



Transformations

A Newsletter from the UCH Foundation

A quarterly update for University of Colorado Hospital Foundation's Supporters, Friends, Patients and their Families

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And Wellness for All

Preventing illness, and not just healing it, is a growing focus at UCH

By **Bruce Schroffel**, President and CEO, University of Colorado Hospital

Most people see hospitals as places where the injured and ill are given the means for recovery. It's largely true, too. As the Rocky Mountain region's premier academic center, people with a wide range of health concerns depend on University of Colorado Hospital's expertise and care. They also rely on us to train the next generation of physicians and nurses and host clinical trials that benefit patients today and help ensure even better care in the future.

Still, there's more to what we do. As you know, wellness and preventive medicine are hot topics in health care right now.

Both involve an approach to medical care that focuses on helping people take deliberate steps to stay mentally and physically healthy. The aim,

really, is to keep them out of the hospital.

It may seem odd for the president of a hospital to want to keep people out of the hospital. I do work here, after all, as do thousands of others, and we depend on patients just as they depend on us. Yet UCH offers spiritual care and meditation services, diverse health screenings, nutritional and exercise-related counseling, wellness visits, and a host of health-enhancing services via our Center for Integrative Medicine. These are among the topics we touch upon in this issue of Transformations. In the spirit of wellness, these pages contain a wealth of health tips from UCH experts on topics ranging from how to meditate to how to eat right.

We invest in wellness because we are philosophically

and morally bound to do the right thing for our patients. The modern Hippocratic oath, written in 1964 and taken by many of this country's graduating medical students, states: "I will prevent disease whenever I can, for prevention is preferable to cure."

We will never, unfortunately, prevent ourselves out of jobs. We face daunting health challenges in this country, problems prevalent even along the famously fit Colorado Front Range. Consider that a 2008 article in the New England Journal of Medicine cited preventable causes of death, such as smoking, poor diet, physical inactivity, and alcohol abuse as being responsible for 900,000 U.S. deaths annually — nearly 40 percent of annual deaths in this country.

Wellness will play an even larger role on the Anschutz Medical Campus starting in early 2012, when the new University of Colorado Health and Wellness Center opens its doors, thanks to a \$15 million donation from The Anschutz Foundation. It will host our Center for Integrative Medicine as well as UC-Denver's Center for Human Nutrition and Center for Women's Health Research. It also will house research labs and community programs focusing on alternative and complementary medicine, holistic wellness and counseling, weight management, and improving nutrition and physical fitness.

Our aim is nothing short of building the Anschutz Medical Campus into a national hub for wellness and prevention. Our patients stand to benefit enormously from it, and so do we.

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Lisa Corbin, MD

Integrating Conventional, Alternative Medicine for Optimal Health

Center for Integrative Medicine views wellness as function of mind and body

By **Lisa Corbin, MD**, medical director, UCH Center for Integrative Medicine

What's a nice physician like you doing with things like acupuncture, mind-body therapies, massage therapy, chiropractic, spiritual care, Tui Na, and Chinese herbal medicine?

It's the kind of question I've been asked more than once since wrapping up my medical training at the UC-Denver

School of Medicine, where I did my residency in internal medicine. Truth be told, I'm not exactly on the radical fringe. The National Institutes of Health has a National Center for Complementary and

Make no mistake: we practice medicine. But it's medicine with open borders.

Alternative Medicine, and our Center for Integrative Medicine is part of the Consortium of Academic Health Centers for Integrative Medicine, a group of 48 universities with similar programs. These

institutions see the value in holistic treatments and therapies.

But to answer the question: While I was in residency, patients often asked my take on herbal cures and various alternative therapies. I did some research and realized that clinical studies had shown many to be effective, particularly in such areas as pain

management, depression, sleep disorders, chronic fatigue, and weight management. I also came to understand an important subtext of these patients' inquiries: they wanted to take control of their own health.

As medical director of UCH's Center for Integrative Medicine since its opening in 2001, my goal has been to maximize patient wellness by safely combining standard therapies one would expect to find in a top academic medical center with approaches from complementary and alternative medicine, or CAM. A broad definition

Lessons in Wellness for Business Leaders

Exercising, seeing physicians when you're healthy are key, says Steven Kick, MD



Steven Kick, MD

As medical director of UCH's Executive Health program, Steven Kick, MD, spends a great deal of time keeping the Rocky Mountain region's business leaders well. While the details of each patient vary, he finds himself repeating two key messages.

First, exercise. Current recommendations call for 30-minute sessions, five days a week. Executives, on the whole, exercise more than the general population, he says. But roughly half "do nothing, or very little."

One can get a foot in the door, so to speak, with a 20-minute walk, once a week. The important thing, Kick says, is to develop the habit.

"People say they don't have time, but the reality is we all use that as an excuse," he said. "Many don't exercise because they don't like to – they find it boring, or it reminds them of what they're not able to do."

