Residents Better Off Training in Clinic, UC Study Suggests
By Katie Pence
katie.pence@uc.edu

Thanks to a new study by UC researchers, internal medicine resi-
dents may receive training that may be more beneficial in help-
ing them develop pa-
tient relation-
ships and improve pa-
tient care.
Eric Warm, MD, associate professor of medicine and lead
investigator of the study, says research showed residents who
spent most of their time in the clinic, as opposed to the hospital,
learned more about patient care, were more prepared and per-
formed better in their day-to-day duties.
This study was published in the July edition of the Journal of
General Internal Medicine. See RESIDENTS page 3.

UC Researcher Primed to Study the Culprit Behind Those Dangerous Peanut Allergies
By Angela Koenig
angela.koenig@uc.edu

Why the peanut?
That’s the question internal medicine researchers Fred Finkel-
man, MD, and Marat Khodoun, PhD, will attempt to answer in a
new food allergy study soon to begin at UC.
UC and Cincinnati Children’s Hospital Medical Center are two of
only 12 sites across the country awarded grants totaling $6 million to
study food allergies. The grants come from the National Institutes
of Health (NIH) and two food allergy advocacy groups.
The UC study—$450,000 over two years—focuses on the peanut.
“Severe food allergy is most fre-
quently caused by peanuts and tree
nuts, especially in adults,” says
Finkelman, a professor of medicine
in UC’s immunology division.
One reason peanuts top the list of
food allergens, he says, may be that
one or more proteins in
peanuts activate what is known as
the body’s “complement sys-
tem.” Normally, this system is
a positive defense system that
assists in fighting bacteria and viruses,
but when presented with peanut
proteins the system can become
inappropriately activated, causing
adverse reactions.
While activation may cause
some people no reaction at all or to
just get a little bit sick, for others it
contributes to anaphylaxis, a seri-
ous allergic reaction that is rapid in
onset and may cause shock and
death.
See PEANUT page 2.

Doc Tests Own Limits in Adventure Race
Orthopedic Surgeon Faces 10-Day, 500-Mile Ordeal Weeks After Knee Surgery
By Angela Koenig
angela.koenig@uc.edu

How does one train for a 10-day, 500-mile endurance race that push-
es the mind, body and spirit to the limit?
Every day of your life, says John Wyrick, MD, who recently took
part in Primal Quest 2008, the largest adventure race in the world.
This year’s race took place in Big
Sky, Mont., and was made up of
60 four-member, co-ed teams.
Participants use basically every
mode of human-powered trans-
portation: canoeing, hiking, swim-
manship, climbing, and at times,
according to testimonials, crawling
and writhing in pain for those who
have to drop out or choose to con-
tinue with injuries that make a
University Orthopaedic and Sports
Medicine trauma surgeon like
Wyrick’s living.
“The injury rate is actually pretty
low,” says Wyrick, although admit-
ting he’s fractured and dislocated
fingers and had open wounds.
The race was Wyrick’s eighth,
and “was by far the most difficult,”
he says, because of the sheer
amount of climbing and trekking
due to the terrain.
He also chooses a support crew
that knows he can depend on
to make sure food, supplies and
equipment are ready at every
aid station along the way.
This year the crew included his
medical secretary, Claudia Bayer,
and Laurie Hyrne, clinical supervi-
sor at University Orthopaedics.
“He knows our work style and
trusts that we’re going to be there
with the tools and assistance it
takes to make it through, says
See RACE page 2.

Employer Weight Loss Programs Help Staff Drop Extra Pounds
By Katie Pence
katie.pence@uc.edu

Triath Otto, 63, says she feels won-
derful since she started working
out.
“It’s even better that she gets to
do so on her company’s time and
dinner.
“I feel more productive and
energized,” says the administrative
assistant for the department of
computer science and systems
analysis at Miami University, who
began participating in the universi-
ty’s Employee Health and Well-
ness program to help increase her
bone mass about two years ago.
“I was diagnosed with osteop-
nea, which is a precursor to oste-
porosis,” she says. “I was interested
in doing what I could to slow the
effects of the disease. To add to the
benefits of the program, I’ve lost
about 12 pounds since starting.”
Miami’s employee health pro-
goers offer aerobic classes, a fit-
tness room, a personal trainer,
blood pressure screenings and
other health-based incentives at no
cost to help keep employees in tip-
top shape.
Now, a review of studies from
UC shows that this little slave
See EMPLOYER page 5.
By Amanda Harper
amanda.harper@uc.edu

Cancer research initiatives at UC have received a major boost from Ride Cincinnati, a local nonprofit organization dedicated to generating funds for breast cancer research.

