Dissecting Diabetes

Baylor patient Woody Runner dove into data to help keep his disease under control page 6

Understanding and coping with asthma page 2

Make sense of supplements page 3

Tips for a happy and healthy holiday season page 4

Taking a closer look at lupus page 5

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Is It Asthma?
Catch your breath and find out the reason for your wheezing

When you think of a wheezing, can’t-catch-your-breath asthma attack like you see in the movies, the disease seems clear cut. But many people with mild to moderate asthma may go undiagnosed for years.

“Asthma can vary in severity from a nagging cough to life-threatening shortness of breath,” says Frank Brancaccio, M.D., a pulmonologist on the medical staff at Baylor Medical Center at Waxahachie. “Sometimes kids get it but grow out of it, and adults can develop it as well. It’s one of those diseases that waxes and wanes.”

Asthma tends to run in families. A child who has one parent with the disease has a 25 percent chance of developing it. If both parents have asthma, the child’s odds jump to 50 percent.

If you notice a persistent cough, a sensation of tightness in the chest, wheezing or what seems like a respiratory infection that doesn’t go away, talk to your doctor to see if it might be asthma. He or she can likely diagnose the disease based on your symptoms, and might want to test your lung function to determine how badly your airflow is impaired. It’s important to have your symptoms checked out, since untreated asthma can turn into chronic obstructive asthma, which may be irreversible.

By Stephanie Thurrott

Breathe Easier
For a referral to a pulmonologist on the medical staff at Baylor Waxahachie, call 1-800-4BAYLOR or visit FindDrRight.com.

After the Diagnosis
If your doctor determines that you have asthma, there are a few things you can do to help keep it well-controlled:

- Peak flow meters give you a way to monitor your asthma at home.
- Avoiding triggers can help you control symptoms. Common allergens, exercise, weather changes, heavy odors or perfumes might trigger asthma symptoms.
- Maintenance medications can help you manage your asthma so it doesn’t interfere with your life.

“The idea with asthma is that there shouldn’t be any limitations on activities or lifestyle,” Dr. Brancaccio says.

By Stephanie Thurrott

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With grocery and pharmacy aisles—and even entire stores—dedicated to nutritional supplements, you might think you’ll be healthier with supplements. But do you really need them? And if so, how do you choose which ones? Matthew Moreland, D.O., a family medicine specialist on the Baylor Medical Center at Waxahachie medical staff, answers some questions about vitamins and minerals.

Q: Should I take a multivitamin?
A: If you are getting the recommended five to nine servings of fruits and vegetables a day and you don’t have other health concerns, you probably don’t need to take a supplement.

Q: What if I don’t eat enough fruits and vegetables?
A: As long as you’re not pregnant or trying to become pregnant, you could take a simple over-the-counter multivitamin. You likely don’t need any fancy specialty vitamins. Keep in mind that the health claims on supplements aren’t necessarily supported by research or examined by the Food and Drug Administration. Also, studies of the cancer-fighting properties of vitamins have found that the majority of times, getting the vitamin in a supplement is not good enough. You need to be getting it from your diet for it to count.

Q: Are there certain groups of people who benefit from vitamin supplements?
A: Yes. Alcoholics, vegans, pregnant women, people who have had gastric bypass surgery, people over age 70 and people who spend most of their time indoors. Instead of a multivitamin—which contains a little bit of many different vitamins—these people are likely better off supplementing the vitamin they are probably deficient in. Alcoholics and people who have had gastric bypass may need B vitamins. Pregnant women and women trying to become pregnant need folate. People who don’t get much sun exposure and the elderly may need vitamin D. New studies are also showing that vitamin D deficiencies are on the rise for younger adults. At your next appointment, ask your physician about testing your levels.

Q: Who needs to supplement minerals?
A: Vegans may need more iron. Postmenopausal women, people who are indoors most of the time and elderly people might need to supplement calcium.

Q: Is taking supplements dangerous?
A: Sometimes. Vitamins A, C and E have received a lot of attention. Mega-doses of A and E can be toxic, and while vitamin C is generally believed to be safe, most of the health claims associated with it have not been proven true. Heavy vitamin doses can sometimes trigger liver or kidney problems.

By Stephanie Thurrott
Holiday celebrations mean it’s time to indulge in traditional favorites. Even if you’re watching your weight, you can still treat yourself to more than carrot sticks and grape bunches. Diane Anderson, Weight Management coordinator at BaylorWorx, and Dottie Brashear, a dietitian at Baylor Medical Center at Waxahachie, offer these tips that will help you eat well over the holidays without taking the fun out of the food.

1. **DON’T SKIP MEALS.** During the busy holiday season, you might skip a meal to save the calories for a party that night, or simply get so caught up in activities that you don’t take the time to eat. But when you get really hungry, you’re more likely to eat quickly and overeat. Eat regular, light meals and snacks instead.

