Healthlink On Air

2/1/09

Well listeners, it's time to take a good look at your wardrobe. We've got a couple of reasons in the next couple weeks for you to think about wearing red. Yes, red. The first occasion is one that most definitely requires a good conversation about women's health of course.

One of those opportunities is Valentine's Day too. But let's talk about the more immediate need. I want to introduce you to this morning's first guest.

Mary Kate Hartman joins us from the American Heart Association.

Good morning Mary Kate.

Good morning.

And welcome. We're glad you're here. Tell us why it's important for people to think about wearing red.

Well, we're very excited to announce that Friday, February 6, is National Wear Red Day, which is the one day out of the year that the organization and the nation recognizes a day to honor women in the fight against heart disease and stroke.

And of course the red is a very appropriate choice, isn't it, for someone's heart.

Oh, absolutely. It's a great choice and it's a great symbolization of life and

the ability that we have to make a change in our own heart health.

And you know, let's talk about making that change. One of the things we do here on the radio all the time is we mention the fact that women's health and men's health are different. Adult health and children's health are different. And these are differences that really have only been discovered in the last several years, aren't they?

That is very true. We found just from talking to physicians and a number of survivors in the past couple of years that men and women present differently for heart disease, for heart attacks and even stroke, as well. I know there's a women who I spoke with who is a heart attack survivor and she mentioned that she experienced pain in her elbow and that's not always a common symptom of men. You think more of the clutching your chest and exorbitant pain. But she experienced pain in her arm and in her elbow and that's one thing that we've heard from a number of women over the years.

Really?

Yes.

In her elbow? That one I haven't heard. But let's talk about some of those differences. You said, we're used to seeing movies or TV commercials even, where a man is clutching his chest and then collapses, maybe, from a heart attack. And women have a different experience in many cases. Let's talk about what that experience is.

Well, first of all, one thing that we always hear from women is that they sometimes don't think that they're having a heart attack. And I think that as women, we always have a tendency to focus on everyone else's health but ours.

We tend to discount our own, don't we?

Absolutely. We focus on our family's, our children's, our spouse's, but we kind of tend to run ourselves ragged. So many times we've heard that most people, most women, especially, think that they have just a little bit of chest pain. And in many cases we've found, that it's the husbands or the children have said, "Mom, I think you may be having a heart attack."

Of let's get you checked.

Or let's get you checked - absolutely, too. And we found that a number of women don't necessarily know that they're at risk. And that's where a lot of our education comes in.

Let's talk about that "at risk" thing. You know, we hear, ok, you've got to keep your cholesterol low or you shouldn't eat so much fat. But what are some of those at risk kinds of things? I imagine we start with family.

Absolutely. Genetics, whether or not heart disease runs in your family, is certainly something that you'd like to be aware of. And if you are aware of that, make sure that you tell your physician as well because that will go into your charts. Another thing is to watch out for your sodium intake, because if you have . . .

Salt.

Salt, yes. And a lot of people really love salt. And of course, everything in moderation is ok, but if you are predisposed to a risk for heart disease, cutting out salt from your diet may be something that your physician encourages you to do as well.

And sometimes we have to be careful of salt that's hidden. It's not just the stuff you shake on your food.

No. It's definitely making sure that you can read a nutrition label properly and looking at the amount of sodium that's in packaged food and of course that kind

of leads right in to nutrition, always making sure that you have a well balanced diet, fruits, vegetables, which is good for your overall health, but especially for your heart also.

And then too, exercise.

Exercise is definitely one of the - the American Heart Association encourages everybody to try and get at least 30 minutes of exercise every day.

Wow.

And there's actually a statistic that's shown, that for every hour of regular, vigorous physical activity you participate in, you can increase your lifespan by up to two hours.

Really? So it's a two for one return.

It is. It's a kind of two for one return.

Such a deal.

And the benefits that it provides to your heart, really being able to get your heart pumping, up and moving, and they've also found that exercise can decrease your stress and can lower your blood pressure as well.

It helps your energy levels, too. You know, I know the days that I get up and actually do something, I have energy for the rest of the day.

Absolutely.

Yeah, that's great. Now, we're wearing red and it's to remind us of all these important things, but there're other activities taking place as well, right?

