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"The Jitters": A Clue To Infants' Early Behaviors

Jittery newborns may pose special problems for parents because such infants are likely to be less attentive and more difficult to console than non-jittery newborns, according to a recent study in *Pediatrics*. Although jittery behavior is common in healthy full-term newborns—almost half of the infants in this study exhibited jitteriness—its significance has largely been unclear.

Researchers from the Division of Developmental and Behavioral Pediatrics at Boston City Hospital (BCH) and Boston University School of Medicine (BUSM) who conducted the study suggest that jitteriness serves as a clue for pediatricians to carefully evaluate other aspects of an infant's behavior, especially his or her visual attentiveness and ease of consolability. "By recognizing jitteriness and its implications, pediatricians can help parents anticipate and adapt to their infant's early behaviors before problems occur," says **Steven Parker, M.D.**, the principal investigator of the study and an assistant professor of pediatrics at BUSM.

Parker and his colleagues also assessed the clinical significance of infants' jitteriness in relation to their mothers' use of cigarettes, alcohol, marijuana and cocaine. Cigarette and alcohol use were not associated with jitteriness. Researchers did observe a statistically significant increase in jittery behavior in healthy newborns exposed to marijuana and cocaine, although the magnitude of this effect was too small to be clinically useful, according to Parker.

"A common perception is that jitteriness is a reliable indicator of any kind of maternal drug use during pregnancy, particularly cocaine use," he says. "In fact, jitteriness in newborns does not appear to be a useful clinical marker for prenatal exposure to cocaine, marijuana, cigarettes or alcohol."

Skin-Cancer Screenings Prove Effective

Melanoma/skin cancer screenings are as effective as other major cancer-screening efforts, such as mammography for breast cancer and pap smears for cervical cancer, according to a study published in the journal *Cancer*. This study—the first systematic statewide follow-up of people who had suspected cancer—also provides the first data that validate the visual exam as an appropriate cancer-screening tool.

Researchers from Boston University's Schools of Medicine and Public Health (BUSM/BUSPH) collected data from all 14 Massachusetts sites that participated in the first statewide screenings in 1986 and 1987 sponsored by the American Academy of Dermatology.

Howard Koh, M.D., an associate professor of dermatology, medicine and public health at BUSM/BUSPH, and other researchers followed-up on 459 persons with suspected melanoma, dysplastic nevi and congenital nevi—the latter two are melanoma precursors. Follow-up information was gathered on 63 percent of the 459 people with abnormal screens; the remaining 37 percent either did not seek follow-up care or did not respond to inquiries.

Of those who were followed, 142 were diagnosed with lesions, consisting of nine cases of melanomas, 91 cases of non-melanoma skin cancers, 39 dysplastic nevi and three congenital nevi. Of these, 100 (70 percent) were pathologically confirmed as skin cancer through biopsy.

Although most dermatologists believe that a visual exam can accurately detect melanoma/skin cancer, until now there had been a lack of data to confirm this point. Visual screenings will hopefully become an integral part of future exams, says Koh. "The screening exam is a simple inspection, which is brief, non-invasive, inexpensive and now shown to be reliable," he adds.

(more)



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New Skin-Oncology Program Meets Challenge Of Rising Cancer Incidence

To prepare for the current and future challenges posed by the increasing incidence of skin cancer, the University Hospital (UH) is establishing New England's first multidisciplinary skin-oncology program for the treatment of skin-cancer patients. The program will integrate the services of a wide variety of specialists dedicated to addressing this growing public-health problem.

"The complexity of many of the cancers we are seeing now—and will continue to see in the future—requires the expertise of more than one specialist," says **Howard Koh, M.D.**, a co-director of the Skin Oncology Program. By formalizing relationships with specific dermatologists, ophthalmologists, otolaryngologists, hematologists, oncologists, plastic surgeons, pathologists, radiation therapists and psychologists, Koh and co-director **Gary Rogers, M.D.**, hope to increase the speed and quality of the services available to their patients.

"In addition, by referring to and conferring with the same group of physicians, we hope to build upon our mutual expertise and experience. Given the current trend, we'll be needing that expertise in the future," says Rogers.

Koh and Rogers believe prevention is the key to curbing the rate at which skin cancer is developing and have made educating patients and the public about prevention strategies a major goal of their program.

Smoking Cessation Reduces Heart Attack Risk In Women

Women under age 65 who smoke can virtually eliminate their increased risk of heart attack by quitting smoking regardless of the amount they have smoked or the length of time they have smoked. A study of more than 3,000 women, published in the *New England Journal of Medicine*, indicates that ex-smokers who had stopped smoking for three or more years had nearly the same risk of heart attack as women who had never smoked.

Researchers from the Slone Epidemiology Unit of Boston University School of Medicine (BUSM) conducted the study, which was the first in-depth study of the effect of smoking cessation on the risk of heart attack in women. Previous studies demonstrated the efficacy of smoking cessation for men.

Lynn Rosenberg, Sc.D., a professor of public health at BUSM and the assistant director of the Slone Epidemiology Unit, and her colleagues found that the risk of heart attack in smokers was 3.6 times the risk for women who had never smoked, and that the risk increased with the amount smoked per day. For ex-smokers overall, the risk was 1.2 times greater than for non-smokers. The risk was highest in women who had stopped smoking less than two years previously, while the risk in women who had quit smoking for three or more years was nearly the same as the risk for women who had never smoked.

"These findings, along with our recent work demonstrating that women who smoke 'low-yield' cigarettes have virtually the same risk of heart attack as women who smoke higher-yield cigarettes, establish conclusively that smoking is extremely harmful to women in terms of cardiovascular risk and that quitting is beneficial," says Rosenberg.

She adds that if women are aware of the dangers of smoking and the benefits of smoking cessation, they may be more motivated to quit smoking rather than switch brands.

Low-Vision Therapy

Each year millions of Americans suffer severe, irreversible vision loss—because of disease, injury, or aging—that leaves them unable to rely on their sight to help them with the simplest daily activities and makes them more susceptible to accidental injury and death. For these people, low-vision therapy can make the difference between near blindness and getting back to reading, working and sometimes even driving.

Unfortunately, many patients, and even some physicians, are unaware of low-vision therapy as an alternative. "Although many of the techniques have been around for a long time, rehabilitation for the eye as a formal science and clinical specialty is just coming into its own in recent years," says **Gerald Friedman, O.D.**, the low-vision expert at the Gundersen Eye Center at the University Hospital.

Low-vision is a condition of the eye resulting from pathological, traumatic or congenital diseases that cannot be improved by surgical, medical or traditional optical treatments. While low-vision can afflict all age groups, experts are seeing an increase in degenerative eye disease associated with the growth of the elderly population.

Low-vision therapy uses optical devices to maximize a person's remaining vision following permanent vision loss. A low-vision expert assesses a patient's level of vision to determine his or her visual needs, and then prescribes certain "task specific" optical devices. There are numerous devices designed with varying magnifications and configurations that can be matched to the individual's visual needs. For instance, a person with macular degeneration with no central vision could require a telescopic lens that also maximizes peripheral vision to watch television, and a microscopic lens for reading.

"While low-vision therapy is not a cure," says Friedman, "it can significantly improve quality of life."