Ride Cincinnati recently presented the UC Barrett Cancer Center at University Hospital with a check for $200,000 raised at its second annual cycling event. Known by the same name: Nearly 1,200 people of all ages came out to pedal for a cure at the event, which was held June 1 at Yeatman’s Cove.

Funding will provide continued support to the Marlene Harris-Ride Cincinnati Breast Cancer Pilot Grant Program at UC, which was created in 2007 to increase local breast cancer research and encourage collaboration between basic science and clinical investigators.

“In two years, we’ve raised more than $350,000 for local cancer research efforts and that is the best way to honor Marlene’s memory,” says Harvey Harris, DDS, whose late wife inspired the event he founded in 2007.

“Through her 15 years of fighting breast cancer, Marlene remained dedicated to helping find a cure through research. We hope this money can serve as a catalyst for bringing together investigators who are able to translate laboratory findings into clinical interventions that benefit patients.”

The pilot grant program aims to award three to five grants to scientists annually, depending on the amount of money generated by the cycling event.

Sophah Khan, PhD, professor of cancer and cell biology, and Glendorn Zimner, PhD, assistant professor of surgery, were awarded the program’s initial grants in December 2007.

Both scientists are conducting a basic science study to develop novel antiestrogens in breast cancer. Zimner is exploring the role of vitamin D in estrogen activation in adipocytes (fat cells) in breast cell development.

Two additional grants were awarded in June 2008 to Frederick Lucis, MD, of pathology, and Ruth Lavigne, MD, of radiation oncology. Lucis will investigate the biology behind “triple negative” breast cancers in terms of clinical outcomes, treatment responses, epidemiology and possible therapeutic targets. Lavigne’s study will screen for depression and assess the psychosocial needs of patients with newly diagnosed breast cancer.

“Robotic surgery typically results in less post-operative pain and shorter recovery times when compared to traditional ‘open’ surgery,” explains Richards. “A cancer diagnosis is stressful enough without the added frustration of a long recovery. Robotics helps us get women back to the things they love to do.”

As interim director of gynecological oncology, Richards will play a key role in the joint cancer program, a collaborative initiative involving the UC College of Medicine, Cincinnati Children’s Hospital Medical Center and University Hospital that provides a continuum of care for children, adults and families with cancer.

He says his long-term vision is to create an all-inclusive women’s cancer program at the Barrett Cancer Center that offers cutting edge medical treatment, clinical trials, screening information and support services such as yoga, counseling, nutritional coaching and relaxation therapy.

“Want to find an area that has historically been one of the most stressful places for patients during a cancer treatment center—into a positive place where their fears are calmed and their ailments are alleviated,” he explains.

In addition to providing comprehensive gynecological surgery and radiation oncology services, Richards will lead a robust clinical trials program to investigate new chemotherapy drugs, surgical procedures and screening methods aimed at reducing the stage of disease onset—particularly for cervical and ovarian cancer.

“In the past, much of cancer research focused on extending life after diagnosis, but that yielded a small gain,” says Richards. “Our research focus has shifted to looking at preventing cancer at the front end. Now we are focusing on vaccine and genetic trials to evaluate women at risk versus waiting for the disease to occur.”

Richard joins UC from a private practice in Texas. He earned his medical degree from Texas Tech University and completed his residency at Texas A&M University and a fellowship in gynecologic oncology at the University of Kentucky.

To schedule an appointment, call (513) 584-6373. For information on research and diagnostic services, call (513) 584-7698.


**Slimming Effects of Fatty Diets May Be Possible**

Researchers Find Common Protein Can Protect Against Metabolic Changes Caused by Unhealthy Foods

By Dama Kimmon
dama.kimmon@uc.edu

In a fast-paced world of even faster food options, persuading people to eat healthy and exercise has become increasingly difficult. Because of that, scientists and foodies alike are constantly looking for ways to cut on weight gain and perhaps even lessen the negative health effects associated with the ever-prevalent high-fat diets.

