

# HEALTHNET NEWS

*A newsletter for public librarians and others interested in consumer health information services*

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## NETNEWS

### WHAT MEDICAL CARE WORKS?

How can you, as a health consumer, learn which treatments for specific medical conditions have proven effective?

How is the effectiveness of a medical treatment determined?

The National Library of Medicine, a part of the National Institutes of Health, has designed a website, especially for patients and other health consumers, about research evaluating the effectiveness of medications and other medical treatments.

The PubMed Health website at <http://www.ncbi.nlm.nih.gov/pubmedhealth/> “specializes in reviews of clinical effectiveness research, with easy-to-read summaries for consumers as well as full technical reports.”

According to the website, “Clinical effectiveness research finds answers to the question “What works?” in medical and health care.”

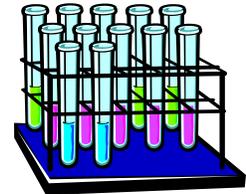
Links to explanations of “clinical effectiveness” appear under the “Understand Clinical Effectiveness” tab on the PubMed Health website.

Research to determine the effectiveness of a treatment relies on more than one clinical trial. Trial results of the same treatment may be contradictory. Systematic reviews of a number of clinical trials about a single treatment analyze the treatment’s effectiveness. Many research studies may need to be included to arrive at a conclusion about a specific treatment.

Research topics on the website include the effectiveness of antibiotics for sore throat, garlic for the common cold, and ultrasound therapy for varicose leg ulcers.

More than 500 consumer-friendly research reviews appear on the PubMed Health website.

A key source for systematic reviews on the PubMed Health website is the *Cochrane Database of Systematic Reviews*. More than 28,000 individuals are involved in producing systematic reviews for the international Cochrane Collaboration. (<http://www.cochrane.org/>) Cochrane Reviews are “intended to help people to make informed decisions about health care.”



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Many summaries of systematic reviews in the Cochrane Database include a Plain Language Summary of the research, written especially for health consumers. These Plain Language Summaries and abstracts of reviews are available at <http://www.thecochranelibrary.org> . Abstracts describe the systematic review’s objectives, search strategy and criteria, main results, and author’s conclusion. Among the topics are the possible benefits of taking high blood pressure medications in the evening rather than the morning, whether taking extra calcium during pregnancy improves the health of the mother and infant, and the effectiveness of topical treatments for a common form of psoriasis.

More than six nonprofit medical research analysis organizations contribute their findings to the PubMed Health website. Updates are added to the website when the contributing organizations provide them.

An especially helpful feature of PubMed Health is information gathered from the Behind the Headlines section of the British National Health Service website at <http://www.nhs.uk/News/Pages/NewsIndex.aspx> This feature analyzes the “science that makes the news.”

Many of these news stories appear on the evening news in the U.S. as well as Great Britain. They are usually based on medical research journal articles. Among the news stories are ones on yoga to relieve chronic back pain, the effect of statin drug use on breast cancer recurrence, and the effect of aspirin on the risk of bowel cancer for individuals with a rare genetic condition.

Each analysis answers questions such as, “Where did the story come from?” “What kind of research was this?” “What did the research involve?” “What are the basic results?” “How did the researchers interpret the results?”

In addition, the PubMed Health website includes summaries of information about specific diseases, written for laypersons, from the A.D.A.M. Medical Encyclopedia. The A.D.A.M. Medical Encyclopedia is also part of the National Library of Medicine’s Medlineplus consumer website at <http://www.nlm.nih.gov/medlineplus/>

#### ....OTHER SOURCES OF MEDICAL RESEARCH INFORMATION

Healthnet’s website for health consumers and librarians at <http://library.uchc.edu/departm/hnet/> provides a Resource Guide to “*Medical Research: What You Need to Know.*”

Information about completed and ongoing clinical research trials throughout the world appears on the [www.Clinicaltrials.gov](http://www.Clinicaltrials.gov) website.

A guide to research trials on cancer treatment is part of the National Cancer Institute website at [www.cancertrials.gov](http://www.cancertrials.gov) .

