

C onnections

Special Issue: Caring For The Family

New Family Practice Center Offers Community Health Care



When moving day arrived in mid-January, they didn't have far to go. Furniture, equipment and supplies had to be transported only a quarter of a mile away. Yet for the Department of Family and Preventive Medicine, opening the doors of their new building on Colonial Drive represented a vast leap in efficiency and the ability to serve patients in a timely and economic manner.

The 32,000-square foot, two-story structure at 3209 Colonial Drive is just slightly larger than the department's previous facility at Six Medical Park. The dramatic difference comes in the configuration, in which clinical services and office/educational space are separated onto two different floors, and where patients report to a centralized check-in and check-out desk flanked by two patient care wings. Leaving Six Medical Park also meant vacating an aging building

that was costly to maintain. "It was way past its life expectancy," said Dr. Tan Platt, Vice Chair, Department of Family and Preventive Medicine. "Now we've got a bright modern office building that we can be proud of and where patients can be very comfortable," he said.

An addition of two exam rooms means that a total of 38 exam rooms are available, along with three procedure rooms. Situating the procedure rooms side-by-side was another step to increase efficiency. "This should enable us to do more. The staff can get one procedure started, then go into another room and work with another patient," said Dr. Platt.

Another addition, a patient education center, is conveniently housed in a nook off the first floor waiting room. Two computers with high-

See Family Practice Center on Page 7.

Inside This Issue



Physicians at University Specialty Clinics help every member of the family with their health care needs.

Medically Underserved Families
A Community Approach..... 2

Central American Families
One Physician's Contributions..... 3

Children's Health
Cleft Lip and Cleft Palate Repair... 4

Rural Family Practice
Clerkship Educates Students..... 5

Geriatric Health Care
Learning To Care for Seniors..... 6

Women's Health
Internet Outreach..... 8

Men's Health
When Depression Strikes..... 12

Visit Our Website At:
www.med.sc.edu/specialtyclinics

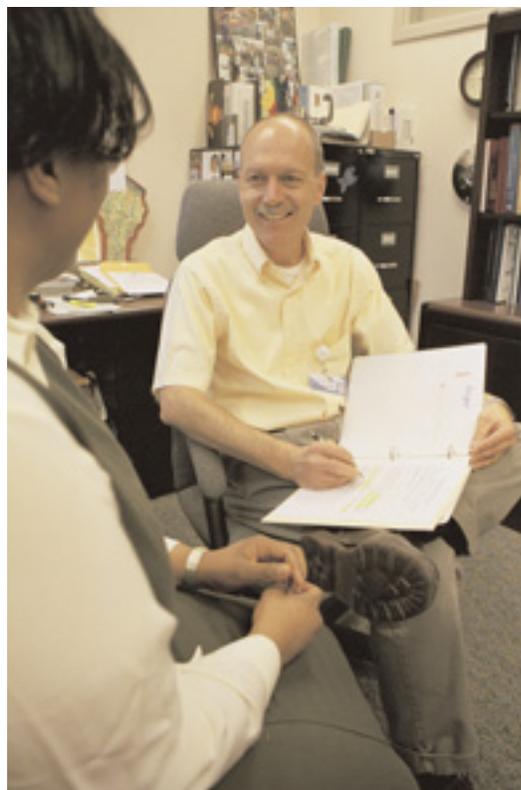
Innovative Project To Immerse Residents In The Community

They might be cheering on the home team at a Friday night football game, congregating in a church fellowship hall, or sharing a meal in someone's home. What appear to be ordinary everyday pursuits will actually be part of the extensive training that residents undergo to prepare them to practice medicine. With the implementation of the Community Centered Practice Project in the summer of 2003, residents in the Department of Family and Preventive Medicine will be introduced to an innovative new approach to their education.

By immersing residents in the nearby Colonial Heights community and building strong neighborhood ties, the Community Centered Practice Project looks to enhance the care provided for a medically underserved minority population and the ability of young physicians to understand and educate these patients. Didactic instruction and participation in service-learning activities, such as health fairs and after-school tutoring sessions, will also play an integral part in the residents' education process.

