, Watson said. Just having an endowed professorship devoted to humanism shows how important the concept is to the college, but Watson says the money also allows him the extra time to show students what it means to be a caring doctor when he sees his own patients. Often, that means just listening.

"I think he models someone who has respect for the patient and understands the complexity of the diagnosis," said Juliessa Pavon, a fourth-year medical student who received the Leonard Tow Humanism in Medicine award at the Chapman Society banquet last month, along with I. Keith Stone, M.D., chief of obstetrics and gynecology. "I think communication is key."

With the Chapman Society, the burgeoning medical humanities program, the Maren Medical Student Reading Room, an on-site counselor and other programs, the college does "a better job than anyone else does" at giving students the tools they need to become caring doctors, Watson said. There are a lot of people to credit for that, but none of it would have been possible without Mrs. Chapman, Watson added.

"Her big thing is physicians ought to communicate more," Watson said. "People don't care how much you know until they know how much you care. There's a lot of truth in that." 

Bruce Kone, M.D.

PHOTO BY SARAH KEWEL

# Perfect fit

Once an unlikely choice for a medical dean, Kone makes way to top

By Tom Fortner

As a high school senior, Bruce Kone's peers and teachers might well have imagined he'd become an Olympic swimmer or a college English professor. Dean of a major medical school, however, was about as far off the Ouija board as a snowfall in Fort Lauderdale, where he lived at the time.

Those prognostications notwithstanding, Kone emerged from a deep and rich pool of applicants to be named the eighth dean of the College of Medicine March 23. He is set to begin work May 15.

Kone, 49, is chairman of the department of internal medicine at the University of Texas Medical School in Houston. He was one of four candidates named in February as finalists to succeed outgoing dean C. Craig Tisher, M.D., who will return to the faculty after five years in the post.

An accomplished nephrologist and scientist whose research the National Institutes of Health has funded continuously for two decades, Kone also demonstrated a strong commitment to medical and graduate education. Indeed, it was Kone's strength in all three mission areas that was most convincing to Douglas Barrett, M.D., UF senior vice president for health affairs.

"I believe Bruce Kone is the perfect fit to sustain our national prominence in medical education and to build on the work Craig Tisher has done to lead the college to elite status in research and clinical activities," Barrett said. "Bruce stood out in a field crowded with talented candidates in part because he's so well-rounded."

His appointment is a return engagement for Kone, who earned his medical degree with honors in research at UF and later joined the faculty as an assistant professor of medicine in the early 1990s.

"I'm very excited and humbled by my selection," Kone said. "I was attracted by the opportunity to come back to my medical school alma mater and serve it in this way. I've been extremely impressed with the faculty, students and trainees and the enormous potential of the institution. Having said that, I recognize that there are important challenges ahead."

Kone's father was in the military, so he's one of those people who doesn't claim any single place as home. His family finally settled in Fort Lauderdale so that he could pursue his passion for swimming. At Princeton, he was captain of the swimming team and graduated with honors as an English major. He didn't become interested in medicine as a career until late in college and said he avoided science classes until he discovered an interest in biology.

He matriculated at UF's College of Medicine and since then there's been no holding him back. After graduating with research honors from UF, he completed a residency in internal medicine at The Johns Hopkins Hospital in Baltimore and fellowship training in nephrology at the Brigham and Women's Hospital at Harvard Medical School.

After completing two more years of training in molecular biology at Hopkins, Kone came back to UF as a faculty member. In four years here, he said he had the opportunity to be mentored by "wonderful faculty attendings" like Tisher, Peter Stacpoole, Ph.D., M.D., and Charles Wingo, M.D., among many others.

"They taught me how to be a doctor, the importance of medical education and value of an academic career," Kone said.

Kone joined UT-Houston's medical school as an associate professor in 1995 and was appointed chairman of the department of internal medicine in 2004. He is chief of the internal medicine service at the school's teaching hospital, where he was also medical director of patient care management. In addition, he served as chief of the nephrology section at the University of Texas M.D. Anderson Cancer Center.

Kone's research focuses on the molecular mechanisms of inflammation, injury and repair to the kidney, blood vessels and intestine, and he has authored more than 80 original scientific articles. Involved in medical education at all levels, he is a four-time winner of his school's award for excellence in teaching.

Barrett said he was impressed by Kone's efforts to enhance faculty diversity at UT-Houston by recruiting racial and ethnic minorities and women.

"Dr. Kone didn't just talk about the importance of diversity and equity in the faculty," Barrett said. "He put strategies in place that led to positive change."

Kone's wife, Daisy, is a former faculty member at UF's College of Design, Construction and Planning. An architect by training, she is the author of a book on land development and a frequent editorial contributor to the Rice University architectural magazine. The Kones have three daughters: Natalie, Justine and Lyndsey. 

# X-ray marks the spot

## New clinic offers less invasive treatments using imaging, advanced technology

By Stephanie Fraiman

**T**he patients called for help, and the vascular and interventional radiologists answered.

College of Medicine radiologists who specialize in using imaging technology to perform minimally invasive procedures recently opened the first outpatient clinic of its kind at UF to help guide patients through a variety of treatment options.

“The clinic is important because there has been an explosion of new technology in the field and an increase in the number and complexity of procedures offered,” said Scott Peterson, M.D., clinic director and vascular and interventional radiology specialist. “In order for patients to get the best care, it’s important for us to see them before and decide on the best technique available.”

Previously, the department operated completely on physician referrals. Vascular and interventional radiology specialists met the patient for the first time while performing the procedure and did not have an opportunity to discuss treatment options, risks and alternatives beforehand. With the opening of the clinic, patients can discuss treatment options in advance and contact the clinic directly.

“The clinic gives us an opportunity to see patients for consultations and follow-up, which we were not able to do before it opened,” said Harry Meisenbach, M.D., one of several UF radiologists who offer services in the clinic.

The clinic opened officially in the fall and since then, patients have come from as far away as Miami, Tallahassee and even Georgia for treatment. The clinic offers many treatment options, including chemotherapy, thermal ablation (a less-invasive option for removing a tumor), fibroid embolization (a less-invasive alternative to a

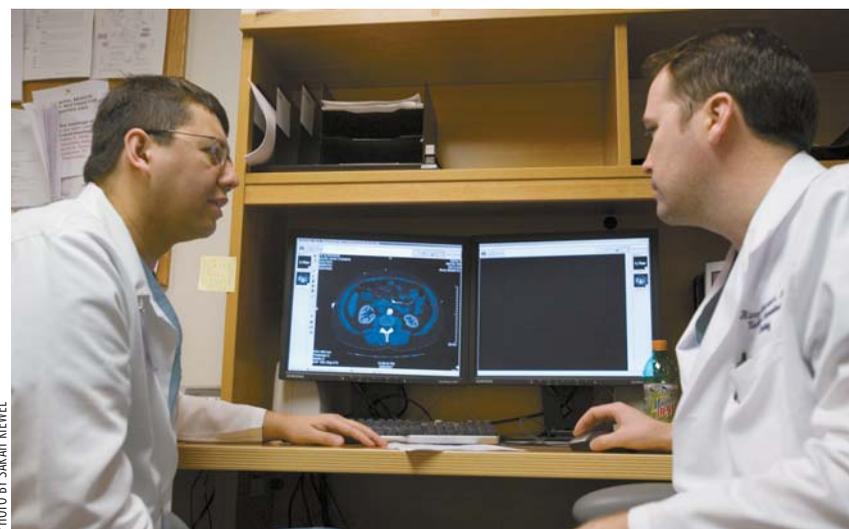


PHOTO BY SARAH KIEVEL

UF radiologists Darren Postoak and Harry Meisenbach read a digital image of a patient. Patients come from all over the state to visit the Vascular and Interventional Radiology outpatient clinic at UF. Radiologists can now meet with patients prior to performing minimally invasive alternatives to surgery.

hysterectomy), the removal of varicose veins and many other minimally invasive treatments.

Often, these procedures can be an alternative to the invasiveness of and recovery time involved with traditional surgery. For instance, varicose veins can now be removed with a laser treatment.

Currently the clinic is open for half a day on Thursdays. By next fall, however, the schedule will expand to up to two days per week.

“The clinic helps patients to get an understanding of the procedures, as well as risks involved and alternatives available,” Peterson said. “Through the clinic, we have greater access to help more people.” **P**

## ADMINISTRATION

# New cancer leader to expand clinical trials at UFSCC

By Melanie Fridl Ross

**C**armen Allegra, M.D., a specialist in the study of colorectal cancer, has been named associate director for clinical and translational research at the University of Florida Shands Cancer Center, effective April 9.

He will oversee the center’s Cancer Clinical Trials Office.

“In this capacity, he will be a member of the executive committee that provides a vision and sets annual goals and the budget for the center,” said W. Stratford May, M.D., Ph.D., UFSCC director. “His expertise as a cancer clinical trials expert will enhance our capacity to develop new and novel therapies for patients with cancer.”

