



Balance

A newsletter dedicated to promoting and enhancing clinician wellness

January 2006

COMBINING CME AND VACATION:

Affinity CME policy allows attendance outside the United States

Between seeing patients, contacting insurance companies and wading through paperwork, the average length of a physician's day is 12 hours. A change in the Affinity CME policy could make getting away from it all a little easier for physicians and their families.

According to Dr. Michael Madden, medical director of primary care, northern region, physicians now have more choices as to the location of the CME event. "Prior to the change, any request for CME travel to a meeting outside the continental U.S. required specific approval by the president of the AMG Medical Staff. That requirement was eliminated, based on the feeling that any physician ought to be able to use their CME funds for any meeting they wanted to, regardless of location."

Finding Family Time

James Haine, MD, Internal Medicine, attended the "Mayo Clinic Primary Care Review" in Nassau, Bahamas in the spring of 2004 and 2005 at the Atlantis resort. During the morning hours, he attended meetings on a series of topics including case presentations in dyspepsia, chest pain, pre-dementia and thyroid disease. In the afternoon, Dr. Haine and his wife were able to explore the island and stroll through the resort. "I would recommend this conference. I learned a lot and we had a great vacation. We really enjoyed our time together."

Raymon Darling, MD, Obstetrics and Gynecology, was also able to enjoy some extra time with his wife while earning CME credits in sunny San Antonio, Texas. In January 2005, he traveled to a "World Class OB-GYN Ultrasound" course where some of the

nation's top physicians offered "best in class thinking on leading issues in OB-GYN ultrasound."

For more than three days, this picturesque city was the perfect destination away from the everyday pressures of practice. In addition, San Antonio has special significance for them both. "It was nice for us to be able to get away, and San Antonio was where we did our honeymoon so it holds special significance."



For more information

If you would like a copy of Affinity's CME policy or additional information, please contact Debra Parker at (920) 628-9320.

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Caring for health. Caring for life.

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SHEDDING LIGHT ON THE WINTER BLUES

'Tis the season for Seasonal Affective Disorder

A change to daylight-saving time means day dissolves to dusk around 4:30 p.m., leaving less than 12 hours of light per day for the next few months. For some, darker days can mean a darker mood.

Those with seasonal affective disorder (SAD), or seasonal depression, undergo a mood change that impairs their functioning and can even lead to suicidal feelings. It's been more than 20 years since National Institute of Mental Health psychiatrist, Norman Rosenthal, MD, discovered and diagnosed SAD, and great strides have been made in scientifically linking daylight and depression. Currently, SAD is recognized in the DSM-IV as a subtype of major depressive episode.

According to Daniel Neunaber, PhD, a psychologist at the Madison Center in Appleton, prevailing studies confirm the role light plays in SAD. "It is believed that the suprachiasmatic nucleus is the master circadian clock, influencing our sleep-wake cycles in response to changes in seasonal light-dark changes." Seasonal affective disorders have been successfully treated by manipulating this light-dark cycle through the use of bright light therapy. Research has shown that changes in melatonin and serotonin, manipulated through exposure to bright light, may be responsible for improving SAD symptoms.

It is believed that between 10 and 20 percent of Americans may suffer from "winter blues." About 70 to 80 percent of those are women with the most common age of onset being the mid-twenties to mid-thirties. Some people who work long hours inside buildings without natural daylight may experience symptoms year round.

SAD Symptoms

Generally occurring between November and February each year, symptoms are similar to most depressions, including irritability, feelings of hopelessness, suicidal thoughts and changes in appetite, weight and sleep habits. One of the keys to a SAD diagnosis is symptoms disappear over the spring and summer when the earth once again tilts toward the sun.

Treating SAD

Phototherapy has been proven effective as a treatment option, according to Dr. Neunaber. "Phototherapy uses a special light box that emits an intense light to mimic the sun," he said. "The light signals the stop of melatonin and encourages the production of serotonin." According to research, almost 75 percent of people with SAD experience a decrease in symptoms with light therapy.

