

A QUARTERLY PUBLICATION OF THE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

FALL 2008

# HOUSE CALL

Olympic Cyclist  
Beats the Odds

**Unlocking  
Addiction**

**How the Past and Future  
Affect Our Choices Today**



# fall 2008

4

## Healthy Returns

UAMS has used its share of the national tobacco settlement to develop innovative health care research, education and treatment.

6

## Where There's Smoke

Everyone knows that smoking affects the lungs, but research shows its impact doesn't stop there.

8

## Racing Down the Road to Recovery

This former Olympian has faced two kidney transplants and come out a winner.

10

## Back to the Future

A scientist examines the psychology behind addiction.

12

## A Balancing Act

Arkansas' anti-childhood obesity legislation is hitting home with families.

## in every issue

3 The Chancellor's Corner

14 Did You Know?

16 **Partners** A pharmacy degree gave Sue Frank an advantage in the business world.

17 **Scholars** A mother of four, this College of Nursing graduate puts education first.

18 **Healers** Dr. Paula Anderson found her calling at the Adult Cystic Fibrosis Clinic.

19 **Builders** Eight renovated buildings will soon house the College of Health Related Professions.



p. 8

**On the cover:** Dr. Warren Bickel is director of the UAMS Center for Addiction Research.

Cover photo by Johnpaul Jones.



# HOUSE•CALL

fall 2008

**editor**

Susan Van Dusen

**art director**

Laurie Shell

**managing editor**

Liz Caldwell

**creative director**

Keith Runkle

**writers**

Elissa Erwin

Nate Hinkel

Jon Parham

David Robinson

Leslie Taylor

Susan Van Dusen

**photographer**

Johnpaul Jones

**editorial advisory board**

Kathy Alexander

Jerry Atchley

Anne Bynum

Cindy Pugh

Dale Ronnel

Carla Spainhour

Judy Snowden

Becky Tucker

---

**chancellor**

Dr. I. Dodd Wilson

**vice chancellor of**

**communications and marketing**

Pat Torvestad

**associate vice chancellor of  
communications and marketing**

Leslie Taylor

**assistant vice chancellor of  
communications and marketing**

Tim Irby

*HouseCall* is published quarterly by the  
UAMS Office of Communications and Marketing  
4301 W. Markham St. #890, Little Rock, AR 72205-7199  
Phone: (501) 686-5686 Fax: (501) 686-6020

Visit us online at [www.uams.edu/housecall](http://www.uams.edu/housecall).

## chancellor's corner



## Leading the Way

It wasn't that long ago that smoking was commonplace in most settings in Arkansas, including on hospital campuses. Thankfully, those days are over, and the air that we breathe is cleaner and healthier for us and for future generations.

Following the national tobacco settlement of 1998, my predecessor, the late Dr. Harry Ward, was one of the people who worked tirelessly to ensure that Arkansas' share of the funds would be earmarked entirely for health care. In 2000, the state's voters overwhelmingly agreed and UAMS, along with other organizations, was given the unique opportunity to develop initiatives that would offer long-lasting health benefits for all Arkansans.

In this issue of *HouseCall*, we share stories of the four programs made possible thanks to the tobacco settlement funds. I am particularly proud of the success of the Arkansas Aging Initiative, the Arkansas Biosciences Institute, the Fay W. Boozman College of Public

Health and the Delta Area Health Education Center. The leaders of these programs understand that today's health care involves more than just traditional medicine, and their foresight has helped countless Arkansans face tobacco addiction, obesity, the challenges of growing older and many other vital concerns. It also has made way for research discoveries, community partnerships and economic benefit for the state.

We also share information about research being conducted by UAMS scientists Dr. Parimal Chowdhury, Dr. Anissa Buckner and Dr. Dana Gaddy on the effects of nicotine in the body and by Dr. Warren Bickel on the possible causes of addictive behavior. As the state's only academic health care facility, UAMS understands the need to study not only the effects of tobacco, but also the reasons people partake in risky behavior. By understanding the psychology of addiction, we hope ultimately to reduce these

behaviors and improve the health of people in Arkansas and beyond.

We also are a university that takes seriously our role as a leader in promoting healthy behavior.

When UAMS instituted its indoor and outdoor smoking ban in 2004, we led the way for the passage of Act 134, which prohibits smoking at all medical facilities in the state.

As we move forward in understanding the effects of addiction and nicotine, rest assured that UAMS will continue to be at the forefront, striving to serve as an example both our research and day-to-day practice.

A handwritten signature in black ink, reading "I. Dodd Wilson".

I. Dodd Wilson, M.D.  
Chancellor, University of Arkansas for  
Medical Sciences



# Healthy Returns

UAMS Makes the Most of its  
Tobacco Settlement Money

By David Robinson

Jean White of El Dorado was excited when she read about the South Arkansas Center on Aging three years ago.

Now 70, she was looking for a place to exercise that catered to someone her age, and she's been a regular there ever since.

"When I found out about it and visited the center, I knew it would be a good fit for me," said White, who stays healthy with regular use of the center's walking track and tai chi classes. "And I tell all my friends about it."

The Center on Aging at El Dorado, staffed by geriatric specialists, is one of eight such centers in Arkansas established by the UAMS Arkansas Aging Initiative and supported by money from a multi-state legal settlement with the tobacco industry.

Arkansas' portion of the settlement totals about \$50 million a year. The money has been devoted entirely to improving the health of Arkansans since November 2000, when voters overwhelmingly agreed to the plan drawn up by state leaders.