Allegra will also serve as professor and division chief of hematology and oncology in UF’s College of Medicine and continue as co-director of the Foundation Research Program for the National Surgical Adjuvant Breast and Bowel Project as a means of rapidly expanding UF clinical trial offerings.

“Offering state-of-the-art therapy to our patients through the conduct of clinical trials that leverage the latest technologic and scientific advances will be a critical area of expansion and development at the University of Florida,” Allegra said.

Most recently, he served as chief medical officer for the Network for Medical Communication and Research and, prior to that, worked for nearly 20 years at the National Cancer Institute, starting as a senior investigator and then as section chief of Biochemical and Molecular Pharmacology at the NCI’s Medicine Branch. In 1991 he was named chief of the NCI’s Navy Medical Oncology Branch. He later

served as deputy director of the NCI’s Division of Clinical Sciences as well as chief of the NCI’s Medicine Branch. In 2000, he was named vice deputy director for extramural sciences.

Allegra’s studies have led to improved understanding of how cancer grows resistant to anticancer drugs. In addition, he has spearheaded research to enhance the efficacy of chemotherapy agents. He is presently the principal investigator of an NSABP-led study to determine the benefit of adding an anti-angiogenic antibody to standard chemotherapy for the adjuvant treatment of patients with colon cancer.

Allegra also patented a U.S. Food and Drug Administration-approved drug therapy for the treatment of pneumocystis carinii pneumonia, once the most common cause of death in patients with HIV.

He is a graduate of the University of Pennsylvania School of Medicine, where he completed his residency. He is board-certified in internal medicine and medical oncology. **P**



**CARMEN ALLEGRA, M.D.**

By Lyndsey Lewis

A common asthma inhaler powered by a new propellant is safe and effective but could come at nearly triple the cost to consumers until a generic version hits the market, according to a review in the *New England Journal of Medicine* last month.

# The price of breathing: CFC-free asthma inhalers work but will cost more

Conducted by two university professors and a director for the Food and Drug Administration, the review examines the consequences of switching to hydrofluoroalkane, which is replacing chlorofluorocarbon, or CFC, as a key ingredient in albuterol inhalers designed to relieve asthma. The FDA has ruled that U.S. sales of CFC albuterol inhalers be prohibited after 2008.

About 52 million prescriptions are filled for albuterol each year in the United States, with most containing a generic version of CFC. But because of rising global concerns about CFC's ozone-depleting effects, "medically essential" inhalers are finally joining a list of banned products that started in 1978.

The researchers say their analyses show that inhalers with CFC and the new brands that contain hydrofluoroalkane, or HFA, are equally effective at treating asthma.

"Hopefully, by communicating with health-care professionals, we'll be able to reassure patients," said Leslie Hendeles, Pharm.D., a UF professor of pharmacy and pediatrics who spearheaded the review.

Albuterol, one of the medicines that relieves asthma attacks, is the seventh most commonly prescribed drug in the United States. Because it's so widely used, the report predicts Americans will spend an additional \$1.2 billion a year on three patented inhaler brands containing the new propellant (Ventolin, ProAir and Proventil) until generic versions reach pharmacies, probably after 2012. Patients who pay for their own medications will probably be hit hardest by new costs — paying on average \$26 more per prescription, or \$312 more per year. People with prescription benefit plans will likely face higher co-pays as well, according to the review.

Additionally, while the new inhalers are just as effective as their traditional CFC counterparts, a few differences have been reported. One brand, for example, comes sealed in a protective pouch. After that pouch is opened, the drug carries a shelf life of just two months, while most inhalers can typically be stored for 15 to 24 months, Hendeles said.

Consumers will also notice that only the Ventolin brand of HFA inhaler comes with a counter to track how much medicine is left. For that reason, Hendeles suggests keeping a backup inhaler handy if physicians prescribe a device without a counter.

"There isn't any reliable way of estimating when they're going to run out," said Hendeles, who also serves as a consultant to the FDA.

The review also reports that some HFA inhalers tend to clog more easily. To prevent clogging in HFA inhalers, Hendeles advised, patients should remove the devices' metal canister once a week and clean the plastic

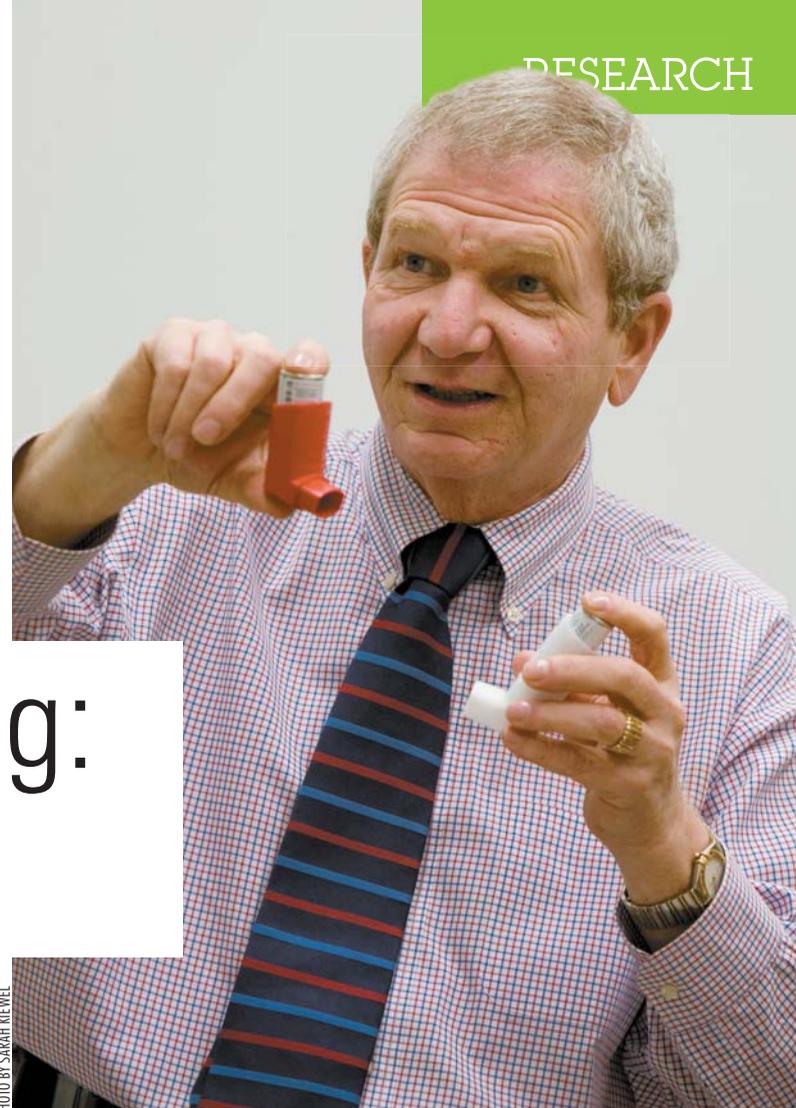


PHOTO BY SARAH MEWEL

Leslie Hendeles, a UF professor of pharmacy and pediatrics, explains the differences between one of the new hydrofluoroalkane albuterol inhalers (left) and a generic chlorofluorocarbon albuterol inhaler (right), which will be withdrawn from the U.S. market after 2008 because of rising global concerns about CFC's ozone-depleting effects.

actuators with warm water.

Not all of the new HFA inhaler products are ideal for everyone and health-care providers and their patients should be aware of important differences. Two brands of HFA inhalers contain ethanol. It may not be an appropriate therapy choice depending on the patient's religious beliefs, and can temporarily cause a false reading on breath alcohol tests performed by law enforcement agencies, Hendeles said.

Hendeles noted that CFC inhalers release negligible amounts of the propellant, and do not pose a threat to ozone depletion. However, the United States joined more than 185 other countries in signing the Montreal Protocol, an international treaty requiring complete withdrawal of all CFC products. The inhaler, deemed medically necessary, was exempt until new market replacements using HFA became available.

Hendeles said he hopes the review will dispel myths about HFA for doctors and patients. Still, even though HFA inhalers are safe for the environment and effective at treating asthma, some people may feel uncomfortable when making the switch. HFA inhalers spew slower and warmer plumes of medicine than their CFC counterparts, so asthma patients may fear their new inhalers aren't strong enough.

"There undoubtedly will be some people who are absolutely certain it doesn't work as well," Hendeles said, adding that patient education is the key to proper care.

Rachel L. Miller, M.D., an assistant professor of clinical medicine and public health at Columbia University, said she would urge asthma patients to consult their pharmacist or health-care provider if they're nervous about using the new inhalers.