In preparation, the Department of Family and Preventive Medicine has already established working relationships with a public high school, C.A. Johnson Preparatory Academy; a church with a strong outreach program, Family Worship Center; and neighborhood associations within Colonial Heights. "One of the first things community leaders told us

about was significant trust issues. They had many problems in the past with groups coming in with big ideas that were never carried out," said Dr. John Lammie, Project Director and Director of The Family Medicine Residency Program. "We



Dr. John Lammie talks about plans for the Community Centered Practice Project with a resident.

need to make small, but faithful steps and follow through on what we say we are going to do," he added.

Residents' involvement will range from teaching health and science lessons at C.A. Johnson to collaborating with teens to address local needs through service projects. Over the course of their three-year resi-

dency they will be able to become mentors for the teens. "We want to show the residents right from the start that as health care providers they can make a difference. My dream is that high school students will also see that they can make a difference, and that they can aspire to become health care professionals in the community they grew up in," said Dr. Lammie.

Plans are also underway for each resident to be matched with a family of a high school student through an "adopt-a-resident" program. Through the adoption process, the resident will serve the family as a primary care practitioner while the family will provide a hospitable link to the neighborhood. "By being included in the culture and life of the neighborhood, our residents will gain a knowledge of the community and a sense of ownership. It will give a greater degree of intimacy to the doctor/patient and doctor/community relationships," said Dr. Lammie.

One of the goals of the project is to develop cultural competence in the residents so they can understand ethnic and racial barriers that can impede the delivery of quality health care. Building familiarity and trust with Colonial Heights teens, for example, will assist residents in addressing the particular health

See Project on Page 11.

“They’ve taught me about resiliency and strength and courage.”

The first trip was to Haiti, and came between his second and third year of medical school. “I didn’t even search it out; it just sort of found me,” recalled Dr. Scott Lamar of his foray into international health. Since then the assistant professor of Family and Preventive Medicine has volunteered his time and skills on four other trips to provide health care services in Central American countries.

Dr. Lamar’s efforts have ranged from treating children in remote El Salvadoran villages to educating Honduran nurses on public health issues to emphasizing the basics of good hygiene to patients in Haiti. His travel has included several different types of trips. “Some were more academic, some humanitarian, some more outreach based,” he explained of the group excursions.

-- Dr. Scott Lamar

“Most of the times the facilities were bare bones: a skeleton of a building and sometimes a few rooms for an infirmary,” said Dr. Lamar describing the conditions facing the medical teams that went down to Central America. More often than not teams arrived with generous quantities of medications and supplies in tow. While Dr. Lamar has treated many, many patients with acute illnesses, he noted, “You cannot manage chronic illness like diabetes and hypertension. Sometimes you can’t offer them very much, and showing care and compassion on a person to person level is all you can do.”

Being exposed to the plight of impoverished people in impover-

ished countries has been a sobering experience for Dr. Lamar. “The need is so overwhelming. While you can do a considerable amount even with limited resources, it’s hard to make a big difference long term without a sustained effort,” he said. He added, “The toughest thing for me is seeing the malnourished and homeless children.”

Through his trips Dr. Lamar has developed a genuine appreciation for the men, women, and children who often have to walk long distances and wait for hours to receive care. “They’ve taught me about resiliency and strength and courage,” he said. The patients in Central America have also made him more mindful of how he uses resources back in the United States. “They remind me of how much we take for granted in this country, like a place to live, food to eat, medical care. All those things are not easily found in developing countries” he said.

Although Dr. Lamar has no immediate plans for another trip, it’s only a matter of time before he heads back to Central America or sets out to another region in the world where access to health care is scarce. What draws him back again and again is a belief that his volunteer involvement is a responsibility he needs to uphold. “I feel that to whom much is given much is required, and that I have been given much in the way of resources, talents and skills. This is one way I can give back, and one of the things that God wants us to do.”



Dr. Scott Lamar (center) examines a baby at a makeshift clinic in a remote village in El Salvador. The child’s father (right) holds him, while a translator (left) helps Dr. Lamar with communications.

