In The News

Monday, March 14, 2011

- Tucsonans crowd book fest
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- Obamacare: Why it needs to be repealed
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- Training Video Boosts Hands-only CPR
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- Lynchburg office starting 'integrative medicine' service
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- Researchers from University of Arizona, Sarver Heart Center Describe Findings in Hemodynamics
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- Data on Critical Care Medicine Discussed by Researchers at University of Arizona
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- Research Conducted at University of Arizona Has Updated Our Knowledge about Aneurysm
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- Brief Video Training Boosts Hands-Only CPR Attempts: AHA
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- Data on Hypercapnia Discussed by Researchers at University of Arizona, Department of Physiology
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- It takes 60 seconds to learn to save a life: study
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- Tucson Jewish newspaper describes Gifford's surgery
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- HE WAS FLOWN TO UNIVERSITY MEDICAL CENTER.
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Researchers from University of Arizona, Sarver Heart Center Describe Findings in Hemodynamics
03/14/2011
NewsRx.com

2011 MAR 14 - () -- A new study, "Obesity in adolescence is associated with left ventricular hypertrophy and hypertension," is now available (see also ). "Obesity is a risk factor for hypertension (HTN) and left ventricular hypertrophy (LVH). However, the association between obesity, HTN or LVH in adolescents has not been studied in a large population," scientists writing in the journal Echocardiography report.

"Utilizing a database of screening echocardiograms, we assessed for the presence of LVH and HTN (defined as systolic blood pressure (SBP) >140 mmHg or diastolic blood pressure (DBP) >90 mmHg) in obese adolescents (BMI >30) using univariate and multivariate analysis. A total of 2072 subjects were identified between the ages of 13-19 years. LVH was significantly more prevalent in
obese subjects (47/166 [28.3%] vs. nonobese subjects (99/1612 [6.1%]) with a P-value of <0.001. Using multivariate analysis adjusting for age, gender and blood pressure, obesity remained strongly associated with the presence of LVH (OR 4.51, CI: 2.83-7.19, p<0.001). Elevated SBP and DBP were also strongly associated with obesity. SBp >140 was present in 38% of obese subjects (54/142) versus 12.7% of nonobese subjects (172/1,353). DBp >90 was present in 10.6% of obese subjects (15/141) of versus 3.1% of nonobese subjects (42/1352). After adjustment for age, gender and LVH, obesity remained independently associated with HTN (for SBp >140, OR 2.24, CI: 1.46-3.45, p<0.001, and for DBp >90, OR 2.10, CI: 1.063-4.17, p=0.03). Obese adolescents have a significantly higher prevalence of HTN and LVH," wrote M.R. Movahed and colleagues, University of Arizona, Sarver Heart Center.

The researchers concluded: "Our analysis suggests a direct negative effect of obesity on cardiovascular function starting early in teenage years. (Echocardiography 2011;28:150-153)."

Movahed and colleagues published their study in Echocardiography (Obesity in adolescence is associated with left ventricular hypertrophy and hypertension. Echocardiography, 2011;28(2):150-3).

Additional information can be obtained by contacting M.R. Movahed, University of Arizona College of Medicine The Southern Arizona VA Health Care System, Sarver Heart Center, Tucson, AZ 85724 USA.

The publisher of the journal Echocardiography can be contacted at: Blackwell Publishing Inc., 350 Main St., Malden, MA 02148, USA.

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Data on Critical Care Medicine Discussed by Researchers at University of Arizona 03/14/2011 NewsRx.com

New research, 'Interdisciplinary patient care in the intensive care unit: focus on the pharmacist,' is the subject of a report. According to recent research from the United States, "The field of critical care medicine began to flourish only within the last 40 years, yet it provides some of the best examples of collaborative pharmacy practice models and evidence for the value of pharmacist involvement in interdisciplinary practice. This collaborative approach is fostered by critical care organizations that have elected pharmacists into leadership positions and recognized pharmacists through various honors."

"There is substantial literature to support the value of the critical care pharmacist as a member of an interdisciplinary intensive care unit (ICU) team, particularly in terms of patient safety. Furthermore, a number of economic investigations have demonstrated cost savings or cost avoidance with pharmacist involvement. As the published evidence supporting pharmacist involvement in patient care activities in the ICU setting has increased, surveys have demonstrated an increase in the percentage of pharmacists performing clinical activities. In addition, substantial support of pharmacists has been provided by other clinicians, safety officers, and administrative personnel who have been involved with the initiation and expansion of critical care pharmacy services in their own institutions," wrote B.L. Erstad and colleagues, University of Arizona (see also ).

