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# INSIGHT

SPRING/SUMMER • 1991

THE UNIVERSITY  
OF TEXAS HEALTH  
CENTER AT TYLER

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**GROWING  
OLDER –  
EVERYBODY'S  
DOING IT!**

**ARE YOU  
MISUSING  
PRESCRIPTION  
DRUGS?**

**THE GRAYING  
OF AMERICA**

**THE GOLDEN  
YEARS &  
MENTAL HEALTH**

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## A Letter From the Director

91-231  
NOV 15 1991



**I**n another 15 years, America's baby boomers will be the late bloomers, joining the ranks of a growing segment of Americans age 55 and older.

At that time, Americans over age 55 will comprise 20 percent of the population and will face the same issues about health care, Medicare and Social Security, to name a few, that their parents and grandparents are confronting today.

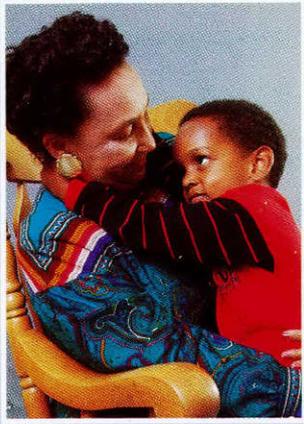
The answers to most of the problems facing the elderly aren't easy to come by; however, The University of Texas Health Center at Tyler is addressing the unique medical needs associated with growing older. We've acquired a trained medical staff in geriatric medicine to manage the older patient's needs from a multidisciplinary approach, looking at the patient's psychosocial needs as well as health care.

The UT Health Center has six physicians, board certified in geriatrics, who will also staff our new Geriatric Medicine Clinic scheduled to open this fall. In addition, through our Family Practice Resident Training Program, we're showing our resident physicians the best ways to care for their older patients. Geriatric patients could possibly makeup as much as one-third of our residents' patient load in their future primary care practice. And as a teaching hospital, we're providing a first-hand look at geriatric medicine to medical students completing clinical rotations in Tyler.

We hope you enjoy this issue of **Insight**. Dr. Barry Peterson, one of our many biomedical research scientists exploring the mysteries of disease, discusses the physiology of aging. Our geriatric specialists offer a medical overview of aging and talk about drug misuse among the elderly and various factors affecting mental health. Sharon Nelson, UTHC's Director of Food and Nutrition Services, gives pointers on proper nutrition. This issue also offers timely better health tips for the entire family.

For more than 43 years, The University of Texas Health Center has been a major provider of health care in East Texas and we look forward to continuing our three-fold mission of patient care, medical education and biomedical research. Today, we wish you and yours good health.

Dr. George A. Hurst



2



15



20

## 2 Science and the Aging Process

What happens to our physical bodies as we age? And with the “high-tech” explosion, is there a real fountain of youth in our future? Physiologist Barry Peterson, Ph.D., explores the science of aging.

## 6 The Graying of America

In 15 years, the baby boomers reach 55 and older and will represent 20 percent of the population. UTHC physicians are ready to treat this growing segment of our society.

## 8 Drug Misuse: You may be guilty and not even know it!

A host of factors contribute to drug misuse among our senior citizen population. How do we win this battle that is costing so much in terms of human suffering?

## 10 Test Your Drug Awareness

Do you know whether or not you misuse prescription and over-the-counter medications? This test can tell you!

## 15 To Everything There is a Season

Aging gracefully is a way of life. For nearly 46 years, Dorothy and Bill Finn have traveled life's road together, building and sharing memories and precious moments.

## 18 The Golden Years and Mental Health

Senility, dementia, Alzheimer's and depression are not synonymous with aging!

## 20 Solving the Nutrition Dilemma

Eat your way to a healthier lifestyle with recipes and tips that are smartly delicious! Sharon Nelson, UTHC nutrition specialist, recommends reading the labels of the foods we choose.

### On The Cover:

Active Tylerites Bill and Dorothy Finn are disproving many of the stereotypes about the over-60 crowd.

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# Science and the Aging Process

by Barry Peterson, Ph.D.

## **G**rowing Older – Everybody's Doing It

*"It takes a long time to become a person."*

– Candice Bergen in her autobiography, *Knock Wood*

The aging of America has attracted the attention of advertisers, legislators, the health care industry, and scientists. For the first time, the American Physiological Society devoted two full sessions during its spring meeting to the

lecular processes and because increased national attention will mean more money for research on aging. Scientifically, economically, socially, and biologically, aging is a growth industry.

Aging is a very complex process. Even our

*In 1846, John Quincy Adams suffered a stroke and was in ill health. A friend inquired about his health, and Adams replied: "I inhabit a weak, frail, decayed tenement; battered by the winds and broken in upon by storms; and, from all I can learn, the landlord does not intend to repair."*

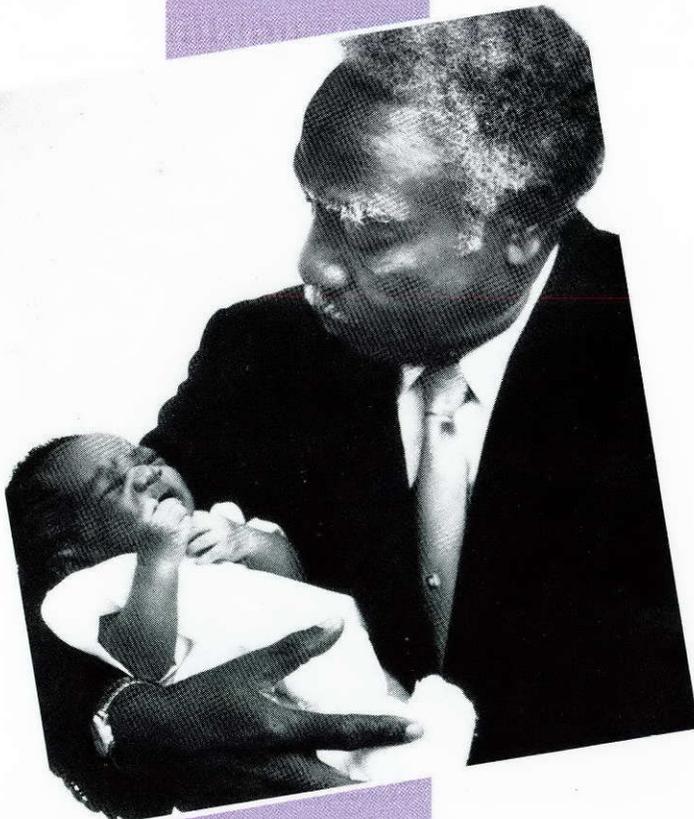
physiology of aging. Our understanding of the aging process will expand remarkably over the next decade because of recent scientific advances in our ability to study cellular and mo-

individual cells appear to age because there is a finite limit to the number of times they can replicate themselves. The causes are both internal and external. Random errors in the replica-

tion of genetic material and the slow accumulation of toxic wastes produced by the cell occur internally. External factors include ultraviolet radiation from the sun, chemical toxins in the environment, background ionizing radiation, and physical exposure to the elements. Our bodies have elaborate mechanisms for repairing all types of damage, but they cannot keep up with the constant wear and tear on the cells. The result is aging.