No expectant mother likes to consider the possibility that her baby might be born with a disability. Yet when parents in South Carolina learn that their infant has a cleft lip and/or cleft palate, they are fortunate to have a wealth of resources available through the S.C. Center for Cleft Palate/Craniofacial Disorders.

Staffed by a team of specialists that address every facet of cleft lip and palate, the center is part of the Department of Surgery's Division of Plastic Surgery. Because a cleft lip or palate impacts a child in a multitude of ways, physicians on the team include plastic and oral surgeons,



Dr. Mary Aitchison works with seven-year-old Ellen Aboko of Sumter to assess her speech skills.

S.C. Center For Cleft Palate/Craniofacial Disorders

Center Provides Team Approach To Cleft Palate And Cleft Lip Treatment

ophthalmologists, otolaryngologists, a neurosurgeon, and geneticists. The team is also comprised of orthodontists, a speech-language pathologist, audiologist, nurse coordinator, nutritionist, and a social worker. Child psychology and pediatric dentistry services are also available by referral when needed.

Most children are initially seen at the S.C. Center for Cleft Palate/Craniofacial Disorders shortly after birth. Parents spend a full day as their child is evaluated by each of the team members. "Our role is to answer their questions and tell them what will be done for their child over the course of a lifetime. We explain the series of interventions that will occur over time," said Dr. Jean-Francois Lefavre, an assistant professor in the Department of Surgery and the center's co-director. At the end of the day, the team holds a conference to discuss the child and de-

cide on an individualized treatment plan.

While corrective surgery for cleft lip and palate is generally done very early on (around three months of age for a cleft lip and about 12 months of age for a cleft palate), Dr. Lefavre emphasizes to parents that plastic surgery is just the beginning of the process. "We are going to continue to follow the child for a long time," he said. Children are seen by the various specialists as necessary, such as for insertion of tubes in the ears to address recurrent ear infections and orthodontic work to realign teeth. Since the palate is an essential component of good speech, Mary Aitchison, Ph.D. plays a key role in assessing the competency of the velopharyngeal mechanism and helping children improve their articulation abilities. A speech-language pathologist, Dr. Aitchison is the center's other co-director.

Using highly specialized diagnostic instrumentation, such as nasometry and nasendoscopy, Dr. Aitchison assesses a child's ability to speak properly. "With a cleft palate, there is the possibility of velopharyngeal incompetence, meaning that the child cannot adequately separate their mouth and nose during speech. If the child does not have the anatomy to make this separation, then too much air and acoustic energy can escape through the nose, creating a hypernasal resonance quality," she explained. Within the next couple of months Dr. Aitchison will be acquiring a diagnostic tool that will provide additional information in the assessment of velopharyngeal function. One of the functions of the Perci-SARS system is measuring the size of the gap in the separation between the mouth and nose. This will help determine if a child may need

See Cleft Palate on Page 11.

Meeting Primary Care Needs

Though only some 30 miles from Columbia, the city of Winnsboro bears little resemblance to the bustling capitol to its south. With a population of just 23,000 Winnsboro has more in common with the string of tiny towns that make up rural Fairfield County. An economically depressed area, Fairfield County struggles with a lack of resources. For many years that meant medical resources as well.

Then the John A. Martin Primary Health Care Center opened up on the grounds of Fairfield Memorial Hospital in Winnsboro. Established in 1992 through a partnership between the University of South Carolina School of Medicine and Fairfield County, the center was created with a three-fold mission: to deliver services to a medically underserved area, to provide medical students with a training site outside the traditional city setting, and to conduct health care research.

