



Scoop

Feb. 21, 2003

THE UNIVERSITY OF TEXAS MEDICAL SCHOOL AT HOUSTON

Events to Know

February

28 Chair Massage Sessions, 8th floor, Medical School, \$10/15 min., 10 a.m.- 4 p.m., call 832-754-8695.

March

4 Alpha Omega Alpha Lecture, Dr. Edward Harris, on federal health intervention, noon, MSB 2.135.

11 Wealth Management Class, 10-11:30 a.m., The Briar Club, 2603 Timmons Lane, and 6 - 7:30 p.m., HMC Bldg., #490, 6655 Travis. Call 713-500-3279.

UTMost Interest

Dr. Guy Clifton, chairman, Neurosurgery, was quoted in a *Houston Chronicle* editorial (Feb. 19), "Emergency Room/Trauma care needs help, not added burdens." With needed funding he said, "Within 18 months, we would be able to reduce the number of transfers by 20 percent." Clifton has formed a coalition of medical professionals, business professionals, and politicians called Save Our ERs.

NOTE - The UT System provides a weekly **Legislative Update** to deliver timely news about the status of important issues, legislation, key committee actions, the state budget, and upcoming calendar items. Check <www.utsystem.edu/news/weeklyupdates>.

\$7.5M FEMA GRANT

The Federal Emergency Management Agency (FEMA) announced a hospital flood protection grant for The University of Texas Health Science Center at Houston. The \$7.5 M grant will fund enhancements to the existing earthen berm system, construction of a perimeter floodwall system with flood doors and floodgates, pumping and drainage improvements, and protection of critical electrical and mechanical systems on the basement level of the Medical School. For more information see <www.fema.gov/regions/vi/2003/r6_04.shtm>.

HOW TO SUCCEED IN ACADEMIA CONFERENCE A SUCCESS

"How to Succeed in Academia: Profiles of Successful Women Academicians," hosted by the Association of Women Faculty on Jan. 31 at the new John P. McGovern Texas Medical Center Commons,



(L. to R.), Drs. Susan Scrimshaw, Paula O'Neil, Catherine Ambrose, Kathleen Matthews, Nancy Dickey, and Lee Limbird.

Matthews, Ph.D., and Susan Scrimshaw, Ph.D.

Limbird, professor of pharmacology and associate vice chancellor for research, Vanderbilt University Medical Center, gave an informative talk punctuated with a Paul Klee abstract art illustration, explaining that the slide was her answer to the professional woman's dilemma of work-life balance. "Balance is a mobile thing," she said. Dickey, a 1976 graduate of the Medical School, and a second president of the Texas A & M University Health Science Center and vice chancellor for health affairs for the Texas A & M University System, said that the first prerequisite for success in academics is a good supportive partner and that academics is all about politics. She advised women to practice public speaking, seek opportunities to sell yourself, don't whine, and seek out mentors. "Be flexible to opportunities; know what you enjoy," she said. She reminded women "A career is 30 years; your family is your lifetime." Matthews, dean, Weiss School of Natural Sciences, and Stewart Memorial Professor of Biochemistry and Cell Biology at Rice University, said, "you can be a leader and still be feminine." Some features of a gratifying career, she said, are focus, passion, articulating goals, and having an important problem you're impatient to solve. Share from the well you have filled throughout your career on behalf of others, she advised.

was a well-attended conference with a lively audience and an even livelier lineup of speakers.

UT-Houston President **James T. Willerson, M.D.**, led the opening remarks, telling the audience how his mother, who was a physician, influenced him. Featured speakers included: **Nancy Dickey, M.D., Lee Limbird, Ph.D., Kathleen**

ORGANIZATIONAL CHANGES INCLUDE ANDRASSY'S NEW ROLE

In an Executive Council meeting Feb. 12, UT-Houston President **James T. Willerson** announced that **Richard Andrassy, M.D.**, chairman of the Department of Surgery, has been appointed associate dean for clinical operations. In this additional role, Andrassy will be responsible for working with **Carlos Hamilton, M.D., Dean Max Buja, M.D.**, and Willerson to direct the clinical activities of the Medical School and University Care Plus, the business arm of the clinical practice plan. Also at the meeting, Chief Operating Officer and Executive Vice President for Administration and Finance **John Porretto** announced his plans to retire from UT-Houston, effective Dec. 31, 2005. Effective March 1, 2003, Porretto will become adviser for special projects, advising the president on business-related matters. In other organizational news, **C.Gwin Morris, Ph.D.**, vice president for public affairs, will serve in a dual role as he becomes acting chief of staff effective Feb. 12 in the Office of the President.



Dr. Richard Andrassy



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WHEN A CAREGIVER'S LOVE GOES AWRY

There's a popular TV show that deals with using forensic clues to crack unsolved death cases. In real life, hundreds of children's deaths each year are attributed to traumatic brain injury, or TBI. Thousands more will survive TBI, with moderate to severe consequences that may be lifelong.



Linda Ewing-Cobbs, Ph.D.

Both TBI and physical child abuse are major public health concerns affecting infants and young children. TBI is the most common cause of death and acquired brain injury in American children. Nearly 25 percent of TBI cases in infants and toddlers who are admitted to the pediatric intensive care unit are caused by physical child abuse. Although child abuse causes approximately 5 percent of brain injuries in children 1 to 4 years of age, it produces 90 percent of serious brain injuries.