UAMS has four programs that are supported by the tobacco settlement: the Arkansas Aging Initiative, a program of the UAMS Donald W. Reynolds Institute on Aging and community partners; the Arkansas Biosciences Institute; the Fay W. Boozman College of Public Health; and the Delta Area Health Education Center (AHEC).

Since 2001, the UAMS programs have received \$69.2 million of the \$443.6 million tobacco settlement dollars, about 16 percent of the state's total share.

## Using Leverage

UAMS Chancellor I. Dodd Wilson notes that UAMS has made the most of its share of the tobacco money, leveraging its \$69.2 million to generate an additional \$178 million from public and private sources.

"By successfully leveraging these tobacco dollars, we have greatly expanded our biosciences research, our health outreach

services, and we're at the forefront in developing strategies for improving public health," Wilson said.

While UAMS leads the state in biosciences research, it also collaborates with its Arkansas Biosciences Institute partners: the University of Arkansas (UA), Fayetteville; Arkansas State University; Arkansas Children's Hospital Research Institute; and the UA Division of Agriculture.

**Arkansas is the only state to offer such an extensive health care network for older adults.**

## Tackling Preventable Diseases

The UAMS College of Public Health was established in 2001 with the understanding that Arkansas' poor health status is about more than improving basic medical care. Doctors and nurses are not traditionally trained to help people address their tobacco addiction or control their obesity, but the College of Public Health is providing that additional training with its 16 degree programs.

Today's major sources of chronic disease often result from preventable lifestyle issues, such as tobacco use, obesity and lack of exercise. In fact, these lifestyle issues are the major factors in the three leading causes of death: heart disease, cancer and stroke.

The college has moved quickly to tackle these issues, with researchers leveraging almost \$44 million from outside sources. The college was fully accredited in less than three years, the fastest accreditation for any college of public health in the country.

## Into the Delta

The ability to leverage the tobacco settlement dollars doesn't end with UAMS' research; the Delta AHEC has secured public

and private grants totaling \$4.7 million in addition to the \$11.2 million in tobacco money since 2001. Housed in a two-year-old 25,000-square-foot facility in Helena-West Helena, the Delta AHEC was established to provide vital health outreach in one of the poorest, least healthy regions of the country.

The AHEC, one of eight UAMS AHECs in Arkansas, has four clinical rooms, a fully equipped gym and three classrooms to deliver a variety of public health topics.

## Reaching the Elderly

Only a few years ago, Arkansans who needed specialized geriatric care had to travel to Little Rock — a challenge for older drivers and time intensive for their caregivers. Thanks to the tobacco settlement money, the UAMS Arkansas Aging Initiative's eight Centers on Aging put 90 percent of elderly Arkansans within 60 miles of quality geriatric care.

At each site, an interdisciplinary geriatric health care team includes a specially trained geriatric social worker, a geriatric nurse practitioner and a geriatrician. Arkansas is the only state to offer such an extensive health care network for older adults.

The tobacco settlement has provided between \$1.5 million and \$2 million a year, but to fully support its Centers on Aging, the Arkansas Aging Initiative has worked to secure more than \$6 million in gifts, grants, contracts, and donated time and space. ●



### check it out

The College of Public Health had 43 students in its first class in 2002. In 2008, that number had increased to 253.

# Where There's **SMOKE**

Researchers Track Nicotine's Link to Disease

By Jon Parham



**Dr. Anissa Buckner, Dr. Parimal Chowdhury and Dr. Dana Gaddy study various aspects of nicotine's relationship to illness.**

It doesn't take much to get Dr. Parimal "Perry" Chowdhury to talk about how nicotine and smoking affect the body.

"It's still a huge global health problem," said Chowdhury, a UAMS physiologist who has taken an active role in an international group of researchers focused on tobacco-induced diseases.

Through his research at UAMS, Chowdhury is closing in on how nicotine, a component of tobacco, not only damages the pancreas but also potentially leads to pancreatic cancer.

Nicotine and smoking continue to be linked to numerous chronic and deadly diseases, from cancer to heart disease. Despite that, the World Health Organization reports that global cigarette consumption is still climbing.

Nicotine is the stimulant that gives cigarettes and other tobacco products their kick. Speeding up the heart rate, it also switches on so-called "reward circuits" in the brain to trigger feelings of relaxation and pleasure within minutes.

## Triggering Illness

In recent years, researchers at UAMS have focused on the mechanisms that nicotine triggers to cause disease.

"We all know smoking is bad for you, but many of the mechanisms leading to disease are not well understood," said Dr. Anissa Buckner, a researcher in the Walker Eye Research Center of the UAMS Jones Eye Institute.

In 2006, Buckner suggested nicotine may serve as a co-factor to stimulate replication of a virus that can develop into eye-related diseases such as retinitis or age-related macular degeneration. While other research pointed to smoking as a factor in macular degeneration, a condition that is the leading cause of blindness in those 60 and older, Buckner wondered about nicotine in particular.

The researchers — funded in part by Arkansas' settlement with the tobacco industry over medical costs for smoking-related illnesses — injected nicotine into cells infected with a specific virus that most people carry harmlessly. Buckner said nicotine can stimulate replication of the virus, which could in turn cause the dormant virus to become a productive infection leading to disease.

## Nicotine's Effects

Endocrinologist Dr. Dana Gaddy followed nicotine's effects on the healing of broken bones. Smokers don't heal as quickly from broken bones as nonsmokers, she said.