#### HEALTH INFORMATION FOR THE DEAF



What’s different...and important...about a health website designed especially for the deaf?

DeafMD at <http://www.deafmd.org/index.cfm> provides basic health information in American Sign Language as well as in traditional English text.

Each web page features a video showing an American Sign Language interpreter signing the same health information that is printed below the video screen. Each video extends from 2 to 3 minutes.

The health information is gathered from two authoritative federal government sources: the Centers for Disease Control and the National Institutes of Health. Educators and linguists on the website staff have translated the information into American Sign Language.

There are sections of the website about “Disease and Illness,” “Understanding Tests,” and “News” (currently “Under Construction”). When a section is selected, a video is projected that explains how to use that section of the website.

A fourth website section is designed to help health consumers “Find a Deaf Friendly Doctor.” By selecting a state, the health consumer retrieves a list of “doctor’s offices and other healthcare facilities that use ASL (American Sign Language) fluently with their patients or comply with the ADA (Americans with Disabilities Act) by hiring qualified interpreters for their patients.” Each listing includes the specialty of the health professional, contact information (address and phone number), and website address, if available. Not all states are included.

The entire website is searchable.

*So why is a video of an interpreter signing the information important?*

Why isn’t the print text sufficient? Why not allow deaf users to read the information online themselves? Or read health information on other websites?

Reading the print material may be especially challenging for “culturally deaf” people who have been deaf since birth or since early childhood.

A study by health communication specialists at the University of Buffalo found that the “culturally Deaf tend to 'speak' American Sign Language....English is a second language to them. Many understand it poorly and read or write English at about a fourth grade level.” Health information on the Internet is often at a much higher reading level.

<http://www.healthyhearing.com/content/news/Research/Deafness/47822-Culturally-deaf-people-seeking-health-information-get-little-help-from-the-internet>

Lance Rintamaki, PhD, a health communication researcher at the University at Buffalo, published this study "An Examination of Internet Use and Access to Health Information by the Deaf," in the journal Health Communication. It is currently in press.

According to Dr. Rintamaki, culturally deaf individuals face significant communication challenges with doctors and “have poorer health than the general population.”

For culturally deaf people, the American Sign Language videos on the DeafMD website may be an important communication aid.

*Tips for communicating with your doctor if you are deaf or hard-of-hearing...*

If you are deaf or hard-of-hearing, you may need to plan ahead in order to make sure that your doctor visit is helpful and not marred by misunderstandings with the doctor or her staff.

You may need to request a sign language interpreter when you schedule your appointment. To be sure you understand the doctor’s explanations and instructions, ask the doctor if you may repeat them back to the doctor to assure you have heard them correctly.

These suggestions and others appear on the Familydoctor.org website, published by the American Academy of Family Physicians. at <http://familydoctor.org/familydoctor/en/healthcare-management/working-with-your-doctor/deaf-or-hard-of-hearing-tips-for-working-with-your-doctor.printerview.all.html>

## HELP FOR VETERANS



A soldier returning home faces many transitions.

The responsibilities of civilian life are quite different from those of a soldier. No longer is the soldier's daily life governed by military routine or haunted by the threat of the often constant danger experienced during military deployment.

A returning veteran may be searching for resources to help in this adjustment. She may need information about job training, housing, health care, family counseling, veterans' benefits, career counseling, and financial assistance.

Many reliable resources, designed especially for veterans, appear online.

A topic page devoted to "Veterans and Military Health," at <http://www.nlm.nih.gov/medlineplus/veteransandmilitaryhealth.html> is a feature of the Medlineplus website, published for health consumers by the National Library of Medicine, part of the National Institutes of Health. It links to resources and websites from the federal Department of Veterans Affairs, the National Institute of Mental Health, the Veterans Health Administration, American Psychiatric Association, and other federal agencies and organizations. Among the informational areas are post-traumatic stress disorder and other mental health challenges, sleep adjustment, veterans' health benefits, and women's health.