The center is one of three sites managed by the School of Medicine used for introducing medical students to rural practice. McLeod Family Medicine opened up in Bennettsville in 2002 and Kershaw Family Medicine Associates became operational in Kershaw in 1999. Every third-year medical student is required to complete the Deans' Rural Primary Care Clerkship, a four-week rotation, at one of the three centers. Students conduct histories and physicals, develop treatment plans for patients, accompany physicians on hospital rounds, and make two home visits. "It's different talking to a patient in their own home. The students gain a better appreciation of the prob-



Third-year medical student Jennifer Hucks (left) discusses a patient care issue with Dr. Charles McElmurray at the center in Winnsboro.

lems that patients have and the living conditions and the obstacles they have to work with," said Sandy Kammermann, M.S., Ed.S., Education and Research Director at the John A. Martin Center and an assistant professor in the Department of Family and Preventive Medicine.



During the clerkship students are exposed to factors that impact health care in a rural, primarily low-income environment, including transportation problems and patients' inability to afford medications. "The students also realize some of the cultural and religious beliefs that affect a patient's perspective on a disease and the outcome of that disease," explained Kammermann.

Each student also spends time on

a long-term community project. In Fairfield County, the overwhelming problem of obesity is being addressed through The Right Weigh to Health, an initiative being conducted in conjunction with a number of local agencies. "The idea of the project is to help the students look beyond their practice, and if they can make the general

community healthier they can make their patients healthier," said Dr. Charles McElmurray, an associate professor in the Department of Family and Preventive Medicine and one of the center's two physicians on staff.

During the center's tenure in Winnsboro, the number of physicians in Fairfield County has increased, immunization rates have soared, and infant mortality has decreased. While Dr. McElmurray asserts that the School of Medicine can only take partial credit for the developments, he does think U.S.C. set the tone for positive change. "The consistency of the university and the commitment to be there for the long term has really changed the community's perspective," said Dr. McElmurray. He added, "It comes down to the concept that someone came in and believed in the community and helped the community believe in itself and take steps forward."

Senior Mentor Program Dispels Myths About Growing Older

On the surface they might not seem to have much in common: a 23-year-old woman with a demanding academic schedule and a couple in their seventies who are leisurely enjoying their retirement. Yet medical student Ashley Pollock genuinely enjoys the time she spends with Tom and Jan Ayers as much as the retired Army general and his wife enjoy having her in their home.

When Pollock makes one-hour visits with the Ayers several times a year, she's actually satisfying requirements for her curriculum. Through the University of South Carolina School of Medicine/Palmetto Health Senior Mentor Program, each first year medical student (most in pairs and some individually like Pollock) is matched with a husband and wife or individual senior citizen. Through structured educational modules, students complete assignments each time they meet with their volunteer mentors, who are 65 years of age or older. Assignments can range from taking a medical history to preparing an analysis of a mentor's medications to conducting a frank discussion on advance directives.



(Left to right) Jan and Tom Ayers discuss the results of a health questionnaire with second-year medical student Ashley Pollock.

Originally implemented with American Association of Medical Colleges/John A. Hartford Foundation grant funding in 2000, the Senior Mentor Program was established to provide medical students with a long-term experience with older adults and to help reduce stereotypes on aging. Though other medical schools have developed similar programs, U.S.C.'s is unique in that the student/mentor relationship extends through the entire four years of school. "By going into a home environment and experiencing how their mentors live, the students are seeing what we hope medicine to be – more holistic," said Ellen Roberts, Ph.D., Associate Director of Geriatric Medical Education and facilitator of the Senior Mentor Program. She added, "Instead of just seeing a patient and learning about their symptoms, they are getting a whole view of a person. This gives them a much better picture of how to take care of an individual."

Caring For South Carolina's Elderly

To Dr. Paul Eleazer, the Senior Mentor Program takes an important step in addressing the health care needs of a rapidly increasing population of senior citizens in South Carolina. An associate professor of internal medicine, Dr. Eleazer is also Director of the Division of Geriatrics and was the principal investigator on the grant that originally funded the program. With fewer than three dozen geriatricians in South Carolina, the job of caring for the elderly in a popular retirement state will fall on family practitioners and internists. "Many people are simply not interested in taking care of older people. My hope is that with a positive experience the students will want to take care of older people and will be more attentive to

See Senior Mentor on Page 9.