Her research team reinforced findings that nicotine slowed the body's response to an injury. Normally new blood vessels form around a broken bone to start the repair process and eventually the growth of new bone.

**The chemical itself is not cancerous, but it can cause changes that ultimately result in cancer.**

"Smoking is a real inhibitor of bone healing, but if you stop smoking, the process will start working properly," Gaddy said. "The presence of nicotine may be just one of the factors in cigarette smoke that delays the growth of new blood vessels and delays the healing process."

Heavy smokers often have chronic pancreas problems too, Chowdhury said. Nicotine can scar the pancreas and interrupt its normal functioning. It can cause fluid to build up in the pancreas or accelerate activation of enzymes that can injure the organ.

Studies have shown smoking is the greatest risk factor for the development of cancer in the comma-shaped digestive organ. Researchers, including Chowdhury, are now moving to study cellular mechanisms that link nicotine and pancreatic cancer, a relatively rare but very deadly form of cancer.

The chemical itself is not cancerous, Chowdhury noted, but it can cause changes that ultimately result in cancer.

"Smoking tobacco products represents the most preventable cause of premature death in the world," Chowdhury said. "As we better understand the mechanisms behind tobacco addiction and tobacco-induced disease, we can improve cessation programs to save lives."●

## INTERNATIONAL PRESENCE

Dr. Parimal "Perry" Chowdhury's passion to do something about tobacco-induced disease knows no boundaries.

He serves as director of the American section of the International Society for the Prevention of Tobacco Induced Diseases. This follows a term as president of the society, a worldwide not-for-profit, academic, scientific and humanitarian organization of health professionals and scientists.

As president, Chowdhury hosted a 2007 meeting of the organization, attracting researchers from 31 countries to Little Rock.

He said during the 2007 meeting he was proud to point to accomplishments by Arkansas in the realm of smoking cessation, including being the only state to use its tobacco settlement funds for tobacco cessation programs and research. UAMS also was ahead of the curve in making its campus smoke free, another point that impressed his international colleagues.



### check it out

Find out more at [www.arbiosciences.org](http://www.arbiosciences.org). Nicotine is named after the tobacco plant *Nicotiana tabacum*, which is named for Jean Nicot, French ambassador in Portugal, who sent tobacco and seeds from Brazil to Paris in 1560 and promoted their medicinal use.

# Racing Down the ROAD TO RECOVERY

Not Even Two Kidney Transplants Can Sideline This Former Olympian

By Susan Van Dusen

Almost 10 years after his second transplant, Jeff Snodgres continues a regular training routine.

If there's one thing Jeff Snodgres can do, it's defy the odds.

During a routine physical exam at age 10, Snodgres, a self-proclaimed "military brat," was found to have protein in his urine. Because he lacked any other symptoms, doctors were unable to determine the exact cause. However, they suspected Alport Syndrome, a hereditary kidney disease that also can affect hearing and vision.

"The military doctors told my parents that most Alport patients would either require a kidney transplant or would pass away by age 19," Snodgres said. They also told his parents to discourage any physical activity for fear it would worsen the condition.

"I was fortunate that my parents didn't listen to the doctors. They let me do what I wanted to do," he said, which included

becoming an all-American distance runner in high school and college.

Snodgres' athletic ambitions didn't end at graduation. In fact, he set his sights on the ultimate goal: competing in the Olympics. In 1988, after qualifying as a member of the Olympic cycling team, Snodgres' dream could have come to a screeching halt when, during a training session, he was hit by a car.

"It was only three weeks before the games, so I didn't make it to the Olympics that year," he said. Instead, he was treated by doctors at UAMS for shoulder and neck injuries. "They got me back on my bike as soon as possible," he said of his physicians in the UAMS Department of Orthopaedic Surgery.

Snodgres soon returned to intense training and began preparing for the 1992 Olympic games in Barcelona, Spain, where

he finished eighth in the kilometer track cycling event.

"I returned from the Olympics, was preparing for the World Championships and then planned to turn pro," he said. It was then, at age 26, that the effects of Snodgres' Alport Syndrome became a reality.

After getting sick during his intense workouts, Snodgres made an appointment with Dr. George Ackerman, then-chairman of the UAMS Department of Internal Medicine and the physician who had followed his condition since age 18.

The prognosis was grim: Snodgres was in end-stage renal disease. "At that point I shouldn't have been walking around, much less riding a bike, running, swimming and lifting weights," he said.

Snodgres went on dialysis and three





months later — the very day he had planned to run a 10K — received word that a kidney was available. Dr. Gary Barone, clinical director of the UAMS Kidney and Pancreas Transplant Program, performed the surgery.

It wasn't long after his recovery that Snodgres felt the call of the road and started training again. In 1994, 1996 and 1998 he participated in the U.S. Transplant Games, taking home gold medals from each. The Transplant Games is a four-day athletic competition for recipients of organ transplants and is the world's largest gathering of organ recipients and donor families.

In 1998, he also took first place in cross country mountain bike in the 30-34-year-old class at the NORBA (National Off-Road Bicycle

Association) National Championships, as well as a bronze medal at the International Cycling Union World Championships. "I was really proud of that," he said.

After returning from the world competition, Snodgres soon became ill. Tests revealed that he was again in renal failure, and he was put on dialysis. After nine months, a kidney became available. Barone performed the second surgery in 1999, and his follow-up care is still monitored by Dr. Sameh Abul-Ezz, professor in the UAMS Division of Nephrology.