In theory, if the specific factors that cause

*When Chancellor Adenaur of Germany was in his 90s, his physician told him, "I can't make you young again." The chancellor replied, "I haven't asked you to. All I want is to go on getting older."*



aging can be identified, we may be able to minimize their effects and slow down, although not reverse, the aging process. In addition, advances in genetic engineering raise the possibility of creating "super genes" that could give cells better tools for repairing themselves. Such a prospect might seem attractive to some and repulsive to others.

Regardless of individual views, elimination of the aging process is not something we will soon see. Aging is the result of so many different factors that even if they were all identified, some of them, especially the environmental factors, could never be eliminated.

The successes of scientific investigation of aging should be measured not in terms of their ability to stop the process, but in their ability to prevent the diseases of aging and the unnecessary loss of physical and mental capabilities.

*"Clean living and exercise doesn't make you live longer—it only seems longer."*

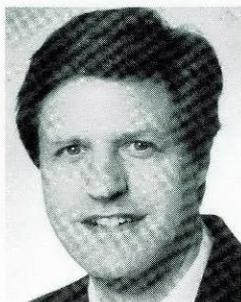
*—Unknown*

While the mechanisms of aging are still not well understood, it is clear that regular exercise is beneficial. In addition to making you feel better, it has been shown that regardless of your age, exercise increases the resting metabolic rate which helps you maintain a healthy body weight. Exercise also prevents your cells from becoming tolerant to insulin—a process that

occurs with age and a probable cause of adult onset diabetes. Although it is wise to consult a physician before embarking on a strenuous exercise program, exercise is so good for you at any age that you should consult a physician before deciding not to exercise.

*“Education is the best provision for old age.” –Aristotle*

Aristotle gives sound advice for everyone who intends to grow older. Individually, the more we know about the importance of a mentally and physically active lifestyle and about habits that accelerate the aging process, like smoking and poor nutrition, the more likely we are to change behaviors that are detrimental to our health. Scientifically, further investigations into the biological basis for aging will provide better preventions and treatments for the diseases of aging. Scientific advances may not greatly increase life expectancy, but they, along with common sense living habits, offer hope for an aging population in maintaining a high quality of life. 🍷



*Dr. Barry Peterson is  
Chairman of Physiology  
at UTHC.*

## Medical Tips

### Facts About Hypertension

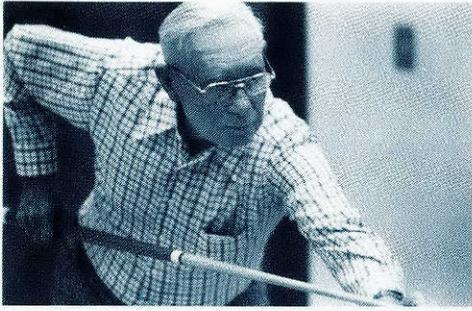
Hypertension or high blood pressure does not cause noticeable symptoms initially. However, if left untreated or inadequately treated, hypertension can result in death or permanent disability, says Dr. Tom Belt, Director of UTHC's Hypertension Program. There's only one way to know if your blood pressure is too high. Have your pressure checked by someone specially trained. If you're already being treated for hypertension, regular pressure checks are important to make sure the treatment is doing the job. Tests for evaluating high blood pressure are usually simple and inexpensive. Obesity, smoking, stress, lack of exercise, and a diet high in salt and cholesterol contribute to raising blood pressure. Although changing your lifestyle reduces the risk factors for hypertension, medication is usually necessary to reduce your blood pressure to a normal level. If you're concerned about high blood pressure, see your doctor.

### The Good News About Aspirin

The verdict is in. An aspirin a day does help keep heart attacks away – at least that's the finding of a Physician's Health Study which looked at men over the age of 50. The study found that men 50 and older who took an aspirin every other day cut in half their chances of suffering their first heart attack, and that a daily intake of the pain killer reduces heart attack risk for those who have already had heart attacks. Dr. Robert Payne, UTHC's Cardiology Chairman, says studies have indicated that daily aspirin intake apparently reduces the chances of an artery-clogging blood clot developing by reducing adhesiveness of the blood. About 540,000 people die from heart attacks each year.

### Lyme Disease Remains Confusing

This summer, many people may be planning camping trips. Anyone taking nature hikes through the woods needs to take precautions against tick infestation --especially the tick transmitting the organism which causes Lyme disease. Once geographically linked to the Northeast United States, Lyme disease is spreading across America with several cases reported in Texas. UTHC's infectious disease specialist, Dr. Richard Wallace, says clinical diagnosis of the disease is essential to prevent potentially serious and even life-threatening attacks on the cardiovascular, respiratory, nervous, and rheumatologic (joint) systems.



# The

# Graying of America

**D**uring the 1980's, the phrase "the graying of America" was coined to suggest America's changing demographics—an aging population.

Within this century, the life expectancy of Americans has increased from 47.3 in 1900 to a life expectancy of 74.9 in 1988. Better health and access to health care, including dramatic reductions in deaths from infectious diseases and improved quality of life, are among the contributing factors to America's ever increasing older population.

According to a Congressional report on aging, between 1946 and 1964, more than 75 million Americans—nearly one third of today's population—were born. These are the baby boomers. And within the next 15 years, they will be over 55 and comprise 20 percent of the population.

What images prevail about America's populace in this golden cycle of life? Contrary to some misconceptions, pain, discomfort, and physical deterioration are not inherent in the aging process.

Dr. Kent Davis, a University of Texas Health Center at Tyler Assistant Professor of Medicine and

geriatrics specialist, says it's difficult to generalize when it comes to older people since their ages span a half century and they come from all walks of life.

"They are, by definition, experienced," Dr. Davis said. "They have a history that is long and often rich. Many are busy creating a new life after retirement, moving, or loss of loved ones. They are concerned about becoming dependent on others and work to remain independent.

"Although significant debility may occur over a small portion of their retirement years, I think of them as active individuals," he said.

"Obviously, these are not universal characteristics. However, active retirees have time which they use to accomplish personal goals. In view of this, my older patients are becoming an increasingly powerful force in our society."