An informative book with guidance on becoming part of civilian life again, **Wheels Down. Adjusting to Life After Deployment** by psychologists Bret A. Moore and Carrie H. Kennedy is described on page 6 in the Spring 2011 issue of Healthnet News at <http://library.uchc.edu/departm/hnet/spring11.pdf>

Seriously injured soldiers who have served in Operation Iraqi Freedom or Operation Enduring Freedom may learn about their rights under the Americans with Disabilities Act and discover resources for information and help by accessing an online booklet on the federal government's Americans with Disabilities Act website at [http://www.ada.gov/servicemembers\\_adainfo.html](http://www.ada.gov/servicemembers_adainfo.html)

## ESPECIALLY FOR CONNECTICUT VETERANS

A new online Resource Directory focused on the needs of veterans in Connecticut has just been published at <http://www.211ct.org/Documents/vetresources.pdf>

The "2-1-1 Resource Directory for Connecticut Veterans, Active Duty, National Guard, and Reserves" was produced by United Way 2-1-1 in connection with the Connecticut Department of Veteran Affairs. It includes resources on benefits for Connecticut veterans, career counseling, and healthcare. There is contact information for each local agency and a detailed description of each agency's services.

In the Resource Directory, there are phone numbers for information lines at the Connecticut Department of Veterans' Affairs and the United States Department of Veterans Affairs.

Among the topics for veterans and their families are small business development, smoking cessation, help for families of veterans, mental health issues, suicide prevention, financial assistance, transitional housing, disability compensation, and survivors' insurance.

## NEW GUIDELINES FOR ADHD

How do pediatricians determine if a child has attention-deficit/hyperactivity disorder (ADHD)?



Which characteristics of a child’s behavior indicate a possible diagnosis of attention-deficit/hyperactivity disorder (ADHD) ?

It had been ten years since the American Academy of Pediatrics, national professional association of pediatricians, formulated guidelines to help doctors diagnose and treat attention-deficit/hyperactivity disorder (ADHD) in children, a diagnosis that occurs in three to five per cent of American children.

The new, recently revised guidelines recommend that pediatricians evaluate children from ages 4 to 18 for signs of attention-deficit/hyperactivity disorder. Previous guidelines recommended evaluating children from ages 6 to 12.

The new guidelines advise that physicians consider medication for children when behavior therapy has been unsuccessful. In younger children, behavior therapy should be used unless serious symptoms persist.

Therapy is used to treat children’s symptoms but cannot cure ADHD. Symptoms may change, however, and treatment needs to be adapted to these changes.

The American Academy of Pediatrics has also updated an online tip sheet at <http://tinyurl.com/6dvzxt> for parents concerned that their child may have ADHD. The detailed symptoms for parents to consider (e.g. “hard time paying attention, daydreams,” “is disorganized,” “cannot stay seated,” “talks too much,” “frequently acts and speaks without thinking,” “often calls out answer before the question is complete” ) focus on three categories of behavior: Inattention, Impulsivity, and Hyperactivity. These behaviors need to persist for more than six months.

The U.S. Centers for Disease Control provides a briefer online description of ADHD symptoms, in English and Spanish, at [http://www.cdc.gov/ncbddd/actearly/pdf/parents\\_pdfs/ADHDFactSheet.pdf](http://www.cdc.gov/ncbddd/actearly/pdf/parents_pdfs/ADHDFactSheet.pdf)

Links to additional descriptions of ADHD and resources for parents are on the Medlineplus website at <http://www.nlm.nih.gov/medlineplus/attentiondeficithyperactivitydisorder.html>

A Medication Guide for Treating ADHD, published by the American Academy of Child and Adolescent Psychiatry, appears online in English and Spanish at [http://www.parentsmedguide.org/pmg\\_adhd.html](http://www.parentsmedguide.org/pmg_adhd.html)

The American Academy of Pediatrics, national professional organization of pediatricians, has also published a revised 2011 update of its 2004 book for parents, “ADHD: A Complete and Authoritative Guide.” (See page 6 of this newsletter.)