Although he had to put aside his athletic lifestyle for several years following his second transplant, Snodgres is now training again, this time with the ultimate goal of competing in the Iron Man World Championship in Hawaii,

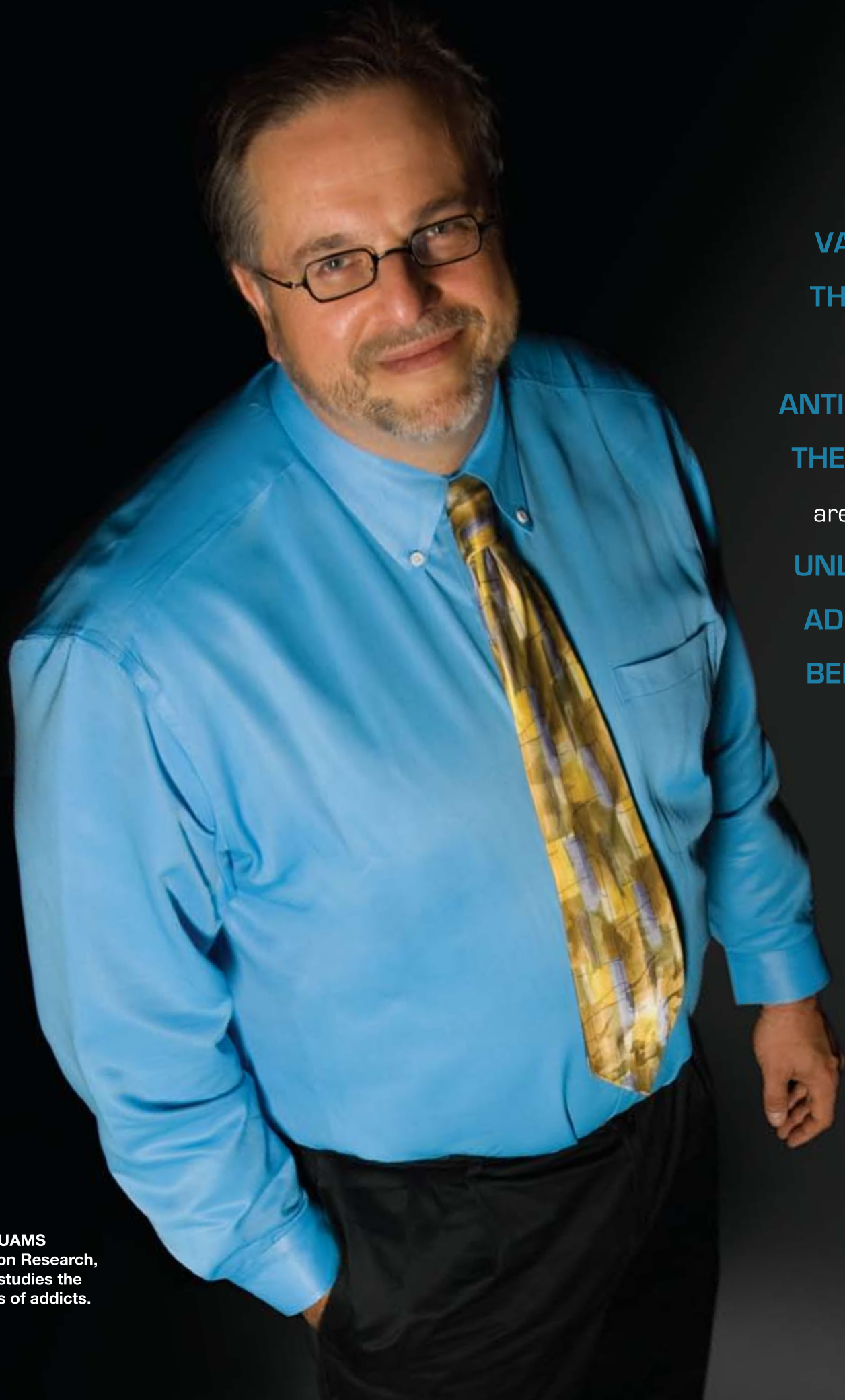
which includes a 2.4 mile swim, 112 mile bike race and 26.2 mile run.

He also now works in the place where he has been a patient for more than 20 years. "I've always loved UAMS. It's an honor to have been a patient here for so long," he said. "When I decided to change careers about five years ago, my best friend encouraged me to come to work with him in Information Technology. It's been an amazing journey going from being a patient to being a member of the UAMS family." ●



#### check it out

In his spare time, Jeff Snodgres breeds Indigos, an endangered species of snake from the southeastern United States and Texas.



**VALUING  
THE PAST**  
and  
**ANTICIPATING  
THE FUTURE**  
are Keys to  
**UNLOCKING  
ADDICTIVE  
BEHAVIOR**

As director of the UAMS  
Center for Addiction Research,  
Dr. Warren Bickel studies the  
thinking processes of addicts.

# BACK TO THE FUTURE

By Nate Hinkel

**W**hat if someone offered you \$500 today?

Chances are, you'd take it.

But what if they offered to double the money, with one condition: You have to wait six months to receive it.

Now what would you do? Take it now or double it later?

The answer, according to research by Dr. Warren Bickel in the UAMS Department of Psychiatry, could not only explain why some people prefer to "take the money and run," it also could provide insight into why some people are more likely to experience addictive behavior.

"The consensus of science is that addictive people fail to anticipate future outcomes more dramatically than others," said Bickel, professor of psychiatry and director of the UAMS Center for Addiction Research. "That's a strong and powerful event that we believe can unlock a lot of doors in understanding why addicts continue to partake in dangerous substances."