Second, see a physician when you're not sick.

This may seem a bit backwards – like going to a restaurant when you're not hungry, or shoveling before there's snow. But it's essential in keeping ahead of the health care curve.

"People go to their doctor when they're sick and when they need something," Kick

said. "That's fine, but I tell them they should also see a physician when they're feeling great, and spend the time talking about what they can do to maintain or improve their health."

Preventive medicine, Kick says, has become more complicated and time-consuming. Too often, business leaders – and the rest of us – fail to take this into account in managing their own health.

"They'll come in for something else and say, 'Oh, by the way, can you check my cholesterol while I'm here?'" explained Kick. "That tends to be the extent of the wellness exam. It puts us as physicians in a difficult situation because we don't have time."

One of the hallmarks of the Executive Health program is that Kick and

People should see a physician when they're feeling great, and spend the time talking about what they can do to maintain or improve their health.

colleagues spend hours with individual patients as they navigate a host of important screenings during a single morning. But an exam dedicated to wellness in a standard clinic can accomplish a

great deal as well, Kick says.

"It really is about having folks come in, assessing where they are, assessing risk factors and medical histories, and tailoring a program to each individual," Kick said.

Optimal continued from page 1

of wellness, involving physical, mental and social well-being, is central to our philosophy.

Make no mistake: we practice medicine. But it's medicine with open borders. A patient might see an MD orthopedic specialist for conventional back pain evaluation and treatment, and then seek us out to help with additional options for pain management. We explain that pain is of the body and the mind, and that appropriate exercise and good sleep, along with mind-body therapies, such as relaxation and breathing techniques, are the best treatments for chronic pain. With time, we may introduce chiropractic or acupuncture treatments, though not typically before patients gain a clear understanding of – and sense of control over – their pain.

Such control is an essential element of CAM techniques. Prescription painkillers, while often necessary, may not provide enough relief, or may have side effects that are bothersome. Plus, the act of steering one's health care destiny in itself makes patients happier and improves their health.

Of course, CAM can have its pitfalls. For example, there's a risk of drug interactions with herbals such as St. John's wort, and a host of "alternative" therapies that can do more harm than good: colonic enemas, chelation and IV therapies, ionic foot baths, restrictive diets, and megavitamins, to name a few.

But other CAM treatments, such as those listed in the opening question, have proven their benefits in peer-reviewed journals. They are evidence-based and, properly administered, safe. They can help patients avoid conventional surgeries and procedures, spare them the side effects of medicines not taken, enhance the ability to undergo the rigors of conventional care for an illness like cancer, and help maintain health and prevent disease.

Integrative Medicine combines a holistic view of wellness with an open-minded approach to selecting safe, proven treatments from across the conventional and alternative medicine spectrum. It keeps patients deeply involved in their care. All that, I think, puts me in some pretty good company indeed.

For more on UCH's Center for Integrative Medicine, visit www.uch.edu/integrativemed.

The Key to Eating Right? Mind over Platter

Planning is at the heart of a healthy diet

'Tis the season . . . of post-holiday dieting and surging health club attendance. Aggressive weight-watching and focused exercise are perfectly good responses to the December deluge of comfort food and sugary snacks. But the key to healthy eating is subduing base animal culinary urges to the power of the human mind all year long, University of Colorado Hospital nutrition experts agree.

"We're still stuck with the metabolism from caveman times, when you might not have had food around," said Heather Driscoll, registered dietician and UCH's manager of Clinical Nutrition. "There was binge mode, and then storage-and-deprivation mode. So we hoard those energy calories. Unfortunately evolution hasn't gotten around to adjusting to our modern society of plenty."

Where evolution has failed the body, it has enriched the mind, which now has the power, when properly applied, to overwhelm the basic

human instinct to scarf down entire packages of Oreo cookies in a single sitting. But one must plan ahead, Driscoll says.

"Planning is as important for eaters as it is for cooks. Research has shown, for example, that spicy soups curb the appetite," she says. "Start off with a salad and a broth-based soup and you'll fill up on lower-calorie-density items."

But even then, an ounce of French or blue cheese dressing can have 10 to 15 grams of fat – and there are nine calories per gram of fat. For comparison, Driscoll says, a McDonald's kid-sized cheeseburger contains 12 grams of fat. Go for low-fat salad dressings such as Light Done Right, she advises.

Jenny Madrid, UCH Diabetes Program coordinator and educator, adds portion control to the list of planning to-dos. At home, she says, she uses portion-controlled containers. Some actually look like a plate with three compartments – half for vegetables and a quarter each for a protein and

a starch, she said. When she goes out to eat, she leaves food on her plate.

To ensure proper vegetable consumption, Madrid shops on the weekend and then chops onions, green peppers, cucumbers – anything that seems like too much work to deal with when she's in a hurry.

