Fetal Alcohol Syndrome: A Clash of Patient and Provider Myths

Rather than my usual letter updating you about developments in the department, I have chosen this quarter to talk about two CDC-funded projects upon which members of the university, and I have been working. The first is a project in its final year in which our team designed a media campaign directed at the African American community in St. Louis to improve knowledge, attitudes, and beliefs about Fetal Alcohol Syndrome (FAS) and alcohol use during pregnancy. A wonderful marketing firm, Marketing Works, Inc., worked with us to design and implement this campaign. We are in the process of evaluating it using random digit dial technology and will be reporting our results soon.

The second FAS project is directed at health care professionals. Using a “train the trainer” model, we will be training 36 health care professionals from a six state area (Arkansas, Iowa, Kansas, Missouri, Nebraska, and Oklahoma) regarding Fetal Alcohol Syndrome recognition, diagnosis, treatment, and management. These trainees will then train health care professionals in their areas. As part of this project we will also try and “shoehorn” more curriculum on FAS and alcohol use during pregnancy into medical schools’ and allied health care professions schools’ curriculum.

Fetal Alcohol Syndrome is an incurable condition that affects multiple organs in the developing fetus and though extremely costly to manage is imminently preventable. Despite the federal government’s warning that drinking alcohol during pregnancy is unsafe and that a safe threshold for alcohol consumption has never been demonstrated, a substantial number of women (12.8%) continue to drink during pregnancy with a quarter of those engaging in “at-risk” (heavy or binge) drinking.

An even bigger problem is the kids who are affected by alcohol consumption, but do not show the characteristic faces of FAS. These children are often severely brain damaged, but without the characteristic facial features, oftentimes go undiagnosed and untreated. These alcohol-related neurodevelopmental disorders are four times as common as FAS. The current estimate is that about 1 in 100 babies are affected in some way by alcohol use, making it the largest preventable cause of mental retardation in this country.

What has been most interesting to me, as I have worked in this area over the past two years, is the number of myths about FAS and alcohol use during pregnancy. Myths exist not only in our patients and the larger community, but also among health care provider. Common patient myths are shown in Table 1.

<table>
<thead>
<tr>
<th>Table 1. Common Patient Myths About Alcohol and FAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Less than one drink per day in pregnancy is okay</td>
</tr>
<tr>
<td>• Drinking late in pregnancy is okay and makes labor easier</td>
</tr>
<tr>
<td>• Beer and wine are not alcohol and thus are not a problem</td>
</tr>
<tr>
<td>• If I drink and have one child without FAS, I can drink and I won’t have another child with FAS</td>
</tr>
<tr>
<td>• FAS doesn’t run in my family – my child won’t get FAS even if I drink</td>
</tr>
<tr>
<td>• FAS is curable if diagnosed early</td>
</tr>
</tbody>
</table>

Perhaps the most striking and powerful myth to me was the fact that thirty-one percent (31%) of African American women in our first random digit dial survey erroneously believed that FAS-related disorders were treatable, rather than incurable, as long as they disclosed their drinking habits to the physician during pregnancy.

Provider myths are also common, see Table 2. (Cont’d. on page 2, see FAS)
Table 2. Provider Myths About Alcohol and FAS

- Drinking one or fewer drinks per week is a "safe threshold" during pregnancy
- Assessing alcohol use among women is difficult, time consuming, and worthless, as providers can't do anything about it anyway
- Educating women about the adverse effects of alcohol use during pregnancy is too time consuming and difficult
- The best time to diagnose Fetal Alcohol Syndrome is at the birth of a child; if facial bone deformities are not present, the child is unaffected by any alcohol use by the mother
- FAS is really only a childhood disease; children quickly "grow out" of these defects
- Treatment for FAS does not significantly improve outcomes

Perhaps the most powerful provider myth to me was the futility that most providers feel regarding treatment of alcohol use among women and treatment of FAS. There is clear evidence-based research that providers can intervene in cases of women who engage in at risk drinking and that treatment of children with FAS and other alcohol-related birth defects using a multi-disciplinary team approach can significantly decrease secondary disabilities. In spite of this research, the myth that providers can do nothing about this problem is strong and entrenched in the health care profession’s culture.