Dr. Davis said that older people have problems which—although not always a part of the aging process—do occur more frequently in the aged.

Joint pain, osteoporotic fractures, dementia, heart disease, strokes, loss of vision and hearing

are all examples of common physical problems, many of which occur simultaneously.

Older people frequently develop chronic ailments such as arthritis, hypertension, and diabetes. Although a "cure" cannot be achieved, symptom control is often possible, he added.

Loss of job, friends and loved ones, health, as well as feelings of isolation and lack of worth are frequently present. These problems should be identified early because they often lead to functional decline. With proper care, they can be managed.

There are distinguishing characteristics between geriatric medicine – the care of the older person – and other medical specialties. Geriatric medicine is different because maximizing function and independence is the primary goal rather than curing disease. Geriatricians are also interested in gerontology, or the study of the aging process and its associated problems.

Dr. Davis said geriatricians use a multi-disciplinary approach, including nursing, physical therapy, and dietary evaluations in treating their older patients. This team approach in assessment and treatment is basic to geriatric care and is more developed than in other specialties.

While population growth among the elderly steadily climbs, Americans will continue to grapple

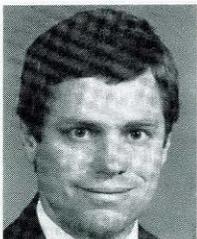
with issues of caregiving, Dr. Davis said. What happens when either the older person or his or her caregiver—usually an available relative—can no longer cope with the demands required to remain

in the home? Institutionalization is frequently the answer, and acute hospitalization is often the precipitating event. Rehabilitation needs after fractures, strokes, or severe illnesses such as heart attacks or pneumonia may require brief institutionalization, and the patient may later be discharged to home.

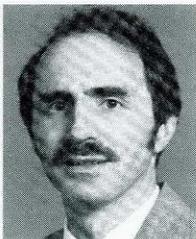
Those with bowel or bladder incontinence, severe debility, or dementing diseases such as Alzheimer's disease tax caregivers tremendously. When caregivers cannot cope, placement in a long term care facility is sometimes necessary. Obviously, the person with no social support cannot remain at home. Geriatricians, in their evaluation of the declining older person, emphasize defining and strengthening support systems.

Growing older can be a time of personal fulfillment. The retirement years can be a time of exploring new frontiers, new possibilities in social and political involvement or in another career. The possibilities are endless. ☪

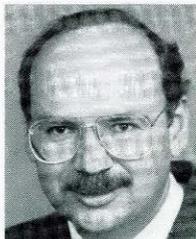
*"They are, by definition, experienced, they have a history that is long and often rich..."*



Dr. Kent Davis



Dr. Roger Holland



Dr. David Shafer



Dr. Richard Viken



Dr. Russell Warden



Dr. Paul Wright

*Six UT Health Center physicians including Dr. Davis, are board certified in geriatrics. They are Davis, Dr. Roger Holland, Assistant Professor of Family Practice and Director of the Primary Care Grant Program; Dr. David Shafer, Assistant Professor of Medicine and Director of the General Internal Medicine Division; Dr. Richard Viken, Associate Professor of Family Practice and Director of the Family Practice Residency Program; Dr. Russell Warden, Assistant Professor of Medicine; and Dr. Paul Wright, Associate Professor of Family Practice and Director of the Pre-Doctoral Education Program.*

# DRUG MISUSE:

*You may be guilty*

*and not even know it!*

**S**tatistics tell us a lot about ourselves in comparison to the rest of the world.

And we all know the old adage about how statistics can be changed to fit any point of view. However, when it comes to drug misuse among the elderly, the data is overwhelming.

One study conducted some years ago by the American Association of Retired Persons surveyed 1,001 people over the age of 45 to determine how knowledgeable they were about prescription drugs. What AARP found was that 47 percent claimed their doctors never asked them if they were taking any over-the-counter drugs, and 45 percent said they weren't asked about prescription drugs either. On the other hand, about 44 percent

confessed they did not ask their doctors any questions.

And according to a report issued by the National Council on Patient Information and Education in Washington, D.C., as many as 70 percent of elderly patients don't take their medication as prescribed by their doctors.

Statistics like these can help us to identify why so many elderly patients are over or under-medicating themselves to the point of causing severe health

problems, hospitalization, and even death.

Your physician tells you how much medication to take and how often, and even if the instructions are not explained clearly enough for you in the doctor's office, then surely your pharmacist or the prescription bottle will tell you, right? So why is there such a problem? Unfortunately, there are a host of reasons for drug misuse among the elderly and it takes cooperation on the part of both the patient and the physician to solve the problem.

## **Reasons for Drug Misuse**

According to Dr. David Shafer, a specialist in geriatrics at The University of Texas Health Center at Tyler, the



elderly tend to have a number of different physicians. They may have a heart doctor, a lung doctor, a primary care practitioner, a rheumatologist, or psychiatrist – all prescribing medication. “They may get a prescription from two or more of these physicians for the same drug and take double dosages without realizing it,” says Shafer.

“Or they may be taking medicines that when mixed can have potentially serious side effects.” Dr. Shafer points out that it is absolutely critical that patients communicate with their physicians about all of the medications, both prescription and over-the-counter, they are currently taking, even if that means putting them all in a sack and carrying it to the physicians’ offices.

One of the biggest causes of drug misuse is noncompliance. We’ve all been guilty of this at one time or another. We start to feel better after a few days on the medication and decide we don’t need to take it anymore despite the

doctor’s instructions that we take it until it’s gone. Or we decide that if one is good, two should be better. And because a particular medication is expensive, we may decide to take one instead of two in order to make it last longer. To compound the problem, most individuals don’t report this noncompliance to their doctors. So, when a patient isn’t taking his medication properly and is not getting any better, the physician may double the dosage, setting the stage for drug misuse. Or the patient may have a relapse and find herself back in the doctor’s office, starting the medication all over again.

Hoarding and sharing of prescription medications are also common misuses. If you were to go through your house today and collect all of the prescription and

over-the-counter drugs you have, how many of them would be outdated medicines that should be thrown away? How many times have you given some of your outdated or unused medication to a friend or family member because their symptoms were similar to yours? So you see, it’s really not that hard to misuse prescription medication. But there are ways to improve your chances for following the doctor’s order.

### On the Road to Compliance

Tell your physician the truth. You are the one who pays the price when you don’t. If you forgot to take your medication, don’t be ashamed to admit it. We all make mistakes.

According to Dr. Shafer, there is no reason for a patient to settle for a physician who is just going to hand them a prescription without

fully discussing dosage and potential side effects. You have the right to ask questions of your physician. The more information you get, the more likely you will be to comply with

your doctor’s instructions. If possible, take someone with you. That way there will be two of you



to make sure you understand and remember the physician's directions.