➔ ➔ ➔ ➔ Family Practice Center (From Page 1)

speed Internet access are available in the center for patient use. "We have seen that some of the best resources are online or on CD, and many patients do not have Internet access," said Dr. John Lammie, an associate professor in the Department of Family and Preventive Medicine. "We wanted an area where we could direct patients to access the most updated educational materials," he explained. The computers are networked so a mini classroom setting can be structured with several people watching the same materials at once. A variety of brochures on various health topics and disease processes are also available in the center.

Educational resources for Family Medicine residents have also been enhanced with an expanded and better-equipped library, located adjacent to the resident offices on the second floor. A ceremony was held in March to dedicate the Brenda Boehm Library, named in memory of a third-year Family Medicine resident who died in an auto accident in 1999. A photo and plaque were placed to honor Brenda, who Dr. Lammie described as, "one of those people with an effervescent and ever-present smile. An outstanding academic resident, she was also part of the cement that pulled her class together." He added, "The library perpetuates her honor as a well-rounded person who was deeply committed to self-learning."

Educational sessions can be scheduled in a larger conference room that allows up to 100 people to be comfortably seated. The fully equipped room is complete with video conferencing capabilities, and



Dr. Tan Platt (right) talks with Maxine Hedges, L.P.N., at the new Family Practice Center.

can be divided into three smaller sections for meetings or teaching activities.

From a patient's perspective, the benefits of the new Family Practice Center are apparent from the time

they arrive, including ample parking in the lot across from the facility, a covered entryway, and additional handicap parking spaces in front of the building. Those who pay particular attention may stop and read the

special bricks on the front walkway. Names of donors are engraved on the bricks, which were sold as a means of equipping the patient education center.

Patients from the neighborhood can also take advantage of being able to walk to a doctor's appointment. While the center is tucked into the heart of a residential area, the attractive two-story structure doesn't seem out of place. "This move has actually put us out into the community," Dr. Platt said. For Dr. Lammie, the new location brings exciting new possibilities with it. "From my standpoint I see this as an opportunity for us to be reborn, and to become relevant as a neighborhood

health center. It really makes us a portal to the hospital. I see us as the arms of the hospital reaching out into the community," he said.



... Those who pay particular attention may stop and read the special bricks on the front walkway. Names of donors are engraved on the bricks, which were sold as a means of equipping the patient education center.

OB/GYN Faculty Offer Expertise Online



My ob/gyn suspects that I have PCOS (Polycystic Ovarian Syndrome). How hard will it be for me to become pregnant? I am 21 and I want to have a child when I am about 26 and more established. What can I do now to make that easier? Will I have to take fertility drugs? I'm just scared I'll never have children.

-- Imagine, Columbia, SC

Imagine is not her real name, yet her concerns are very real. Like many other women she found a helpful resource through the *Ask The Expert* section on The State newspaper's website (www.thestate.com). Provided by the faculty of the Department of Obstetrics and Gynecology, *Ask The Expert* gives women a place to turn with questions about female health.

"We thought this would be a good way to reach out and educate the community on women's health issues," said Mark Wild, M.D., an instructor of obstetrics and gynecology and the department's coordinator for the question-and-answer service. Since *Ask The Expert* was implemented last year, the number of questions has soared from approximately eight to about 80 per month. "We're not just hearing from women in the United States, but from all over the world," Dr. Wild said. Because of the great demand, guidelines on the website now inform readers that responses will only be posted to inquiries from the southeastern United States.

With the website averaging about 400 hits a month, Dr. Wild feels that many women find the information they are seeking from reading responses to other women's queries. Faculty members share the job of addressing the questions, which often center on a number of common themes, including irregular bleeding, infertility, and hormone replacement. While some questions are easily answered, others require research or consultation with other physicians. When medical concerns are presented that are not related to obstetrics and gynecology, women are steered to a more appropriate resource.

Sometimes answers are not so easy to come by, particularly when women ask about specific symptoms they are experiencing as opposed to general information about a health condition. Dr. Wild explained, "I give them thoughts on what it could be and try to educate them. I certainly cannot make a diagnosis without all the information and



Dr. Mark Wild checks a resource before he responds to a question posed by a woman on the website.

examining them." If a woman's situation is determined to be a potentially serious one, a recommendation is made for her to seek medical attention. Dr. Wild is quick to assert, "People need to understand that this is not a substitute for seeing a doctor. We are not practicing online medicine."