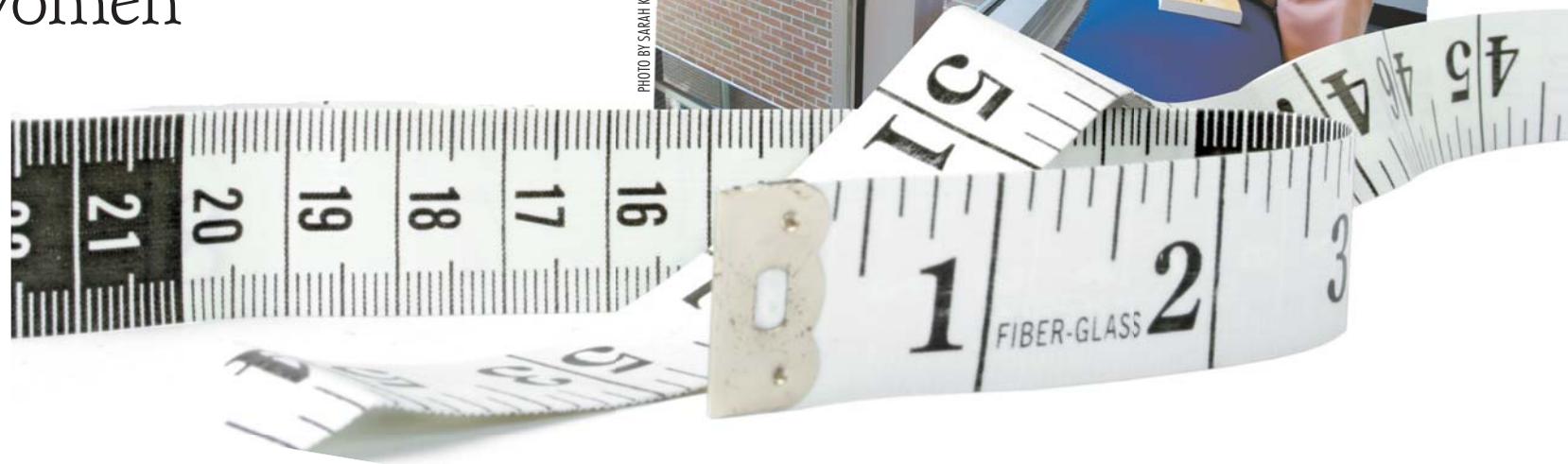
"It's really the same drug," said Miller, who has worked with both CFC and HFA inhalers. "I have found both of them, in my personal experience, seem to work fine." 

# Is **bigger** better?

## Breast surgery boosts self-esteem, sexuality in some women

CYNTHIA FIGUEROA-HAAS, Ph.D.

PHOTO BY SARAH KIEWEL



By Tracy Brown Wright

Women who undergo breast enlargement often see a sizable boost in self-esteem and positive feelings about their sexuality, a UF nursing researcher reports.

Although plastic surgery should not be seen as a panacea for feelings of low self-worth or sexual attractiveness, it is important for health-care practitioners to understand the psychological benefits of these procedures, says Cynthia Figueroa-Haas, Ph.D., a clinical assistant professor at UF's College of Nursing who conducted the study. The findings — which revealed that for many women, going bigger is better — appear in the current issue of *Plastic Surgical Nursing*.

“Many individuals, including health-care providers, have preconceived negative ideas about those who elect to have plastic surgery, without fully understanding the benefits that may occur from these procedures,” said Figueroa-Haas, who conducted the study for her doctoral thesis at Barry University in Miami Shores before joining the UF faculty. “This study provides the impetus for future studies related to self-esteem, human sexuality and cosmetic surgery.”

In 2005, 2.1 million cosmetic surgical procedures were performed, according to the American Society for Aesthetic Plastic Surgery. That figure is expected to grow. The number of breast augmentation procedures alone has increased a staggering 476 percent since 2000, according to the American Society of Plastic Surgeons. More than 2 million women in the United States have breast implants, and this year more than 360,000

American women will undergo breast augmentation.

Figueroa-Haas studied 84 women ranging in age from 21 to 57, assessing their perceptions of self-esteem and sexuality before and after cosmetic breast augmentation. Study participants had been previously scheduled for breast augmentation and were undergoing the procedure solely for cosmetic purposes. Eligible candidates were mailed a consent form, a demographic questionnaire and tests asking them to rate their self-esteem and sexuality. They were then mailed a similar test two to three months after the surgery.

Improvements in the women's self-esteem and sexual satisfaction were directly correlated with having undergone breast augmentation.

Figueroa-Haas used two widely accepted scientific scales to measure self-esteem and sexuality. The participants' average self-esteem score increased from 20.7 to 24.9 on a 30-point scale, and their average female sexual function score increased from 27.2 to 31.4 on a 36-point index. She also found substantial increases in the women's ratings of sexual desire (a 78.6 percent increase from initial scores), arousal (81 percent increase) and satisfaction (57 percent increase) after their procedures.

Figueroa-Haas did note that a small number of participants showed no change in levels of self-esteem or sexuality after surgery.

With a heightened interest in men's sexuality issues in recent years, the research sheds light on women's sexuality, and how plastic surgery can improve and enhance this important area of life, Figueroa-Haas said.

“We have all seen countless commercials on drugs and therapy devoted to improving men's sexuality,” Figueroa-Haas said. “Unfortunately, very little is discussed regarding women's sexuality issues. I strongly believe that my research shows that interventions such

as cosmetic plastic surgery can address these sorts of issues for some women. For example, those women who may have breast changes due to nursing or from the inevitable natural aging process. These women may not feel as attractive, which could ultimately negatively impact their levels of self-esteem and sexuality.”

But Figueroa-Haas warned that women should not view plastic surgery as a cure-all for any self-esteem and sexuality woes. In fact, ethical plastic surgeons should screen for this type of behavior and rule out potential patients who may have more serious psychological issues, she said.

“There may be patients who will never be satisfied with their bodies no matter how much surgery they receive or feel that their life will completely change after plastic surgery,” Figueroa-Haas said. “These are not ideal candidates for surgery and should seek further counseling to address their underlying psychological issues. But for women who seek improvements in certain physical areas, plastic surgery can be a very positive experience.”

Further research is needed to assess psychosocial issues that may arise after plastic surgery, said Figueroa-Haas, adding that health-care providers need to be able to better predict outcomes in these patients.

“Since plastic surgery is increasing dramatically, my intention for researching this topic was to evaluate nurses' attitudes toward cosmetic surgery patients and make recommendations for increasing awareness of the factors surrounding these patients,” Figueroa-Haas said. “Nurses should display compassion and understand an individual's reason for seeking cosmetic surgery instead of dismissing or stereotyping these patients. This study shows that there are genuine psychological improvements that follow plastic surgery, and these issues must be understood and respected.” 



PHOTO BY SARAH KIEWEL

If you're interested in volunteering, please e-mail Carol Ash at [carolash@gator.net](mailto:carolash@gator.net) or Jo Ann Hostetler at 352-392-4700, ext. 4818, or by e-mail at [hostetlerj@mail.vetmed.ufl.edu](mailto:hostetlerj@mail.vetmed.ufl.edu).

Volunteer advocate Carol Ash makes friends with Ginger, a 5-year-old greyhound owned by Robert Randa (left), while she checks to make sure all is well in the client waiting area at UF's Veterinary Medical Center.

# Program helps pets, people feel at home

By Sarah Carey

**M**any hands make light work. That expression captures the spirit of the small animal hospital's Volunteer Advocate program, which began in July and has brought new faces — as well as helpful hands — to the client services area.

Volunteers greet pets and their owners at the door, direct them to the check-in counter, offer a set of arms to hold an animal while a client signs in and serve as liaisons between hospital clients and service technicians and students.

The program began to take form after Carol Ash, a retired eminent scholar from the UF College of Nursing, told former Dean Joe DiPietro about her interest in volunteering at the UF Veterinary Medical Center. A casual conversation led to a lunch meeting between Ash, DiPietro and small animal hospital chief of staff Colin Burrows, B.Vet.Med., Ph.D., after which Ash was invited to help get a formal volunteer program off the ground.

"I said I didn't know anything about setting up a volunteer program, but I'm willing to give it a shot," said Ash, who recently helped list the new program with the Volunteer Center of Alachua County. "It's a challenge, but I like a challenge."

Burrows then asked Jo Ann Hostetler, the small animal hospital's coordinator of administrative services, to work with Ash to coordinate the program. Hostetler had visualized having such a program and was delighted when it was formalized.

So far, the program includes a handful of volunteers from Oak Hammock community, where Ash lives, and a few others from the area who work in two- to four-hour slots performing various tasks aimed at enhancing a client's experience in the hospital.

"They converse with clients in the receiving area to see if they have concerns

about their waiting time, have any general questions, would like a cup of coffee or directions to the nearest mall, anything that will help make their visit as pleasant and comfortable as possible," Hostetler said.