Results of a recently published study suggest that may actually be possible.

UC researchers along with colleagues from the Spanish National Cancer Research Center have found that higher levels of a specific protein called Sirt1 can actually reduce liver inflammation caused by high-fat diets and improve the liver’s tolerance to glucose. (Glucose intolerance is often referred to as pre-diabetes.)

The researchers also found that activation of the Sirt1 pathway may prevent non-alcoholic fatty liver disease—a condition often diagnosed in overweight or obese individuals, particularly those with diabetes and higher cholesterol levels.

The results of the rodent study are published in the June 30, 2008, online edition of the journal Proceedings of the National Academy of Sciences.

“Pathway seems to work like an internal shield against the damaging consequences of a high-fat diet,” says Matthias Tschöp, MD, senior author and professor in UC’s psychiatry department. “It appears to be particularly effective in the liver,” he adds, “but we are still far from understanding in detail how this pathway works.”

Sirt1 (silent information regulator 1) is a type of sirtuin—a protein found in many organisms, from humans to bacteria. Previous studies of rodents have shown that Sirt1 can be activated by a naturally occurring chemical called resveratrol, which is found in red wine. In very high doses, resveratrol has been shown to promote glucose control and calorie burning.

The authors say that the design of previous tests of elevated Sirt1 may have led to the activation of other sirtuins and pathways, so a more direct and specific study of Sirt1 was needed to prove its reported implications.

This new study of Sirt1 took a more direct look at the protein’s actions by introducing a transgenic copy of it directly into the mouse genome—keeping the elevated concentration contained where it could not directly impact other tissues or organs.

Mice with boosted Sirt1 levels who were exposed to high-fat diets had fat gain similar to mice with normal Sirt1 levels, but were better protected from fat-induced inflammation, glucose intolerance and fatty liver disease.

“This activation of Sirt1 may represent a promising strategy for preventing and treating metabolic syndrome,” the authors write.

Paul Pliuger, PhD, lead author and member of UC’s Obesity Research Center, cautions that more research is needed before this animal study could be extrapolated to humans, but, he says, “Determining exactly how Sirt1 works is an important step towards understanding how the effects of high-fat diets can be tempered pharmacologically.”

Coauthors from the Spanish National Cancer Research Center include Daniel Herranz, Susana Velasco and Manuel Serrano.

The U.S.-based portion of this study was funded by the National Institute of Diabetes and Digestive and Kidney Diseases.

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**Exercise Caution: Harmful Germs May Lurk on Gym Equipment**

By Amanda Harper
amanda.harper@uc.edu

There’s no question that exercise is a good thing. It promotes heart and vascular health, balanced weight, and strong bones and muscles.

But UC sports dermatologist Brian Adams, MD, says gym-goers should exercise some caution.

Dangerous germs can lurk behind that sleek gym equipment and cause more harm than good.

“Without diligent cleaning, gym can become breeding grounds for bacteria, viruses and fungi that are harmful to human health,” says Adams, associate professor of dermatology and director of the UC Physicians sports derma-

tology clinic.

“Keeping equipment clean is critically important—especially if you belong to a community gym where large groups of people are sharing equipment,” says Adams.

As Adams explains, the first few layers of human skin provide a more effective barrier, not just in the skin wall against harmful microorgan-

isms.

“Open cuts and scratches aren’t the only entryway for troublesome germs,” says Adams. “Abrasions—

for example, caused by friction against fitness mats and weights—and blisters from the constant rubbing of athletic shoes can break down skin’s ‘castle wall’ and allow microorganisms to invade the body.”

Swabbing, Adams explains, com-

poses the problem because the skin can become excessively hydrated and leave it more suscept-

ible to forming blisters.

In June, the Journal of the American Academy of Dermatology published data showing that a danger-

gous antibiotic-resistant bacte-

ria—methicillin-resistant staphy-

lococcus aureus (MRSA)—is becoming more common among athletes.

Although MRSA infections typi-

cally emerge in hospitals, Adams says the community-acquired ver-

sion of the bacteria is showing up in athletes at all levels of competition.