While keeping up with the volume of response is a tremendous challenge, it's a challenge that the faculty takes to heart. "One of our main missions is not only to educate physicians but to educate the community on women's health. Through this website we can reach out to a larger portion of the community not only encompassing the Columbia area, but the entire Southeast," Dr. Wild said.

Senior Mentor Program A Prescription for Success

(From Page 6)

their needs,” he said.

Pollock has found her experience with the Ayers to be one that has continued to improve over the course of a year. “It’s like any relationship. The more time you spend with someone, the more relaxed and open you are,” she said. As Pollock asks the couple to report back on health care goals they had set for themselves, the three chat comfortably, obviously quite at ease with each other. “She’s like an old friend,” Tom said, quickly amending his observation to, “she’s really like one of our own grandchildren.”

Program Popular With Seniors

The Ayers learned about the Senior Mentor Program from a 98-year-old friend in their retirement community in Northeast Columbia. In fact, a total of seven senior citizens from Wilde-wood Downs are volunteer mentors, and word-of-mouth has promoted the program so much that at times there is a waiting list for interested seniors. “A bonding developed between the mentors and their students that we couldn’t have predicted,” said Joshua Thornhill, M.D., Assistant Dean for Clinical Curriculum, who serves as the program’s course director with Nancy Richeson, M.D., Assistant Dean for Clinical Assessment.

As Pollock and the Ayers cement the bond they’ve created, the couple hears about the grueling demands in the second year of medical school, while Pollock learns how retirement means having more time at their disposal, but not having the agility they possessed in their youth. “I used to love getting out in the garden, but if I get down now I can’t get up,” laughed Jan. While all three are thoroughly sold on the program, Pollock is particularly pleased that it’s structured to last through her entire four years of medical school. “It allows the Ayers to follow me all the way through, and makes it appropri-

ate to invite them to events like our white coat ceremony,” she said.

When Pollock proudly accepted her lab coat as a symbol that she was progressing from the classroom to a clinical component of her education, the Ayers were there to share that milestone. When she celebrates another momentous day in December, again dressed in white, the Ayers wouldn’t dream of missing the occasion as a future physician and radiant bride walks down the aisle.



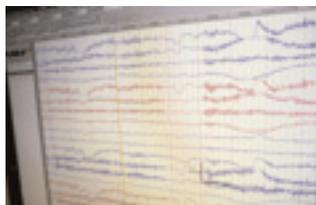
Ellen Roberts (left) shares some insights on the program with medical students (left to right) Brian Copeland and Shahed Lewis.

“A bonding developed between the mentors and their students that we couldn’t have predicted.”

Dr. Joshua
Thornhill

Neuropsychiatry Acquires EEG Equipment

The acquisition of EEG (electroencephalography) equipment by the Department of Neuropsychiatry and Behavioral Science in November



enables the department's neurologists to

do onsite testing and reading of patient results. "We no longer have to send patients out for the test, so

we can now be more flexible in our scheduling" said Dr. Te-Long Hwang, professor of neurology and Director of the Neurology Division.

The digital XL Tek EEG records all cerebroelectrical activities on computer and eliminates the volumes of paper that used to be required to print out results. The entire procedure, including the placement and removal of electrodes on the patient's scalp, takes about one hour.

"This gives us a diagnostic capability that we have not had before," said Dr. William Brannon, a clinical professor of Neurology. "It also provides a helpful teaching tool for the medical students, in that we can show them the test while the patient is having it done."

The EEG is particularly useful for

patients with suspected seizure or altered mental status of uncertain etiology. "Through the EEG we can demonstrate the seizure activities, and may help determine which area of the brain has an abnormality consistent with seizures," said Dr. Hwang.

