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HealthWrap: Heart check at your fingertips

By LIDIA WASOWICZ
UPI Senior Science Writer

SAN FRANCISCO, Dec. 5 (UPI) -- A new pocket-size device places the ability to keep tabs on potentially dangerous irregular heartbeats literally at the patient's fingertips, its creator says.

The software edition of the Cardiophonics 1000 cardiac monitor reduces the need for stripping and subjecting the patient to bulky equipment, instead utilizing fingertip electrodes to get a reading on what the heart is doing and to transform the information into an electrocardiogram, or measure of the blood pump's electrical activity, for immediate review, said Richard Trader of Cardiophonics Telemedicine in Timonium, Md., who developed the technology.

The system was designed with patients with atrial fibrillation in mind, he said. The condition, marked by an abnormal and risky heart rhythm, affects some 5 million U.S. residents and is considered a leading cause of stroke and disability in the nation, according to a Mayo College of Medicine study published in the journal Circulation.

Some individuals with atrial fibrillation, whose upper heart chambers cease pumping blood properly, may have no identifiable underlying disease. Some may show no symptoms other than an uneven pulse or skipped heart beats. At times, some may suffer shortness of breath, fatigue or dizziness, doctors said.

Currently, screening for atrial fibrillation typically involves training the patients to routinely check for the regularity of their pulse. In many cases, however, a pulse may be hard to find, never mind measure, due to arthritis, chronic disease or poor perfusion, or blood delivery, heart specialists said.

"Many times, providers and screening centers cannot provide an EKG test for arrhythmias, like atrial fibrillation, very easily outside of the office. The EKG equipment, the definitive test for any arrhythmia, is expensive, bulky and the patient has to disrobe for the test," Trader said.

"In fact, due to the complexity, the majority of facilities do not include EKG testing in their stroke screening programs, even though atrial fibrillation is a major risk factor, and the cause of 20 percent of our strokes and disability in the (United States)."

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Stanford University School of Medicine researchers in California have identified a molecule that seems to play a key role in relapses experienced by individuals with such autoimmune diseases as multiple sclerosis, lupus and rheumatoid arthritis.

Reporting in the Dec. 3 advance online edition of Nature Immunology, the team said its research may lead to ways to predict and prevent such relapses, such as the

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and perhaps even prevent such setbacks.

"Right now, there is no good blood test to evaluate when a person is going to have a flare-up," said senior study author Dr. Larry Steinman, professor of neurology and neurological sciences. "If we had one, we might be able to give them prophylactic preventive medication."

Since Steinman and colleagues first reported an unusual profusion of a protein called osteopontin in brain tissue affected by multiple sclerosis in 2001, other groups have observed the molecule's elevated status prior to and during a relapse in patients with MS, a disease that attacks the nerve-cell-enveloping fatty sheath called myelin.

While scientists remain uncertain how and why osteopontin is produced, their studies implicating the protein in the workings of the disease-fighting immune system in general and in the relapse and progression of illness in particular one day might lead to a way to forestall an impending recurrence and maybe even forestall it, researchers said.

Their findings might apply to rheumatoid arthritis, type 1 diabetes, lupus and other autoimmune diseases in which the body mistakenly turns on its own organs and tissues, the scientists said.

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Doctors at the University of California, Davis, School of Medicine are working on a plan to improve healthcare for the state's rural and remote residents.

The institution's \$35 million proposal has a two-fold aim: to boost the number of its medical students and establish itself as a statewide hub for medical telecommunications in an effort to circumvent the physician shortage -- of between 5,000 and 17,000 doctors -- forecast for the coming decade.

Finance officers have their eye on a \$10.4 billion ballot measure approved by California voters last month that earmarks nearly \$700 million for construction of facilities within the University of California's statewide system and \$200 million for expansion of telemedicine and medical school programs throughout the state.

"Passage of Proposition 1D provides a tremendous boost to UC Davis programs that provide quality healthcare to underserved populations in California," said Thomas Nesbitt, executive associate dean for administration and outreach and founder of the UC Davis telemedicine program.

"We not only need to produce more doctors dedicated to practicing medicine in smaller communities, but we also need to take advantage of the innovations in telecommunications, which enable highly trained specialists in big city medical centers to share their expertise with more rural clinics and hospitals."

Nesbitt noted that, per capita, rural populations tend to have fewer healthcare providers yet higher rates of chronic disease, hospitalization and cancer deaths.

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The American Heart Association has some words of wisdom for patients with a coronary stent, a wire mesh tube implanted to open up blocked arteries to the heart.

By keeping the way clear for its passage, the permanent fixture helps ease the blood flow to the heart and reduce chest pain, researchers said. However, it can become blocked itself in a process called restenosis, requiring further intervention.

In recent years the original metal stents have been refined into so-called drug-eluting stents, ones coated with slow-release, restenosis-restraining medicine. Yet, some new data -- which the Food and Drug Administration is to review later this week -- now suggest these may not be all they were cracked up to be and, in fact, may carry an increased risk of blood clots.

"These recent reports have raised appropriate concerns regarding

These recent reports have raised appropriate concerns regarding drug-eluting stents, and more research is needed to determine the long-term efficacy and safety of these devices," said AHA President Dr. Raymond Gibbons.

"Until such information is available, patients should receive appropriate anti-platelet therapy according to existing practice guidelines wherever possible," he advised. "This will usually require both aspirin and clopidogrel for periods of up to a year after stenting and aspirin indefinitely."

Noting many patients fail to follow doctor's orders, particularly over the long haul, he urged them "not (to) discontinue either aspirin or clopidogrel within the first year without consulting their treating cardiologist."

AHA and five other major medical groups are working out the formal guidelines on this important health issue, which should be available soon, Gibbons said.

UPI Consumer Health welcomes comments on this column. E-mail: lwasowicz@upi.com

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