“A combination of factors make athletes more susceptible to MRSA: frequent antibiotic use, compromised skin surfaces, contact between players and team-

mates and inadequate personal hygiene to name a few,” explains Adams. “Prevention of MRSA is better than a cure, though, so ath-

letes and fitness buffs should make equipment cleanliness a priority.”

Adams recommends the follow-

ing tips for those who want a rela-

tively germ-free workout but don’t want to waste hours meticulously wiping off gym equipment:

- Use hand sanitizer after touch-

ing communal equipment.

Many high-quality hand sanitiz-

ers have been shown to kill up to 99.9 percent of bacteria on the skin that could cause disease.

Take advantage of hand sanita-

tion stations at your gym between equipment uses. If they aren’t provided, carry your own small bottle.

- Don’t sit directly on commun-

ity fitness mats. Germ-filled sweat seeps onto fitness mats after each use. In addition to thoroughly wiping your fitness mat, place a clean towel down before lying on it to do crunches or other floor-based exercise. This will help protect you from any residual germs from the previous user and vice versa.

- Avoid putting your bare feet on public surfaces. Invest in an inexpensive pair of shower shoes to use after your workout in the shower, locker room at the pool or any other heavy traffic public area. This will help you avoid the fungi that lead to athlete’s foot and ringworm.

- Keep a tidy, dry gym bag. Staying germ-free isn’t just about cleaning up your act—fungus.

- Make sure to keep wet clothing and linens confined in your gym bag during transport. Once you’re home, wash them in hot water and soap as soon as possi-

ble to avoid problems.

- Protect existing injuries. All existing wounds should be covered. If they can’t be covered fully, take a break from working out until they can be avoided spreading—and contracting—

infections.

In general, microorganisms love warm, dark and moist environments. Gym-goers would do well to remember that the next time they think a lack of hygiene is an excuse to skip the community shower without foot pro-

tection,” adds Adams.

For more information on skin conditions caused by microorgan-

isms, visit www.netwellness.org.

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**UC Health Line**

Alicia Lott uses disinfectant spray to clean her bike after a spinning class at UC’s University Fitness Center.

By Dama Kimmon

**New UC-led research suggests that higher levels of a specific protein in the body could temper the negative effects of high-fat diets.**
Neurology Opens Patient Access to Help Meet UC Physicians Re-engineering Project Goals

By Keith Herrell

Improving patient access to specialties and services is one of the major goals of the UC Physicians (UCP) Re-engineering Project. Thanks to some steps taken over the past year, the neurology department is making significant progress toward reaching that goal.

“We needed to make some changes in our clinical practice,” University Neurology, Inc., says Brett Kissela, MD, the department’s vice chair for education and clinical services. “We needed to improve our access because we believe we have a very high-quality clinical service, but demand is very high and people were frustrated with wait times.”

The department, chaired by Joseph Broderick, MD, put together a clinical task force chaired by Michael Prizicki, MD, to examine ways to improve the clinical practice. Numerous people from the neurology department participated.

With prospective patients facing waits of three to six months from the initial contact to the time of the appointment, the task force knew that access was a paramount issue.

The solutions, Kissela says, were as simple as making more efficient use of time and as ambitious as starting a program to ensure same-week access for some patients. One simple fix was making sure that physicians worked full four-hour blocks to fill up the clinical schedule.

“We’re paying for the overhead for a half-day whether people are there or not, so let’s have people working four hours,” Kissela says. “This seems like a simple thing, but ensuring that it comes to pass leads to greater efficiency, and it does improve access.”

The new program, whose profile was advertised by word of mouth, is being raised after being quietly Allen Kissela, MD, vice chair for education and clinical services in neurology, opens same-week access for some patients.

Appointment

“Most importantly, we expect that our clinical practice will hold a minimum of four slots open each week. Responsibilities are shared equally by all faculty members, Kissela says.

“Some prospective patients are referred to neurology from the emergency room who needs a good neurological evaluation this week, they would be a perfect candidate for the urgent clinic,” Kissela says. “We’re starting to advertise this more widely—we know that we can deliver on it now.”

Part of the process is changing mindsets both inside and outside the department, Kissela says.

“If someone comes in or we had a patient referred, they can be seen this week—we’ll make it happen.”

With improved scheduling, Kissela says, patient visits are up. Collections are up, too, after successful negotiations with managed care providers.