Given these widespread and powerful myths both within the community and in our own professional culture, is it any wonder that we are not able to prevent FAS and other alcohol-related birth defects? While we as providers can continue to complain about time and reimbursement barriers, a better response would be to design systems of care that effectively support preventive efforts. Learning about simple alcohol assessment techniques, understanding how to recognize FA and, more importantly, alcohol-relate neurodevelopmental disorders in children without the characteristic features of FAS; stocking educational brochures and pamphlets about FAS and involving office staff in the identification of appropriate patients for preventive efforts are all necessary steps in our practices to prevent the incurable and costly disease.

In the month ahead, we will be placing curriculum materials on FAS on our Midwest Regional Fetal Alcohol Syndrome Training Center web site see http://mimb.edu/FAS. Continue education credits will be available. Please join our efforts in trying to prevent this incurable condition.

----- Mark B. Mengel, MD, MP

CALLING ALL INNOVATORS!

ECMO AHEC and the SLU AHEC Program Office encourage all individuals involved in primary care and community health who are using innovative approaches in their care of the medically underserved to submit a proposal to present at the 2nd Annual Continuing Medical Education Program in September 2004. The conference entitled “Innovative Approaches in Caring for the Medically Underserved,” will be held in the newly renovated Busch Memorial Center of Saint Louis University from September 15th through 17th.

The deadline for proposals has been extended, so there is still time – but we need to hear from you! If you would like to present at the conference, please go to the ECMO AHEC website, www.ecmoahec.org, and click on “call for proposals” to review the RFP. You may also get information about the process by calling Tealjoy Stephens of ECMO AHEC at (314)721-9979.

This conference will present best practices for caring for the medically underserved and we would like you to be part of it – if not as presenter, then certainly as attendee. Please mark your calendars.

Look What’s New!!!

Carrie Lee Venable, MS, Education Coordinator, returned from her ski vacation as a Mrs. She and Chad Byrd MD, exchanged vows in Colorado in January. . . Cassandra Griffin, MA was asked to be a judge to select the 2004-2005 Coro Public Affairs Fellow by the Coro Leadership Center in St Louis. . . Dr. Mike Cannon will participate in a medical mission to Peru in April. Although Dr. Cannon has participated in this mission for several years, this is the first time that his daughter, Erin, will accompany him . . . Major Lowell Sens fastball, MD recently returned to Scott Air Force Base from deployment at Ramstein Air Base in Germany where he was responsible for transporting critically injured and ill patients from the Central Command Area of Operation (Iraq/Afghanistan) to Germany and then to Washington, D.C. . . .

Dr. Kim Zoberi has returned from maternity leave – somewhat sleep deprived but happy nonetheless.
Community and International Health Corner

National Primary Care Week in October seems like ancient history, however, the School of Medicine is just beginning to reap the rewards for a well-planned and well-executed program. The AMSA (American Medical Student Association) chapter at Saint Louis University was awarded the “Most Interdisciplinary Collaboration” for National Primary Care Week by the national AMSA. Our chapter will receive an award of $100.00 and a plaque at the AMSA Convention in March 2004.

The HIV/AIDS Task Force was asked to participate in a documentary entitled “The Silent Epidemic,” produced by CWK (Connect With Kids) Network affiliate Tom Atwood, the former Illinois Bureau Chief of KSDK Channel Five. This documentary will be seen on over 78 affiliate stations and used as an educational tool within schools across the nation. MS2s Richard Strathmann and Sonni Elliott gave the presentation at Vashon High School that was filmed for the documentary.

Community and campus partnerships continue to grow. This year twenty-nine agencies are participating in our Community Health Project (CHP) as part of the Community and Behavioral Science unit for the first year students. As a thank you to the agencies who participated last year in the CHP, the department awarded plaques commending them for their generosity of time and expertise and their willingness to support our CHP.