You can develop the relationship with your pharmacist that you have with your physician. Additionally, with today's computer technology, many pharmacists are able to monitor your medications to make sure they are compatible with one another.

And finally, if you take several different medications, buy a pill box. They come segmented by times and/or days, so get one that meets your needs.

### Cost of Drug Misuse

The cost of drug misuse in our society is high. Last year, 32,000 hip fractures were the result of drug induced falls. Over 2 million elderly are addicted to tranquilizers and sleeping pills. And it has been estimated that up to 30 percent of hospital admissions in this age group are medication related. Drug misuse causes dizziness, confusion, and depression to a segment of our population that has so much to contribute. ❁

## TEST YOUR DRUG AWARENESS



1. Have you ever given some of your prescription medicine to a friend because his or her symptoms sounded similar to yours?
2. Have you ever failed to get a prescription filled because you just couldn't afford it or because it was not convenient?
3. Have you ever gotten confused about when the last time you took your medication was and whether or not it was time to take it again?
4. Do you have more than one physician?
5. Do you fail to tell each doctor you go to about every prescription and over-the-counter medication that you are currently taking?
6. Have you ever quit taking the medication your doctor prescribed for you because you felt better, even though you still had some left in the bottle?
7. Have you ever left your physician's office not understanding what potential side effects you might experience while using the drug(s) that you were prescribed?
8. Have you ever stretched your medication (taken fewer than prescribed) so it would last longer?
9. Have you ever quit taking a particular medication without telling your doctor because it made you feel lightheaded, nauseous, drowsy, or nervous, etc.?
10. Do you hoard old or expired prescription drugs with the thought that you may need them again?
11. Do you use more than one pharmacy?

If you answered "yes" to any of these questions, the potential exists for drug misuse. Talk to your doctor. The more effectively you communicate with your doctor, the less likely you will be to misuse prescription and over-the-counter medications.

# UTHC DEVELOPMENT BOARD

## Ambulatory Clinic Campaign Surpasses a Third of its Goal

More than one third of the \$3.3 million goal for The University of Texas Health Center's Ambulatory Clinic Campaign has been surpassed, announced Wade Ridley, Chairman of the UT Health Center's Ambulatory Clinic Campaign.

"I am pleased to announce that we have now received \$1.24 million in advanced gifts and pledges to the campaign effort. With this kind of initial success, I am confident that we will achieve the goal within the campaign time frame. The support we have received from the Tyler area businesses, individuals and foundations has been wonderful, and I am looking forward to generating additional support from the Health Center's many friends throughout the area."

"The Ambulatory Clinic Campaign is a four year drive to raise \$3.3 million from the private sector towards the total project cost of \$11.3 million," says UTHC's Director of Development John Anderson. "The balance of the funding will come from the UT System's Permanent University Fund \$5 million and institutional bonds \$3 million."

"The campaign's leadership, including Mr. Ridley and our two honorary Chairmen, Isadore Roosth and Royce Wisenbaker, and the entire steering committee has been outstanding," said UTHC Director Dr. George A. Hurst. "We have been truly blessed to have such a positive response to our funding needs and are grateful for the many donors who have made such generous contributions and pledges."

## The Ambulatory Clinic Building Why is it Needed?

While meeting at the University of Texas Health Center at Tyler last spring, the University of Texas System Board of Regents received an update on plans for a new Ambulatory Clinic Building. The briefing included the planned expansion of the Surgery and Radiology areas and the purchase of new equipment for both the building and the expansion. The data they were given clearly indicated the phenomenal growth being experienced by the Health Center in virtually all the outpatient clinics, and more specifically, in the General Medicine and Family Practice Clinics.

At that meeting, The Board reaffirmed its commitment to the Health Center's needs and offered continued support of efforts to raise the money to help finance the building and expansion. A year later, more than one third of the private sector need has been raised, and the campaign continues.

As the campaign proceeds, outpatient visits are steadily increasing, taxing the existing inadequate clinic space. Currently, 60,000 outpatient visits per year can be seen in the existing clinical space; however, the new 45,000 square foot expansion will enable the Health Center to accommodate up to 100,000 outpatient visits per year. The Health Center will be able to accommodate up to 100,000 outpatient visits per year.

Once completed, the ambulatory clinic facility will free up valuable space within the main buildings for the enhancement of the Sleep Evaluation Center, the Allergy and Immunology Lab, the Breast Diagnostic Clinic, the Pediatric Pulmonary Clinic, the Gastroenterology Lab and UTHC's newest clinic, Rheumatology. The Occupational Medicine Clinic and the Outpatient Oncology Clinic, will also have more room for future expansion. The Pulmonary and Cardiology Clinics and the Pulmonary Function Lab, all of which have been remodeled within the past two years, will benefit from the expansion program through the purchase of new state of the art equipment in Radiology.

continued on page 12

## Partners in Retirement

by *Wayne W. Archer*  
Director of Planned Giving

**WHAT IS A PARTNER?** Webster says a PARTNER is "one who shares...a player on the same team". Over the years, many friends – like you – have become PARTNERS with the UT Health Center by sharing resources to help us tackle the difficult problems that surface while treating our patients. And, together, we have experienced many victories!

Fewer people, however, are aware of another type of "Partnership" that exists at UTHC. A "Partnership" that helps the Senior Citizen during retirement. This "Partnership Annuity" is designed to help that retired person who wants a generous, guaranteed fixed income (for life) plus an immediate sizeable income tax deduction.

Laura Simpson (not her real name) found herself with the need for both. She decided to cash in her U. S. Savings Bonds so she could increase her spendable income. She was shocked to learn that all of her deferred interest on the bonds was now taxed to her...all in one year! And, there was nothing she could do about it.

The UTHC Partnership Annuity solved her problem. The income tax deduction helped offset the taxable interest from the sale of the bonds and the 11.4 percent (partially tax free) guaranteed return proved to be better than the interest projections from an investment she was going to buy. So she used the money from her U.S. E Bonds to create a Partnership Annuity. At her death the principal will be used to set up an endowment Fund for medical education at UTHC.

As Director of Planned Giving, I would be pleased to answer any question pertaining to the Partnership Annuity. Simply call me at (903) 877-7735. I look forward to hearing from you.

# UTHC DEVELOPMENT BOARD

continued from page 11

Chief of Staff and Chairman, Department of Surgery, Dr. Kenwyn Nelson, says, "The expansion of the Surgical Suites will enable us to perform additional inpatient and outpatient surgeries. As it is right now, we are very limited in the number of surgeries we can perform on any given day. The 7,500 square foot

enlargement currently planned will be a wonderful addition."

