

HEALTH

PHYSICIAN FOCUS

Understanding hepatitis

Affecting millions of Americans, hepatitis is a disease of the liver, one of the largest organs in the human body that's responsible for critical bodily functions, such as the clotting of blood, resisting infections and clearing waste. It is a major cause of liver cancer and a leading cause of death by infection, claiming some 15,000 lives every year. Understanding this condition requires some insight: the word hepatitis simply means an inflammation of the liver, and the disease can take various forms and result from distinctly different causes.

Hepatitis can be acute (lasting a short time) or chronic (recurring or persistent), and some acute forms can become chronic. It can be viral (caused by a virus) or non-viral (caused by a number of other factors, including genetic disorders, prescription or over-the-counter medications, alcohol, toxins or even the body's own immune system). One form is even triggered by the

buildup of fat cells in the liver. Illness from the disease can range from mild to severe. Some types require medication; some will clear the body naturally.

The viral form is widespread in the U.S. and has five strains (A, B, C, D, and E), each caused by a different virus. The most common types are A (usually caused by contaminated food or water) and B and C (spread by infected blood). According to estimates from the U.S. Centers for Disease Control (CDC), about 70,000 people become infected every year with one type of acute viral hepatitis. In addition, about 1.2 million have chronic hepatitis B, and 3.2 million have chronic hepatitis C - and most of those are unaware they have the disease.

The CDC considers "hep C" a major public health threat because so many have the disease. Estimates are that 75 percent of those infected are baby boomers (those born between 1945 and 1965), believed to have contracted the disease

in the 1970s and 1980s when the rates of hepatitis C were the highest, prior to both the availability of screening tests to eliminate hepatitis C from the blood supply and the heightened public awareness of hepatitis C virus transmission through high-risk activities such as intravenous (IV) drug use. Public health officials are urging everyone in that group to get tested, as testing is the only way to discover if the virus is present. Most people who get hepatitis C - a leading cause of liver cancer and the most common reason for liver transplants - end up with a chronic form of the illness.

Hepatitis C raises special concern because patients often can live for decades with the condition and exhibit no signs of the disease. While acute symptoms may include fever, fatigue, loss of appetite, nausea, vomiting, abdominal pain, joint pain and jaundice, many with hepatitis C do not manifest acute symptoms, and testing is critical to discover those

unknowingly in the chronic phase of this infection.

While viral hepatitis captures much attention, a non-viral type, NASH, is rapidly gaining ground. NASH (nonalcoholic steatohepatitis), also called fatty liver disease, occurs when the liver becomes overpopulated with fat cells, usually caused by too much fat from a poor diet. Fatty liver disease is becoming more prevalent with high rates of obesity, so much so that this type is soon likely to surpass viral hepatitis as a common cause of liver transplants. Along with obese individuals, those with diabetes, high cholesterol, or high triglycerides (a measure of fat cells in the blood) are at higher risk for this type of hepatitis.

Risk factors for hepatitis include a history of IV drug use and anything that involves the potential of blood transfer. Taking too much medication, either prescription or over-the-counter, can also lead to liver damage, and tattoos and body piercing, which may present



Dr. Maggie Ham and Dr. Albert Crimaldi

risks from unsanitary needles, can be contributing factors as well.

Good treatments are available for hepatitis, but prevention, as with so much in health care, remains the best strategy. Leading a healthy lifestyle, and steering clear of the risks and toxins that can inflame the liver are the best preventive steps. Avoiding heavy use of alcohol is particularly important, because overuse can cause cirrhosis, or scarring of the liver, that results in liver damage and subsequent liver malfunction. Proper diet and exercise play a big role in reducing the risk for fatty liver disease, while vaccines

are available for the viral strains A and B.

For more information on hepatitis, visit the CDC website at www.cdc.gov/hepatitis. For a video discussion, visit www.physicianfocus.org/hepatitis.

Albert Crimaldi, M.D., Ph.D., and Maggie Ham, M.D. are gastroenterologists at Milford Regional Medical Center in Milford, Mass. Physician Focus is a public service of the Massachusetts Medical Society. Readers should use their own judgment when seeking medical care and consult with their physician for treatment. Send comments to PhysicianFocus@mms.org

SPINE & SPORTS

Attacking back pain

Where does back pain come from and how do you fix it? The answers fill an entire newspaper. Back pain accounts for a large percentage of disability, lost wages and reduced production. While we humans have developed the technology to rocket an astronaut to the moon we still have not cured common back pain. There are many causes of back pain and an equal amount of cures - some backed by scientific evidence and many others that are hit, miss or unpredictable.

From what we know, there are a few basic concepts that are true. Anatomically, we know for sure that if you rupture your disc or fracture your bone then you're going to have back pain. Short of that, it becomes a crapshoot. Degenerated discs can cause back pain, but not everyone with a degenerated disc either suffers pain or has the same amount.