On February 27th, the Students for Global Health along with student from AMSA sponsored the annual International Health Fair. This year's speaker was Sheri Fink, M.D., author and Doctors without Borders participant. The goal of this year's event was to educate and provide scholarship support for medical students who are interested in receiving clinical training in third world countries.

Dr. Wilman Ortega, SLU Division of Pulmonology, and I have been working on organizing a new medical mission to Antigua, Guatemala. Students will receive basic medical Spanish training as well as participate in a two-week pediatric rotation at Hospital Roosevelt in Guatemala. This trip will include meals, housing and several field trips. For further information, feel free to contact me at 314-977-8486.

Cassandra Griffin, MA
Program Director,
Community and International Health Programs

Lt. Colonel James Haynes Named “Uniformed Services Family Physician of the Year” for 2004

Congratulations to Lt. Col. James Haynes, M.D., Assistant Professor in the SLU Belleville Family Practice Residency, who has been selected as the Uniformed Services Family Physician of the Year for 2004!

This prestigious honor is bestowed on a family physician from any of the military services who exemplifies the tradition of the family doctor and the contributions made by family physicians to the continuing health of the people in the Uniformed Services. For his exemplary service, Dr. Haynes was elected by his colleagues to receive this award. To be eligible, a family physician must be in good standing in his/her medical community and a member of the USAFP, as well as: (1) provide his/her community with compassionate, comprehensive, and caring medical service on a continuing basis; (2) be directly and effectively involved in community affairs and activities that enhance the quality of life of his/her home area; and (3) provide a credible role model as a healer and a human being to his/her community and as a professional in the science and art of medicine to colleagues, other health professionals, and especially, to young physicians in training and to medical students.

Throughout his military career, Dr. Haynes has shown outstanding skill, a positive attitude, and steadfast determination. No matter where he has studied or served at Uniformed Services University where he graduated with Honors; during his residency and as Chief Resident in 1993-94; as Clinic Chief in the Azores; or during his deployments to Guantanamo Bay or more recently attached to the 379th Expeditionary Aeromedical Evacuation Squadron in AL Udied, Qatar; his dedication to his patients has been outstanding. He is regularly sought out by residents and peers for both advice and personal care. His leadership skills have been honed not only in the assignments noted above, but as Chief of the Medical Staff at Pope AFB, North Carolina.

Although an outstanding worker, Dr. Haynes maintains a steady focus on what matters most to him — his God and his family. His zeal and personal initiative extend to those around him, as he is a motivator and leader at church and in the community as well. He is sought out as a mentor and role model by colleagues, other health professionals, and especially, residents and medical students in the roles of healer, human being and medical professional.

Several of Dr. Haynes’ colleagues and residents in the Belleville Family Practice Residency will be cheering on the sidelines as he receives the award at the 2004 Uniformed Services Academy of Family Physicians Annual Meeting and Exposition in late March in San Diego, CA.

Well done, Lt. Colonel Haynes!
Inter-Professional Minority Health Elective Begins

The elective, “inter-professional Care of Medically Underserved Populations,” will begin its second run in late March. This course was developed by the SLU AHEC Curriculum Sub-committee, an inter-professional faculty group from the Schools of Allied Health, Medicine, Nursing, Public Health and Social Work to help their students improve their ability to work collaboratively and competently with individuals in medically undeserved populations. Students from the Schools of Medicine and Social Services and Department of Physical Therapy will gather on seven consecutive Tuesday evenings to hear lectures and guest speakers and engage in small group discussions regarding health disparities, racism, cultural competence, inter-professional teamwork, and health care policy. As part of this course, students will be required to engage in selected extracurricular activities that:

1. Promote the understanding of FQHC’s, private medical providers and the safety net system,
2. Provide experiences with the underserved populations’ interactions with the health care system
3. Provide interaction with minority populations
4. Demonstrate an understanding of the dynamics of daily life of underserved populations and of inter-disciplinary team work and team members

These supplemental activities are designed to help the students expand their classroom experience into the real world and implement and test the knowledge gained in the course. Students might choose from fifteen activities as diverse as attending and reporting on a Mound City Medical Forum meeting, to following an underserved person through a health encounter taking note of the observed flaws, to visiting a health center and designing a brochure so health care professionals could utilize its services for their clients.