Dr. Robert Shepherd, Chairman of Radiology, said Radiology is currently using two temporary buildings and a mobile MRI unit. "I'm looking forward to getting my department back under one roof again."

"The inconvenience to our patients, of having to transport them outdoors to the mobile MRI has been minor, but it is still in their best interest to have this equipment in a permanent structure. I am very excited about the expansion plans for Radiology, and I know it will be beneficial of all our patients."

## Contributors to Development Fund

With grateful appreciation to our donors for their contributions which were made from September 1990 until April 1991.

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# TEXAS CHEST FOUNDATION

## Four Named to Texas Chest Foundation Board

Four Tyler men have accepted appointments to Texas Chest Foundation's Board of Trustees.

Herman A. Engel, John G. Payne, W. Connally Powell, and Randall L. Roberts are the newest additions to the 47-member board. The foundation was formed in 1972 to establish funds to aid in the prevention, diagnosis, and treatment of chest diseases in Texas.

Herman A. Engel, executor of the Watson W. Wise Estate and trustee of the Wise Foundation is retired president and chief executive officer of the East Texas Salt Water Disposal Company. John G. Payne, an attorney and former certified public accountant, is currently an officer and shareholder in the law firm of Potter, Guinn, Minton, Roberts and Davis, P.C.

W. Connally Powell is an independent oil and gas producer and an associate in the N.P. Powell estate. He is also chairman of the board for the East Texas Medical Regional Healthcare System. Randall L. Roberts is a member of the Potter, Guinn, Minton, Roberts and Davis, P.C., law firm and a state certified specialist in oil, gas and mineral law.

## TCF Donates \$100,000 to UTHC Building Project

Texas Chest Foundation has made a gift of \$100,000 toward The University of Texas Health Center at Tyler's \$3.3 million campaign to raise funds for a much-needed ambulatory clinic expansion project.

Since 1985, the Health Center's outpatient volume for several specialty patient care areas has increased 76 percent, outgrowing the original clinic area and resulting in ambulatory services being scattered throughout the hospital. The UT Health Center plans to expand outpatient clinic and support services to provide outpatients with a more centralized ambulatory care facility complete with more convenient access and improved patient flow.

Expansion will consist of a three-story, 45,000 square foot addition to the original clinic annex built in 1970, and an additional 15,000 square foot, one-story expansion of radiology and surgery space at the rear of the hospital.

The University of Texas System Board of Regents approved a \$5 million allocation from its Permanent University Fund to help finance the expansion, and the remaining funds will be acquired through other sources, including the campaign now underway to raise \$3.3 million among private sources.

"Texas Chest Foundation is proud to contribute to this effort to improve facilities at the Health Center," says Texas Chest Foundation President Isadore Roosth. "Texas Chest Foundation is committed to excellence in patient care for Texans with cardiopulmonary disease."

## Texas Asthma Camp Scheduled June 23 - 28

Texas Asthma Camp, now in its seventh year, was held June 23-28. The camp is sponsored by The University of Texas Health Center at Tyler in cooperation with Texas Chest Foundation.

Sixty children diagnosed with asthma got the opportunity to learn how to take an active part in the management of their asthma during work and play. Debbie Hammond served as camp director, and Dr. James Stock, Assistant Professor of Medicine at UTHC, was the camp's medical director.

## New Board Members



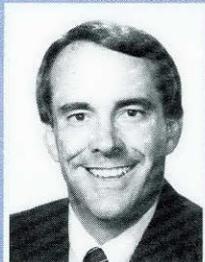
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# *To Everything There is a Season*



*Aging gracefully is a way of life. It's a certain philosophy of living, of caring for yourself and someone you love. For nearly 46 years, Dorothy and William 'Bill' Finn of Tyler have traveled life's road together, building and sharing memories and precious moments.*

During the azalea season, Dorothy and William 'Bill' Finn enjoy the full blooms from their patio garden. Living in Tyler's azalea district, they take the annual pilgrimage by hundreds of tourists through their neighborhood in stride. They view the month-long sojourns from visitors all over Texas and the U.S. as a contribution to their Tyler community. So much beauty should be shared with others.

The couple enjoy their commitments in Tyler.

They strongly advocate staying active to stay healthy. On a typical day, Mr. Finn can be found at the office—he's only semi-retired—working on a new advertising campaign. Or he may be meeting with colleagues on the Salvation Army Board of

Directors. In fact, Mr. Finn is a past board president and a Salvation Army life member. He is a past president of the Tyler Rose Festival and past vice president of the Tyler Symphony Board.

Mrs. Finn's days are busy as a Junior League sustainer, with her church work at Christ Episcopal, as a member of the Tyler Parks and Recreation Board, and as a volunteer for the American Cancer Society.

As an ACS 'Reach for Recovery' volunteer, Mrs. Finn, who had a mastectomy several years ago, counsels recent mastectomy patients about what to

expect in the aftermath of their operations and cancer treatments. She frequently visits recovering cancer patients at The University of Texas Health Center at Tyler where they both see their physician Dr. Ben Bridges.

The Finns have been married nearly 46 years, and they both adhere to a philosophy that life—like a good marriage—is what you make of it. They have both had their encounters with illness: she

with breast cancer and he with a chronic respiratory condition. But they've persevered to enjoy their commitments and their lives together.

When asked about how they met, the Finns enjoyed a gentle banter.

"No, you're not going to tell



that story again," she said.

"Why not? It's true," he said, his eyes twinkling. "It's not true," she countered.

Actually, the two met at Tyler's bus station, and they both agree that Camp Fannin brought them together.

Tyler native and past Rose Queen, Dorothy Bell accompanied a girlfriend to the bus station to meet her fiance who was also accompanied by a friend named Bill Finn – a young Army lieutenant who had been wounded at Normandy and sent to Camp Fannin's Army hospital to recuperate and

wait reassignment.

Dorothy Bell knew the campsite well. She had worked for the Corps of Engineers during the efforts to prepare the campsite as an infantry training base for American soldiers fighting in Europe. The camp, which is now the location of The University of Texas Health Center at Tyler, also had an Army hospital, treating hundreds of soldiers wounded overseas.

Not only did they talk about Camp Fannin, they talked about their other interests, the war, and their hometowns—he's a native of Pennsylvania. They found they had a lot in common. They began dating and fell in love.

"In September 1945, shortly before the war ended in Europe, we were married," Mrs. Finn said. The couple settled in Tyler, and after the war Mr. Finn began his advertising agency. Later Mrs. Finn began caring for their young family. They have two sons, William Jr. and Robert.