## FOR YOUR CONSIDERATION

The following titles are recommended to public libraries and other libraries providing consumer health information services. They are not part of the UCONN Health Center Library collection.

**ADHD: What Every Parent Needs to Know.** Michael I. Reiff, editor in chief., Elk Grove Village, Illinois. American Academy of Pediatrics, 2011. 336 p. (ISBN 978-1-58110-451-6 paperback).

Will megadoses of vitamins cure my child of ADHD? Could yeast infections be causing my son's attention deficit disorder? Perhaps mercury in the environment is the culprit for the numerous occurrences of ADHD in my child's school...

Have you recently encountered questions like these from library users?

Maybe you need to purchase an up-to-date, authoritative guide to Attention Deficit Hyperactivity Disorder....

The American Academy of Pediatrics, national professional organization of pediatricians, has published a revised 2011 update of its 2004 publication, "ADHD: A Complete and Authoritative Guide." Most of the contributing authors are physicians specializing in pediatrics.

Children with ADHD have a brief attention span, a high activity level in many cases, and tend to act before weighing the consequences of their behavior. Although all children exhibit some behavior problems at times, children with Attention Deficit Disorder "have behavior problems that are so frequent and significant that they interfere with their ability to function adequately on a daily basis." (p. xvii)

This diagnosis is a "biological disorder," not evidence of a child constantly behaving badly. ADHD affects between 4 and 12 per cent of school-aged children, mostly boys.

Although ADHD is not curable, techniques and therapies can help children with this disorder function more effectively in school and everyday life.

In addition to updated information about diagnosis, medications, behavior therapy, complementary and alternative treatments, the new edition includes information about the concept of a central "medical home" that coordinates treatment for a child, updates on special education laws, and a new chapter on advocating for a children with ADHD. The recommendations on being an effective parent advocate for one's child are valuable ideas and techniques for parents of many children with health needs and learning disabilities in addition to ADHD.

**My Child is Sick! Expert Advice for Managing Common Illnesses and Injuries.** Barton D. Schmitt. Elk Grove Village, Illinois. American Academy of Pediatrics, 2011. 308 p. (ISBN 978-1-58110-552-0 paperback).

"My child is sick!" This is a parent's cry of panic...

A parent's realization that their child is injured or has developed an illness does not necessarily occur at a convenient time. Sick children often need help in the middle of the night or on weekends... when the pediatrician's office has closed. Parents, therefore, often have to make quick decisions on their own.

This straightforward reference guide is designed for panicked parents trying to make judgments about the severity of their child's illness and the type of care needed immediately.

Directed at parents, this book is based on Pediatric Telephone Protocols, a guide to clinical guidelines for pediatricians and nurses who are offering quick advice to concerned parents who are calling a pediatrician's office. Dr. Barton D. Schmitt, a board-certified pediatrician, a professor of pediatrics at the University of Colorado School of Medicine, and medical director of the After-Hours Call Center at Children's Hospital of Colorado, is the author of both books.

This book's brief descriptions and clearly stated advisories and its careful organization make it particularly valuable for anxious parents.

The book is organized mainly by body areas where symptoms occur...head or brain symptoms, eye symptoms, ear symptoms, mouth or throat symptoms, etc. There are additional sections on fever, bites or stings, and drug dosage tables.

Each chapter devoted to a particular symptom (e.g. nosebleed) gives a definition of the symptom, causes, recommendations about "When to Call the Doctor," as well as home care advice for less serious conditions. The advice about "When to Call the Doctor," is very specific. Parents are advised, based on specific symptoms, when to "Call 911 Now (Your Child May Need an Ambulance)," "Call Your Doctor Now (Night or Day)," "Call Your Doctor Within 24 Hours," "Call Your Doctor During Weekday Office Hours," or provide "Patient Care at Home."

A practical section on "Calling Your Child's Doctor" provides tips on "Getting Your Call Through." ("...state clearly, "This is an emergency. Do not let anyone put you on hold.")