The most dramatic time-frame numbers, Bickel said, are found in heroin users. In a past study, it was determined that a control group of non-users generally focused on the future as much as 4.7 years ahead. On the flipside, heroin users only looked ahead nine days.

Bickel says that explains a lot.

"That result provides context in understanding why addicts make decisions that make absolutely no sense to most people," Bickel said. "If you're only concerned about nine days, you're not too worried about how a decision you make now will play out 4.7 years down the road."

## History Repeating

Funded by a National Institutes of Health grant, Bickel's recently published study took the previous conclusion that cigarette smokers fail to anticipate the future more than non-smokers and extended it to include events from the past and the significance of symmetry between the two.

"We're coming to the understanding that if you discount events that recently happened to you and cannot anticipate what will happen down the road, you're not going to make a lot of good choices," Bickel said. "Our research suggests that we have a window of time in which events influence us and it extends both to the past and into the future."

**"The ability to consider and value the future may very well be tied to the ability to value the past."**

## Seeing the Light

Bickel said the research can be simplified by applying a common analogy.

Imagine a beam of circular light, Bickel said, with one half being the past and the other half being the future. Anything the light illuminates is what a person interacts with and comprehends.

"If you have your act together, you'll have a big spotlight shining on the circle. Whatever that light illuminates will include the events that determine how your past relates to your future," Bickel said. "At the other end of the spectrum are

those with addictions. Rather than a spotlight representing an extended time frame of events, they are only dealing with a laser pointer, or a very limited frame of reference."

So if you're hungry, Bickel said, a non-addict's wide spotlight would shine on all of the options to relieve their hunger — from the snack in the cupboard to the restaurant down the street. The laser beam of an addict's thought process would illuminate only, "I'm hungry, there's food, I want that now," Bickel said.

## Answers Ahead

The findings open new avenues in continuing to understand the thinking processes of addicts.

"Smokers discount the future and past more than non-smokers," Bickel said. "That provides compelling support of findings that suggest that the future and the past are causally linked; the ability to consider and value the future may very well be tied to the ability to value the past."

In terms of addiction, the research opens up the possibility of new questions examining whether variables that affect a person's ability to look to the future also affect their ability to appreciate the past.

"We're just starting to understand the thinking processes of addicts with hopes that it will suggest new approaches to therapy and prevention," Bickel said. "Ultimately the thing I'd like to explore is drug use intervention and finding ways to improve decision-making abilities. I'd like to see if maybe we can get kids to think more about the future to see if that makes them less likely to get involved with addictive substances." ●



Since her school started emphasizing healthy diets, Tammy Boyce has noticed a difference in 8-year-old Jaden's snack choices.

IN ITS FOURTH  
YEAR, ACT 1220  
IS SPREADING FROM  
THE SCHOOL TO THE  
HOME FRONT

# BALANCING Act

By Nate Hinkel

The daily afternoon routine at the Boyce household in North Little Rock is not unlike that of millions of other American families: Children come home from school and seek some form of entertainment and an after-school snack.

What caught Tammy Boyce, the mother of public school student Jaden, 8, a little off guard was that her daughter was making conscious efforts to make healthier choices regarding her after-school activities and snack options.

“She was picking up at school how important it is to limit computer or television time in favor of getting outside and finding a physical activity,” Boyce said. “She also started making comments about avoiding sugary snacks and choosing a piece of fruit or having a healthier snack.”

Young Jaden wasn’t picking up an eye for healthier lifestyle choices on a whim. It was, rather, likely the effect of a concerted statewide effort to curb childhood obesity at school that both experts and research confirm is spreading from the hallways and classrooms to living rooms and kitchen tables.

“This is the first year we’ve seen that both parents and children are making healthier changes in physical activity, what they eat and drink at home, and in the amount of time they allow for television or video games,” said Dr. Martha Phillips, assistant professor in the UAMS Departments of Psychiatry and Epidemiology. “We’re not just affecting the school environment, but we’re starting to see changes in the home environment, which, if they continue, are very positive signs of changes that complement and support those being made in schools.”

## HISTORICAL PASSAGE

With the passage of Act 1220 of 2003, the state began annually measuring students’ body mass indexes (BMI) while setting new physical activity and nutrition standards.

Each year, along with support from the Robert Wood Johnson Foundation, the UAMS College of Public Health uses interviews and surveys of teachers, administrators, students and their families to evaluate the impact of the legislation. The evaluation’s lead investigators are Phillips and College of Public Health Dean Jim Raczynski.

“Act 1220 is working to create a healthier environment in schools across the state,” Raczynski said. “Parents, students, school personnel and communities are working together to help our children establish healthy habits at a young age and integrating those into our public school system.”

In addition, the Arkansas Center for Health Improvement (ACHI) secured funding from the Robert Wood Johnson Foundation to support development and maintenance of a database containing the BMI measurements. ACHI is a nonpartisan, independent organization sponsored by UAMS, the Arkansas Department of Human Services and Arkansas Blue Cross and Blue Shield.

## THE SURVEY SAYS

The fourth evaluation of Act 1220 of 2003 shows more dramatic progress in the state’s school districts’ attempt to ban or reduce junk food in school vending machines.

According to the report, nearly 61 percent of Arkansas school districts now ban or limit sugary snacks. That’s a significant improvement from the 18 percent of districts making the effort in 2004.