"If anyone voices a concern, the advocate comes out to talk to a member of the client service team, which has the appointment schedule and a record of the student who has picked up the medical record for that case," she added. "We call the student on their Nextel phone and ask for an update on the waiting time and relay that information to the client."

In most cases, clients are happy just to feel they have not been forgotten and someone is paying attention and is aware of their situation, Hostetler added. Other tasks patient advocates perform include helping the clients at discharge.

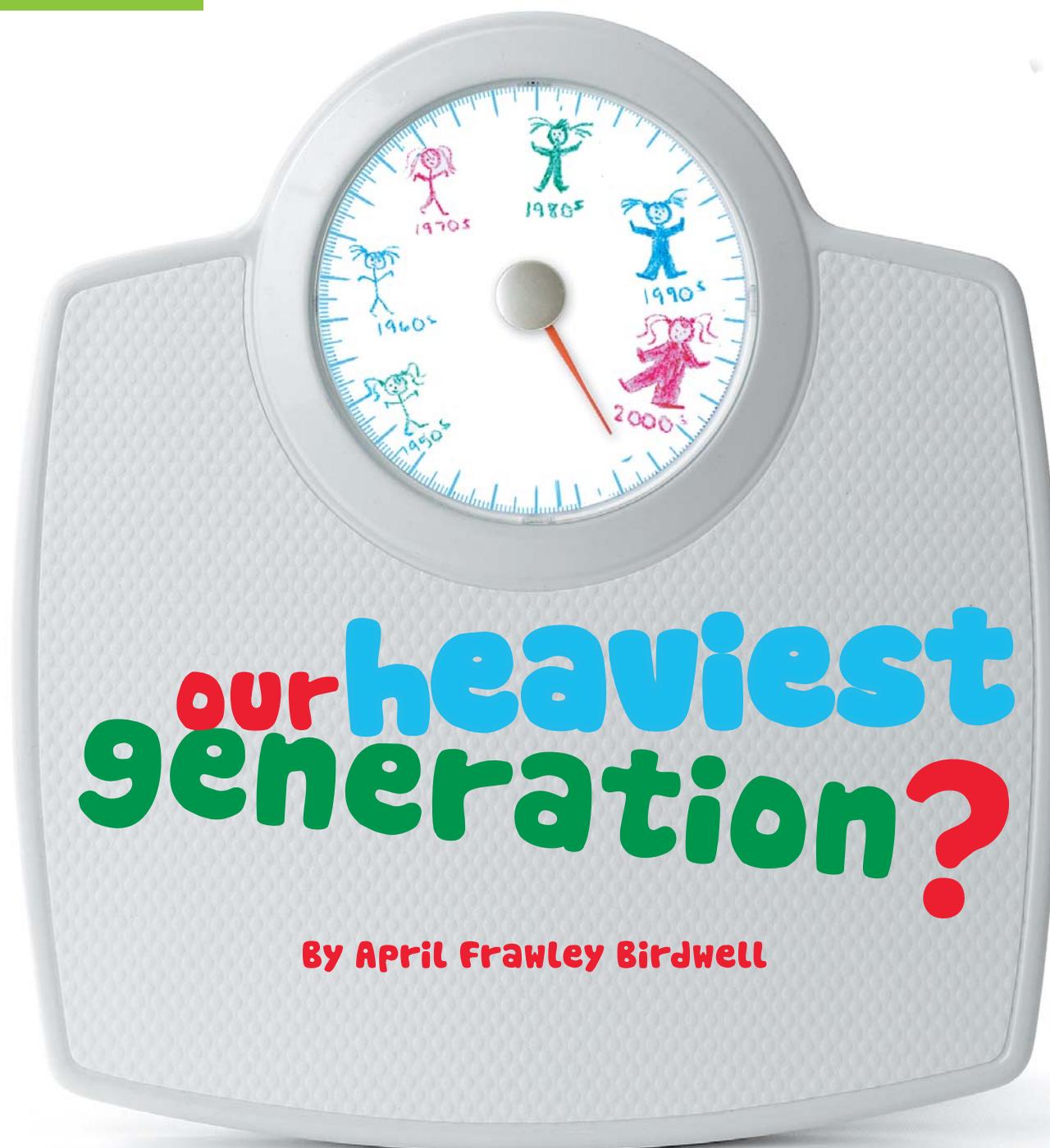
"The clients may have dog food or medication in hand, holding on to their pet and trying to write a check, all at the same time," Hostetler said. "The advocate is there to give them a hand, or just ask how everything went with their visit. Often clients will be busy cashing out and then they will think of something they forgot to ask the student or the doctor. So the advocate might contact the student again."

The hospital's most visible patient advocate to date has been Ash, who worked as the director of nursing education at the Memorial Sloan-Kettering Cancer Center in New York prior to coming to UF in 1992.

"People are just so grateful for the help," Ash said. "Particularly if they have never been here before, they're confused and bewildered. When they say 'Thank you so much,' it makes you feel like it's all worthwhile."

Burrows added that he already sees the benefits of the program.

"The volunteers have made themselves invaluable in just a short while," he said. "We just wish we had more of them." **P**



# our heaviest generation?

By April Frawley Birdwell

**Expanding waistlines mean kids today may have lower life expectancies than their parents. But UF experts are trying to change that.**

**S**usie Miller can't pinpoint exactly how it happened, but looking at her daughter Kimberly's clothes, she knew something didn't fit.

"Everything she put on was really tight," Susie remembered. "She said, 'Mom, I need a bigger size.'"

At the doctor's office during Kimberly's annual physical last December, Carolyn Carter, M.D., confirmed what the Millers already suspected: Kimberly was gaining weight. Too much weight. Her body mass index, the calculation doctors use to gauge whether a person is overweight, had swelled to 27.5, high for an 11-year-old, Carter said.

Miller knew there was really only one thing to do. Her family had to change. That meant trading sugary sodas and sports drinks for bottled water, packing grapes in her daughters' lunches instead of oatmeal cream pies and getting out of the house in the afternoons instead of sitting on the couch.

It paid off. In March, when Kimberly checked back in with Carter, her BMI had dropped nearly a point.

"That's a big drop on the chart," said Carter, a UF professor of pediatrics. "She's doing great, and they're still working on it."

In some ways, Kimberly's progress isn't all that surprising. If weight loss were an equation to solve, adding apples, water and daily bike rides and subtracting oatmeal cream pies and soda would equal weight loss. It sounds simple. But like any equation, often it isn't. There are variables involved in equations and weight loss, and sometimes it isn't so easy to solve for X — or XXL.

More than a third of U.S. children and teens are overweight or obese — about 25 million — a statistic that has swelled during the past two decades, according to the Centers for Disease Control and Prevention. Considering that 70 percent of overweight teens stay overweight as adults, stopping the problem in childhood is key to keeping kids healthy, say UF experts who work with obese children. But getting to the root of the problem takes time, something that's in short supply in clinics. Some children wait months for an open appointment in a UF pediatric endocrine clinic held weekly for children who are overweight and at-risk for complications such as type 2 diabetes, and often doctors only have time to see the most severe cases, said Janet Silverstein, M.D., a UF professor of pediatric endocrinology who has been working to combat childhood obesity for years.

That's one of the reasons UF experts hope the state Legislature will fund a multidisciplinary obesity center, one of several proposals university leaders have listed as a priority this year. The center would offer services to children both at UF and in rural areas, where kids are apt to be heavier, and train students to work in the field, said David Janicke, Ph.D., an associate professor of clinical health and health psychology in the College of Public Health and Health Professions and one of the researchers who proposed the center.

"What we're trying to do is bring experts together," said Janicke, who studies childhood obesity in rural populations. "We have our fingers crossed, so we'll see what happens."

But helping patients in the clinic is just one aspect of what needs to happen to curb rising childhood obesity rates. UF researchers are also trying to find the best treatments for kids and ways to stop childhood obesity before it becomes a problem, even in children who are genetically predisposed to becoming overweight. Finding these treatments and helping families make changes is only one part of the solution, though, Janicke said.

"There needs to be change on so many levels," he said. "What's marketed to kids, what types of foods are available in schools, the walkability of neighborhoods, how much exercise kids are getting. There are so many different levels that we need to intervene at that it's going to take a while."

**Tips for Parents #1**  
**Make small changes and substitutions: Too many changes at once might overwhelm and discourage kids. Instead substitute fruit for cookies and gradually cut back on fattening foods.**

## The problem

In 1971, only 7 percent of adolescents and 4 percent of children between the ages of 6 and 11 were overweight. By the early 1990s, those numbers had passed the double-digit mark. By 2004, those percentages had reached nearly 20 percent, according to the National Health and Nutrition Examination Survey results from those years.

The rising rates of obesity led researchers to a startling conclusion in 2005. Today's children would probably be the first generation whose life expectancies would not eclipse their parents because of obesity, scientists reported in the *New England Journal of Medicine*.