The book concludes with a section describing "Emergency Symptoms Not to Miss."

**Caring for Kids. The complete guide to children's health** edited by Norman Saunders and Jeremy Friedman, (ISBN 1-55407-160-7) is another valuable book for parents. It provides concise advice for parents taking care of children with specific symptoms. More than 250 symptoms are described. The book is listed on page 6 Healthnet's Recommended Books List at <http://library.uchc.edu/departm/hnet/pdf/corelist.pdf>

An additional book for parents of ill children, designed to be very easy to read, **What To Do When Your Child Gets Sick. Easy to Read. Easy to Use.** by Gloria Mayer and Ann Kuklierus. (ISBN 0-9701245-0-3 paperback) is described on page 5 of the Summer 2011 issue of the Healthnet newsletter at <http://library.uchc.edu/departm/hnet/summer11.pdf>

Healthnet's website includes a *Your Child: A Health Resource Guide* at <http://uchc.libguides.com/content.php?pid=67331> It includes print and online resources on a number of children's health topics. Among the topics is "Talking with Your Child's Doctor." In this topic's section, there is an especially helpful, practical article from the Kidshealth.org website at [http://kidshealth.org/parent/system/doctor/talk\\_doctor.html](http://kidshealth.org/parent/system/doctor/talk_doctor.html) that discusses "How to Talk to Your Child's Doctor."

**Reclaiming Our Health. A Guide to African American Wellness.** Michelle A. Gourdine. New Haven. Yale University Press, 2011. 207 p. (ISBN 978-1-58110-552-0 paperback).

Why do "gap[s] between African American and white American health persist" decades after the beginning of the civil rights movement?

This is the question posed by Dr. Michelle A. Gourdine, an African American physician and clinical assistant professor of pediatrics and preventive medicine at the University of Maryland School of Medicine. Her interest in African American health is more than theoretical. She is a member of black American society and has seen family members succumb to preventable poor health. She has a clear understanding of African American culture.

Her book offers understanding explanations of how African American cultural patterns have jeopardized health and realistic ways for black individuals to improve their health.

Despite increased life spans for all Americans, black Americans “have higher rates of chronic disease than whites,” including heart disease. They are more likely than whites to experience diabetes and certain cancers. They are also more likely to be overweight or obese. Often they experience an increased level of stress because of racism in society. This type of stress can be detrimental even when it is based on perceived racism. Sometimes black Americans cope with this stress by being “stoic and silent” even in the midst of a pressureful situation. This behavior pattern increases stress levels and affects health negatively.

During her medical training at Johns Hopkins Hospital, in an economically depressed, predominantly black neighborhood of East Baltimore, Dr. Gourdine learned, not only how to treat her patients, but also “the effect of environment, community, employment, and education” on the community’s health and wellbeing.

Cultural traditions may encourage poor health habits. A large amount of fat, salt, and sugar in traditional African American foods led to consumption of unhealthy foods for generations. Many of these comfort foods were associated with family celebrations and had positive associations. A large figure is favored among many black communities...a thin figure may be considered a sign of sickness.

Dr. Gourdine’s book offers recommendations for healthier eating, incorporating exercise into daily life, and coping with stress. These include ways to incorporate exercise into a black woman’s overscheduled day.

The book offers guidance on utilizing the health insurance system, and selecting a physician. Dr. Gourdine emphasizes the importance of an annual medical exam even if an individual “feels fine.” Many health conditions that disproportionately affect African Americans, such as high cholesterol, high blood pressure, and diabetes, have no obvious symptoms in their early stages. Encouraging readers to be assertive, proactive patients, Dr. Gourdine’s book includes twelve important questions to ask at “every doctor’s visit.”

An opportunity to hear Dr. Gourdine speak about her assessment of the needs of black health care and ways to improve health through increased exercise and healthier diet is available on a You Tube video of journalist Sheila McCarthy’s June 7, 2011 interview with Dr. Gourdine on CUNY TV/ City University of New York TV at <http://www.youtube.com/watch?v=my1PcbhvHx4>



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