The trend that healthier habits at school are further translating into students’ home lives is evidenced by 83 percent of families reporting that they limit consumption of sweets, chips and soda, which is up from 76 percent in 2004.

The study showed that 72 percent of students increased physical activity in 2007, up 10 percent from third-year results. School principals also report that 26 percent of vending items at schools are in a healthy category, up from 18 percent in the evaluation’s first survey four years ago.

The BMI measurement is used as a screening method to identify possible weight-related health problems, and is a key part of Act 1220 and state leaders’ efforts to reduce obesity levels that have become epidemic in Arkansas and across the nation.

Public schools measure BMI for students in second, fourth, sixth, eighth and 10th grades each year, and provide parents a confidential report including an explanation of potential obesity-related health risks and suggestions to help families improve nutrition and increase physical activity.

“Arkansas’ passage of Act 1220 has put the state in the national spotlight, and other states continue to look to Arkansas as a model for tackling their own obesity problems,” Raczynski said. “I think the comprehensive approach we’re taking in our public schools is making a difference, and we expect to see continued improvements.” ●



### check it out

The entire fourth evaluation of Act 1220 can be found at [www.uams.edu/coph/reports/#Obesity](http://www.uams.edu/coph/reports/#Obesity).

# 1 did you know?

## BENEFIT PERFORMANCE



Tony Award winner Ben Vereen, noted for roles in the TV miniseries “Roots” and the motion picture “All That Jazz,” displayed his theatrical talents July 18 during “An Evening with Ben Vereen,” a benefit performance for the UAMS Psychiatric Research Institute.

A portion of the proceeds from the event, which included a special salute to members of the U.S. military forces and their families, was earmarked specifically for the treatment of patients with post-traumatic stress disorder and traumatic brain injuries. Vereen suffered a devastating brain injury in 1992 when he was he was struck by a car while walking along the Pacific Coast Highway.

Although severely injured, Vereen was able to return to Broadway less than a year later in “Jelly’s Last Jam.”

The Psychiatric Research Institute, scheduled to open in December, will house faculty and staff dedicated to the research, evaluation and care of individuals with post-traumatic stress disorder and traumatic brain injury and their families.

Dr. G. Richard Smith is director of the Psychiatric Research Institute.

## DRUG USE STUDY

Researchers at UAMS recently reported a study of rural methamphetamine and cocaine use in three states that showed many users stopped on their own without formal substance abuse treatment during that time.

Interviews with more than 700 users of the illegal stimulants living in rural counties in Arkansas, Kentucky and Ohio also showed that despite increased use of meth in rural areas of the United States, still very few African-Americans use the drug. The study also found that laws restricting purchase of over-the-counter cold medications that include ingredients used to make methamphetamine could be responsible for an increase in cocaine use.

Dr. Tyrone F. Borders, associate professor of Health Policy and Management and Epidemiology in the UAMS College of Public Health, was lead author, and Dr. Brenda Booth, professor of psychiatry in the UAMS College of Medicine, was lead investigator in the Rural Stimulant Study.

The research was supported by grants from the National Institute on Drug Abuse of the National Institutes of Health.

## Controlling Cancer

The Cancer Control Program at UAMS’ Winthrop P. Rockefeller Cancer Institute has been awarded a \$2.5 million grant to provide colorectal cancer education and screenings in St. Francis and Mississippi counties.

The five-year grant from the National Center on Minority Health and Health Disparities will fund the Colorectal Cancer Education and Screening Program, a community-based research program combining the efforts of the Cancer Control Program with that of local residents in the two rural Arkansas counties.

Dr. Ronda Henry-Tillman is principal investigator of the Colorectal Cancer Education and Screening Program.

## PUTTING FAMILY FIRST

UAMS has been recognized by the American Academy of Family Physicians (AAFP) for being in the top 10 nationally in producing family medicine physicians.

The AAFP presented UAMS with an Achievement Award earlier this year at the Society of Teachers of Family Medicine Annual Spring Conference in Baltimore, Md.

Based on a three-year average for a period ending October 2007, 16.5 percent of UAMS graduates have entered Accreditation Council for Graduate Medical Education accredited family medicine residency programs.

## Best of the Best



Three UAMS programs are featured in the latest issue of *U.S. News & World Report's* "America's Best Graduate Schools."

The UAMS College of Medicine geriatrics program placed in the top 10 geriatric programs in the nation for the sixth year in a row. This year, as last year, the program ranked 10th.

The UAMS College of Medicine

primary care program, which includes family medicine, internal medicine and pediatrics, ranked 35th among top medical schools in the nation — up 10 places from last year and tied with five other colleges.

The magazine did not freshly rank nursing programs, but included last year's list in which the UAMS College of Nursing master's program ranked 40th in a tie with six other colleges.

## Kids and Violence

A UAMS pediatrics researcher hopes to improve intervention programs by seeing how a child's exposure to violence at home and in their neighborhood could have a lasting impact on their social or behavioral development.

Dr. Lorraine M. McKelvey, a research assistant professor in the Department of Pediatrics of the UAMS College of Medicine, received a one-year, \$54,995 grant through the Robert Wood Johnson Foundation's New Connections Initiative.

She plans to use her grant to explore the effects of domestic and community violence on children over time. An estimated 10 million children in the United States have witnessed or been victims of violence, which can put them at risk for developmental problems including aggressiveness, depression and problems in school.

The program collected data from families in the Little Rock area along with cities in seven other states.