Everyone has an opinion on why kids are getting fatter even as doctors shed more light on the health problems obesity can cause: too many snacks, processed food, fast food, boot-shaped chicken nuggets, video games, less safe neighborhoods keeping kids inside, fattening school lunches, more parents who are overweight, high fructose corn syrup, marketing junk food to kids, 700 cable channels and an endless list of other problems. But the truth is, it's not one thing, Janicke said. It's everything.

"It's a very complex problem and a vicious circle," said Milagros Huerta, M.D., a UF assistant professor of pediatric endocrinology who studies obesity's effects on endocrine disorders such as diabetes.

And although overweight children are primarily concerned with looking normal and fitting in, the problem is really the effects obesity has on the body. Type 2 diabetes used to be considered an adults-only disease, but today more children have it than ever, said Silverstein, the chief of the College of Medicine's pediatric endocrinology division. Heart disease, high cholesterol, sleep apnea and psychological problems affect more obese children too, Huerta said.

Huerta decided to start her own study examining this problem when she



was working as a pediatrician at a clinic in Brownsville, Texas. She noticed that many of the obese children she saw already had type 2 diabetes.

"As a fellow, most of what I had seen before 1997 was type 1 diabetes," Huerta said. "It's always heartbreaking to tell someone your child has diabetes. And as much as researchers have tried, we can't prevent it. But type 2 diabetes is preventable, and to be seeing these kids, it felt like we were not doing something to help them prevent it."

And more so than any other health issue, obesity is a family issue, not a child-only problem, Silverstein said.

"If you just target the children you can make an impact, much as the tobacco initiative made an impact," Silverstein said. "But the parents are still the ones who cook, they're still the ones who go shopping."

"They say food is addicting. Most addictions you get rid of by not using them, like cigarettes or recreational drugs. With food, you can't stop eating."

**Continued on page 14**

Continued from page 13

## The solutions?

When Carter, a UF pediatrician, noticed Kimberly was gaining weight, she advised Susie Miller on some simple ways her family could help the girl lose weight, namely cutting back on the sodas and taking family walks or jumping rope.

As simple as it sounds, this advice is actually the first line of defense for preventing obesity and complications like type 2 diabetes before they occur, Silverstein said.

Unfortunately, that advice isn't always given or taken, she said. One of Huerta's studies is actually trying to find the best way to help kids lose weight and prevent type 2 diabetes and heart disease. She is comparing three groups of kids between 10 and 17: children who receive advice about diet and exercise, children who receive the drug metformin and children who take part in group treatment with their parents. The group teaches families a healthy lifestyle program, a modified version of the program Janicke uses in his own study, that covers everything from healthy cooking to helping parents motivate and support their children.

"It's really nice to see the families start helping each other," Huerta said. "We have some families where the parents are making more progress than the kids, but it helps. Even if the child is not engaged, if the parent is changing the environment, making it healthier, it's making it easier for the child."

The program is easy for families to learn because it uses the "stoplight" method for selecting food. Foods are divided into categories based on fat content. For example, green for broccoli or apples, yellow for lean meats and red for more fattening foods such as pizza or a hamburger. During the program, counselors work with children and families on individual goals and encourage them to cut back on the number of red foods they eat.

"The last thing you want to do is badger kids into making changes," said Janicke, whose study with families in rural areas examines whether including both the parent and child in group treatment leads to more changes in the child's diet and exercise habits compared to working only with parents. "This is something that's going to take a long time. We don't want to push dramatic, large-scale changes all at once because those things don't last and kids resist. We want parents to really be positive and work with kids and meet them where they are."

But both Janicke and Huerta say the key to really helping more children, in urban and rural areas of the state, is getting the funds to establish a multidisciplinary obesity center.

"You really need the expertise from the psychologist and the social worker and



the nutritionist, not just the physician," Huerta said.

Silverstein has other goals she's been thinking about for awhile too. She'd like to start retreats similar to the ones held for children with type 1 diabetes to help families battle obesity. As part of a group that recently helped improve nutritional standards in local schools, Silverstein is involved in a new group that wants to continue to help school wellness committees with programs aimed at keeping kids healthy. The group also wants to work with other local agencies to establish afterschool programs that get kids off the couch.

"Inactivity is a huge piece of the puzzle," Silverstein said. "You can't do it with food alone."

But UF researchers aren't solely focused on helping children. Other UF researchers are trying to find ways to prevent obesity and battle it in people who are genetically predisposed to it, like those who have Prader-Willi syndrome or early-onset morbid obesity.

Carrie Haskell-Luevano, Ph.D., an associate professor of medicinal chemistry in the College of Pharmacy, is working on discovering what causes a gene to go awry in about 6 percent of morbidly obese adults and children that prevents them from ever feeling full. A study she and others in her lab completed last year shows that mutations of the melanocortin-4 receptor, a gene in brain cells that plays a role in regulating hunger, cause it to miss signals that tell the body to stop eating. This discovery placed scientists a step closer to finding a treatment for this defect.

"If I can help improve the quality of life for people, especially for kids, then it's really exciting," Haskell-Luevano said. "That's what we're trying to work on."

**Tips for Parents #2**  
Exercise, exercise, exercise: Fun activities like riding bikes, walking and dancing can boost the metabolism.

Kimberly isn't the only one in her family who's benefited from the changes she and her mother decided to make after her doctor's appointment in December. It's actually helped the whole family, said Miller, a nurse at Shands at UF.

"It's the exercise," Miller said. "You feel so much better after you exercise."

Kimberly's main motivation to stick with the changes has actually been her clothes, her mother added. As her waistline shrinks, her wardrobe expands; she can now fit into a lot of her old clothes.

"She was excited," Miller said of when her daughter first realized she was shedding pounds. 'She said, 'Mom, I can get back into my pants again.'"

**Tips for Parents #3**  
Be a good role model: Eating right and exercising yourself helps your child learn proper nutrition from their favorite teacher — you.

# The pudgy PET PROBLEM

Our nation's waistlines continue to expand and humans are not the only ones affected by the phenomenon: U.S. pets are increasingly becoming obese. A recent study by Purina found that six out of 10 pets are overweight although almost half of their owners believe their pets are in ideal shape. UF College of Veterinary Medicine associate professor Richard Hill tells us how to identify the warning signs of pet obesity and the best methods to combat this growing trend.



PHOTO BY SARAH KIEWEL

Dr. Richard Hill, a veterinary nutritionist at the College of Veterinary Medicine, prepares to examine Andy, an overweight tabby cat. Andy is rather displeased with this arrangement and expresses himself by hissing and swatting at Hill.

## What are the health risks for an animal associated with being overweight?

Body fat produces inflammatory mediators, so obesity can be regarded as an inflammatory condition and has been associated with many diseases. The best study in dogs is a long one conducted by Purina, which showed that modest increases in body weight reduced the lifespan of Labrador retrievers prone to osteoarthritis by two years. The best study in cats showed that cats that are overweight are more likely to develop diabetes and joint disease.

## What is the best way to help keep your pet healthy and prevent obesity?

Feed less food and increase the amount of exercise.

## How do you know how much food is the right amount to feed your pet so that it doesn't become overweight?

Adjust the amount of food to maintain a lean body shape. A lean body shape means that the ribs can be felt easily but not seen or can only just be seen, and so that the waist is visible from the side and above.

## Sometimes it's hard for people to tell if their pets are obese. What are the warning signs?

Compare the shape of your dog or cat to the shapes shown at the Purina Web site: [www.purina.com](http://www.purina.com).

## What are the benefits and risks of the new doggie diet drug, versus limiting a pet's diet and increasing its activity?

It is best to consult with your vet to come up with the best plan for you and your dog. There are special veterinary diets that are designed to ensure that adequate protein and other essential nutrients are consumed while calories are restricted. This method is very safe and remains the only treatment option in cats. The new diet drug is an additional tool to help with weight loss in dogs. It reduces fat absorption in the intestine and reduces appetite. It does cause side effects (mostly vomiting) in some dogs and should only be used in conjunction with food restriction using an appropriate diet. The drug is due to be released in May. 

# Cost vs. care

## UF researchers studying benefits of costly drug for dangerous virus

By Lisa Emmerich

While respiratory syncytial virus most often causes symptoms similar to the common cold in adults, it can lead to serious respiratory problems in young children.

At its worst, the highly contagious virus, commonly called RSV, can lead to severe diseases such as pneumonia or bronchiolitis, which can cause lasting damage or even death. Officials from the Centers for Disease Control and Prevention estimate that RSV results in more than 125,000 hospitalizations and 4,500 deaths every year.