In addition to exploring light therapy or treatments such as medication or counseling, Dr. Neunaber recommends keeping our sleep-wake circadian rhythms "in sync" with a regular sleep schedule, a healthy diet and 30 minutes of routine exercise to boost mood. Before diagnosing yourself as suffering from SAD, visit your personal physician to be thoroughly evaluated. Other medical conditions should be ruled out before a SAD diagnosis is made.



Online Sources:

National Institute of Mental Health
Science Update
May 1, 2006
Properly Timed Light, Melatonin Lift Winter Depression By Syncing Rhythms

Web link:
<http://www.nimh.nih.gov/press/sad-melatonin.cfm>

American Psychiatric Association
Healthy Minds. Healthy Lives.
APA Expert Opinion
An APA expert answers common questions about Seasonal Affective Disorder (SAD)

Web link:
<http://www.healthyminds.org/expertopinion7.cfm>

LIGHTING THE WAY TO SAD TREATMENT

Light therapy is a proven treatment for SAD. It is cost-effective and free of side effects. The treatment simply involves sitting in front of a 10,000 lux light box for 15-30 minutes each morning during the winter months. Network Health Plan offers members a discount on light boxes. AffinityPlus can provide the light box as well as help you or your patients determine insurance coverage.

A prescription for a SAD light box can be faxed directly to AffinityPlus at (715) 343-5441, and they will contact you or your patient.

Any questions can be directed to Eric at 1-866-357-6502.

WINTER SPORTS LEAVE STRESS OUT IN THE COLD

Practicing medicine can take a toll on your body and mind. Clinicians are routinely subjected to almost superhuman demands, and it is nearly impossible to do it all without some type of stress relief. Meet three physicians who are pursuing hobbies that promote healthy living.

Taking a Swing at Stress

When Peter Roloff, MD, a pediatrician in the Neenah Deerwood Avenue clinic, wants to burn off stress, he hits the racquetball court at the Neenah YMCA. Dr. Roloff has played since college and enjoys the sport's fast-moving intensity. Affinity sponsors a racquetball league on Thursday nights, so for most of the year he has an opportunity to engage in a hobby he enjoys and spend relaxation time with other health care providers outside of work.

Like most physicians, Dr. Roloff understands the importance of creating a balanced life, and racquetball helps him do that. "I like things I have to commit to," he explained. "If I commit to a league, I know I have to be there. Also it is a nice stress reliever and it is fun."

If you are interested in joining the Affinity racquetball league, please contact Larry Godlewski at (920) 720-1244.

Making Life Balance a "Goal"

From the time he was a young child, Larry Donatelle, MD, a family practitioner, loved ice skating and often arrived home from

the rink with frozen toes and tears in his eyes. As a teenager, he discovered a passion for hockey, even renting out the ice arena at off times to play.

When he came to Appleton in 1982, Dr. Donatelle developed friendships with other hockey enthusiasts and organized a weekly hockey group. At first, they rented ice time at Tri-County Ice Arena, until the group decided to flood Dr. Donatelle's side yard for an ice rink of their own. "This 'pond hockey' is really the most fun," he said. "We play at any temperature from 15 degrees below zero to 35 degrees when we have ice. We generally play three times a week for a couple of hours at a time depending on how long we can last and how many players we have. The rink has lights so we play at night often."

Through the years, Dr. Donatelle has found that hockey is a great way to maintain fitness, friendships and have fun. "The exercise certainly reduces stress, and if you have a particularly difficult day, you just skate it off. Having a little puck to smack around helps too!" he said. "The whole time we are out there, you see a bunch of 50-something guys (and one woman) sweating up a storm, cheering each other on regardless of teams with smiles all around."

Let It Snow

They call it the "greatest show on snow." The American Birkebeiner cross-country ski race began in 1973 when 34 men and

one woman took part in a 50-kilometer race from the Lumberjack Bowl in Hayward to Telemark Lodge in Cable, Wis. Today, the "Birkie" is a legend in the world of cross-country skiing. When the 8,000 colorfully attired skiers line up at the start of this grueling race, Affinity's John Almquist, MD, hospitalist, will be there.