**FULL CIRCLE**  
New Paths Become Old Hat for UAMS Supporter

By David Robinson

**W**hen she graduated from the UAMS College of Pharmacy in 1974, Sue Frank wasn't setting out to help blaze new career paths for female pharmacists. It just happened.

She had envisioned a traditional career filling prescriptions, but instead she joined the Arkansas Department of Health when offered a job by a department official who happened to be her former church youth director. She was happy in that job when an opportunity came at Merck Pharmaceuticals. She applied for the sales representative job at the urging of the then-Arkansas Board of Pharmacy president. Three weeks later she was in sales training.

Frank, a Dumas native, started as a sales representative in Pine Bluff, and her career at the pharmaceutical giant took off. She joined the

company as it was hitting a growth spurt and diversifying its largely white male work force, she said. At age 35, Frank became a manager for Merck in Louisville, Ky.

"I had never been a manager, and I had six guys working for me who were old enough to be my father and who had never worked for a woman," Frank said. Her pharmacy education, she said, gave her a distinct advantage over the business school graduates on the sales force.

She transferred to Arkansas in 1996, re-established her contacts with the UAMS College of Pharmacy and has become a key supporter of the college. She is a member of the Dean's Society, a donor's club established in 2005, and the Alumni Association, established in 2003. She was the Alumni Association president in 2006-2007.


Frank, who retired in January, also is part of the UAMS Legacy Society, made up of supporters who have pledged a portion of their estates to UAMS. With no children of her own, she has designated the College of Pharmacy, Arkansas Children's Hospital and her church — St. James United Methodist — to receive percentages of her estate.

UAMS, Frank notes, was important to her career and remains so for other family members.

Her brother, Tom Frank, is a 1977 College of Pharmacy graduate and faculty member at the UAMS Area Health Education Center (AHEC) Northeast in Jonesboro; her niece, Sarah Frank, graduated from the college last year and joined the faculty this fall; and her nephew, Robert Frank, began medical school at UAMS this fall.

"I guess we've got a little family affair going with UAMS," Frank said. ●

**Above: Sue Frank visits with her nephew, Robert, who is a student in the UAMS College of Medicine.**

 **check it out**  
Find out more at [www.uams.edu/giving](http://www.uams.edu/giving) and [www.uams.edu/cop](http://www.uams.edu/cop).





# DESTINY CALLS

## Mother of Four Follows her Dream to the UAMS College of Nursing

By Leslie Taylor

Last May, Sandee Sealy fulfilled a dream: She graduated with a Master's in Nursing Science. About three years ago, Sealy quit her job in management at a Little Rock hospital to enter the three-year master's program at the UAMS College of Nursing. "I wanted to be at the bedside with the patients," she said. "I feel that's my ministry ... it is my destiny to be an advanced practice nurse."

Sealy was determined that nothing would stand in the way of that destiny — not even caring for four young children or enduring two hospitalizations for gallstones, pancreatitis and eventual gallbladder surgery.

"I couldn't eat for 34 days prior to my gallbladder surgery. I was on home infusion receiving nutrition through an IV," she said. "Unfortunately my IV line became septic and I had to be admitted to the hospital." Despite those challenges, Sealy kept up with her class work and maintained a 3.7 grade point average. "I was going to finish the program as long as I had strength," she said.

Sealy now teaches undergraduate students in the College of Nursing and recently became a board-certified acute care nurse practitioner. The value she puts on education is something Sealy's parents instilled in her

and she is passing it on to her own children, Allisan, 8; Allysa, 5; D'Allan, 4; and Alston, 2. "We all had lesson time together. They got at the table with their books, and I got at the desk with my books. Even the baby had a crayon and paper," she said.

Growing up in Texarkana, Texas, Sealy was the oldest of three children and the first person in her family to graduate from college. She got her bachelor's degree in nursing from the University of Arkansas at Pine Bluff in 1996. "My parents didn't have the luxury of going to college, but they told me to get my education and they made sure I did."

Sealy credits her success in the classroom to her faith in God; her family; her husband, Allan; and the faculty and staff of the College of Nursing. "Dr. Claudia Barone, dean of our college, my advisor Dr. Carmen Paniagua, and everyone else supported me," she said.

Her dream job, said Sealy, would be working with cardiology or endocrinology patients. "I want a career where I can be instrumental in developing lives," she said. "I want to contribute back and be a mentor both in the clinic and in the classroom to other nurses coming up. I feel I'm here to motivate, educate and inspire." ●

# Breathe Easy

Physician Finds Home in the Adult Cystic Fibrosis Clinic By Elissa Erwin

**W**hen Dr. Paula Anderson was approached in 1992 about starting the Adult Cystic Fibrosis Clinic at UAMS, she had reservations. “I had no idea what I was getting into,” Anderson said.

With advanced treatments for cystic fibrosis (CF) — a lung condition that causes the body to produce thick mucus that blocks passageways in the body, particularly the lungs and intestines — patients began defying the odds and living longer than predicted.

Because patients were now facing the challenges of living as an adult with CF, leaders of the Pediatric Cystic Fibrosis Center at Arkansas Children’s Hospital suggested starting an adult clinic at UAMS. A national initiative by the Cystic Fibrosis Foundation also was under way at this time to develop adult programs at all CF centers.

“Many patients had reservations about transferring to our clinic,” Anderson said. “They had been going to the same clinic all their lives, and now they had to completely change physicians and hospitals.”

After some initial hesitations about the program, Anderson now feels she has truly found where she belongs. “Cystic fibrosis is a complicated disease, and being able to care for patients is very gratifying,” she said. “It is a good niche for me.”

