Dissecting Diabetes

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Feet First

Why foot care is so important with diabetes

What happens if you step on a nail? You visit your doctor for some wound cleaning and maybe a tetanus shot, the wound heals, and that’s that.

But if you have diabetes, it’s not so easy. “One of the dangers with diabetes is that people lose sensation in their feet. This is called diabetic neuropathy, and it’s caused by high blood glucose affecting the nerves,” explains Samuel Nava Jr., DPM, a podiatrist on the medical staff at Baylor Medical Center at Carrollton.

Neuropathy may develop gradually and silently, to the point where a person with diabetes might step on a nail and not even know it.

This can lead to unfortunate consequences. If a foot wound remains untreated, “an infection can start that can lead to an ulcer. If they keep walking on the foot, that breaks down the tissue. The infection progresses into the soft tissue and bone, and that’s what leads to amputation,” Dr. Nava explains.

Unfortunately, people with diabetes get a double whammy—not only are they more susceptible to foot wounds, their diabetes hampers the healing process.

“Diabetes affects circulation, decreasing the blood flow and oxygen at the wound site to help injured tissue heal,” Dr. Nava says. “And the longer it takes a foot wound to heal, the greater the risk that it will get worse.” People whose foot wounds have progressed often end up needing more aggressive management with antibiotics, surgical debridement of diseased tissue under anesthesia, or multiple treatments at a wound care center.

Daily inspection of the feet is key to catching a foot problem before it develops into something serious. If you have difficulty examining your feet, use a mirror or have someone help you. Here are the warning signs to look for:

- Puncture wounds
- Cuts or scrapes that don’t heal
- Ingrown toenails
- Corns and calluses
- Problems due to poorly fitting shoes
- Discoloration, pain, redness or swelling

It’s also a good idea to visit a podiatrist once a year. Invest a little time in taking care of your feet, and they’ll take care of you.

By Deborah Paddison

Get Off on the Right Foot

To find a foot care specialist on the medical staff at Baylor Carrollton, call 1-800-4BAYLOR or visit FindDrRight.com. Find out more about the Wound Care Center at Baylor Carrollton at BaylorHealth.com/CarrolltonWound.
Get Hip to Fractures

Prevention is key to avoid this painful injury

Although traumatic injury is the primary cause of hip fractures in children and young adults, hip fractures in adults 65 and older most often result from osteoporosis, the slow loss of bone mineral density over time.

“With older patients, the cause of their hip fractures is almost always a slip and fall in the home,” says Phillip Graehl, M.D., an orthopaedic surgeon on the medical staff at Baylor Medical Center at Carrollton.

The hip is formed where the femur (the thigh bone) meets the pelvis. Most hip fractures occur in either of two areas: the ball of the femur, called the femoral neck, and the portion of the upper femur that juts outward, called the trochanter.

X-rays and/or an MRI can determine the precise location of a hip fracture and whether the bone has been severely broken or displaced.

Success with Surgery

Surgical repair is often the best way to restore a fractured hip to normal function. “Trochanteric fractures are routinely fixed [with metal screws, nails and plates] to preserve the hip joint. With femoral neck fractures, if there is no displacement of the bone, we will try to fix them to preserve the hip; but if there is displacement, then we perform a hip replacement,” Dr. Graehl says.

Many patients have good results. Still, hip fractures may be devastating in older patients who, for various reasons, are unable to regain their prior ability to function. Immobility results in complications, long-term hospitalization and even death. That’s why prevention is so important.

Build Strong Bones

To build bone strength, don’t smoke, get enough calcium and vitamin D (this is especially important for women), and choose weight-bearing exercises such as jogging, hiking, aerobics and dancing.

Especially for postmenopausal women, “see your physician for a bone density test and to check your levels of calcium and vitamin D,” Dr. Graehl recommends.

Don’t Fall for It

Take steps to prevent hip fractures by securing your home against common fall hazards:

- Clear clutter from floors and stairs.
- Put light switches at the top and bottom of every staircase.
- Install grab bars in bathtub and toilet areas.
- Avoid beds that are too low (waterbed or futon) or too high (four-poster bed, extra-thick mattress).
- Secure throw rugs with double-sided tape or slip-resistant backing.
- Clean spills from floors immediately.
- When working around the house, avoid ladders and unsteady footholds. If you need help, ask or pay someone to do the job for you.

Source: American Academy of Orthopaedic Surgeons

Help When You Need It

To find an orthopaedic surgeon on the medical staff at Baylor Carrollton, call 1-800-4BAYLOR or visit FindDrRight.com.

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10 Tips to Cope with Arthritis

Small steps can help you get pain under control

With osteoarthritis, it’s tempting to cut back on your physical activities to help minimize the pain. But inactivity can lead to more health problems. So, it’s important to find ways to keep the pain under control.

John M. Joseph, M.D., a rheumatologist on the medical staff at Baylor Medical Center at Carrollton, says that people with osteoarthritis should consider these options:

1. **Lose weight.** Every extra pound taxes your back, hips and knees. “You don’t have to lose 50 or 100 pounds to see a benefit,” Dr. Joseph says. “Losing 10 pounds can ease the stress on your knees by 40 pounds.”