"I like that it is good exercise and I like to be out in the woods, so I ski in different parts of the state and Michigan's Upper Peninsula," Dr. Almquist said. "I participate in several races during the year."

Even though he has five Birkies under his ski belt, each completed in about four hours, the uphill race is always challenging and humbling. "I'm in the fifth wave of starters, and I'm always on the cusp to get in the fourth wave, but I just can't seem to make the time requirement," he related. "And, I'm always racing against the same guy, who has to be around 80 years old, and he always beats me by about one minute," he said laughing.

One year, Dr. Almquist grew a beard in true Viking tradition. "When you see the pictures of the ski racers, they all have icicles hanging off their faces, so I grew a beard and got a picture of myself with the icicles," he said with delight before turning serious. "Finishing it is such a sense of accomplishment."

THE ART OF RELAXATION – JUST FOR CLINICIANS

Do you want to learn mindfulness-based stress reduction techniques in an *Art of Relaxation* class, and be certain that your patients won't be in class with you?

We're offering a course on mindfulness meditation open only to clinicians and their partners, led by Shelly Vanness, OT. It consists of one 90-minute class per week for eight weeks, including a half-day mindfulness retreat.

During this eight-week period, you will be asked to engage in 40 minutes per day of mindfulness meditation, which can consist of sitting meditation, body scans or gentle yoga.

Here's what two "class graduates" had to say about their experiences:

Barbara Strand, MD, Pediatrics

"Has anyone ever said to you, 'Oh, just relax'? Easy to say, hard to do. The *Art of Relaxation* course offered through Integrative Medicine offered realistic, practical ways for managing stress. A variety of techniques were taught, ranging from things that could be done at home, to things that could be done in between patients. One did not need to have any special equipment, and

anyone, of any age, in any degree of physical shape could participate and benefit. We cannot control what happens to us, but we can control our response. All you need to benefit from Art of Relaxation is an open mind and a commitment to attend."

David Romond, MD, Orthopaedics

"This course is an interesting and very different type of experience, which offers the tools to achieve a more balanced life and a more fulfilling practice."

The cost is \$140 per person.

Class Schedule

Tuesdays, Jan. 30 – March 20 • 6:30 – 8 p.m.
St. Elizabeth Hospital, 5A North Conference Room

Half-day retreat

Saturday, March 3 • 8 a.m. – noon
St. Elizabeth Hospital

To register, call Affinity NurseDirect at 1-800-362-9900.

BRAZILIAN BLACK BEAN SOUP

2 cups dry black beans
3 ½ cups water or stock
2 tsp. salt

Note: Begin soaking beans at least four hours before assembling the other ingredients.

Group A:
1 cup chopped onion
3 cloves crushed garlic
1 large chopped carrot
1 stalk chopped celery
1 cup chopped green pepper (optional)
1 tsp. ground coriander
1 ½ tsp. ground cumin
2 Tbsp. oil

Group B:
2 oranges, peeled, sectioned and seeded
½ cup orange juice
1 Tbsp. dry sherry
¼ tsp. black pepper
¼ tsp. red pepper
½ tsp. fresh lemon juice



Rinse the beans. Cover with water and let soak several hours. Pour off excess water. Place in a saucepan with 3 ½ cups water or stock and salt. Bring to a boil, cover, simmer 1 ½ hours over very low heat.

Sauté group A ingredients, beginning with onions and garlic. If necessary, add a little water to the vegetables to steam them along. Add the sautéed ingredients to the beans. Let the soup continue to simmer over lowest possible heat.

Add group B ingredients to the soup. Stir, cover, and simmer for 10 minutes. Add water for a thinner texture if desired. You can also puree some or all of the soup in a blender. Add more red pepper if a hotter taste suits you.

Serve topped with sour cream or yogurt.



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BALANCE is a quarterly newsletter for Affinity Health System medical staff. The purpose of this newsletter is to raise awareness of medical staff health and wellness issues. If you would like to contribute, please contact any member of the editorial board: Jen Norden, MD, Trish Howe, MD, Cookie Fielkow, Mike Madden, MD, Affinity Marketing department or e-mail: mmadden@affinityhealth.org.

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