In addition to SLU faculty, students will be treated to prominent guest speakers from the community who include:

- Rev. William Chignoli, Founder and Director of La Clinica
- Rosetta Keeton, Community Coordinator of St. Louis Connectcare
- James Kinney, MD, MPH, CEO of the Missouri Foundation for Health
- Mellba Moore, MS, Health Commissioner, St. Louis City Health Department
- Louise Quesada, MPH, Planner for the St. Louis City Health Department
- Frank Richards, MD, retired physician and former attending at Homer G. Phillips Hospital
- Will Ross, MD, Associate Dean, Washington University School of Medicine and President, Mound City Medical Forum
- Carl Walters, COO, St. Louis Connectcare
- Corliss White, Nurse Services Coordinator, Myrtle Hilliard Davis Comprehensive Health Care Center

Beginning this year, this elective meets the requirements for the Rodney M. Coe M.D. with Distinction in Community Service Award so that medical students who are working toward earning that award can attend the course, participate in selected activities and gain credit toward their Rodney Coe award.

The Department of Community and Family Medicine believes it is important to provide medical students exposure and experience in serving the medically under-served through a variety of methods and formats. Knowledge of health disparities, skills in cultural competence and inter-professional team practice, and exposure to underserved communities are critical for addressing the health care needs of the underserved in the twenty-first century. These three critical components are woven throughout the four-year curriculum in core classes, clinical rotations, electives and community service projects. All first year medical students take Physician, Patient and Society I (PPSI), a course that seeks to improve students’ communication skills and cultural competence. Student teams explore community-based health agencies to learn about the agency and its constituents. For first and second year students, electives are offered in inter-professional minority health, urban, rural, and community health. Medical students have opportunities in service learning through the electives in which they are trained to give presentations to high school students on HIV/AIDS prevention, smoking cessation, and child abuse prevention. For third and fourth year students, training sites in underserved areas are offered for clerkship rotations and electives in urban and rural health care. This combination of coursework, clinical rotations and community service allows the students to increase their knowledge base and skill level in serving underserved populations, and allows opportunities to apply those newly learned skills in real-life community settings.
What’s Brewing in Research...

Congratulations to Rob Nicholson, PhD, who has just recently been awarded his license as a clinical psychologist.

The faculty in the Research Division have been busy submitting grant proposals, presenting papers, submitting abstracts for presentations and preparing manuscripts for publication.

Grant Submissions
Mark Mengel, MD, MPH, submitted a grant to the Department of Health and Human Services that addressed three areas in primary care: residency training, predoctoral training, and an academic administrative unit. Margaret Ulinone, PhD, submitted a grant to the NIH to develop and implement an evidence-based cultural competency curriculum in the medical school.

Manuscripts
Rob Nicholson, PhD, recently published “EMG Reactivity and Oral Habits Among Young Adult Headache Sufferers and Pain Free Controls” in Applied Psychophysiology and Biofeedback. Earlier this year he published a review in The Cochrane Library on “Behavior Therapy for Migraine”.

Paper Presentations
This month Richard Schamp, MD, Leigh Tenkku, MPH, and John Chinnall, PhD, presented “Beliefs and Values Questionnaire Predicts Choice of Care at Life’s End” at the American Medical Directors Association (AMDA) meeting in Phoenix. Dr. Rob Nicholson’s paper on “The Effects of Tailored Messaging for Headache Prevention” will be presented in early April at the Society for Behavioral Medicine annual meeting in Baltimore. Also in April, Horng-Shiuan Wu, PhD, will present a poster, “Preserving Subjective Meaning in Developing an Instrument to Measure Cancer-Related Fatigue” at the Oncology Nursing Society annual Congress in Anaheim, CA.