EEG testing is done from 4:30 to 8:00 p.m. Monday through Thursday and 4:30 to 6:00 p.m. on Fridays in the Department of Neuropsychiatry and Behavioral Science. Referrals are welcome from other departments when physicians determine that an EEG is indicated. To schedule a patient, call Carol Crain at 434-4260.



LEFT: Carol Crain applies electrodes to prepare a patient for an EEG. RIGHT: A patient reclines while undergoing the test.



Managed Care Credentialing Update

Clinical Faculty Appointments
Since November 2002

Department of Medicine

Catherine Sarbah, M.D.
Assistant Professor of Clinical Internal Medicine

Department of Neuropsychiatry and Behavioral Science

James M. Ferrin, Ph.D.
Assistant Professor of Clinical Neuropsychiatry and Behavioral Science

John Eric Jones, M.D.
Professor of Clinical Neuropsychiatry and Behavioral Science

Department of Ophthalmology

Mitchell J. Wolin, M.D.
Neuro-ophthalmology Specialist

Department of Pediatrics

Shelly D. Holstrum, M.D.
Assistant Professor of Clinical Pediatrics

Sharon J. Kaminer, M.D.
Associate Professor of Clinical Pediatrics

The next quarterly credentialing meeting will be held on June 16. For additional information on future meetings, contact Susan Wilhelm at 255-3417 or swilhelm@gw.mp.sc.edu.

Three Honored For Their Work

Dr. James Fant, Jr. was a finalist for the Wellspring Resource Center Physician of the Year 2002. An assistant professor of clinical internal medicine in the Department of Internal Medicine, Dr. Fant was recognized by the non-profit organization based in Columbia, South Carolina, which advocates a whole-person approach to health care.

One of Dr. Fant's patients nominated him for the Physician of the

Year honor, noting, "Since I first heard of the Top Doc Award, I have considered Dr. Fant the living definition of what it means to balance competency and compassion."

Two Department of Internal Medicine staff members were honored at the South Carolina HIV/STD Conference in October 2002. Pat Derajtsy, R.N.C., a nurse practitioner at the Midlands Care Consortium Medical

See Awards on Page 11.



Dr. Kate Flocke , a Family and Preventive Medicine resident, assists a student after school at the Family Worship Center.

➡ ➡ ➡ ➡ **Project (From Page 2)**

care and social issues commonly faced by adolescents in the low-income neighborhood, including teen pregnancy and childcare, obesity in combination with inadequate nutrition, and single-parent homes.

Residents will also have the opportunity to develop and sharpen community health assessment, health informatics and health education skills. The patient education center within the new Family Practice Center will provide them with an additional option for patient teaching. Patients can receive individual or small group instruction on particular disease processes through the wealth of information on the Internet and instructional CDs.

With the project slated to get underway in July, Dr. Lammie is not only impassioned about the plans, but also excited about the possibilities. Looking five to ten years down the road, he hopes the U.S.C. School of Medicine can make an impact on the health disparities that can plague minority populations like those in Colonial Heights. " I would love to see these partnerships expand and grow into a much bigger coalition of community partners. With the resources of both the medical school and the community we could be a beacon, a real center of excellence for the study and elimination of health disparities in this state," he said.

➡ **Awards (From Pg. 10)**

Clinic, received the 2002 Excellence in HIV/STD Services Award. The presentation to her at the conference noted: "... She has always focused her caring and concern on patients and their needs, never allowing quality of care to take a back seat.... She has been an essential and well-respected leader for the entire consortium, providing advice and management, and serving as its critical link and liaison among patients, other medical providers, and administrative and social service workers..."

Nancy Raley, M.P.H., was cited as one of the "Unsung Heroes In Our Communities' Fight Against HIV/STDs" for her work as Executive Director of the Midlands Care Consortium. Her nomination included the following: "... As a leader, Nancy is committed to the cause, tactful, intelligent, devoted and innovative... Her compassion, determination and commitment truly help to get the job done."

➡ ➡ ➡ **Cleft Palate (From Page 4)**

additional corrective surgery or speech therapy in order to talk normally. "Normal speech is the most important factor for these children in adaptation," said Dr. Lefavre, adding, "Kids that don't speak well can be made fun of, and end up becoming isolated and shy."