2. **Stretch.** Most people either don’t stretch when exercising or stretch incorrectly. Learning the right way to stretch can lessen the pain in your knees and hips.

3. **Exercise.** Exercise might alleviate pain a bit and can also help maintain mobility and flexibility. Yoga, walking and water workouts can be good choices. Dr. Joseph also recommends exercises that strengthen the quadriceps, such as leg lifts, to provide support for your knees when you climb stairs or get up from a chair.

4. **Heat it up.** A heating pad set on low or a hot water bottle might ease your pain.

5. **See a specialist.** A physical therapist can offer techniques and suggestions for pain relief.

6. **Quit smoking.** Smoking can damage small blood vessels and impede circulation.

7. **Try OTC options.** Many people use over-the-counter pain relievers such as acetaminophen or ibuprofen and topical analgesic creams.

8. **Control other health conditions.** Keeping chronic conditions such as diabetes, high blood pressure and stress in check can help keep them from exacerbating arthritis.

9. **Start early.** If you are developing arthritis pain, take steps to keep it in check. It’s a lot easier to lose weight in your 40s than it is when you’re in your 60s and the pain has progressed.

10. **Talk to your doctor.** He or she can help come up with pain-relief techniques that will keep you active. By Stephanie Thurrott

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Your Partner in Pain Relief

For a referral to a physician on the Baylor Carrollton medical staff, call 1-800-4BAYLOR or visit FindDrRight.com.
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.”

By Amy Lynn Smith

What’s Happening at BRI

Although the next phase of BRI’s lupus research won’t begin until next year, you can learn more about other studies enrolling participants at BaylorHealth.com/AdvancingMedicine.

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The project described was supported by Award Number U19AI082715 from the National Institute Of Allergy And Infectious Diseases. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute Of Allergy And Infectious Diseases or the National Institutes of Health.
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.

“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

### 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.

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.”

**BaylorHealth.com/Carrollton**
Community Calendar
November & December 2010

Health Screenings

Know Your Numbers
This quarterly event provides an economical way to keep tabs on your health. Free screenings for blood pressure, heart rate, pulse oxygen, weight, body fat analysis, BMI, and a sleep apnea screening quiz. Lipid panel and glucose testing for $15. Wednesday, Nov. 17, 7–9 a.m. in the front lobby at Baylor Carrollton. Call 1-800-4BAYLOR to reserve your slot.

Saturday Mammography
Can’t find time during the week for a lifesaving screening? We’ve made time for you! Women’s Imaging Services at Baylor Carrollton offers Saturday appointments beginning at 8 a.m. Call 972-394-1080 to schedule your mammogram today.

Support Groups

Breast Cancer Survivor Support Group
Open to breast cancer survivors at any stage. First Tuesday of each month, 6–7:30 p.m., Conference Room 2. Dinner is provided. For information, contact the Breast Cancer Facilitator at 972-394-5502.

Weight Loss Surgery Support Group
This monthly meeting is for those considering weight loss surgery or for those who have had weight loss surgery. This group provides support, inspiration and motivation to help you incorporate healthy habits into your life. Nov. 2 & Dec. 7, 6:30 p.m., Conference Room 1.

Women’s and Children’s Education
Baylor Carrollton offers a variety of maternal/child health information classes, including:

Preparation for Childbirth
Six weekly sessions beginning Monday, Nov. 8, 6:30–9 p.m. $115

Preparation for Childbirth Weekend Option
Two 8-hour Saturday sessions, Dec. 11 & 18, 10 a.m.–6 p.m. $115

Childbirth Refresher
One 3-hour session, Sunday, Dec. 12, 3–6 p.m. $35

Breastfeeding class
Nov. 23 or Dec. 6, 6:30–9 p.m. $25

Beyond the Basics: A Baby Owner’s Manual
Teaches infant care and development. Nov. 3 or Dec. 1, 7–9 p.m. $25

Infant and Child CPR
Teaches basic skills but is not a certification course. Nov. 17 or Dec. 15, 7–10 p.m. $25

Big Kid’s Club
Designed to help siblings, ages 3½ to 8, adapt to a new baby. Sunday, Nov. 7 or Dec. 5, 2:45 p.m. $15

All maternal/child health classes are held in Classroom 202. Call 1-800-4BAYLOR to register.

For the all reasons you don’t sleep, there’s the Sleep Center at Baylor Medical Center at Carrollton.

The Sleep Center at Baylor Medical Center at Carrollton offers comprehensive care including studies, diagnosis and treatment for sleep disorders, including sleep apnea, restless legs syndrome, insomnia and narcolepsy as well as other conditions. Discuss the possibility of a sleep disorder with your physician. If a condition is indicated, your physician can refer you to the Sleep Center at Baylor Carrollton for evaluation and treatment. Most insurance plans are accepted.


For a physician referral or for more information on the Sleep Center, call 1.800.4BAYLOR or visit us online at BaylorHealth.com/CarrolltonSleep.

4343 N. Josey Lane, Carrollton, Texas 75010

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