2. **WATCH YOUR PORTIONS.** If you don’t overdo it, you can still enjoy your favorite foods. At a buffet, use a salad plate instead of a dinner plate, and skip second helpings. Load the plate first with healthy, nutrient-dense foods, then take a taste of each of your three favorite "splurge" foods.

3. **PACK UP LEFTOVERS RIGHT AWAY.** Recruit help so the job gets done quickly and you’re not tempted to pick and graze at the leftovers. Send your guests home with the extra food—that way, you won’t be tempted to eat it.

4. **LIMIT ALCOHOL.** Save your calories for your favorite foods instead. And drink 12 ounces of water before each meal.

5. **GET MOVING.** Encourage your family and friends to join you for a walk after dinner. If the weather is nice enough, organize a touch football game or break out the horseshoes, croquet or bocce balls. In lousy weather, commandeer a Wii® for the day and challenge your guests to a game.

6. **BE REALISTIC.** Don’t aim to lose weight over the holidays. Maintaining your weight is more reasonable.

7. **BYOF.** Bring your own food. Cook up a healthy creation or modify a favorite family recipe. A fresh fruit or vegetable platter is always a diet-friendly option.

8. **PACE YOURSELF.** For many of us, there are four celebratory days between Thanksgiving and New Year’s. Enjoy them, and stick with your healthy eating habits on the other days.

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**Season’s Eatings**

For more information about dietary guidance resources and classes at Baylor Waxahachie, please call 972-938-3311, ext. 328.

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By Stephanie Thurrott
The work of researchers at Baylor Research Institute (BRI) could result in a different approach to treating people with lupus, a debilitating disease that affects more than 5 million people worldwide.

In people with lupus, the body’s immune system begins attacking healthy tissue, causing inflammation, pain and tissue damage. Lupus is commonly treated with large doses of corticosteroids, a class of steroid hormones, to suppress the overactive immune system by killing certain immune system cells. But steroids can harm organs and cause side effects including cataracts, high blood pressure and brittle bones.

Working with other researchers, BRI scientists discovered that two immune system proteins known as TLR7 and TLR9 actually activate the cells targeted by steroids, negating the effects of treatment.

“We were trying to understand why people with lupus need such high doses of corticosteroids, because if we understand that we might be able to find alternative therapies,” says Virginia Pascual, M.D., investigator, Baylor Institute for Immunology Research (BIIR), a component of BRI, and director of the Center for Personalized Medicine at Baylor.

According to Dr. Pascual, the research suggests that blocking TLR7 and TLR9 from activating the cells that steroids are intended to target could help steroid treatments do their job better. “That would mean we could significantly lower the dose of steroids, which is the ultimate goal,” she says.

The scientists whom BRI has been collaborating with have already developed blocking agents for TLR7 and TLR9. Dr. Pascual says the first step is to test the compound in healthy volunteers and then begin studies with lupus patients.

“It will be relatively easy to know if adding this compound to the baseline therapy with corticosteroids can keep the disease activity down,” she says. Although such a study is at least a year away, Dr. Pascual says that in the meantime, BRI researchers are pursuing their ongoing investigation into other aspects of lupus. This includes the study of certain elements of the immune system with a previously unclear relationship to lupus.

“A better understanding of the disease process could help us design novel therapies,” Dr. Pascual says. “This could mean the development of new ways of treating lupus that have not even been discovered yet.”

The Search for a Shield Against Lupus

Baylor researchers continue uncovering new facts about the disease.

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Take a look at our research at BaylorHealth.com/AdvancingMedicine • November 2010 BaylorHealth 5
When 52-year-old Woody Runner learned he had type 1 diabetes, he dealt with it using what he knows best—data. The former CPA began tracking calories, carbs, blood sugar and physical activity. He ran numbers, built spreadsheets, created charts, and then took this data to his first appointment with an endocrinologist on the medical staff at Baylor Medical Center at Southwest Fort Worth. “As dire as the consequences of diabetes are, I thought, ‘Everybody must do this.’ When I saw my endocrinologist he was shocked,” Runner says. “He said I was like one in 1,000 patients.” In fact, Runner’s data-driven tendencies led to his development of Project Diabetes, an online tracking platform that helps type 1 and type 2 diabetes patients manage their disease. For Runner, it’s all about taking control. Diabetes experts agree this is essential both to prevent diabetes and to fight the disease once you have it. Here’s why.

Prevention Pointers
Nationally, 7.8 percent of children and adults have diabetes, a condition that can lead to heart disease, blindness, amputation and kidney failure. In Tarrant and Dallas counties, the numbers are higher at 8.6 percent and 9.4 percent of adults, respectively. So, the numbers sound ho-hum? They don’t really wow you?
This might: The Centers for Disease Control estimates that one in three people born in 2000 in the U.S. will have diabetes. “This is a scary prediction. The problem is getting worse. Patients are getting younger. We’re going to start seeing heart disease, kidney failure and blindness at younger ages,” says Darren Lackan, M.D., an endocrinologist on the medical staff at Baylor Medical Center at Southwest Fort Worth. Unless we change.