Mr. Finn has been quite successful in his advertising campaigns for some famous clientele. While he and Eddie Chiles, who was at the time chief executive officer of Western Co., were talking at a business luncheon, Mr. Finn took a cocktail napkin and quickly wrote the "I'm mad too, Eddie" advertising slogan that would take the world by storm

and become a household catchphrase.

He also penned another watchword in advertising circles, "If you don't have an oilwell, get one."

The two have enjoyed their travels around the country with his work. He was at one time a visiting distinguished professor at Syracuse University in New York, teaching advertising and marketing.

As a couple, the Finns have disproved many of the stereotypes about the over-60 crowd. They are enjoying this season of their lives, including the time with their grandchildren, Robert Jr., Mrs.

Mimi Overton, Beth Mitchell, and Kristin Mitchell.

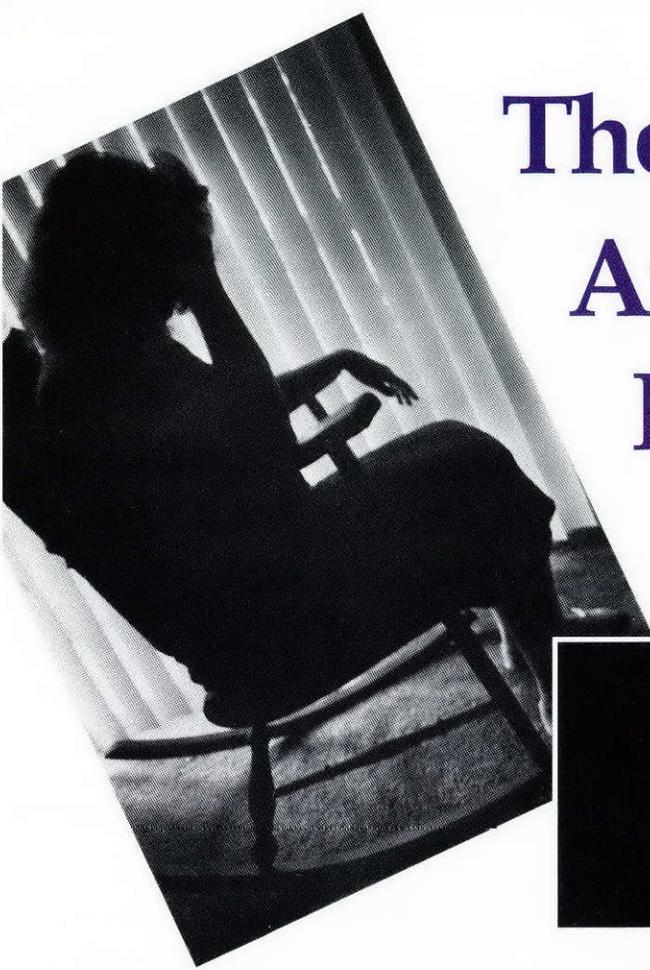
"We treasure being with our grandchildren. They are such a joy," Mrs. Finn said, while naming each one in a family portrait mounted on the wall of their den. Also in the portrait is Mrs. Finn's 93-year-old robust mother, Mrs.

Henry Marsh Bell Sr., who is also a Health Center patient.

"You would not believe my mother's age. She's active and quick witted," Mrs. Finn said.

Dorothy and Bill Finn have shared nearly half a century of memories and caring. They are very much aware that aging is an inevitable part of life. And they're looking forward to whatever lies ahead in their future journey together. 🌸

# The Golden Years And Mental Health



Senility, dementia, Alzheimer's disease, severe depression, forgetfulness. These conditions can put a mental cloak on an elderly person's faculties, leaving them incapacitated and greatly reducing their quality of life. These mental dysfunctions also may leave caregiving relatives in a quagmire of indecision about the most appropriate care.

One of the major concerns expressed among caregivers is that the elderly's mental incompetence – senility, Alzheimer's, dementia – is difficult to cope with. Although it's unfortunate, the incidence of mental incapacities among senior citizens occurs less frequently than most people might imagine.

"Old age is not synonymous with mental deterioration," says Dr. Richard Viken, Director of the Family Practice Residency Program. "Some 95 percent of America's population over 65 is perfectly healthy with all of their mental faculties intact. Institutionalization due to mental illness

occurs in less than 5 percent of the geriatric population."

"The number one cause of any acute change in mental status in an older person is over-medication," Dr. Viken said.

"Medications which might be normal for you and me could be

overmedication for an elderly patient because of their physiological and metabolic changes," he said.

Alzheimer's appears to be increasing, and many older Americans are concerned about falling victim to the debilitating disease. But the overall prevalence of Alzheimer's is only two to six percent of people over 65.

"The primary risk factor for Alzheimer's disease is age. The closer you are to age 100, the more likely you are to get Alzheimer's," he said. About 20 percent of people over 80 have Alzheimer's disease.

Currently, biomedical research is opening up new directions for identifying the cause of Alzheimer's and eventually developing an effective treatment.

In caring for the elderly, trained physicians can assess the geriatric patient's mental status with a quick examination. If the conditions are treatable,

the patients can gain a new zest for life.

The examination includes questions like, What is today's date? What season is it? What county are we in? The physicians may ask patients to recall three words they were previously asked to remember during the beginning of their visit or give the patients instructions such as 'take this paper in your right hand, fold it in half, and put it on the floor.'

Finally to the caregivers, Dr. Viken frequently gives this advice: "It is important for you, the caregiver, to maintain your own health. Don't get overwhelmed in the role as caregiver. Support services are available." 🌱

## Medical Residents Receive Geriatric Training

To help train physicians in its Family Practice Residency Program to care for geriatric patients in their future practices, The University of Texas Health Center at Tyler has implemented a multidisciplinary team approach.

The team works with physicians in the residency program to ensure that each doctor is adequately prepared to treat the growing number of geriatric patients anticipated in their future practices -- which could possibly be as many as one half of their patient load, says Dr. James Crutcher, Chairman of Family Medicine. Dr. Richard Viken, Director of the Family Practice Residency Program; Dr. True Mann, Clinical Psychologist; and Donna Mann, Social Worker, compose the three-member team.

Dr. Mann said the geriatric health care team visits with patients over 60 who have recently been discharged from the hospital.

The team makes home health assessments, evaluating the patient's physical and psychosocial resources to determine if the patients need assistance in their recovery, she said. 🌱

## Medical Tips

### Are You At Risk For Diabetes?

Diabetes is the fifth leading cause of death and can lead to blindness, kidney disease, amputations and heart disease. More than 830,000 Texans have diabetes; yet, half of them don't know it. Among the symptoms of diabetes are excessive thirst, frequent urination, extreme fatigue, unexplained weight loss or blurry vision, explained Dr. David Shafer, Medical Director of UTHC's diabetes program. Overweight individuals over age 40, especially those of Native American, Hispanic, or Black descent or individuals with a parent or sibling with diabetes, are at higher risk for developing the disease. If you have experienced any of these symptoms, contact your doctor immediately.