Absolutely. Coming up on February 4, which is a Wednesday, what we will be doing, is the American Heart Association, along with Onondaga County and the city of Syracuse, will issue a joint city-county proclamation proclaiming Friday, February 6 as National Wear Red Day. They're going to declare Friday Wear Red Day. Mayor Driscoll and County Executive Joanie Mahoney are going to be there. They're going to declare Friday Wear Red Day and they're also going to encourage all citizens of the area to wear red, to get involved and to take a moment to talk to their physician, talk to their family and to learn more about their own heart health.

And that would be anyone's heart health, right? It's Go Red for Women, but we all have to be paying attention to this.

Absolutely. It's Go Red for Women, but you have the opportunity at this point to really educate every single member of your family, all of your coworkers. It doesn't matter whether or not it's your children, your husband, your nephew, your niece - everyone really needs to be aware of the information.

Absolutely. And I have to think it's very good for the kids, too, because it gets them predisposed to thinking about these things at a very young age.

Absolutely. And we've also seen, too, that childhood obesity is on the rise and with a rise in childhood obesity is also an increase in type 2 diabetes, so it's very important to also take this as a great opportunity to

educate the children about making healthy choices for eating, and about making sure that you get enough exercise as well.

And get up off that couch or from behind that computer. Alright. Now let's talk about some of the other things going on locally. February 6 is the day we want everybody to wear red, but they're other things going on too, right?

Absolutely. The day of the Wear Red Day proclamation on the 6th - I'm sorry, on the 4th- which will be held at National Grid over on Erie Boulevard, that is open to the entire public, so if you'd like to come down-

Oh good!

and check out the Wear Red Day proclamation, please by all means, come down, be there by 4:30, it's a really great celebration, and then we also have the National Grid building will be lit up in red,

Oh good.

As well as Syracuse City Hall.

Ok.

And we have some announcements that are going up outside the War Memorial as well.

Great.

And I believe that SUNY Upstate Medical University puts a giant red dress cutout right outside in front of the hospital, so that's another thing to look forward to if you happen to be in the area.

Excellent, very good. So you've got all kinds of things going on. Now,

People wear red even to go to work, right?

Absolutely. And what's great is it's a Friday, so if your office participates in casual Friday, throw on a pair of jeans, a red sweater, gentleman, put on a red tie, just accent your outfit with a little bit of red. And what's really great too is that this is also a major fundraiser for the American Heart Association.

Ok.

What we do is, we recruit companies to be involved, to have an awareness day, but also to raise money to support the fight for women and heart disease.

Excellent, Well, Mary Kate Hartman, thank you so much for coming by this morning. We'll go red for women next Friday!

Thank you.

[Music]

Hi, I'm psychologist Dr. Rich O'Neill with this week's "Check-Up from the Neck-Up". How to get to your Super Bowl, or why psychologists ask, "How do you feel about that?" Well, dear listeners, Super Bowl Sunday, and what pops up for me this day is pondering how people who are wildly successful do it? How do they get to their Super Bowl? Obviously, they have inborn talent and the opportunity to play a lot, but what makes the dif between two talented people with equal opportunity?

Answer? Practice, practice, practice. But practice is boring! So how do we get ourselves to practice? Answer: motivation. Motivation to practice and develop our talent into skills. Here's where that favorite question of psychologists comes in, "How do you feel about that?"

Why? Well in situations like this, because we want to know about your motivation. Do you have any passion, any juice, any mojo energy for your game? Because it's mojo that muscles past the tough spots on the way to the goal. What helps with mojo? Forget picking what we should do, the game we pick has to make our inner hillbilly holler, "Hallelujah!"

Take me for instance. I'm an adult onset athlete, head over heels in love with running. My motivation? I probably, quote, "should" be doing it to stay healthy or to keep the pounds off, But while both of those things are true, it's really that I just love getting faster and winning races (in my age group, anyway). If it was a choice between dinner with Angelina Jolie and a run, I'd run. (Well, actually, I'm just saying that in case my wife is listening!)

No really I'd run. You get my drift. It's got to be something we love, because while racing faster than six months ago is delicious, some workouts across those six are painful - no, no, no, painful isn't right, dreadful! Whatever our game, so pick passion. And if thoughts like "I'll never win, I'm a loser", sap our passion, a coach from team psychology can train us to tackle them.

And, let's not forget, giving ourselves some love, as we cross the yard markers heading to the goal. Like cheers.

Even if we have to do the pompoms and the short skirt ourselves, there's nothing like "Give me an R, give me an I, give me a C-H-I-E, Go Richie, go! If Richie can't do it, nobody can!" Fill in your own name, of course, or leave it as Richie - I'd love that! I'm Dr. Richie O'Neill. Thanks for listening and cheering. "Go Bills, Go Giants!" -next year, anyway.