“The position we took is that we’re a very high-quality practice in great demand, and we think that the people within the various managed care plans would like to have access to our practice,” Kissela says. “Obviously, the private insurers agreed, so that has improved our bottom line.”

The UCP Re-engineering Project is an ambitious effort to merge the clinical practice corporations that comprise the UC College of Medicine’s faculty practice and a single nonprofit tax-exempt corporation.

Through shared and centralized services, the goal is to improve patient care and overall operations. Thomas Boat, MD, executive associate dean of the College of Medicine and CEO of UCP, is guiding the process.

“I think that has been a stabilizing move that people are very excited about,” Kissela says of the appointment of Boat, who previously served as director of the Cincinnati Children’s Research Foundation and chair of the UC pediatrics department. “To meet him is to respect him.”

As for Boat, he’s understandably pleased with the progress made by the neurology clinical practice.

“The department of neurology provides a outstanding model for clinical programs of the College of Medicine,” Boat says.

“They have created a new program of care that both responds to the needs of patients and the community and allows physicians and other health professionals to work more efficiently. Everybody wins in such a system.”

With a head start on working toward some of the goals of the Re-engineering Project and some experience with similar projects at other institutions, Kissela knows the challenges that lie ahead but believes the effort will pay off.

“I think that if we can work through the logistical challenges that a re-organization of this size will bring, then we should all be raised by being able to reap the benefits,” he says.

Brett Kissela, MD, vice chair for education and clinical services in neurology, opens same-week access for some patients.

Barbara Kissela, MD, vice chair for education and clinical services in neurology, opens same-week access for some patients.

Brett Kissela, MD, vice chair for education and clinical services in neurology, opens same-week access for some patients.

### Education Partners Award $148,000 in Scholarships to Tristate High School Seniors Interested in Nursing

By Angela Keenig

The College of Nursing recently participated in offering two Diversity Scholarships—$74,000 each to cover the cost of tuition and housing for four years. The awards are funded by the college, University Hospital (UH), the Darwin T. Turner Scholarship and the Cincinnati Scholarship.

“The reason we can be proud of (our involvement) is because of the quality of our future students as well as the graduates,” says Andrea Lindell, PhD, dean of the College of Nursing.

According to the latest figures, in 2007 the College of Nursing bestowed 174 scholarships, with $81,650 contributed directly from the college.

The Diversity Scholarship is set up to attract the best and brightest incoming freshmen from within a 60-mile radius who worked extremely hard during their high school years and maintained high GPAs.

The scholarships were awarded to Emily Callahan and Sherrun Watson, both from the Dayton area.

But the scholarship requirements don’t stop with stellar grades. The competition is fierce: there are community service and leadership positions to substantiate, demonstration of financial need, and interviews to compete.

Then there’s the commitment to keep up the required GPA and mandatory community service hours, and ultimately, after graduation, a requirement to give back—18 months of employment at University Hospital, where the goal of both the college and the hospital is to retain their employ- ment in Cincinnati for many years to come.

And it seems to be working.

“I think I’ll definitely stay,” says Tiffany Gendrew, 23, the first student to receive the Diversity Scholarship—$40,000 for four years—in 2003 when it was established.

Gendrew now works in UH’s Medical Intensive Care Step-Down Unit and has plans to go back to school to become a family nurse practitioner.

By Angela Keenig

Medical researchers at UC are the first to enrol a patient in a U.S. clinical trial designed to test the efficacy, safety and tolerability and for treating heart failure symptoms.

Relaxin is a naturally occurring hormone that helps the human body regulate kidney function and blood pressure. Heart failure is a chronic condition occurring when the heart’s pumping action is impaired. Weakening of the heart as a result of heart failure can lead to fatigue and shortness of breath.

Clinical trials of Relaxin began outside of the U.S. at the end of last year, but UC’s emergency medicine department and division of cardiovascular diseases along with University Hospital’s (UH) Center for Emergency Care are the first to enrol a patient in the U.S.

Because acute heart failure treatment most often begins in the emergency room, the study approach from onset to discharge is essential, explains Sean Collins, MD, assistant professor of emergency medicine.

“Most importantly, we expect that if we alleviate heart failure symptoms while minimizing concurrent kidney problems, we should improve patient care,” Collins says.