At present no vaccine exists, but the antibody drug palivizumab has been shown to prevent the disease. Clinical trials show palivizumab reduces RSV hospitalizations by more than half. Unfortunately the drug costs \$1,200 a dose, heightening concerns that it may be prescribed to patients who won't benefit from it and underused by those who need it. That's why UF researchers studying the effectiveness of palivizumab in Florida Medicaid infants are trying to determine who benefits most from the treatment.

"Since it is costly, it is important to determine who benefits most and under what conditions optimal effectiveness is achieved," said Almut Winterstein, Pharm.D., an assistant professor in the UF College of Pharmacy who is leading the study.

In collaboration with the UF Center for Medicaid and the Uninsured and the Agency for Healthcare Administration, Winterstein and other UF researchers are exploring the effectiveness of the costly drug and trying to pinpoint whom it helps and during what season. Typically, the medication is recommended for children under 2 who are most at risk for infection, including those with chronic lung disease or congenital heart disease and premature infants. It is typically given over a period of five months during RSV season, which is similar to flu season.

Understanding how effective the drug is in these patients is important, Winterstein says, because while palivizumab has been shown to reduce the risk of RSV infections in certain high-risk groups of children during clinical trials, it is unclear whether the same level of effectiveness can be achieved in real-life populations.

The researchers analyzed 12 years of Florida Medicaid data on



Lori Bonczek, R.N., a nurse in the Neonatal Intensive Care Unit at Shands at UF, comforts 3-month-old Belinda after administering a drug that prevents respiratory syncytial virus.

hospitalizations related to RSV and compared it with the use of palivizumab. Preliminary results show use of the medication during peak RSV season decreased RSV-related hospitalizations. But during the off-season the decrease was much more subtle.

The RSV season varies depending on the state. In Florida, the season is difficult to pinpoint because it differs across regions. Winterstein's team is using geographic mapping software to analyze RSV infection rates, immunization usage and effectiveness for different counties across the state.

Because the preventive medication only lasts for 30 days, it must be used monthly throughout a patient's period of high risk to provide maximum effectiveness. Winterstein said many children receive only one dose during the season, which likely would not prevent infection.

Winterstein's full study will evaluate the effects of palivizumab immunization on RSV infection rates and the cost in various high-risk groups. She also plans to assess the effects of gaps in use of the drug.

"The number of patients who are receiving the immunization has increased steadily and infection rates have clearly decreased," Winterstein said. "However, it seems that the growth in the number of immunized children during the off-season has less effect in RSV infection rates." 

# Size does matter ... to cells

By John Pastor

Cells from the smallest to the largest of mammals often seem to be “one size fits all.” Now a closer look reveals that whether a cell lives in an elephant, mouse or something in between can make a big difference in its life.

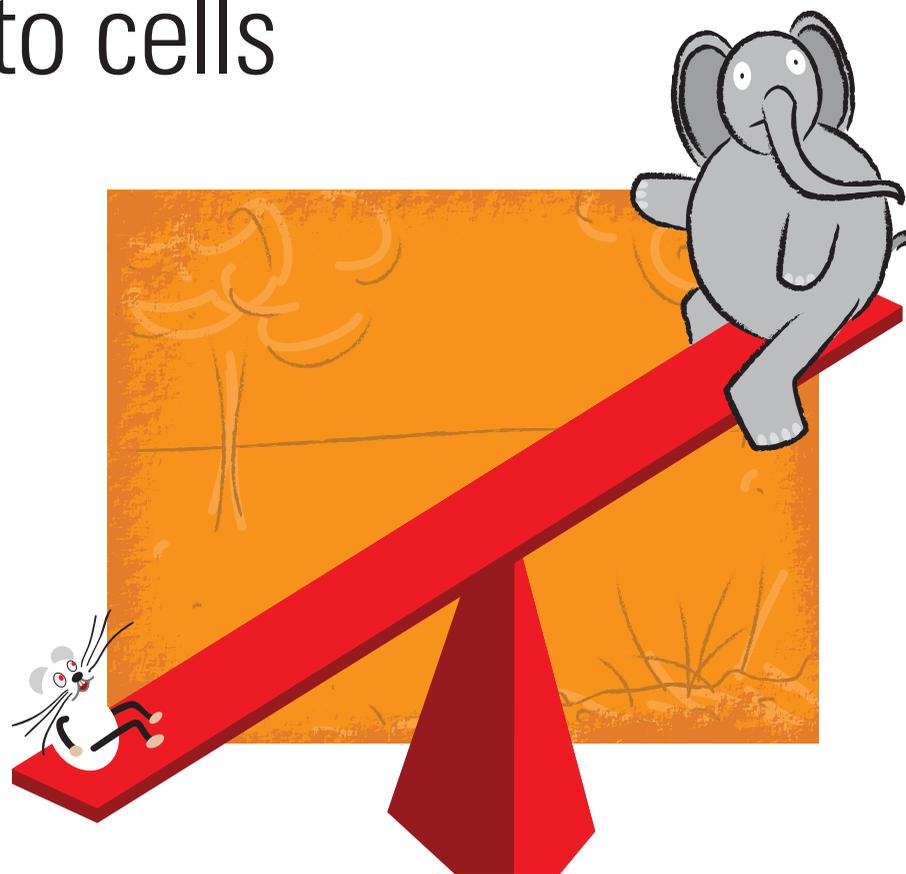
Researchers from the University of Florida Genetics Institute, Harvard Medical School and other institutions developed mathematical models that they used to examine 18 cell types from mammals ranging from mice to elephants. They found two basic categories — cells that stay the same size but have drastically different energy needs that depend on the size of the mammal, or cells that grow larger in larger mammals and use energy at the same rate, no matter the mammal’s size.

The discovery, published online this month in the *Proceedings of the National Academy of Sciences*, begins to answer questions about how the size of an organism helps determine the life span of its cells, a finding that could help cell biologists and physiologists understand cell and organ function and their relation to disease.

“Although cells are basic building blocks, their metabolic rates depend on where they find themselves living,” said Van M. Savage, Ph.D., the lead author of the research and an instructor in the department of systems biology at Harvard Medical School. “Conceptually this is important because huge amounts of research on human diseases are done on single cells or cultured cells that come from other animals and little is done to place these findings within the context of the size or other whole-body properties of the animals.”

Generally, the size of a species of mammal sets the pace of its life, Savage said. The life spans of a mouse and elephant can differ by more than 70 years, and it takes a mouse 20 days of gestation before delivering a baby compared with more than 600 days for an elephant. The larger the animal, the slower its cellular metabolic rate — the speed at which it burns oxygen — and life processes. The question of whether cells are bigger in larger mammals than in smaller ones — think of an elephant’s liver cell compared with a liver cell from a mouse — is usually answered by saying that larger mammals don’t typically have bigger cells, they just have more of them.

Liver cells, red blood cells and other cell types that frequently replace themselves



UF Genetics Institute researchers are answering questions about how the size of an organism helps determine the life span of its cells. Their findings could help cell biologists and physiologists understand cell and organ function and their relation to disease.

are about the same size, but more permanent cells, such as brain and fat cells, are indeed larger in large mammals.

“The reason brain and fat cells grow bigger could be because they live longer and have important long-term functions,” said James Gillooly, Ph.D., a UF assistant professor of zoology. “In these cases, the properties of the cell are linked to the whole organism. But the sizes of quickly dividing cells are independent of the organism.” **P**

## College of Medicine Research Day



Dr. Charles Rosser (left), an assistant professor in the College of Medicine’s department of urology, and Dr. Ali Kasraeian, a urology resident, discuss their study on primary care physicians and prostate cancer screening at Research Day in the Founder’s Gallery (left photo). In the HPNP foyer (right photo), Susan Leon, a doctoral candidate in the College of Liberal Arts and Sciences’ department of communication sciences and disorders, stands near a poster displaying her research on cognitive-cholinergic therapy in Alzheimer’s disease patients.

# Not ready to retire

New library director leaves retirement to head back to books

By Patricia Bates McGhee

The husband and wife scoured through the books, magazines and medical journals Kathy Moeller had stacked on the table for them. They'd come to the medical library to research prostate cancer, which the man had.

As she usually does, Moeller checked on them to see if they needed anything else.

"Did you know that they even have a microwave treatment for prostate problems?" the husband said when Moeller approached the couple. The wife, considering the idea, replied, "Well, *we* have a microwave."

After more than 30 years as a medical librarian, Moeller has learned from situations like these that there's no such thing as a "typical" question in a medical library. That's part of why Moeller — who came out of retirement to be the new director of the Borland Health Sciences Library in Jacksonville — loves it. To her, combing the world's latest medical information for answers is, well, fun, even when the questions are a little wacky.

"Public libraries have files of frequently asked

up from library assistant to director and started one of the first open-to-the-public consumer health information libraries. She earned a master's degree in library sciences from Rutgers University and was named a fellow of the Medical Library Association. She also earned the Lifetime Achievement Award from the MLA's New York/New Jersey chapter.