[Music]

Well welcome back to HealthLink On Air, produced each week by SUNY Upstate Medical University, making the academic difference in healthcare in the central New York community. And this is your host, Trisha Torrey, every patient's advocate. Well, you know, we've talked to several pediatricians and medical professionals who work with children,

especially as they relate to the Children's Hospital, which will open later this year. One theme that's prevalent throughout these conversations is children are not just small adults. Well, our next guest is sitting across from me, nodding his head. Let me introduce to you Dr. Luke Probst, Pharm D, Associate Director of Pediatric Pharmacy Services at SUNY Upstate.

Good morning, Dr. Probst.

Good morning, Trisha.

And welcome. You're a new guest and we're glad to have you here. You know, pharmaceutical drugs, that's not something we've really discussed when it comes to just children and focusing on children. We've had a couple of headlines that have regarded that, but certainly not the broad topic. So I think this will be very interesting. I'd like to focus on a couple of different things. One is the differences in pharmacy and the approach for children and adults. And then another, you have a residency program starting up later on this year.

That's correct.

We'll talk about both of them. First, let's talk about the differences in your approach to pharmaceutical drugs for children and adults.

Well, there's a much greater complexity of drug use in children than in adults for a variety of reasons. First of all, you've got to just consider sheer size of the patient. In adults, we pretty much have people who weigh from 100 to 250 or so pounds. .. and the pediatric age range really encompasses babies from as little as 1 1/2 pounds to 250 pounds, for the adolescent on the high school football team. So, even determining what dose to give a child is so often driven by that patient's specific body size, that it adds an entire layer of complexity of drug therapy in a child that we don't often see or don't see as frequently in the adults.

Well do children, because they're not, say, as developed as adults, do they process drugs differently in their bodies?

Oh absolutely. And that's the entirely second area that really warrants discussing. Children, when they're born, do not have fully functioning organs - kidneys and livers - which are the primary organs that handle drugs that are administered. And so there are some developmental changes that occur over time, certainly within the first month of life but even within the first year or so beyond that, that we often have to take critical account of before we select a specific drug to use in the child and to select the specific dose that the child will receive, based on how young they are and what we assume their level of organ function to be for those two systems.

Well now, I also want to make clear: there are not a lot of pediatric pharmacists out there in our local drug stores, are there?

No, definitely not.

This is mostly a function of you being in the hospital, so you're dealing with really sick children.

Oh exactly. You know the training that pharmacists get in pharmacy school with regard to pediatric drug therapy, probably is a couple of hours of teaching.

And that's it?

That's about it.

So they're still back in that mindset of "Children are small adults"?

Well, we realize that they're not, even if it's not our daily practice. But certainly what a pharmacist in a community pharmacy may know about pediatric drug therapy and what a specialist in a children's hospital who works in pediatrics specifically may know about a given drug or a set of drugs, is often very different. And we often get calls from outside pharmacies with request for assistance on confirming appropriateness of drug dosing and such.

That's very interesting. And that will take us in a few minutes to our conversation about your new residency program. But let's go back now for a moment. If we're talking about very sick children in the hospital, we're talking about in some cases chronic diseases and in some cases, life-threatening diseases. That's a lot of responsibility, isn't it, to get these things right?

Oh yes it is. And you know, certainly in this hospital, as well as many others like it, we have multi disciplinary teams that take care of the children, so we have attending physicians and nurses and pharmacists who contribute to overseeing the safe use medication process.

And let's make clear, you know, we've been talking about the opening of the Children's Hospital later on this year. However, the Children's Hospital really has existed; it just hasn't been its own facility for this time. So you've been working with these children for a very long time.

Absolutely. Our scope of pediatric services has been around for years, if not decades.

There you go. Now, tell me some of the differences. Now, for instance, say you have a child with diabetes. Do you treat that child pharmaceutically different from way - I mean besides just lesser amounts - do you treat them differently from an adult with diabetes?

They may sometimes get a different drug therapy. Certainly some of the oral medications that we use in diabetes may not be appropriate for a child to take. As we often find, challenges in giving oral medicines to children, most drugs on the market are not approved for children's use and so their dosage forms are not user friendly for a younger, smaller child who may need a smaller dose.

You know, that takes me back. We've had conversations before, too ,about how there's differentiation going on in the way trials are run and so forth, so whereas it use to be that mostly men were tested and then drugs were given to women, they've found now that women process things differently. Isn't that the same now with adults and children?

