

**HEART DOCTORS
ADMIT ORDERING
UNNEEDED TESTS**

New research shows many heart doctors say they order medical tests that might not be needed out of fear of getting sued, or because of peer pressure. The researchers surveyed about 600 cardiologists across the country and found about 24 percent said they've ordered an invasive heart test — a cardiac catheterization — because of litigation worries. Another 27 percent said they've ordered the test because they thought a colleague might do so. The research was done to see whether doctors' attitudes and practices might be contributing to the wide differences in health care use and spending across the country. "We have known for a long time that where you live has an influence on what kind of health care you get and how much health care you get," said Frances Lee Lucas, lead author of the study and associate director of the Center for Outcomes Research and Evaluation at Maine Medical Center. Noting that more care isn't always better care, she said patients can help by not pressuring their doctors to do tests. "If he says you don't need it, let it go," she said. The study was released Tuesday by the journal *Circulation: Cardiovascular Quality and Outcomes*.

**Mobility issues in
middle age alarm**

Middle-aged men and women are having a tougher time moving around, according to a new study that saw a boost in mobility-related problems among people 50 to 64 years old. The study, published in the April issue of the journal *Health Affairs*, looked at mobility-related disability trends among those taking part in the 1997-2007 National Health Interview Survey, a nationally representative study. Difficulty with certain functions saw an uptick: stooping, bending and kneeling; standing for two hours; walking a quarter mile; and climbing 10 steps without resting. People surveyed blamed conditions like arthritis, but researchers said obesity is likely at the root of the trouble. "Our findings regarding arthritis or rheumatism, back or neck problems, other musculoskeletal conditions and diabetes may be related to the growth in obesity." Added Richard Suzman of the National Institute on Aging, which funded the study: "If people have such difficulties in middle age, how can we expect that this age group — today's baby boomers — will be able to take care of itself with advancing age?"

**Gene linked to
lupus has benefit**

A group of scientists think they've figured out why the autoimmune disease lupus afflicts people of Asian and African descent at higher rates than Caucasians. Their theory: A form of a gene that raises the risk of lupus has a plus side — rendering the carrier more resistant to malaria. That means the gene would be useful in areas of the world where malaria is so prevalent that protection from that disease would outweigh the increased lupus risk. The gene's a receptor involved in the immune response, and so the finding makes sense — a ramped-up immune system would help fight infection but could also raise the risk for autoimmune conditions. The study was published in the journal *Proceedings of the National Academy of Sciences*.

Times wires

PULSE**BABY BOOMERS, SPENDING FOR HEALTH**

A new Florida Boomer Lifestyle survey shows 72 percent of Floridians ages 45 to 64 buy vitamins, but just 11 percent belong to a gym. For more trends, see Robert Trigaux's column in today's B section.

Tampa Bay's Health**STRAIGHT ANSWERS**

Major improvements in scoliosis surgery help a 9-year-old get up and running again.

BY IRENE MAHER
Times Staff Writer

TAMPA
Kelly Wagenhurst always knew her little girl would face challenges.

Born with Turner syndrome, a genetic condition that can lead to a variety of health issues, Alyssa Best, now 9, still was a bright and happy child.

Then her spine started curving. At first, a scoliosis brace kept things under control.

But last year, the S-curve became unstoppable.

"It seemed to change overnight," says Wagenhurst, 29.

Alyssa's scoliosis was so severe she could hardly walk. As her spine grew more bent, her heart and lungs were running out of room to function properly.

The curve progressed from 45 degrees — the threshold when doctors start talking about surgery — at the beginning of 2009. Two months later, in March, it was 55 degrees; by June, it was 65 degrees.

Wagenhurst, who lives in Zephyrhills, took her daughter to several Tampa Bay area surgeons, but because of the complexity of Alyssa's medical history, none would take her case. And disputes with her health insurance company only exacerbated her search for help.

Then she was referred to Dr. David Siambanes, a newcomer to St. Joseph's Children's Hospital in Tampa who specializes in pediatric spine problems. After an exhaustive round of tests and scans, Siambanes had a verdict.

"He said he could fix her. Those were his words," recalls Wagenhurst. "And he said he would spend all his time trying to figure it out and we are going to get her to have a normal life."

The National Scoliosis Foundation estimates that 6 million Americans have an abnormally curving spine. Though anyone can be affected, onset is usually between the ages of 10 to 15 and girls are at higher risk than boys. It is associated with certain conditions such as Turner's but, in most cases, scoliosis appears on its own for no known cause.

Baby boomers will likely remember being lined up at school so a nurse could check back, shoulders and hips for signs of scoliosis. School nurses aren't so plentiful these days, but the signs are clear enough that many cases still are found by nurses, teachers, coaches or parents (see box).

Detecting curvature of the spine by middle school age, before the next big adolescent growth spurt, can prevent pain, disability or surgery down the road.

The majority of scoliosis patients have such a slight spinal curve that they require no treatment. Getting regular exercise and maintaining a healthy weight often are enough to keep associated back pain later in life at bay.

For those youngsters who do need treatment to stabilize the curvature, bracing is usually sufficient. Braces are made of custom-molded plastic and wrap around the torso, under the arms. They are usually worn 23 hours a day but can be taken off to bathe, swim or play sports. Siambanes says only a quarter of patients who need treatment ever require surgery.

The brace treatment has been pretty consistent for decades. But the surgery — which most experts agree is best done on young patients due to their more flexible spines — has changed dramatically in the past seven to 10 years.