Children are referred from throughout the state to S.C. Center for Cleft Palate/Craniofacial Disorders for its multidisciplinary team approach to cleft lip and palate treatment, as well as treatment for a variety of Craniofacial conditions. "All the providers at the center have a mutual respect for each other, and value what each other does," said Dr. Aitchison of the team members. "We are all very much partners,"

she said. Through the efforts of the team, both Dr. Aitchison and Dr. Lefavre have seen children and families transformed. "Kids come in with their prom pictures



Dr. Aitchison and Dr. Lefavre examine patient Ellen Aboko.

and you see that they have lived a normal life and that you have given them the quality of life they deserve," said Dr. Lefavre. Dr. Aitchison added, "I feel blessed that we can offer them this center. It makes such a huge difference in their lives."

When Men Battle Depression

“Yesterday all my troubles seemed so far away. Now it looks as though they’re here to stay. Oh, I believe in yesterday.

Suddenly, I’m not half the man I used to be, there’s a shadow hanging over me. Oh yesterday came suddenly...”

The lyrics of this classic Beatles song capture one of life’s undeniable truths. Men get depressed. While they are only half as likely as their female counterparts to suffer from depression, they are certainly not immune from its throes.

“Men are not as overt as women with expressing their feelings, so depression goes more unrecognized in men,” said Meera Narasimhan, M.D., associate professor in the Department of Neuropsychiatry and Behavioral Science. While both sexes exhibit similar symptoms, including loss of energy, inability to concentrate, weight loss or gain, and sleep difficulties, men are less likely to seek medical assistance for their problem. “Very often they will try to self-medicate through drug and alcohol addiction, affairs or gambling,” said Dr. Narasimhan.

While Dr. Narasimhan asserts

that neurochemicals in the brain affecting depression are processed differently in men and women, she also acknowledges the role of environmental factors. “In our society men have different social demands on them. Having a job and a family are significant components of keeping their integrity together. Losing either of these predisposes them to a narcissistic injury. This psychological component adds to their tendency to develop depression,” she explained.

“Men do not feel like they can show their emotions even if something is going on,” said Dr. Narasimhan, explaining that males have been taught from an early age to keep their act together. She added, “Therefore, depressed men tend to be very isolated and very emotionally detached.”

As men age, their risk of depression increases, particularly if they are without a partner. “Losing a spouse, retiring, leaving a social network, dealing with an illness, and even children leaving home can all contribute,” said Dr. Narasimhan. And while men are four times more likely than women to commit suicide, that risk goes up when they are

65 and older.

The key for men comes in taking the step to seek medical attention. Eighty percent of depression is treatable, and Dr. Narasimhan has



Dr. Meera Narasimhan

found good results with the nearly 50 antidepressant medications that are on the market and the use of psychotherapies like cognitive behavioral therapy. “Pharmacological treatments and talk therapy work well when used in combination,” she said. While she feels that depressed men often seek help from their family practitioners or internists, Dr. Narasimhan cautions that a non-response or partial response to treatment warrants referral to a psychiatrist. “Some forms of depression need a more aggressive management with pharmacological agents,” she said.

Connections is published three times a year by University Specialty Clinics to enhance connections among member physicians. Comments and suggestions for articles are welcomed.

Larry Faulkner, M.D.
Vice President
for Medical Affairs
and Dean,
University of South Carolina
School of Medicine

Loretta O. Cafferty
Director of Operations,
Office of Clinical Affairs
Phone: 803.255.3400
Fax: 803.255.3420
E-Mail: loretta@sc.edu
renee@gw.mp.sc.edu

Diane J. Epperly,
Connections Editor
djepperly@mindspring.com

Contributing Photographers:
Bryan Cox, Jennifer Land



University Specialty Clinics
Office of Clinical Affairs
University of South Carolina School of Medicine
Fifteen Medical Park, Suite 300
Columbia, SC 29203

Website: www.med.sc.edu/specialtyclinics