That's certainly the case. We are seeing an increased incidence of children being involved in drug studies and generally that's a very great benefit because historically most of our knowledge of drug therapy in children has been based either on anecdotal experience or extrapolation of information that we know from adults. And so really, all of these differences that children and pediatric patients have from adults really need to be teased out in a systematic, scientific way. So, the FDA is now supporting manufacturers doing clinical trials in children, certainly with an appropriate design with weighing out the risks and benefits, but if we can scientifically identify the appropriate dose and the risks and benefits in a child, it's far better than us making an educated guess in that area.

And those educated guesses have led to things like the recent ruling by the FDA or the recent change in recommendations that cough medicines not be given to very young children and you were just here a few weeks ago to talk about that.

Absolutely. Perfect example of where you know, essentially, assumption of safety and efficacy and even assumption of what dose to give a child was probably more based on anecdotal experience than a controlled trial over the years and decades. And we're now finding that certainly accidental overdoses are contributing to bad outcomes, but even what is a safe and reasonable dose of a given cough/cold product in a child is in question.

I can also imagine that your services are being expanded upon every time there is a new drug found for something. For instance, I know that one of the big

sections at University Hospital in SUNY Upstate is the children's cancer and blood disorders. And I know new drugs are being discovered.

This must be what you're working with, with those children?

We do participate in that aspect of care. There are a number of drug studies that are involved in treating childhood cancers and the pharmacists' involvement in reviewing those protocols and making sure that chemotherapy drug doses are appropriate for a given patient is part of the scope of the service that we provide.

There are certainly a number of other layers of making sure that medication safety occurs with regard to chemotherapy, but we do play a key role in that aspect of care.

And in other than just the amount of the dose, are there other alterations to some of these drugs so children will process them? You mentioned that their kidneys and their livers might not be formed as much as an adult. Do you make adjustments for those kinds of things too?

Sure, we offer suggestions very frequently on alternative drug doses or how often we should give a drug dose to a patient. You know, little babies less than a month old, very often their kidneys aren't working as well, and so we have to give them a dose that may be less often than an older child or an adult would get. But, conversely and very interestingly, as children get older, throughout the single digit years of life and in early adolescence, their kidneys work better than most adults' do.

Really?

And sometimes we actually have to give a drug more frequently to an older child and adolescent than an adult would otherwise get. So there are complexities on both sides of that.

And that's what you're trained to do of course. You know, one of the other things that we have talked about recently is children and psychiatry and the number of drugs that are being prescribed for children for psychiatric reasons. Is that something you deal with at all?

Well, we do have some aspect of our inpatient care involving patients admitted for psychiatric reasons and certainly that patient, as well as any other patient that's admitted to the hospital, has their medication profile reviewed by a pharmacist and every new medication order is reviewed by a pharmacist before they get that medicine. So, to that extent we are involved, but, you know, psychiatry is a very focused specialty of practice equally to pediatrics, so child psychiatry is an even more highly specialized area.

Right, right.

So the degree of specialization that we have in that area may be a little bit less than in general pediatric drug therapy.

Because the psychiatrists - the child psychiatrists - are taking care of that corner. But, let's quickly talk about your new program .What we learned this morning is that there really is a lot of specialization for children and it sounds like more so every day. Now you're going to start training residents in this specialty. Talk to us about that.

Sure. Well, we have - the current pharmacy education program as I started talking about before- is a six year program that students would need to go through. Students graduate, get their doctor of pharmacy degree, but we've found over the years that that education doesn't always prepare a pharmacist for a clinical practice, especially in the hospital setting such as ours. And so there are now advanced training programs called residencies

modeled very much after what student physicians go through.

And we have had a pharmacy practice residency program here at Upstate Medical University for about ten years now where for a full year after a pharmacist graduates, they go through an intensive training as far as hospital care and we're now going to be doing the same thing with pediatric pharmacy practice. Once a pharmacist completes their residency program in the first year, they will have an option to do a second residency program with specialty focus in pediatrics.

Outstanding. Sounds like you're going to be training lots of people for the future of pediatric pharmacy.

We sure hope so.

Well Dr. Luke Probst, thank you so much for coming by this morning. We've learned a lot about children and pharmaceutical drugs. I appreciate your time.

Thank you very much.

And listeners, we do need to take a quick break. We'll be back in just a few moments. This is SUNY Upstate's HealthLink On Air, On 570, WSYR.