"In the old, old days we used



STEPHEN J. CODDINGTON | Times

Kelly Wagenhurst, 29, of Zephyrhills, with her daughter, Alyssa, 9. Remarkable surgery straightened Alyssa's spine, which at one point curved to nearly a 90-degree angle.

Before**After**

Alyssa Best's X-rays courtesy of Dr. David Siambanes

FAST FACTS**Scoliosis: What to look for**

Have your child stand up straight and look at her from the front and the back for:

- One shoulder higher than other
- One shoulder blade more prominent
- One hip higher than other
- Head not centered over pelvis
- Have her bend over, and see if one side of her back appears higher than the

other.

Dr. David Siambanes says the last sign in the list is what many parents notice first. "I've had moms see it when they tell their kids to pick up socks from the floor," he says. Parents may also notice that a child's clothing hangs unevenly — say, you need to hem one pant leg more than the other — or otherwise doesn't seem to fit properly.

primitive (surgical) instruments, got modest correction, and kids were stuck in a body cast. It was just hideous," Siambanes said.

Today, newer surgical screws and rods (which can be seen in Alyssa's "after" X-ray), high-tech monitoring equipment and dedicated teams of spine specialists and technicians have revolutionized the surgery, making it safer and offering more dramatic corrections.

"You don't even need a brace afterward anymore," he said. "These kids are walking around

in a couple of weeks like nothing was ever wrong and nothing happened."

Alyssa's surgery was scheduled for last month. By then, the curve had reached almost 90 degrees, making her case exceptional. Siambanes said he'd seen only a few such severe curves in the United States in more than 15 years of practice, although he had encountered more in the Dominican Republic, where he has done missionary work.

In Alyssa's case, her curved

spine was pushing her rib cage far out to the right and throwing her hips in the opposite direction.

The surgery was done in three major steps. Siambanes first had to make Alyssa's spine more flexible by removing a disc between the bones of one vertebra. Then he placed large surgical screws in the spine and attached rods to them, allowing him to rotate and straighten the spine. Finally, he removed 3 centimeters of bone from her ribs to reshape her chest. "That really corrected her," says Siambanes, "She looks phenomenal."

Within two days she was out of bed with the help of a walker, and had ditched that within a week.

"We couldn't keep her in bed. She was running all over the hospital," her amazed mother recalls.

Five weeks after surgery, sporting a purple sundress and flip-flops, she darted around the back yard of her aunt's Brandon home one day last week, happily playing with a 4-year-old cousin. The scar that stretches the length of her back is already fading, and she says she has no pain. Beyond that, she talks a lot more about her favorite pop stars than her surgery.

Siambanes, who came to Tampa in September after 10 years in California, says the specialists and the technology at St. Joseph's helped him get such good results for Alyssa.

"I was going for a home run with Alyssa and I think I got it. While she'll always be short because of her condition (Turner syndrome), at least she'll be straight," he says.

Irene Maher can be reached at imaher@sptimes.com or (813) 226-3416.

**Reform
might
be costly
for the ill**

Allowing insurance discounts for healthy lifestyles may lead to a hike in rates for others.

New York Times

The new health care law promises to extend coverage to millions of Americans and to cut costs by cultivating healthy habits and preventive care. But could its emphasis on wellness undermine one of its central achievements: putting an end to the practice of charging sick people more for health insurance?

Workplace wellness programs are becoming more and more popular as businesses try to rein in runaway health costs. At American Express, for instance, employees are offered a \$100 reward just for coming in for a health assessment; the company also provides an array of free support services, including health coaching, maintenance drugs and preventive care.

The new law gives employers more leeway to offer workers an even more valuable incentive: steeply discounted health insurance for those who reach certain goals — for example, keeping their weight, blood pressure, blood sugar or cholesterol within normal range.

Though advocates for people with chronic ailments like diabetes, cancer and heart disease say they welcome initiatives that enable employees to incorporate exercise or weight counseling into their workday, they warn that tying premium discounts to achieving certain health standards (which American Express does not do) will inevitably shift costs to less healthy employees.

If people have a condition that precludes them from achieving one goal, they must be offered a "reasonable alternative standard," the law says.

Businesses are increasingly pointing to unhealthy habits, including tobacco use, poor diet and sedentary lifestyles, as the main reasons for rising health care costs, saying people who don't engage in those behaviors should not be paying the price for those who do.

"Right now, the employees who are healthy and living a healthy lifestyle are paying for those who are not," said Helen Darling, president of the National Business Group on Health. "They are overpaying almost twice as much for the unhealthy; the obese, the smokers, people like that. You, an employee who is healthy and doesn't smoke, are subsidizing the medical claims, with your premiums going up every month, to pay for someone who smokes, for someone who is obese."

Discounts pegged to specific health outcomes cannot exceed 20 percent of an employee's premiums; the law lifts that cap in 2014, allowing for discounts of 30 percent and possibly up to 50 percent in the cost of individual or family health care premiums. It also calls for applying wellness discounts in the individual market; an initial demonstration project involving 10 states is to be started by July 2014.

The money at stake is substantial, according to an analysis by two Harvard researchers, Kristin Voigt and Harald Schmidt. A 30 percent discount translates to \$1,447 a year on an average individual policy, or \$4,013 for a family policy, they calculated; a 50 percent discount is worth \$2,412 for an individual and \$6,688 for a family. They are concerned that workers with low incomes would be disproportionately affected by penalties, since they tend to suffer from more ill health; the policies might also have the effect of driving sicker people away from certain jobs.