The researchers concluded: "Although there is still room for improvement in the range of pharmacist involvement, particularly with respect to interdisciplinary activities related to education and scholarship, pharmacists have become essential members of interdisciplinary care teams in ICU settings."

For additional information, contact B.L. Erstad, University of Arizona, Dept. of Pharmacy Practice and Science, College of Pharmacy, Tucson, Arizona USA.

Publisher contact information for the journal Pharmacotherapy is: IOS Press, Nieuwe Hemweg 6B, 1013 BG Amsterdam, The Netherlands.

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Research Conducted at University of Arizona Has Updated Our Knowledge about Aneurysm
03/14/2011
NewsRx.com

2011 MAR 14 - () -- Data detailed in 'Endovascular treatment of ruptured axillary and large internal mammary artery aneurysms in a patient with Marfan syndrome' have been presented (see also ). "Marfan syndrome is an autosomally inherited disorder affecting the synthesis of connective tissues. Vascular manifestations of Marfan syndrome include aneurysmal dilatation of the aortic root, aortic dissection, and rupture," investigators in the United States report.

"Peripheral aneurysms are mostly reported in the iliac, femoral, and subclavian arteries. We report a Marfan patient with a ruptured axillary artery aneurysm and a large left internal mammary artery aneurysm. The axillary aneurysm was successfully excluded using covered stent grafts, and the left internal mammary artery aneurysm was effectively coiled," wrote J.F. Rose and colleagues, University of Arizona.

The researchers concluded: "Duplex ultrasound imaging at 4 months and computed tomography at 9 months demonstrated complete thrombosis and exclusion of both aneurysms with patent subclavian-axillary stent grafts."


For additional information, contact J.F. Rose, University of Arizona USA., University of Arizona USA., Dept. of ofSurgery.

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Data on Hypercapnia Discussed by Researchers at University of Arizona, Department of Physiology
03/14/2011
Pain & Central Nervous System Week

New research, 'Tonically discharging genioglossus motor units show no evidence of rate coding with hypercapnia,' is the subject of a report. According to recent research from the United States, "The genioglossus (GG) is considered the principle protruder muscle of the human tongue. Unlike most skeletal muscles, GG electromyographic (EMG) activities are robustly preserved in sleep and thus may fulfill a critical role in preserving airway patency."

"Previous studies in human subjects also confirm that the GG EMG increases in response to
chemoreceptor and mechanoreceptor stimulation. This increase occurs secondary to the recruitment of previously inactive motor units (MUs) and/or an increase in firing rate of already active MUs. Which strategy the nervous system uses when the synaptic drive onto GG motoneurons increases is not known. Here we report on GG whole muscle and tonic MU activities under conditions that mimic sleep, i.e., mild-moderate elevations in CO(2) (3% inspired CO(2) or the addition of a 1.0 l dead space) and elevated airway resistance. Based on previous work in rat, we hypothesized that mild hypercapnia would increase the firing rates of tonic MUs and that these effects would be further potentiated by a modest increase in airway resistance. Fine wire and tungsten microelectrodes were inserted into the GG to record whole muscle and single MU activities in 21 subjects (13 women, 8 men; 20-55 yr). Either 3% inspired CO(2) or added dead space resulted in a 200-300% increase in the amplitude of both tonic and phasic components of the whole muscle GG EMG and a doubling of minute ventilation. Despite these changes, recordings obtained from a total of 84 tonically discharging GG single MUs provide no evidence of a change in firing rate under any of the conditions," wrote P.A. Richardson and colleagues, University of Arizona, Department of Physiology (see also ).

The researchers concluded: "On this basis we conclude that in healthy adults, the increase in the tonic component of the whole muscle GG EMG secondary to mild hypercapnia is due almost exclusively to the recruitment of previously inactive MUs."

Richardson and colleagues published their study in the Journal of Neurophysiology (Tonically discharging genioglossus motor units show no evidence of rate coding with hypercapnia. Journal of Neurophysiology, 2010;103(3):1315-21).

For additional information, contact P.A. Richardson, The University of Arizona, Dept. of Physiology, College of Medicine, Tucson, AZ 85721-0093 USA.

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