[Music]

Well, welcome back to HealthLink On Air, produced each week by SUNY Upstate Medical University, making the academic difference in healthcare in the central New York community, and this is your host, Trisha Torrey, every patient's advocate. And if I say to you hyperbaric chamber,

do you picture a medical setting? Well, when I first heard we'd be discussing hyperbaric, I thought of divers and the bends. I had no idea such a treatment existed or for what kinds of illnesses, but of course that's why we bring you HealthLink On Air each week, because we patients have all kinds of questions about these things. And to tell us more about hyperbaric medicine, we have Dr. John McCabe, Professor and Chair of Emergency Medicine at SUNY Upstate joining us in the studio this morning. Good morning Dr. McCabe.

Good morning.

And welcome back. I'm always pleased when you're here; you're a wealth of information for us.

Well thank you. It's a pleasure to be back.

Well, I can't imagine that we have a lot of divers here in central New York, especially this time of the year, who need hyperbaric chambers for anything, so will you tell us what it is we're talking about here.

Sure. We do actually do get some divers here in Syracuse and there are water bodies close enough where people can dive deeply enough to get the bends if they are not behaving themselves. And the other is that we do have divers who take that one last dive in the Caribbean or Mexico and then hop on the plane to come home and that change in the altitude causes them to get the bends. So it's an infrequent use of our chamber, but it certainly does happen here in Syracuse. The hyperbaric chamber is something that's been at University Hospital for many years, it's a treatment that's been around in medicine for a hundred plus years, and interestingly, it really is used to treat a whole variety of different conditions.

Well let's talk about those conditions in a moment. But tell us what hyperbaric means, because if you're being treated in a chamber there must be something special in that chamber?

Sure. And the chamber really is that. It's a big, round, plastic tube, essentially, that you go in and lie in, the door closes behind you,

and then inside the chamber, we do two things. We give you 100% oxygen and we give it to you at a higher than normal atmospheric pressure. So as we sit here, we breathe the air, which has 20% oxygen, and it's at normal atmospheric pressure. When you go in the chamber, you get 100% oxygen and you get it at 2 or 3 times the normal atmospheric pressure.

So you can kind of think of it as driving lots of oxygen deep into your body.

That's really the basic idea.

I see. So why would a patient need that kind of treatment?

Well, there are a number of reasons, so for instance, in the bends, the real benefit is we're taking nitrogen bubbles in your body and reducing them in size because of the pressure. In patients, for instance, where they have a non-healing wound, say, on the bottom of their foot, it really is about forcing oxygen into the tissues around the wound to help the wound heal better.

I see.

So there are different mechanisms for different diseases, but they're all related either to high oxygen delivery or to the pressure that we can produce.

So there have been studies that show that this high oxygen - I mean clearly you wouldn't be investing in this kind of a chamber unless those studies were out there - this is real medicine.

Oh, it's real medicine. It has good science behind it and

there are about a dozen indications that are very well studied and accepted both here and throughout the world. And again, they're diverse. Carbon monoxide poisoning; bad tissue infections; the late effects of radiation therapy, years after the treatment; the bends; air embolus, where a bubble of air goes in a place where it shouldn't during an operation or a procedure.

So those are some of the common indications that we treat.

Well, you know, it brings to mind when we're talking about forcing oxygen into people, wasn't there a few years ago, there was like an oxygen bar, I think they called it, out at Shopping Town, where people could go and get a hit of oxygen? I mean, it doesn't sound -it sounds like a wacky use of it.

Well, you know, there have been a number of wacky uses. There was once Michael Jackson on the cover of Newsweek inside a hyperbaric chamber.

Yes!

That made some bad press. There are sports figures like Terrell Owens of the Philadelphia Eagles who has one that he uses after games, thinks it makes him better. And you're right, the oxygen bars proliferate, but remember, the oxygen bar, where you sit and have a little nasal cannula, only gives you 24, 27% oxygen, and you're breathing in at normal atmospheric pressure, so it really doesn't do much.

So it's not the same approach at all.

Absolutely not.

Are there reasons why people shouldn't have a forced oxygen treatment?

Yeah. One of the nice things about hyperbarics is there are very few reasons why people can't be treated in the chamber. So some people are just too

claustrophobic to be in the chamber. When the pressure changes, it gives you the sensation like going up and down in an airplane in your ears and so some people have trouble equalizing the pressure and then those who have active seizures or a seizure disorder that's poorly controlled, those are really about the only reasons people can't be treated in the chamber.

So it really isn't so much about their health status, it's more about how outside pressure would affect them.