"Otherwise, they'll stay in that crisper drawer, because when you get home from work, you're too tired to wash and cut and so on," Madrid says.

The mind-over-matter game applies equally to snacking, Madrid adds. If you must snack, then have a quick taste and move on.

"I think most of it's about having conscious thoughts: why am I eating the Oreos? Because I didn't have lunch? Because I'm bored?" Madrid said.

If you must, she says, go for the real thing – in moderation.

"In our house we have Ben & Jerry's," Madrid said, "But it will last for four weeks."



Heather Driscoll, BS, MBA

Tapping the Spiritual for Comfort, Healing

Spiritual care a proven tool to enhance wellness

Hundreds of studies suggest connections between one's spiritual and physical health. University of Colorado Hospital, embracing such evidence, employs a 10-person team that works to strengthen those connections.

The Rev. Julie Swaney, MDiv, leads UCH's Spiritual Care Services group. The ordained Presbyterian minister emphasizes the difference between spirituality and religion.

Spirituality, she says, is about how one finds meaning and energy for life. Religion is a formal set of beliefs and practices mediating life events.

Spiritual Care Services at UCH "is not necessarily about religion, though it may be for some people," she said.

While there's no evidence that praying for a specific cure actually works, spirituality and religion seem to bring about better coping, faster healing, improved mental health, a higher quality of life and longer survival, Swaney says.

A few examples:

- Religiously active adults have lower blood pressure in general and, after hip surgery, have shown faster healing and less depression.
- Prayer and meditation reduced chronic pain significantly among more than two-thirds of subjects in one study (a comparison group saw just an 11 percent improvement).
- Religious coping has been associated with better adjustment to the stress of kidney transplant surgery.

Spiritual care is also a pillar of the Center for Dependency, Addiction and Rehabilitation (CeDAR) program at UCH, which recently completed its new Spiritual and Family Center. Like the chapel in the Anschutz Inpatient Pavilion, the space was designed to provide a calm, healing place for those of all denominations.

Meditation is another major focus of the Spiritual Care group, Swaney says. Among those with special expertise in this technique is David



David Clark, MDiv

Clark, MDiv, an Episcopal priest turned practicing Buddhist who is one of five Spiritual Care residents in clinical pastoral education. His work involves everything from counseling terminally ill patients to leading free weekly meditation sessions in the UCH chapel (Thursdays from noon to 12:45 p.m.; public welcome).

"Meditation is one of the top practices that can help make a difference with stress, anxiety, depression and physical pain," said Clark.

In the end, the success of spiritual care techniques is about mind over matter, Swaney says.

"We can reframe our orientation and thinking and really transform an experience into something completely different," she said. "That's why this is such an incredibly fascinating area."

This is not necessarily about religion, though it may be for some people.

Ready. . . Set. . . Meditate

Meditation is a proven way to lower stress and anxiety, fight depression and reduce physical pain, says David Clark, a UCH chaplain resident who explains how it's done.

- Have a seat. Imagine a string connecting the top of the head and sitting bones. The goal is a regal or dignified posture, not a rigid position.
- Place your hands on your thighs or, alternatively, overlap your hands facing up with thumbs touching (in mudra position, it's called). Mudra or not, the key is to be relaxed.
- Leave the eyes open (rather than close them, which heightens the risk of nodding off), with a soft gaze at

a place on the floor perhaps four feet in front of you. Relax the eyelids and gently touch the tongue to the meeting of the upper teeth and palate.

- Breathe through the nose. Immersive awareness of one's own breathing is the key to this form of meditation. The mind will insist on a focus; let it be your breathing. Be aware of where the breath is coming from and where it exits.
- Be aware of thoughts entering the mind. If there's an external distraction, notice it, but don't judge it – that is, hear the phone ring, but don't consider it as an annoying interruption. Refocus on breathing, the key to achieving heightened awareness.



Tackling Pain through the Mind

Psychology can be as important as physiology in keeping chronic pain in check

She was an avid outdoorswoman. Bicycle rides together with her husband, long summertime hikes and other strenuous outings were cornerstones of her marriage. Then she developed chronic fatigue syndrome.

The energy fueling such outings drained away before she even stepped outside. Her moods swung. She started experiencing pain.

It was a vivid example of a patient whose success depended on treating the mind as well as the body, remembered Bennett Leslie, PsyD, a psychologist with UCH's Center for Integrative Medicine.

The Center for Integrative Medicine views pain as a multidimensional experience. As Lisa Corbin, MD, the center's medical director, explains, treating pain is about not only identifying its location, quality and duration, but also how the mind responds to it.

"Chronic pain has physical and psychosocial

aspects," Corbin said. "We have to address both."

John Selden, the English jurist and philosopher, once said, "Pleasure is nothing else but the intermission of pain." For those with chronic pain, the challenge is finding those intermissions.