Taught, knotty muscles can cause back pain, but some people with terrible musculature say they have no pain at all.

There are also individual spinal joints that can be the source, including the sacroiliac joints of the pelvis or the interlocking "facet" joints in the lumbar spine. In some folks, their back pain goes away when these joints are selectively blocked with an anesthetic injection - but not always. Other joints in the body are also known to refer to the lower back. The ball-and-socket hip joint, for example can cause pain in the lower back as well as down the leg, fooling the patient



SCOTT GILLMAN

(and the untrained practitioner) into thinking there is a spine problem. There is the joint misalignment or joint dysfunction concept, addressed by physical therapists (PTs) and chiropractors, but everyone has some sort of misalignment or dysfunction, but not necessarily pain. In the Chinese medicine world, it could be from altered energy in an acupuncture meridian, but not everyone who gets acupuncture obtains pain relief. Then there's the bad stuff: internal organ disease such as aortic aneurysm, uterine fibroids, bowel cancer and infections. These, too, cause back pain.

Different specialist providers will view back pain based on their training and skill-set. The MD-PCP will often prescribe an anti-inflammatory medicine. A massage therapist will work out tight muscles. The acupuncturist will stick needles. A PT might issue some exercises and stretches, and the chiropractor might do joint manipulation and deep tissue release. Each will apply what they know and do best.

Lastly, there are three ways to approach back pain, three models of care. One is a "Bio-Psychosocial" model that addresses depression, family stress, drug-addiction and

unemployment, all proven to be associated with back pain. Another model, our most prevalent model, is the "Patho-anatomic" model, where the cause of the pain is from a body part, an anatomic bulge-eye or boo-boo, like a ruptured lumbar disc or torn muscle. The last model is the "Functional-Kinetic" model that deals with the problem based on how the body works. It has nothing to do with social stress or anatomic boo-boos. This model is about how well the patient functions, such as whether they are able to squat, balance, bend or breathe using their diaphragm instead of their shoulders. It is also about whether they are physically fit or not, either lacking strength or endurance or being totally out of shape.

So, how do you fix your back pain? Attack the problem based on the three models: approach the problem with common sense and with the right provider as a partner, improve your mental/social health and bolster your physical fitness and ability.

There may be no right, one-fits-all answer to back pain. However, the path to wellness and pain-free activities starts with looking in the right places and talking to true professionals.

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Children need a fighting chance

I saw what Make-A-Wish did for Miles Scott, aka "Batkid," and it brought back some old memories.

It was my third rotation as an intern at one of the premier cancer hospitals in the country. It seemed that the timing was once again coincidental, and Amy (not her real name) was back in the hospital. One of my co-interns had admitted her with an infection after her blood counts had dropped from her chemotherapy. Amy had been in the hospital during both of my previous rotations and we had a running checkers competition: we were once again tied, and I figured that night would be the rubber match.

Amy was a lovely 12-year-old girl who had been fighting cancer over half her life. She had big beautiful brown eyes and a radiant smile that distracted you from the fact that she had lost all her hair from the chemotherapy.

I was doing the night shifts, and I figured I could wolf down my stale sandwich and have a Diet Coke while we played. The other intern knew about my friendship with Amy and did not bother to give me sign-out on her.

Childhood cancer is way more common than any of us would like, and unfortunately it is becoming more common, with its incidence increasing over 20 percent in the last 30 years. Over 16 per 100,000 kids are diagnosed with cancer every year, adding up to one of every 300 children having a cancer diagnosis before age 20. Although genetic factors and environmental factors contribute to about 10 to 20 percent of childhood cancers, more than 80 percent occur in kids with no



DR. JEFF HERSH

identified risk factors, and it affects kids of all backgrounds and races. One in every four elementary schools has a child who has been diagnosed with cancer, and a typical high school has two or more kids with cancer or with a history of it.

The most common kinds of childhood cancer are leukemia, lymphoma and brain cancers, but there are many others including bone cancers, germ cell cancers, neuroblastomas, retinoblastomas, Wilm's tumors and way too many others.

We have made a lot of headway combating this dreadful disease over the last several decades. The overall five-year survival for all childhood cancers improved from 28 percent in 1960 to about 80 percent now. However, this still means 3 per 100,000 kids die from cancer every year, making it the number two killer of kids (second only to accidents). In many developing nations the childhood cancer mortality is still over 80 percent. Too many children die every year from childhood cancers. Too many families are devastated.

When I went to Amy's room that night, she was not there. Her roommate told me they had moved her to the ICU earlier that day - the real reason I had not been given sign-out on her. It was about 7:40 p.m. when I made it to the ICU to check on her. She had been in a coma since just

What's up Doc?

after noon and had died 20 minutes before I got there; one of thousands of amazing kids whose lives were cut short that year.

