

# MEDICAL SCHOOL COMMENDED FOR MATERNAL-CHILD HEALTH TRAINING

The University of Nevada School of Medicine was recently commended, in company with Harvard and the University of Massachusetts, for its innovated approach to training medical students in the areas of pediatrics and obstetrics/gynecology.

The editors of The Pediatric Educator, the quarterly publication of the Council of Medical Student Education in Pediatrics, cited the three medical schools for identifying "the continuity between infants and families by developing a maternal-child health clerkship."

What makes this training innovative is that third-year medical students spend 12 weeks learning both pediatrics and obstetrics concurrently. Most medical schools teach these topics independently of each other, says Dr. Jack Lazerson, chairman of the Department of Pediatrics.

"This approach allows the student to gain a perspective of the continuum of care for both mothers and their children," says Dr. Lazerson. "Care of children

affects not only the child but the whole family, and what affects the mother may also affect the child. Therefore, this method teaches our medical students that what a mother does to herself — and what we do to her — will also affect the offspring she

## NOVEMBER IS NATIONAL HOSPICE MONTH

November is National Hospice Month, and the Nathan Adelson Hospice would like to make you aware of the many services that hospice can provide to you and those you love.

Hospice believes that every life should be fulfilling and satisfying right up to the very last moment, for patient and family alike. Hospice can't add days to life, but it absolutely adds life to every day.

A team that includes a physician, nurses, counselors, clergy (when requested), home health aides, and volunteers strives to meet the physical and emotional needs of terminally ill patients and their family members at home or in a home-like setting.

Because a cure is not the goal, hospice treats the patient, not the disease. Pain and symptoms are managed as necessary to make each day as precious as possible. Family members receive counseling before and after the patient's death — in every sense of the word, hospice is about Hospice is community based, drawing on professionals and trained volunteers from our own neighborhoods. In fact, the Nathan Adelson Hospice has been caring for the residents of Clark County since its founding in 1978, helping more than 15,000 of your friends and neighbors.

Few of us are prepared for the shock of a terminal illness, and fewer still know where to turn for help when our families or friends are faced with it. To find out how Hospice can help you or someone you love, please contact the Nathan Adelson Hospice at 733-0320.

produces."

Dr. Lazerson co-coordinates the maternal-child clerkship with Andrew Levy, M.D., and Harrison Sheld, M.D., clinical assistant professors in the medical school's Department of Obstetrics and Gynecology.

# THOSE WITH LOWER SOCIOECONOMIC STATUS FACE HIGHER RISK OF CARDIOVASCULAR DISEASES, 40-YEAR RESEARCH SHOWS

## PART II

One U.S. nationwide study, for example, showed that white male service and household workers age 25-64 had a standardized all-cause mortality ratio of 137, compared to a ratio of just 80 for white male professional and technical workers in the same age group. Another study showed that white men age 35-74 who were classified as craftsmen, foremen, operatives, service workers or laborers had an age-adjusted mortality rate of 18.43 per 1,000 person-years, compared to just 12.96 per 1,000 — 30 percent lower — for those classified as professionals or proprietors.

"An inverse relation between occupational class and all-cause mortality has been consistently demonstrated," the AHA report says, adding "Being unemployed has consistently been shown to be associated with increased risk of death."

A longitudinal study in England and Wales showed that renters had an 18 percent higher mortality rate than homeowners, and that even not owning a car was associated with a 49 percent higher mortality risk.

Generally speaking, the higher a person's income, the lower his or her mortality rate. This holds true across the board for males and females, blacks and whites. Those who earn less than \$5,000 per year have up to twice the mortality rate of those who earn \$50,000 or more.

Education was another important criterion examined in

determining risk. As the researchers put it: "For those aged 25 years or older, there was a steady drop in the standardized mortality ratio as educational level increased. For both white and African-American men and women, those who had at least four years of high school education had substantially lower death rates than those with less."

The Charleston (S.C.) Heart Study, a large-scale project conducted between 1960 and 1988, found that the death rates among white men of low SES was 7.1, compared with just 3.5 among high-SES white men. In black men, the rates were 4.0 and 2.4, respectively.