Yeah, it's really the high levels of oxygen sometimes, rarely, can cause a seizure in the brain, and then all the other bad effects, if you will, are due really to the pressure issues.

Are there hyperbaric chambers in most hospitals or is this unique?

It's fairly unique. There's a handful of hospitals and then a handful of outpatient centers. The outpatient centers usually use their chambers as part of a wound care program. The hospital based chambers obviously are available 24 hours a day for the emergency indications as well, things where we have to treat someone right away, and also they're able to manage critically ill patients inside the chamber, so those are some of the differences. If you look in the central New York region, and you look around for another hospital based, 24 hour a day, critical care capable chamber, you'd have to go to Buffalo, to the west, or to Springfield, Massachusetts, to the east, Philadelphia or New York City to the south.

And again, that's not because they aren't around, they're just not there 24/7.

They're not hospital based.

I see.

There are a smattering of outpatient clinics that have chambers associated with them, but again, typically those aren't available for the emergencies and for the critical care skills.

And what kinds of emergencies, I mean, the things you were describing earlier, I suppose if somebody had the bends that could be an emergency. What other kinds of emergencies would you have use for it?

Sure. The common emergencies are the bends, carbon monoxide poisoning from a generator, from a furnace that malfunctions -

This time of year, too.

Absolutely. People who have unusual soft tissue infections, you know, commonly referred to as the flesh eating bacteria. Those kinds of infections often do well with hyperbarics as part of the treatment.

They do?

So those would probably be the three most common emergency procedures that we might wake up in the middle of the night and come in to treat somebody in the chamber.

Now you mention that there are some freestanding, some organizations that have just set these things up and people pay to use them. Sounds a little strange to me and I know that there are a number of organizations out there, and in the work I do, I hear about them all the time, where these kinds of things are set up and they're not there for any other reason than to take somebody's money. Is that - I mean, certainly it's not going to happen at University Hospital or in a hospital setting - but why would somebody think, I mean what would they think they are going to cure by using one of these?

Well, unfortunately the field of hyperbaric medicine was plagued for a long time by quackery and misinformation and for years many called it a treatment in search of a disease.

Oh.

Now, clearly the things we've talked about in the settings - a good outpatient setting or hospital setting - is real medicine, it's based on science.

But there are those who want to pretend to have a hyperbaric chamber, something that delivers less than 100%, less than 2 or 3 atmospheres.

Kind of like the oxygen bars.

Sure. That they'll come and set up in your home for you. And there's a long list of indications, long list of diseases that people have used hyperbarics for and it's really based on the idea that how could you argue that oxygen is bad?

Yeah.

So people buy into that idea and unfortunately there're certainly those out in the real world who peddle less than real hyperbarics for things that there really is no good proof that it works, a long list: chronic fatigue syndrome, migraine headaches, autism, muscular sclerosis, cerebral palsy, and I could go on for hours.

And all of those kinds of things, and people are maybe reading about that on the internet or talking to somebody else and they think, "I'm going to give this a try" and that's really kind of a desperation kind of thing, isn't it?

Sure, sure.

And I have to think, too, that they use it and if it doesn't work, they're kind of embarrassed to say that it doesn't?

Right. And if they do use it and maybe you do see some tiny improvement, it's always hard to know, well, what it's from.

Sure.

It gives you false hope. So, so there are, nationally, through our national organization, the Undersea and Hyperbaric Medicine Society, about thirteen

indications that everybody agrees to, where most of the insurance companies will pay for it the services.

And that's what I was going to ask, does insurance pay for it?

And that's really the starting place to look and say these are the things that routinely get treated.

Because there's evidence that they work for those.

Right.

And the evidence is the key part there. How can people get that information?

Well, the UHMS Society has a website, uhms.org, and that's our national society and you can find commonly accepted indications.

Great. And you've got information on your local website here, for University Hospital?

The University Hospital website shows our hyperbaric services as well.

Very good. Well what we'll do is put a link to that from our HealthLink On Air website as we like to do and make sure people can get that information. And if people want to see you, they get a referral from their doctor?

Easiest way is a referral from their doctor to the Hyperbaric Medicine Unit at University Hospital; we'll consult and see if we can help you.

Excellent. Well Dr. John McCabe, you, once again, were a wealth of information, we appreciate your time this morning.

Thank you.

And listeners, we do need to take a break. We'll be back in just a few moments. This is SUNY Upstate's HealthLink On Air, on 570, WSYR.