Pain is useful when you stub your toe or break a bone – it says, 'Stay off it.' Chronic pain often doesn't send a useful pain signal anymore – it's an overactivity of the pain system.

Psychological approaches won't cure or completely alleviate pain, Leslie says; rather, "We try to help people change their relationship with pain."

Differentiating "useful" from chronic pain is an important early step.

"Pain is useful when you stub your toe or break a bone – it says, 'Stay off it,'" he says. "Chronic pain often doesn't send a useful pain signal anymore – it's an overactivity of the pain system."

Leslie works with patients to observe pain with a sense of perspective. For example, he counsels them to acknowledge the losses pain has inflicted instead of putting their lives on hold until pain's shroud lifts.

"We try to get people to ask: What do I want? What matters to me?" Leslie said.

Such discussions with chronic pain patients may also touch upon the importance of getting enough sleep and exercise, both of which, studies have shown, could improve the quality of their lives.

With Leslie's help, the life of the young woman with chronic fatigue syndrome slowly improved. He helped her come to terms with the loss of her earlier existence. She reset expectations with her husband. Rather than pushing too hard and suffering for days afterward, she would ski a couple of runs with him, then go back and relax at the condo.

"It's being able to express things verbally and through actions that things may not be the same as they were before," he said. "But it's still tied to the person's desire to be the same person in marriage, family and career as they were before."



Bennett Leslie, PsyD

Transformations

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Mitra Razzaghi, MD

Tracking Women's Health Is in the Cards WISH screening cards make keeping tabs on vital health exams easy



Women are busy – enough so that it's a challenge to keep track of one's keys, much less a litany of medical tests to catch potential health problems early. A set of five-inch-by-seven-inch, pastel-colored cards is helping change that.

The cards, courtesy of University of Colorado Hospital's Women's Integrated Services in Health (WISH) program, elegantly explain what health screenings women of a particular age should consider. There's a card for each decade of life – from the 20s, through the 70s and beyond – with recommended screenings that reflect the demands of aging.

The cards are simple enough. Each card has a short "What You Need" list on the front. For example, women in their 20s should have their first Pap smear and cholesterol/lipid panels, a tetanus booster, a blood pressure exam, and annual check-ups with breast and pelvic exams. Those in their 40s are up for mammograms, thyroid tests, a tetanus booster, and fasting blood sugar tests.

Grids on the reverse side show what screenings are recommended at a given age. Some tests are annual; others happen every two or three years or, in the case of a tetanus booster, just once per decade.

The cards' simplicity belies the effort that went into creating them. Mitra Razzaghi, MD, the WISH program's medical director, says the information represents a combination of exhaustive research and UCH physicians' own medical judgment. The external sources clinicians tapped include the American Cancer Society, the American College of Obstetricians and Gynecologists and the U.S. Preventive Services Task Force (USPSTF).

Professional expertise enters the equation, too. On one hand, guidelines can vary depending on who sets them, Razzaghi says. The controversy surrounding the recent USPSTF recommendations on breast cancer screening is a good example. The task force suggested starting mammogram screenings at age 50 rather than age 40, and then doing

mammograms every other year. The American Cancer Society continues to recommend annual screenings from age 40.

On the other hand, the American College of Obstetricians recently changed its recommendations for cervical cancer screening via Pap tests. WISH agrees with these changes, which Razzaghi and colleagues have already been advocating.

"We actually were not recommending an annual Pap test if the human papillomavirus [HPV] test was negative and if a patient had three normal pap tests back to back," Razzaghi says.

In the end, she says, the WISH screening cards must be recognized for what they are – guidelines and reminders rather than prescriptions.

"It is hard to include all these conditions on a screening card, and thus we recommend patients to talk to their providers to come up with the best plan for them," Razzaghi says.

For the WISH health screening card that's right for you, call (720) 848-WISH or visit www.wishforwomen.org

The simplicity of WISH's health screening cards belies the effort that went into creating them.

Outbound Calories Count, Too

Counting calories is a matter of looking at labels. But what about counting calories you burn? Jenny Madrid, UCH's Diabetes Program coordinator and educator, offers a short list for your reference. Each one shows how many minutes it takes to burn 100 calories.

Washing dishes	28
Gardening	20
Flying a Kite	30
Stretching	25
Weight Lifting	25
Walking: (3.5 mph)	20
Water Aerobics	20
Hiking	14
Swimming	14
Stair Step Machine	14
Tennis (singles)	13
Bicycling (moderate)	13
Running (5 mph)	10
Circuit Training	10
Elliptical Trainer	9

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Save the Date

Hearts of All Ages

Sunday, February 14, 2010

4:30 pm to 8:00 pm

Wings Over the Rockies
Air & Space Museum

uch.edu/heartsofallages