A number of studies also suggest that poor living conditions in childhood and adolescence increase the risk of atherosclerosis heart disease later in life, Kaplan and Keil report, adding that poor nutrition in early life and other factors may increase "susceptibility to coronary heart disease in later life."

It remains unclear, however, whether low SES in itself constitutes a separate risk factor or if it merely influences other risk factors — especially cigarette smoking and high blood pressure.

Reduced access to health care and poorer quality health care also contributed to the higher mortality rate among people of low SES, but in the words of Kaplan and Keil, "do not fully explain the effect of SES on health." Nor do smoking, high blood pressure, physi-

cal inactivity, obesity and other risk factors, higher in low SES groups, explain the increased risk.

For this reason, the researchers call for further and more definitive studies to clarify the impact of low social and economic status on freedom from heart and blood vessel diseases.

"Socioeconomic status may be a risk factor for coronary disease independent of the other cardiovascular disease risk factors," they included, and offer the following recommendations:

- \* Successful intervention to reduce the increased cardiovascular risk associated with lower SES should be broad-based, addressing not only specific risk factors but also the societal conditions that lead low SES people to adopt and maintain high-risk behaviors.

- \* Efforts are needed to promote understanding of the links between economic policy, health care coverage, unemployment and other economic phenomena and the prevention, incidence and treatment of cardiovascular disease.

- \* Measures of SES and its effects throughout the lifespan should be included in all human research on cardiovascular disease.

- \* More study should be devoted to the multiple ways in which SES affects the natural history of cardiovascular diseases and the potentially different roles of education, income, occupation and other measures of SES in its development.

# HEALTH

## NEW TEST DETECTS COMMON STOMACH ILLNESS

HOUSTON — A simple new test may quickly explain the cause of stomach pain in millions of people. The Giardia antigen test checks for giardiasis, a common water-borne disease. People with giardiasis suffer from cramps, gas, nausea, diarrhea and bloating. Symptoms, if any, usually appear one to two weeks after infections.

In the Giardia antigen test, by-products of the

Giardia parasite are detected, said Dr. Cynthia Chappell of Baylor College of Medicine in Houston. With the old method, the stool was examined microscopically, and repeated testing was sometimes required.

The bug is present in untreated water, in water from poorly filtered supplies or in food. It is spread by hand-to-mouth contact.

## HEALTHWIRE NEWSBRIEFS

### STUDY SHOWS LINK BETWEEN LACK OF HEALTH INS. & INCREASED MORTALITY

A recent study conducted at the University of Rochester shows that a lack of public or private health insurance is associated with an increased risk of death.

Though, minorities are more likely to lack health insurance in the U.S. than other groups, Dr. Peter Franks, author of the study, states "Lacking health insurance

is associated with an increased risk of mortality, an effect that was evident in all sociodemographic health insurance and mortality groups examined [in the study]."

For the study 5,161 people were followed for a period of approximately 12 years. At the end of the follow-up period, 9.6% of the insured had died, as com-

pared with 18.4% of the uninsured. African Americans, Latinos, Asians and Pacific Islanders, people with lower family incomes, and the unemployed are among those groups most likely to be uninsured.

FOR MORE INFORMATION, CALL Dr. Peter Franks, University of Rochester, 716-461-6813.

## — SEX AFTER 60 —

HOUSTON — It is no myth; there is sex after 60.

"Sexual expression can continue to be a part of life into our sixties, seventies and beyond," said Dr. Naomi Nelson, a psychologist at Baylor College of Medicine in Houston. But too often people get wrapped up in social customs and miss the big

picture of what it's like to be a sexual being all of their lives.

Aging people can learn to overcome the perception that they will lose their physical ability to have an active sex life. There are physical changes that are signs of normal aging, but sex can still be a part of a person's life, Nelson said.

Another barrier is learning to be comfortable with sexuality. The elderly need to fight stereotypes about sexual attitudes and have open discussions with their mates, she said.

The elderly should think of sexuality as a part of life, not a thing of the past, and live it to the fullest, Nelson said.

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