Then Moeller retired and moved to Jacksonville in 2005. But her retirement lasted only a year and a half.

"I just wasn't happy being retired and decided I really wanted to go back to work," she said. "This job at the Borland Library came up, and it was exactly what I wanted — it's a perfect job for me at a library that's truly a treasure!"

The library — the Jacksonville branch of the UF Health Science Center Libraries — originally was a public health library and some of the collections go back to the 1800s. "When the library evolved into the Borland, we took over the books from the City of Jacksonville, some of which are invaluable and not available anywhere else," Moeller said.

Today, the Borland holdings provide excellent access to medical literature, Moeller said. "The virtual collection is wonderful, thanks to our access to the electronic databases and journals the Gainesville HSC library has concentrated on and maintained," she said. "It's just an amazing array of what's there."

For Moeller, retiring from retirement was just what she needed. It's not that her time wasn't occupied when she was retired; it's just that she got fidgety and restless — and something was missing.

"Libraries are in my blood," she said, "and there's something about being on a medical campus, too, where new things are being learned every day that can really change somebody's life.

"When I took this job, Dean (Robert C.) Nuss asked me how long I thought I'd work here," Moeller said. "I replied, 'If you make the medical advances fast enough, maybe I'll be here forever, who knows?'"

Maybe she'll even be there long enough to learn about the mysterious medical condition, "Dobermans in the blood." A woman called her once to ask about this problem because she thought her daughter had it. Moeller probed the woman for a little more information. "After much detective work, we determined it was dopamines in the blood," Moeller remembered. "People ask anything and everything, and it certainly makes my job entertaining." **P**



PHOTO BY PATRICIA BATES MCGHEE

Kathy Moeller, the new director of the Borland Health Sciences Library, loves to answer unusual questions — especially from a certain basketball team recovering from the pain of losing to the Gators in this year's NCAA championship game. Albert the stuffed Alligator, part of the library's permanent collection, assists Moeller with all Gator sports queries.

reference desk questions, but because we're dealing with individual physical conditions, the questions don't repeat," she said.

Before joining UF in January, Moeller spent 30 years in the medical library at Overlook Hospital, an 850-bed teaching hospital in New Jersey's largest health system. There, she worked her way

# Florida senator works to boost Florida's medical residency numbers

By Patricia Bates McGhee

**O**n a March 19 tour of UF's Center for Simulation Education & Safety Research, U.S. Sen. Bill Nelson, D-Fla., talked with UF College of Medicine–Jacksonville residents, physicians and administrators about one of his favorite topics — his new bill to curb Florida's physician shortage by funding more slots in Florida's medical residency training programs (for more on this topic see page 4).

The Resident Physician Shortage Reduction Act, which Nelson co-sponsored with Sen. Harry Reid, D-Nev., would expand medical residency training in Florida and 23 other states. If passed, Florida hospitals would gain 347 new residency positions —



PHOTO BY MICHELLE BARTH

U.S. Sen. Bill Nelson, D-Fla., and UF College of Medicine–Jacksonville emergency medicine residents discuss the legislation Nelson and U.S. Sen. Harry Reid, D-Nev., introduced in February to increase the number of residency slots in 24 states, including Florida. Pictured (left to right) are Nelson, third-year chief resident Dr. Paul Chillar and second-year resident Dr. Kerry Bachista.

more than any other state.

“When you compare Florida to the other 49 states, we have the greatest deficiency,” Nelson said. “If we are not getting the number of doctors to practice here for the size of our population, the quality of that medical care is going to go down.”

Key to getting doctors to practice in Florida is getting them to complete their residencies here because most residency graduates stay and work where they train, he explained.

“But at the University of Florida College of Medicine this year they’ll graduate 125 medical students and 60 percent of them will have to train out of state because there are not enough slots here,” Nelson said. “We paid for their education, and they’re gone.”

Passing the bill will be a challenge budgetwise, he said.

“We’re in a very tight budgetary environment in which the administration is trying to cut Medicare instead of increasing it,” Nelson said. “It’s going to be a fight.” **P**

# College names new chief of adolescent medicine

By Patricia Bates McGhee

**S**teven C. Matson, M.D., has always been interested in taking care of adolescents, especially those who fall through the cracks.

There’s a real need for specialized care for adolescents, said Matson, the new chief and associate professor of adolescent medicine in the College of Medicine–Jacksonville department of pediatrics, who also serves as director of UF’s adolescent clinic.



**STEVEN C. MATSON, M.D.**

“There’s a lot of normal health care to be done just for adolescents — I call them ‘kids’ — and we’re used to seeing basic sick kids, kids with reproductive health and contraception questions and kids who are just bummed out,” he said. “And it’s always satisfying when you see a kid who’s really scared about health issues and use it as an opportunity to educate them and get them to be a little more careful.”

But Matson’s favorite part of working with the 12-to-21 age group reveals the different role adolescent medicine physicians play — from the kids’ point of view.

“Something clicks in the patient-physician relationship when the kids realize that a professional is working and talking with *them* rather than with their parents,” he said. “They’re kind of ready to not have their parents there in the doctor’s office, telling them to sit up straight.”

Board certified in pediatrics and adolescent medicine, Matson attended Mayo Medical School in Rochester, Minn., and completed a pediatrics residency at University of Iowa Hospitals and Clinics and two fellowships — one in adolescent medicine at Cincinnati Children’s Hospital Medical Center and a second in primary care faculty development at Michigan State University. He came to UF after two years as an associate professor of pediatrics and adolescent medicine at the University of Arkansas for Medical Sciences in Little Rock. **P**

# Bringing up babies...

*Photos by Sarah Kiewel*

**B**abies abound at the UF College of Veterinary Medicine this spring. Clockwise from upper right, senior student Will Dunaway carries a puppy in the shelter medicine surgery suite. In the large animal barn, a 2-week-old foal reunites with its mother after a separation due to an illness. Dr. Ellen Wiedner cares for Tiffany, a premature newborn Boer goat. A triplet, Tiffany needed a blood transfusion, oxygen and antibiotics because her mother didn't have enough milk for all three babies. Tiffany recovered and went home three days later. Student Becka Williams holds a Bengal kitten named Elvis in the Small Animal Hospital, while fellow senior Courtney Riley looks on from a treatment room.



# COMIC RELIEF

BY LINDY MCCOLLUM-BROUNLEY

*DILBERT'S NO JOKE IN THIS DENTISTRY OFFICE*

**A**T FACE VALUE, *DILBERT*, THE NEWSPAPER COMIC STRIP CHARACTER, MAY NOT SEEM TO HAVE MUCH IN COMMON WITH **KEN TOMLINSON**, DENTISTRY'S ASSOCIATE DEAN FOR ADMINISTRATION. TOMLINSON IS AN ASTUTE, NO-NONSENSE KIND OF GUY WITH DECADES OF DISTINGUISHED SERVICE TO THE UNIVERSITY, WHILE *DILBERT* IS LOWER IN THE ORGANIZATIONAL FOOD CHAIN AND, WELL... JUST A BIT DENSE.

But step up to Tomlinson's office door and you'll find Dilbert and Tomlinson do have at least one thing in common — an interest in the foibles of pointy-haired boss guy, the cartoon character who “stuporvises” Dilbert and his quirky office mates.

Tomlinson's door has become a repository of pointy-haired boss guy clippings and other memorabilia, some taped up by Tomlinson and others posted by staffers who've joined in the fun.

“I think the current one out there is the best,” said Tomlinson, referring to a cartoon clipping mounted on a magnet and posted to his metal door-jam. “I have no idea where it came from, it just showed up one morning. That one I thoroughly enjoyed.”

The anonymous clipping, which shows pointy-haired boss guy cornering a reluctant employee, is just one of many that have appeared in the seven or eight years since one of Tomlinson's staff members started the tradition with a gift of a stuffed, pointy-haired boss guy figure. It remained perched on Tomlinson's mail pocket until last month when its Velcro finally gave out.

When asked about his connection with pointy-haired boss guy, Tomlinson said, “Actually, you'll notice I've got quite a few cartoon characters people have given me over the years. It's not just the Dilbert character.”

Indeed, Tomlinson playfully displays Disney “Grumpy” and “Happy”

figurines given to him by staffers to warn visitors of his mood, and an assortment of character banks are arranged on his bookshelf.

But the pointy-haired boss guy seems to be the one with which people have the most fun. Even dentistry Dean Teresa Dolan has contributed to Tomlinson's Dilbert collection with the gift of a Dilbert desk calendar.