Stephanie Dunlap, MD, associate professor and director of UC’s heart failure program, says that if this new therapy is successful, it could lead to lower national health care costs by preventing hospitalizations and decreasing the length of hospital stays.

Dunlap and Collins have no financial interest in Care++, the sponsor of the study.

By Angela Keenig

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**New Machine Helps ENT Physicians Detect ‘Lost’ Senses**

**By Keith Herrell**

Allen Seiden, MD, has an impromptu test he likes to give people who are interested in how the senses of taste and smell are linked: He gives them a jellybean, then asks them to put it in their mouth while holding their nose. Many are surprised to find that they can’t identify the flavor of the jellybean until they let go of their nose. That illustrates the point of the test—that flavor perception and smell are intimately linked—and underlines why Seiden is so pleased with a new device that makes it easier and more economically to test a patient’s sense of smell.

Called the OLFACT (Olfactory Function Assessment by Computerized Testing), the machine tests how well a patient can identify 40 different odors. Additionally, a threshold test of the OLFACT-RL uses 13 concentrations of the same odor to identify how effectively a patient can detect the presence of an odor.

“Taste is only the ability to detect salty, sour, sweet and bitter,” says Seiden, a member of the otolaryngology-head and neck surgery director of the UC Taste and Smell Center.

“So the flavor of food is very dependent on our smell. At noon, we reek off odors that come up behind the nose and stimulate our smell. So the food in which they put their chocolate from vanilla, for example, is, because they smell different, not because they taste different. When people lose their sense of smell, they realize, ‘Hey, I can’t tell chocolate from vanilla’ or that nothing ‘tastes’ right—and that has a huge impact when you think about how important eating is to most people.”

The OLFACT was developed by Lloyd Hastings, PhD, director of research at Osmic Enterprises, Inc., in Cincinnati and a former research associate professor in the environmental health department of UC. Only a few of the machines are in use, but Hastings is showing it off at professional gatherings with hopes of gaining wider acceptance for it.

“It’s basically publishing,” the soft-spoken inventor says modestly. “It’s just blowing air through odorized vials that contain different odors, after which patients are asked to identify them. So it’s fairly simple.”

That’s one of the main selling points, along with economics.

“We have an operator’s manual and you open up it and say, ‘Please the button.’” Hastings says. “So it is a big labor-saving device. And it gets good results.”

Seiden says the test remains in the validation process but “so far it seems great.” His office has been using it for about two months.

The OLFACT is designed to replace the University of Pennsylvania Smell Identification Test (UPST), a booklet that uses scratch-and-sniff pads. The booklets are 30 pages, Seiden says, so while the OLFACT has a higher initial outlay (less than $5,000, including a laptop computer, Hastings says), it costs less in the long run. It is also quicker to administer and requires no significant supervision.

Patients with taste and smell problems are referred to the UC Taste and Smell Center from all over the Midwest. Very often their first complaint is “I’ve lost my sense of taste,” says Seiden.

“Then the first thing we do is test their sense of smell,” he continues. “Taste is a little harder to test, and taste loss is much less common than smell loss. And again, many patients confuse smell loss with taste loss.”

Seiden says that many people who lose their sense of smell find that doctors have trouble diagnosing their problem and that family and friends don’t take it seriously, saying, “It’s a great way to lose weight!”

“And so it’s very important to realize how significant this problem is for the patient, how seriously medical doctors have impacted their lives,” adds Seiden.

Common reasons for losing the sense of smell include a viral infection, head trauma, and nasal and sinus disease. Nasal and sinus disease can be treated, Seiden says, and the sense of smell recovered.

From page 1

**Computerized System Treats Patients Frustrated With Their Inability to Smell, Taste**

**By Keith Herrell**

Keith.herrell@uc.edu

Forty-six percent of the studies reviewed at the University of Cincinnati Academic Health Center Communications Services/K. Fukuhara
Cardiologist Helps UC Anthropologist Rebound From Intensive Care Unit ‘to Intense’ 30-Mile Bike Rides

By Katie Pence
katte.pence@uc.edu

It’s not rare for Ken Tankersley, PhD, to spend his days climbing mountains and his nights sleeping in caves.