### Get a Good Night's Sleep

A major complaint many people have is that they don't get enough sleep. For insomniacs who can't get enough ZZZ's no matter what they try or for the heavy snorers who may have a more serious medical condition called sleep apnea, there is hope. According to UTHC sleep specialist Dr. James Stocks, many factors can contribute to sleeping problems, including diet. If left untreated, sleep apnea -- in which a person stops breathing for 10 to 60 seconds at a time -- can lead to serious medical problems such as hypertension, strokes, and heart attacks. Help is available for sleepless nights. Get a complete physical and ask your doctor about a sleep evaluation.

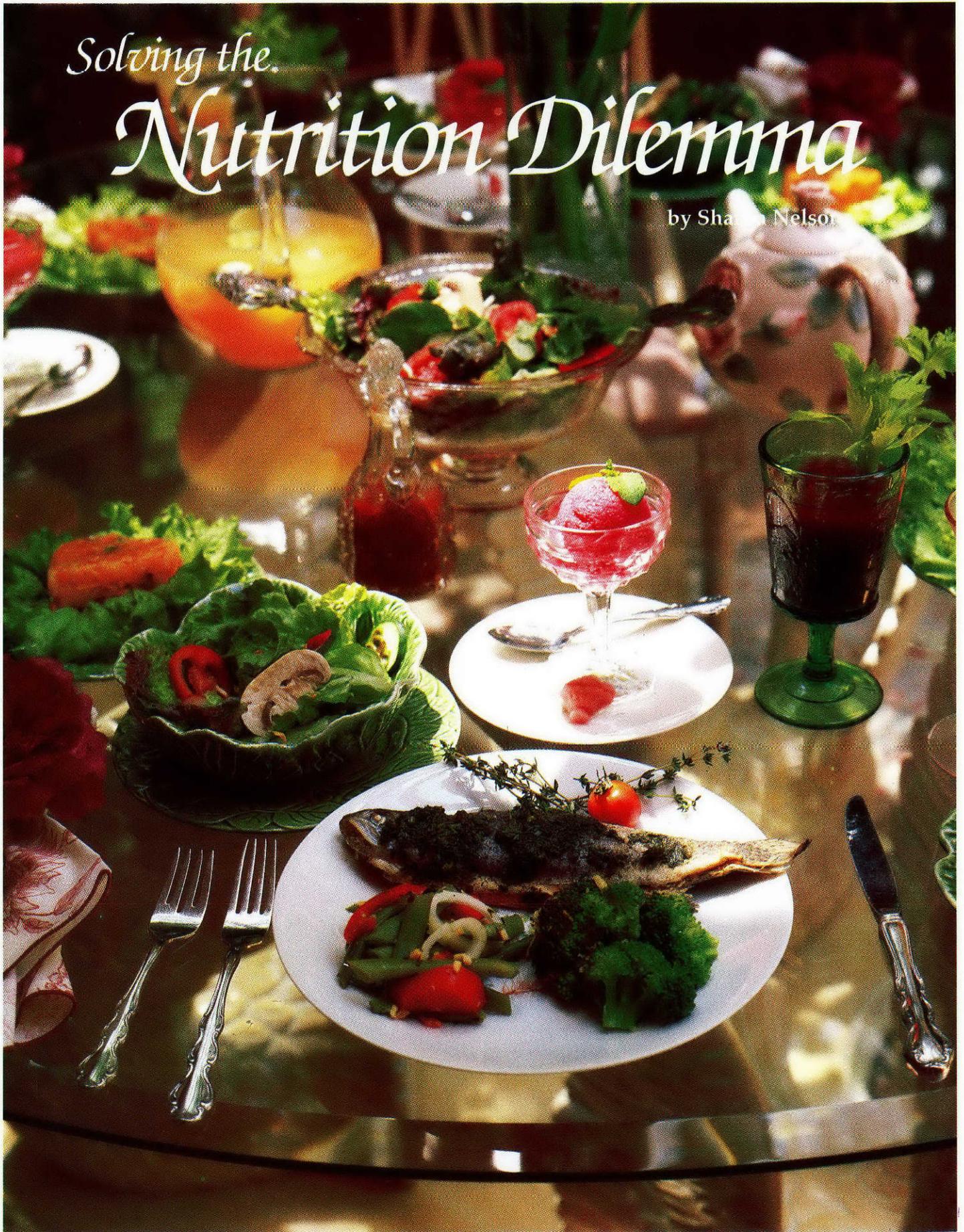
### Living With Arthritis

One of the most common of the rheumatic diseases is arthritis which causes aches, pains, and stiffness in tissues within or around joints. Some two million Americans have rheumatoid arthritis. People with this chronic illness can manage their disease with proper treatment programs and by making a few changes in their daily routines, says Medical Director of UTHC's Arthritis Clinic Dr. William Brelsford. Various medical therapies can slow and occasionally reverse the process of rheumatoid arthritis. Eventually, selective manipulation of the immune system may completely eradicate rheumatoid arthritis. Biomedical science may even be on the verge of a vaccine to prevent the disease from developing.

*Solving the.*

# *Nutrition Dilemma*

by Sharon Nelson



**W**e are constantly bombarded by information from every direction telling us what foods are healthy and what foods are not. Do we eat red meat or is it bad for us? Does oat bran really lower cholesterol? Do cruciferous vegetables, if we even know what they are, really reduce our cancer risk? Is high protein-low carbohydrate better than low protein-high carbohydrate?

Some of this information is legitimate, and some can be outrageously ridiculous. As always, the more you know, the better able you are to make the best decisions.

The food people eat is generally influenced by age, sex, and activity level; by how they feel; by family traditions and lifestyles; and by how much money they have to spend on food. There are no shortcuts, no miracle pills, but there are steps you can take and plans you can make to eat your way to a healthier lifestyle.

**Learn to read labels.** If the ingredients have words that end in "ose," for instance sucrose; or if they include honey, molasses, hydrogenated fat or oils, coconut oil, palm oil or lard, don't buy the product. Instead look for labels that say Nutrasweet, safflower oil, canola oil, or sunflower oil. And be careful with the word "lite" on the label. It can sometimes be misleading.