Presentations
Horng-Shiuan Wu, PhD, was the featured speaker at our department’s grand rounds on March 16th. Her topic was “Measuring Fatigue in Cancer Patients – An Instrumentation Study”.

Behavioral Therapy for Migraine: What’s the Evidence?
By Robert A. Nicholson, PhD

Nearly one in four households in the U.S. has someone who suffers from migraine headache. Migraine prevalence is high among adults ages 25-55, suggesting that migraine has its greatest impact during peak productive years. As many as 92% of migraine sufferers report at least some disability from migraine, and as many as 69% report having to delay or postpone activities with the family as a result of an episode of migraine pain. The direct cost of migraine is estimated at $13 billion with regard to lost productivity and annual medical costs are over $1 billion. Approximately five million ambulatory care visits are made annually for migraine.

While acute pharmacologic intervention is sufficient for many migraine sufferers, at least 25% need/prefer preventive intervention as well. While pharmacologic intervention is the typical first-line option used in almost all cases, pharmacologic intervention is not always effective, tolerated, or preferred by the patient. Examples of situations where this may be the case include:
- Patient’s preference for a non-pharmacologic intervention
- Previous failures using prophylactic intervention
- Poor tolerance for prophylactic intervention
- Contraindications from other medications being taken
- Women of childbearing age
- High-risk for overuse of analgesic medication
- Significant problems with stress or coping.

As a result, many patients seek out or are in need of additional options for migraine prevention. Behavioral treatments for migraine prevention have received a significant amount of focus in the literature either in combination with pharmacologic intervention or as an independent intervention. The most common techniques utilized within behavioral interventions for migraine can be classified within one (or a combination of) three broad categories: relaxation, cognitive-behavioral (also referred to as stress management), and biofeedback.

The goals of behavioral intervention for migraine typically focus on reducing the frequency (and/or intensity) of migraine headache. While there are other concomitant effects that accompany headache reduction (e.g., reduction in headache-related disability, reduced reliance on unwanted medication, increased efficacy regarding control of headache, decrease in headache related psychological symptoms), these are secondary to the goal of reduced migraine headache frequency.

Meta-analyses regarding the efficacy of behavioral intervention are ongoing. The US Headache Consortium (part of the Agency for Healthcare Research and Quality) analyzed randomized controlled trials of behavioral intervention in English-language journals. Effect size data indicated that relaxation, thermal biofeedback relaxation, and cognitive-behavioral therapy are all effective in treating migraine. The Consortium concluded that behavioral therapies for the prevention of migraine possess “good” evidence and should be considered a first-line prevention option.

Finally, an ongoing Cochrane review “Behavioral Therapy for Migraine” conducted by researchers at Duke, Mississippi, led by our own department are in the process of updating review to include not only findings from North America, throughout the world as well. The findings from this review are expected to be completed this summer and published in early 20
ASTHMA
The Silent Killer of Our Youth

April 21, 2004, 12-4 p.m.
Saint Louis University Learning Resources Center
Auditorium A

This program is designed for primary care providers including physicians, nurses, social workers, allied health professionals, administrators and students.

Presenters:
Mary Hawkins, R.N. (Public Health Nurse II, St. Louis City Dept. of Health),
Bradley A. Becker, M.D. (Associate Professor of Pediatrics, SLU School of Medicine), and
Theresa Prosser, PharmD. (Professor of Pharmacy Practice, St. Louis College of Pharmacy)

To register, please contact ECMO AHEC at (314) 721-9979
CME credit has been authorized for physicians and nursing attendees

This workshop is jointly sponsored by the East Central Missouri AHEC Office, the SLU AHEC Program Office, and SLU School of Nursing

Department of Community and Family Medicine
Saint Louis University School of Medicine
1402 S. Grand Boulevard
St. Louis, Missouri 63104