"He fell off the couch," **Linda Ewing-Cobbs, Ph.D.**, associate professor of pediatrics, said, is the most frequent excuse given when an infant is brought into the hospital with suspected abusive TBI. Ewing-Cobbs is principal investigator of a \$3.2M National Institute of Neurological Disorders and Stroke study looking at "Accidental and Non-Accidental Pediatric Brain Injury." The aims of this study include assessing 1) how developmental outcomes are influenced by neurological and demographic variables, such as age, age at injury, abusive versus accidental TBI, and structural damage to brain regions; and 2) relating difficulties in basic cognitive functions to the development of social competence, self-regulation, and early academic skills. "Our initial findings indicate that outcomes are significantly worse in children with abusive TBI than in those with accidental TBI. Of children who survived TBI, 45

percent scored in the deficient range on tests of general mental and motor development, in comparison to only 4 percent of children with accidental TBI," she said.

Her collaborators in this effort include **Drs. Mary Prasad**, Pediatrics, and **Larry Kramer**, Radiology, and **Drs. Joan Shook** and **Donna Mendez**, Department of Emergency Medicine at Texas Children's Hospital.

For doctors who suspect child abuse, there are clues in infant cases of TBI. These include: retinal hemorrhages, radiologic signs of old or unexplained fractures, evidence of old blood clots on the brain's surface, internal cranial bleeding, acute brain swelling with surface blood clots, brain swelling and excessive water retention leading to elevated intracranial pressure, loss of the normal gray-white density in the brain, and seizures with no former history.

If an infant presents with alteration of consciousness or physical findings suggestive of TBI with no history of injury, the Child Protection Team becomes involved and initiates comprehensive clinical, radiological, and social assessments. These efforts often include computerized tomography (CT) brain scan, detailed magnetic resonance imaging (MRI), skeletal survey, ophthalmologic evaluation, and psychosocial interview.

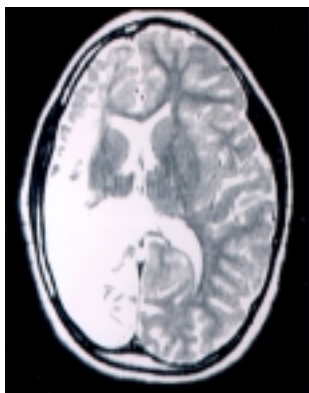
"The earlier diffuse brain injury occurs in the child's life, the more severe the long-term neurological and developmental abnormalities," Ewing-Cobbs said.

Six-week to four-month old infants cry an average of two to three hours a day, and some can cry 20-30 percent in excess of that. The crying upsets the parent, caregiver, or babysitter, who can't calm the infant. Ironically, the adult's abusive shaking behavior, known as shaken baby syndrome, can have the desired result. The infant is quieted because of the injury inflicted by the shaking. The initial shaking, done impulsively out of frustration and stress, produces a quiet, drowsy baby. The caretaker concludes that shaking is an appropriate response to an irritable or upset baby.

The consequences of moderate to severe traumatic brain injury in infants are numerous and range from temporary to permanent developmental changes, including: physical, speech/language, cognitive, personality/behavioral, and nutritional/swallowing disorders.

Is it possible to identify children at risk for TBI? Should we pass legislation that measures what is reasonable and appropriate discipline for children - and what is not? These questions are being explored.

"In the past five years, federal funding agencies have become interested in abusive brain injury in children. Several years ago, there were only two major biomedical studies of physical child abuse funded by the National Institutes of Health. One of the studies was ours," Ewing-Cobbs said. "Unfortunately, our longitudinal testing is not showing significant improvement in cognitive skills one to two years after the brain injury. Given these persisting problems, it is clear that a substantial commitment needs to be made for long-term rehabilitation and educational interventions." - C. O'Brien



MRI finding of severe cortical encephalomalacia and subcortical atrophy of the right cerebral hemisphere (depicted on left side of photo, above), in a 5 year old who experienced TBI and right hemispheric infarction due to child abuse at 3 months of age.

Some tips to prevent Shaken Baby Syndrome (SBS):

- * *Shaking an infant is dangerous and can cause serious injury or death.*
- * *Crying is often the trigger for shaking. The caregiver is often frustrated and loses control.*
- * *When an infant won't quit crying, there are steps to take.*
- * *Most important, infants will cry occasionally, and that's OK, if you've attended to their needs.*
- * *These may include offering the baby a pacifier or a noisy toy; taking the baby for a ride in his stroller; or in his car seat in the car; turning on the stereo; running a vacuum cleaner or the clothes dryer (babies like rhythmic noise); or holding the baby close and breathing calmly and slowly.*
- * *Call a friend or relative for support or to take care of the baby while you take a break.*
- * *If you've done what you can to find a solution, try putting the baby in the crib for 15 minutes to see if he goes to sleep. If concerned, contact your health-care provider.*
- * *Remember, a crying baby is not a reflection on your caregiving skills and doesn't make you a bad person.*
- * *Consider taking a stress management course to learn healthy ways of coping with stress, anger, and frustration.*

Help is available. For more information on Shaken Impact Syndrome, call the National Center on Shaken Baby Syndrome, at 1-888-273-0071, or see <www.dontshake.com>; click on "SBS Questions." Or contact a support group called the Shaken Baby Alliance, PO Box 150734, Ft. Worth, TX 76108.