**Plan daily meals that are healthy and nutritious.** Choose from the following food

groups every day: two or more servings of meat, fish, poultry or a meat substitute, like low-fat cheese or dried peas and beans; two servings from the milk group, which may include any dairy product like cottage cheese,



### *Foil Fish Bake*

*1 pound Trout or Other White Fish  
2 Tbls. Butter Buds  
1/2 Cup Chopped Parsley  
1/2 Cup Chopped Fresh Dill Sprigs  
1/4 Cup Chopped Fresh Chives  
2 Tbls. Lemon Juice, Freshly Squeezed  
Fresh Parsley Sprigs  
Lemon Slices*

*Preheat oven to 350 degrees. Rinse fish, and dry with paper towels. Mix all other ingredients. Place each piece of fish in foil, and cover with mixture of ingredients. Wrap and place on baking sheet. Bake 20 minutes, or until done. Unwrap, remove to serving plate. Garnish with parsley and lemon slices.*

ice cream or yogurt; four or more servings of fruits and vegetables, and four or more servings from the breads and cereals group.

**Learn to enjoy foods without salt.**

Most foods contain enough natural sodium for the body's needs. Try growing some herbs in a flower pot or in the yard. Fresh basil, parsley, dill, mint, and oregano make a wonderful, distinctive flavor that you will yearn for once the salt habit is kicked. Lemon juice, dry mustard, pepper, garlic, onion, flavored vinegars, and fruit juices all make interesting additions to foods in place of salt or butter, or try using a salt substitute. Remove the fat from meat before it is cooked. The less expensive cuts of meat can be delicious and better for you with a little longer preparation time. Remove the skin from poultry and trim excess fat from beef, pork, and lamb. For soups, chili and stews cook, chill and skim off the fat, then reheat.

**Drink plenty of water** -- at least eight full glasses of water daily. Adequate water has many beneficial effects. It keeps our skin hydrated and helps to regulate constipation. If you find drinking plain water difficult, add a slice of lemon or lime.

**Be careful with vitamins.** Some can actually do more harm than good. If you are eating properly, you may not need to take a vitamin supplement. Ask your physician if you're not sure about whether or not you should take vitamins.



*Cranberry Sherbet*

*1 Pkg. Low Calorie Raspberry Flavored Gelatin  
Dessert*

*1 Cup Boiling Low Calorie Cranberry Juice*

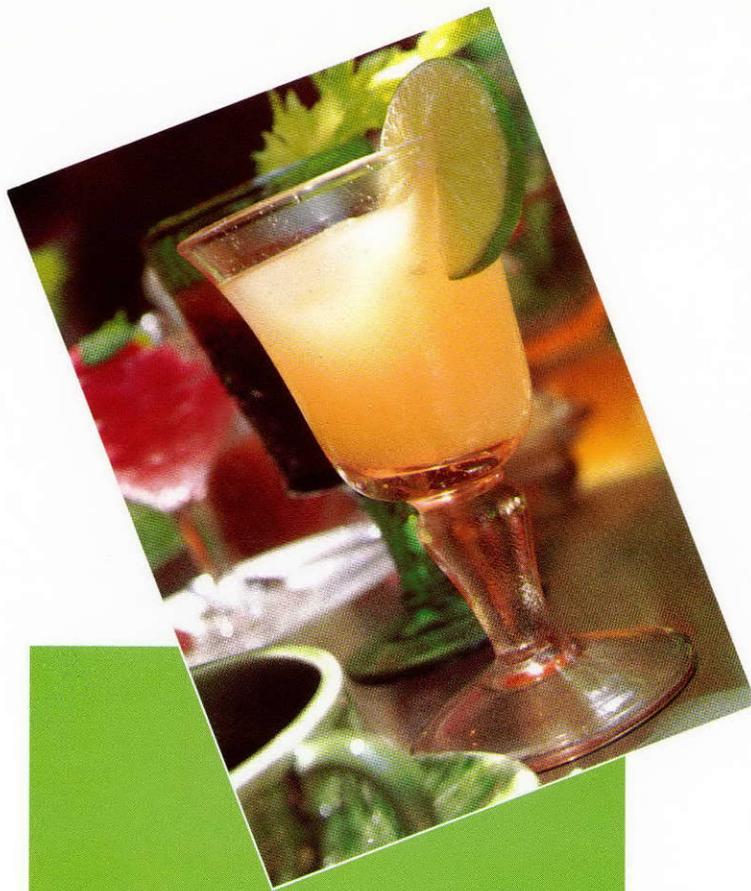
*Cocktail (may use reg. Cranberry Juice Cocktail)*

*2 Cups Low Calorie Cranberry Juice Cocktail (may  
use reg. Cranberry Juice Cocktail)*

*1 cup of Evaporated Skim Milk*

*Dissolve gelatin in boiling liquid. Add  
remaining cold liquid; beat with electric  
beater or wire whisk until well blended.*

*Freeze in shallow pan until crystals form  
about one inch from edge of pan—about 1 1/2  
hours. Place in a bowl and beat until creamy.  
Return mixture to pan and freeze, stirring  
occasionally until mixture is frozen, but  
slightly mushy — 1 1/2–2 hours. Makes 3(1/  
2 cup) servings. Sherbet is best when mixture  
is slightly soft.*



### *Grapefruit Fizz*

*1 Cup Unsweetened Grapefruit Juice*

*1 Cup Club Soda*

*Pour juice into small pitcher. Pour soda slowly down side of pitcher. Mix gently. Pour over ice in chilled glass and garnish with a piece of fresh mint.*

*Makes 2 servings*

### **Eat in pleasant surroundings.**

Never eat on the move or standing up and try not to eat in front of the television. Clean off the table, put a flower from the yard in a small vase, set a pretty placemat and napkin on the table. Prepare your plate, turn on your favorite music and enjoy. Having a friend over to share a meal is nice too.

The new dietary guidelines published by the U.S. Department of Agriculture are not as stringent as in previous years. They are much more practical and allow foods in moderation that were once considered taboo.

To get a free brochure on dietary guidelines for Americans, write The Consumer Information Center, Dept. 622N, Pueblo, Colorado, 81009. 🌱



*Sharon Nelson, M.Ed., LD, is UTHC's Director of Food and Nutrition Services. She is the immediate past president of East Texas Restaurant Association.*

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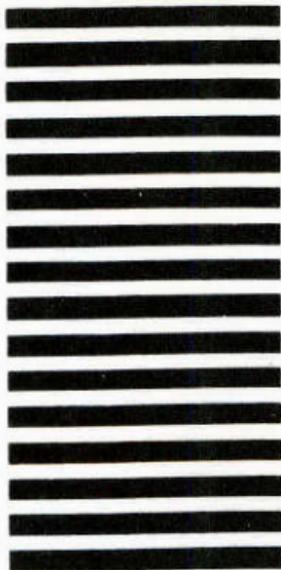
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