Amy taught me as much about medicine that year as all my professors. I still think about her. And I still miss her. To be honest, I think she was one game up on me - at least that is how I remember it now.

Kids who survive cancer often have lifelong consequences of it; 1 in 3 childhood cancer survivors do not have a normal lifespan. Chronic heart, lung, kidney, developmental, neuro-cognitive and other conditions can occur as a complication of their disease or its treatment in up to three quarters of patients, with over a third of these being severe. For the quarter of a million people in the U.S. today who are survivors of pediatric cancer, this is a huge issue.

We are not doing enough. Pharmaceutical companies put their research dollars into adult cancer where their return on investment is more likely to be higher. Even the National Cancer Institute puts only a small percentage of its limited budget (less than 10 percent) into research on pediatric cancers.

We can, we must, do more. St. Jude's Hospital is a major player in the fight against pediatric cancers; go to <https://shop.stjude.org/GiftCatalog/donation>.

SUPPORT GROUPS

DHD SUPPORT meets on alternate Tuesdays from 7-8:30 p.m. at the Hollowell Center in Sudbury. Free. Visit www.drhollowellsudbury.com or call 978-287-0810, ext. 117.

DIABETES SUPPORT GROUP meets the second Wednesday from 2-3:30 p.m. and 7-8:30 p.m. in Hurwitz Conference Room at Marlborough Hospital, 157 Union St. A free and ongoing group for people with diabetes and their family members. The focus is on education, sharing and emotional support. Call Corinne Hetzler at 508-486-5430.

DIVORCE SUPPORT GROUP meets weekly at

New Beginnings Wellesley at the Hills Church, Wellesley Hills, Route 16 at Route 9, at 7 p.m. Newcomers should arrive at 6:30 p.m. for orientation. All religions welcome. For information, contact Judy Gutry at 617-731-0152 or newbeginningswellesleyhills@gmail.com; www.newbeginningswellesley.org.

DIVORCECARE is a weekly support group/seminar for people who are divorced or separated, meeting Thursdays from 6:30-8:30 p.m., at Crossroads Childcare Center, 1301 Edgell Road in Framingham. There is a \$15 book fee. Call David Hartman at 508-881-8171; [\[crosscommchurch.org\]\(http://crosscommchurch.org\); \[www.meetup.com/divorcecare\]\(http://www.meetup.com/divorcecare\) or \[www.reframingham.com\]\(http://www.reframingham.com\).](mailto:divorcecare@</p>
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EATING DISORDER for parents and loved ones of teens and young adults with eating disorders. Call The Center for Adolescent and Young Adult Health at 508-482-5444 for information.

FAMILY SUPPORT GROUP for family and friends of the mentally ill meets on the second Thursday of each month, at 7 p.m., at the First United Methodist Church, corner of Brook and Water streets, Framingham. Call NAMI Greater Framingham at 508-485-5385.

GRIEF GROUPS Jeff's

Place Children's Bereavement Center, a community-based, family-focused program, provides free peer support groups and services to children and teens, preschool through high school, and their caregivers coping with a meaningful death loss. For more information, contact Melissa Kennedy Panto at melissa@jeffsplace-metrowest.org or 508-879-2800 or visit www.jeffs-placemetrowest.org.

GRIEFSHARE SUPPORT GROUP is a free support group for those grieving the death of a family member or friend. It includes video seminars, discussion and a workbook, and meets 3:30-5 p.m.

through June 28 at Vineyard Church, 84 South St., Hopkinton. To RSVP, go to www.meetup.com/griefshare or contact Dr. Vinnie Cappetta, OMHC at vinnie@cross-worshcingham.com or 508-293-1611.

HIV/AIDS SUPPORT for infected men and women meets every Tuesday, 7-8:30 p.m. at 89 Bethany Road, Framingham. Confidential, anonymous and free. Call Dee Clark, 800-564-1234, ext. 24.

HURTS, HANGUPS & HABITS SUPPORT GROUP Support and recovery from any hurt, hangup or habit. Join us each Monday at 6:30 p.m. for music, teaching,

stories of recovery, open share groups and a café environment. For information, go to www.meetup.com/celebraterecovery-framingham.

INTERFAITH CARE-INTERFAITH SUPPORT GROUP meets the second and fourth Wednesday of each month, from 10-11:30 a.m. at Jewish Family Service of MetroWest, 475 Franklin St., Suite 101, Framingham. Call Phyllis Fitzpatrick at 508-875-3100.

JEFF'S PLACE, a nonprofit, provides free volunteer-facilitated support groups and services to children and teens, preschool through high school, and their caregivers coping with a meaningful death loss.