Since its beginning, the Adult Cystic Fibrosis Clinic at UAMS has seen substantial growth. Starting out with about 40 patients, the clinic



**During her career, Dr. Paula Anderson has seen great strides in the treatment of cystic fibrosis.**

now sees 75 patients on a regular basis.

Anderson predicts there will eventually be more patients in the adult clinic than in the children’s clinic. “With increased research and interest in treatments for cystic fibrosis, our patients are living longer lives,” Anderson said. “The reality is that the number of patients we see will continue to grow in the next five to 10 years.”

Along with growth in the clinic, the team’s responsibilities will expand as well. The clinic at UAMS has a multidisciplinary team staffed with doctors, nurses, a dietitian, a pharmacist and a social worker who are all familiar with caring for adult CF patients.

Along with directing the Adult Cystic Fibrosis Clinic, Anderson works as a part-time physician in the Central Arkansas Veterans Healthcare System, sees patients at UAMS Medical Center and sees regular pulmonary patients in her clinic.

Anderson also has a focus and interest in inhaled particles, such as medications for CF, and how they are delivered and deposited in the lungs. “A lot of the drugs for cystic fibrosis are inhaled, so my research goes hand in hand with the clinic,” she said. ●



## check it out

UAMS and Arkansas Children’s Hospital have the only two cystic fibrosis programs in the state accredited by the Cystic Fibrosis Foundation.



## College of Health Related Professions Gets New Location

By Jon Parham

The UAMS College of Health Related Professions will soon get something it has not had in its 37-year existence: a designated home.

Renovations are under way to transform eight buildings the university got from the Arkansas State Hospital into a home for most of the college's 10 departments, which are currently spread over locations in Little Rock and North Little Rock.

Expected to open in early 2009, the 72,000 square feet of space will offer a collegial atmosphere ripe for collaboration across

disciplines. "We've never had the majority of our programs in one place," said Dr. Ronald Winters, the college's dean.

The college is among the largest at UAMS with 584 students, plus 75 students earning degrees in some of its professions through the UAMS Graduate School. It encompasses

professions from dental hygiene and audiology to nuclear medicine imaging and surgical technology.

Winters said the 50-year-old buildings were in good shape structurally. With the addition of some new interior walls and removal of others, as well as upgrades to bathrooms and other facilities, the buildings will become office space, work areas, classrooms, teaching labs and conference rooms.

Also included will be creation of a student study center, offering study space for individuals and groups of CHRP students.

A plaza area and two courtyards will become part of the college, providing outdoor spaces where students and faculty can congregate or find a quiet place to eat lunch.

The Arkansas State Hospital moved into a new complex in June. It will continue to operate some of its older buildings, which will be separated from UAMS by fences. The renovations are funded by a 2006 bond issue approved by Arkansas voters.

The former State Hospital administration building will provide similar space for the college. The building also will house offices for the Graduate School, the UAMS Office of Diversity Affairs, Student Financial Services, Academic Affairs and Financial Aid. ●

## Grand Openings Draw Near

The countdown is under way for the completion of two major UAMS projects — the 540,000-square-foot hospital and the Psychiatric Research Institute building. Opening ceremonies for the Psychiatric Research Institute will be at 10 a.m. Dec. 2.

The facility will include inpatient and outpatient services, bringing inpatient psychiatric care back to UAMS for the first time in 30 years.

The hospital will celebrate its opening on Jan. 16, 2009. The facility includes new patient rooms, a new emergency department, neonatal intensive care unit, clinical lab and radiology department along with room to expand other services.



### check it out

Find out more at [www.uams.edu/chrp](http://www.uams.edu/chrp). UAMS is receiving nine buildings in all from the State Hospital.

4301 W. Markham St. #890  
Little Rock, AR 72205

**UAMS**  
UNIVERSITY OF ARKANSAS  
FOR MEDICAL SCIENCES

NON-PROFIT  
ORGANIZATION  
U.S. POSTAGE  
**PAID**  
LITTLE ROCK, AR  
PERMIT NO. 1973

# Adding It Up



**827**

Graduates from UAMS in May 2008, a 9 percent increase from 2007

Percentage of College of Medicine graduates during a three-year period that entered family medicine residency programs (among the 10 highest totals in the nation)

**16.5%**

**1988**

The year UAMS Partners for Inclusive Communities was established to provide education and support programs for people with disabilities



**33%**

Number of methamphetamine and cocaine users participating in a UAMS research study who stopped using drugs without treatment over the course of two years

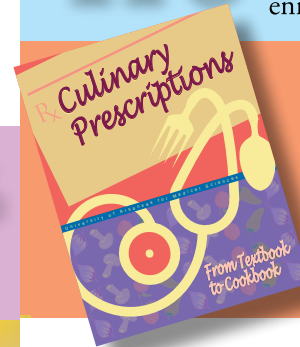


**More than 500**

Historical UAMS photos digitized by the UAMS Library and available online

**179**

Former students in the UAMS MASH (Medical Application of Science for Health) high school summer program who were enrolled at UAMS in 2007-2008



**176**

Recipes in UAMS' cookbook, "Culinary Prescriptions," benefiting Campaign Imagine. Order one for \$25 by calling (501) 686-5374.

**100**

Days until the opening of the new UAMS hospital as of Oct. 8



**\$18.1 million**

Combined annual payroll of companies started in the UAMS BioVentures business incubator



**96.13%**

Kidney transplant patient survival rate at UAMS, which is slightly higher than the national survival rate