“I have to assume she was implying something,” Tomlinson said with a grin. “But it's all in good humor.” **P**



PHOTO BY SARAH KIEWEL

**KEN TOMLINSON, DENTISTRY'S ASSOCIATE DEAN FOR ADMINISTRATION, DISPLAYS SOME FIGURES FROM HIS POINTY-HAIRED BOSS GUY COLLECTION AND A DILBERT DESK CALENDAR GIVEN TO HIM AS A GIFT FROM DEAN TERRI DOLAN.**

## COLLEGE OF MEDICINE

**JUSTIN SANCHEZ**, Ph.D., an assistant professor of pediatric neurology and director of the Neuroprosthetics Research Group, and his collaborators in the College of Engineering have received \$2.5 million from the National Institutes of Health for their work developing and studying neuroprosthetics.



Justin Sanchez

Sanchez, who is also an affiliate professor of neuroscience and biomedical engineering, will receive \$400,000 from this award for the project "An Ultra-Low Power Wireless Neural Recording Implant Based on Novel Pulse Representation."

His engineering collaborators include Jose C. Principe, Ph.D.; John G. Harris, Ph.D.; Toshi Nishida, Ph.D.; and Rizwan Bashirullah, Ph.D.

**ERIC A. STORCH**, Ph.D., an assistant professor of psychiatry, recently received a grant from the National Institutes of Health to research new ways of treating obsessive-compulsive disorder in children.



Eric Storch

The \$75,000 grant allows him and several other UF researchers to study whether a new kind of medication can augment behavioral therapy for OCD. He and his team are pairing behavioral therapy with a non psychotropic drug that spares patients of most side effects.

**DEAN C. CRAIG TISHER**, M.D., was honored in March by the Florida Society of Addiction Medicine for promoting addiction medicine,

education, prevention, treatment and research in Florida.

"On behalf of all the staff and faculty of this great college who are committed to the programs associated with addiction, whether it's on the front lines dealing with addiction in all types of patients or in the laboratory developing translational research — for all of these people I accept this award," Tisher said.



C. Craig Tisher

## COLLEGE OF NURSING

**JENNIFER ELDER**, Ph.D., R.N., has been named a recipient of the Spring 2007 Howard Hughes Medical Institute Distinguished Mentor award, recognizing excellence in undergraduate mentoring. Elder, an associate professor and chair in the department of health care environments and systems, was one of six awardees at UF and will receive \$10,000 over two years.



Jennifer Elder

Elder teaches mental health nursing and research at the undergraduate and graduate levels and has spent the last 25 years studying autism and related child neuropsychiatric disorders. With an interdisciplinary team of researchers and clinicians, she has developed and tested a variety of interventions for children with autism.

Dr. Elder has employed and mentored 16 undergraduate students in her research projects. In addition, she has provided research experiences for five undergraduate research scholars and 44

honors students. Dr. Elder's students frequently co-author and present with her at local, state, and national research conferences. Four students have presented internationally.



A team of Master of Health Administration students in the department of health services research, management and policy, was one of six university teams to advance to the final round in the Health Administration Case Competition, sponsored by the UAB Health System. Pictured with assistant professor Amy Yarbrough (second from left) are team members Jared Amerson, Sharon Goldberg, Mandy Gerlach and Bill Walders.

## COLLEGE OF PHARMACY

**GREG WELDER**, a second-year pharmacy student, received the Presidential Trainee Award from the American Society for Clinical Pharmacology and Therapeutics at its annual meeting in March. Supervised by Issam Zineh, Ph.D., an assistant professor of pharmacy practice, Greg conducts research on hypertension and cholesterol-lowering drugs.



Greg Welder

ASCPT, the largest professional scientific organization serving clinical pharmacology, traditionally presents the award to a member holding a professional doctoral degree in pharmacy or medicine, said William Millard, Ph.D., executive associate dean for the College of Pharmacy.

## JACKSONVILLE

**TINA BOTTINI**, M.P.A., has been named assistant director for research programs and services in the Office of Research Affairs at the Health Science Center-Jacksonville. Bottini's appointment is a transfer from her previous position as director of research and program development for the Neuroscience Institute at HSC-Jacksonville/Shands Jacksonville. Before joining UF in 2001, she was director of administration in the office of the executive associate dean of research at Northwestern University Medical School.



Tina Bottini

## College honors former U.S. senator

**Max Cleland**, a former U.S. senator from Georgia, has been awarded the College of Public Health and Health Professions' 2007 Darrel J. Mase Leadership Award, the highest award presented by the college.

Cleland was recognized for his leadership of the U.S. Veterans Administration, the nation's largest health-care system; strong support of mental health services for veterans; advocacy for improved health care and education; and courageous political decisions.

"Senator Cleland's dedication to preserving and promoting health care and higher education embody the spirit of the work of our founding dean, Darrel J. Mase, a visionary and pioneer in health education," said PPHP Dean Robert Frank.

Cleland is currently a member of the board of directors of the Export-Import Bank of the United States and has a long and distinguished career in public service at the state and national levels in both the executive and legislative branches of government.

Under President Jimmy Carter, Cleland became the youngest head of the U.S. Veterans Administration. In that capacity, he instituted the revolutionary Vets Center program that, for the first time, offered psychological counseling to combat veterans to heal the emotional wounds of war.

Cleland volunteered for duty in Vietnam and was promoted



MAX CLELAND

to the rank of captain in 1968. He was seriously wounded in a grenade explosion that year, costing him both legs and his right arm. He was awarded the Bronze Star and a Silver Star for gallantry in action.

"Cleland's enormous professional success and public service demonstrates to our students, faculty, patients and community that people can overcome situations that could be devastating," Frank said.

# Research from the heart

Sister's condition spurred Dawn Bowers to help others with brain disorders

By Stephanie Fraiman

When Dawn Bowers, Ph.D., set out to study psychology as an undergraduate, she had no idea what drove her to the major. It wasn't until she was working on her doctorate in neuropsychology, the study of brain and behavior, that she finally began to realize the subconscious motive behind her decisions.

Bowers' sister suffered from anoxia, a lack of oxygen to the brain during birth. Her brain injuries were so severe she could not talk or care for herself. She died when she was only in her 20s. Thinking of how her sister's condition affected her family, particularly her mother, Bowers realized she wanted to know more about how to help those suffering from brain disorders.

"There are many interesting disorders of the brain," said Bowers, who earned her undergraduate degree and doctorate from UF. "I love learning about individuals with striking disorders and how to help them."

Now a professor of clinical health and health psychology in the College of Public Health and Health Professions and director of the Cognitive Neuroscience Laboratory, Bowers studies the emotional and cognitive symptoms of Parkinson's disease patients.

"Many think of Parkinson's disease as a disease of motor symptoms, but some of the worst symptoms are emotional and cognitive," she said.

Her research seeks to help patients suffering from "masked face," which causes Parkinson's patients to experience a lack of facial expression. A breathing exercise program developed by one of her colleagues was found to improve patients' facial communication during a pilot study. They now have an ongoing clinical trial to learn whether this program can increase a patient's ability to communicate nonverbally.

"This research is important because we can find ways that can improve patients' relationships with others and, in return, their well-being," Bowers said. "These patients are often seen as being sour and unpleasant because of their inability to show emotion."

Dawn Bowers, a neuropsychologist at UF, studies the emotional and cognitive symptoms of Parkinson's disease. Through the research Bowers conducts, approaches to helping patients improve their nonverbal communication and relationships with others are becoming a reality.

Bowers explained that much of what people perceive about a person is through nonverbal communication. Often, a patient's inability to communicate through facial expression affects their relationships with others, especially health-care providers.

In addition, the same patients often suffer from apathy, a loss of interest and motivation, which can often be confused with depression. Right now, there is no known treatment for apathy. However, Bowers is hopeful about a new treatment she and her colleagues are studying with funding from the Michael J. Fox Foundation.

Through the research conducted in Bowers' lab, approaches to help these patients improve their nonverbal communication and relationships with others are becoming a reality.

But it won't be the first time Bowers' research has helped patients. Ten years ago, after a patient's right temporal lobe was removed during surgery, Bowers received a call from the man's wife a few weeks later. Something was different about her husband, she said. Because surgeons had removed his amygdala, a control center for emotions in the temporal lobe, he no longer responded to stressors in normal ways. On the basis of this reaction, Bowers conducted a study on other patients who had the same surgery and found that the removal of this portion of the brain resulted in a small change in the patients' personalities. They no longer felt panic when in a stressful situation.

"Her research ideas are genius," said Lindsey Kirsch-Darrow, a doctoral student in clinical and health psychology who is specializing in neuropsychology. "I came to UF to do my Ph.D. because I wanted to work with Dr. Bowers."

Bowers said she only wants to continue to help her patients.

"My future goal and research project is to develop better treatment for emotional symptoms of Parkinson's patients, particularly apathy, because current medications don't work," Bowers said. "And of course, I want to have fun while I'm doing this." 



Dr. Madeline Yamate, an acupuncture intern at UF's Veterinary Medical Center, gives an acupuncture treatment to CJ, an American Quarter Horse, for skin sores. Photo by Sarah Kiewel.

# THE POST

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