To win against diabetes, we must win the battle of the bulge. “If there’s something people need to focus on, it’s weight,” says Henry Prost, M.D., medical director of the Diabetes Education Center and an endocrinologist on the medical staff at Baylor Regional Medical Center at Grapevine.

While family history is a factor and gestational diabetes and large birth weight babies also increase a woman’s risk, research supports Dr. Prost’s weighty claim. In a study called the Diabetes Prevention Program, women with gestational diabetes were randomized into three groups: a control group, a medication group and a lifestyle modification group. “The control group developed diabetes at the expected rate. The medication group cut their risk by 31 percent. The lifestyle group, who lost 10 percent of their body weight—and exercised at least 150 minutes per week—cut their risk of developing diabetes by almost 60 percent,” Dr. Prost says.

Putting Up a Fight

What if you have diabetes? Is it time to resign yourself to a sugarless existence and a lifetime of shots? (Both are common myths for type 2 diabetes). Or will you roll up your sleeves and take charge? “This is your wake-up call,” Dr. Lackan says. “Either you are going to take control of your disease or you are going to let it control you.”

Runner says, “I started Project Diabetes because I realized how hard it is for people to manage all of this data. It can be overwhelming if you’re not used to handling lots of numbers.”

Dr. Lackan credits Runner with crunching numbers instead of ignoring them. “This is a data game. We need data to be able to make treatment choices,” he says, adding that a serious commitment to weight loss, diet and exercise is necessary.

It isn’t an easy disease to live with, acknowledges Alvin E. Huang, M.D., an endocrinologist on the medical staff at Baylor Regional Medical Center at Plano. “The hard part about diabetes is it requires daily thought and discipline. Many patients go through a period where they just need a break,” he says. But over time, consistent adherence to a prescribed treatment program results in better control, which keeps serious consequences at bay.

Meanwhile, Dr. Huang says medical science is doing its part. For example, one newer medication mimics a hormone that controls blood sugar while even stimulating weight loss in some patients. “New medications for diabetes are constantly emerging,” he says. “I’m pretty optimistic that with medication and lifestyle management we can control every single case of diabetes.”

And that’s a prediction worth running some numbers on.

“This is your wake-up call. Either you are going to take control of your disease or you are going to let it control you.”

Darren Lackan, M.D., endocrinologist on the Baylor Medical Center at Southwest Fort Worth medical staff

LEARNING TO LIVE WITH DIABETES

A diabetes diagnosis can be overwhelming. But education and information can help you feel in control. At Baylor Medical Center at Waxahachie, the six-class, 10-hour Diabetes Self-Management Training Program can teach you how to best manage your diabetes.

“Research and studies are forever changing, and we want to be able to provide our patients with up-to-date knowledge and technology,” says Christie Windsor, a diabetes educator at Baylor Waxahachie. “And I have diabetes too, so my patients appreciate that I know where they’re coming from.”

Grades shared their appreciation for the program. Here’s what some of them had to say:

- “Until I took this class, I denied for years that I had diabetes. Since I’ve been taking this class, it’s become more of a realization to me.”
- “Great class! Thanks for not scolding or talking down to us. I enjoyed the way you challenged and informed the class.”
- “Thank you for all of the information. I have learned a lot to help me take control of this disease. I don’t think I could have made the successes I have without this information.”
- “I am very new to diabetes. I wondered why I needed a ‘class.’ I am so impressed with the Baylor diabetes group. The training has been very valuable. I’ve learned so much. And the staff is magnificent. I am so glad I could come to these sessions.”

By Stephanie Thurrott

Arm Yourself with Knowledge

To learn more about diabetes education at Baylor Waxahachie, call 1-800-4BAYLOR or visit BaylorHealth.com/Waxahachie.
“My breast cancer is gone. I’m back in business.”

Susan Filgo was making plans to start a new business when she was diagnosed with breast cancer. “Hearing the news literally sucked the life right out of me,” she said. At Baylor Medical Center at Waxahachie, Susan was given a treatment plan customized to her specific cancer. She had a lumpectomy followed by five days of radiation. “The staff was absolutely wonderful and Baylor Waxahachie was very easy to navigate.” Susan resumed knitting the day of her procedure, and just two months later, opened a yarn and spinning wheel shop. “Baylor took care of my breast cancer, so I could move ahead with my life.”

For a physician referral or for more information about cancer care services, call 1.800.4BAYLOR or visit us online at BaylorHealth.com/WaxCancer.

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