For the UC anthropologist, it’s all in a day’s work.

“My shoot to get out on another shoot for the Discovery Channel,” he says. “I’m always doing something out in the field.”

Tankersley is nationally known for his research with climate change and has made documentaries for not only the Discovery Channel but also the History Channel, National Geographic and PBS, among others.

“I’m very interested in how humans adapt to climate change,” says Tankersley. “The archæologi-
cal record dates back more than 2 million years ago, and the Ohio Valley goes back to almost 13,000 B.C. There have been many periods of global change, and each time, people have adapted and lived through them.”

The warning signs were strong months before, but Tankersley thought he only had the flu.

“I went to urgent care, and it seemed to clear up for awhile,” he says.

Over the next few months, Tankersley began to gain weight, and by June he was almost 90 pounds heavier.

“I just thought I was an old, fat guy with decreasing metabolism,” says the 53-year-old. “I just kept getting bigger.”

He says after returning home from yet another shoot, he knew something more serious had to be wrong with him.

“I was having a difficult time breathing,” he says, noting that he ended up in the University Hospital (UH) emergency room. However, Tankersley still only thought it was a touch of pneumonia.

At UH, tests showed evidence of fluid in the lungs, a weakened heart and a rapid heartbeat at up to 200 beats per minute.

“I was told if I left the hospital that night, I would possibly not live to see tomorrow,” he recounts.

“Only about 15 percent heart capacity.”

Tankersley was cared for by LeeAnn Cobley, MD, professor of medicine, who then referred him to Neal Weintraub, MD, director of the division of cardiovascular diseases at UC.

Tankersley suffered from dilated cardiomyopathy—a condition that leads to congestive heart failure.

This condition is associated with severely slowed heart function and a poor prognosis, particularly if the cause cannot be determined.

He was found to have a rapid, irregular heartbeat known as atrial fibrillation. With assistance from Alex Costa, MD, an electrophysi-
ologist in the cardiovascular dis-
ese division, the condition was controlled, and his weakened heart recovered dramatically.

“I started feeling better within the week,” Tankersley says. “I did everything Dr. Weintraub told me to do—no salt, no carbs besides whole grain bread, low amounts of sugar, no alcohol and regular exercise.”

Last summer, I was in intensive care. Now, I weigh 166 pounds, am regularly participating in 30-mile bike rides and am back to making my documentaries. I feel like I’m in my 20s, and I have Dr. Weintraub to thank.”

Weintraub says Tankersley’s story is one of great strength.

“When I first met Ken, he could barely walk in and out of clinic,” Weintraub says. “He required an intensive medication regimen with frequent follow-up checks and blood testing. In addition, major lifestyle changes were necessary. With perseverence on his part, not only did his symptoms totally resolve, but also his overall health and fitness level are the best they have been since early adulthood.

“He is an inspiration to the medical patients who face serious cardiac problems,” Weintraub continues. “All too often, our patients react with a sense of help-
lessness and depression. Ken took things into his own hands, and look where he is now.”

Tankersley may be a heart patient survivor, but he is also a cancer survivor. He was diagnosed with lymphoma and testicular can-
cer in 1987, but once again came out shining.

“I’m a fighter,” he says. “I’m not ready to give up.”

Ken Tankersley, PhD, thanks cardiologist Neal Weintraub, MD, for rout-
ing his heart condition and ultimately giving him another lease on life.

The Winkle College of Pharmacy will formally welcome 96 stu-
dents who will each receive a white coat symbolizing their transition into the profession. Call (513) 558-4553 or e-mail schwirks@uc.edu.

The College of Medicine will welcome 163 new students at this annual ceremony. Each student will receive a white coat, signify-
ing the beginning of careers in medicine. Call (513) 558-5577 or e-mail roulden.jar@uc.edu.

Annual event aims to raise money and awareness of Parkinson’s disease. Festivities include a gala and auction on Friday, an educational sympo-
sium and expo on Saturday, and bike rides on Sunday. Visit www.sunflower.org.

The number one reason for health affairs at UC, whose $1 million gift supported the new library’s renovation.

The College of Medicine welcomes 160 new students at this annual event. Each student will receive a white coat, signifying the beginning of careers in medicine. Call (513) 558-5577 or e-mail roulden.jar@uc.edu.