Maryland’s Health Matters

Spotlight on University of Maryland Medical Center

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MARYLAND’S HEALTH MATTERS is published by the Corporate Communications & Marketing office at University of Maryland Medical Center Midtown Campus. This publication is not intended to provide professional medical advice. It is to provide general health and wellness information.

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Please send us your comments, requests for more information or change of address to ummidtown@umm.edu; or University of Maryland Medical Center Midtown Campus, c/o Marketing, 827 Linden Ave., Baltimore, MD 21201; or call 410-225-8000.
New Leadership at UMMC Midtown Campus

In March, UMMC Midtown Campus welcomed Alison Brown, MPH, as the hospital’s new president. With 25 years of service to the University of Maryland Medical System (UMMS), including her role as senior vice president for UMMS, Brown is no stranger to the Midtown Campus or to having a passion for improving the health and well-being of the West Baltimore community.

“It is an exciting time to step into a leadership position at the Midtown Campus. I’m committed to working with our front-line health care teams, physicians and community partners to deliver the best care and service to our patients and families,” Brown says.

In addition to her work with UMMS, Brown has served on the board of directors for the United Way of Central Maryland. She was inducted into the “Circle of Excellence” for being thrice named one of “Maryland’s Top 100 Women” by The Daily Record. In 2017, she was named one of Maryland’s “Top 25 Women to Watch” by The Baltimore Sun.

Showcasing Artwork from Students in Our Community

The University of Maryland Medical Center recently partnered with the Baltimore School for the Arts to host the opening night of its TWIGS student art exhibit at UMMC Midtown Campus. A free after-school and Saturday arts program, TWIGS offers classes to more than 700 Baltimore City children in grades 2 to 8 every year.

Artists in sixth, seventh and eighth grades and their families were joined by Alison Brown, MPH, UMMC Midtown Campus president and senior vice president of marketing, communications and community health for the University of Maryland Medical System; Archie Veale, visual arts department head at the Baltimore School for the Arts; Becky Mossing, director of TWIGS and community outreach; several UMMC employees; and members of the community for an evening of food, music and art.

“We have partnerships with many schools in West Baltimore,” Brown says. “Together with our partners, we look for opportunities to improve health, celebrate accomplishments and invest in communities for their future success.”

The TWIGS student art exhibit was on display on the first floor of UMMC Midtown Campus. Patients, guests and employees were invited to stop by and enjoy the incredible artwork by these talented students.
Can Sugar Substitutes Cause Type 2 Diabetes?

Addicted sugars can be found in a variety of foods, even those that don’t taste sweet, such as bread and condiments. According to the American Heart Association, women should consume no more than six teaspoons of sugar per day. Men should consume no more than nine teaspoons. But most Americans get more than double the recommended intake. That’s why many people consider artificial sweeteners to be a great substitute.

When used to replace sugar, these substitutes (also known as low-calorie sweeteners) can sweeten food and drinks with fewer calories and carbohydrates. However, a recent study from the Medical College of Wisconsin and Marquette University suggests that artificial sweeteners may be linked to obesity and diabetes because they change how the body processes fat and uses energy.

SHOULD YOU STOP USING SWEETENERS?

The American Diabetes Association says no, and Kashif Munir, MD, associate professor of medicine at the University of Maryland School of Medicine and medical director of the University of Maryland Center for Diabetes and Endocrinology, agrees. “This isn’t the first study to examine whether artificial sweeteners are linked to diabetes, and prior studies are mixed on whether sweeteners can lead to diabetes. Some of the effects may depend on the sweetener being studied,” Dr. Munir says. “The key with artificial sweeteners, if you feel you must use them, is moderation. Otherwise water, nonsweetened flavoring or even adding very small amounts of natural sugar, honey or agave nectar may be a better choice to sweeten your food or drinks.”

Minor Emergency? Get Major Attention at UM Urgent Care

Sudden back pain. Runny nose and sore throat. Bug bites and cuts needing stitches. These unexpected conditions can ruin your day. Now there is a one-stop location to receive quick treatment for all of life’s surprising situations.

Located on UMMC’s downtown campus, University of Maryland Urgent Care is available for most common illnesses and injuries. Emergency-trained providers deliver high-quality care so you are back to feeling like your normal self.

“UM Urgent Care is the perfect answer for those times when patients need quick care, but it is not necessarily an emergency,” says Andrea Smith, CRNP, the director of urgent care and advanced practice emergency services at University of Maryland Medical Center.

The facility, which opened in 2016, has on-site labs and imaging services and provides immunizations and quick treatment options for many conditions, such as:
- Cuts needing stitches
- Animal and insect bites
- Cold and flu symptoms
- Ear infections
- Pink eye
- Lower back pain
- Sore throats
- Rashes
- Sprains and strains
- Tooth pain

No appointment is needed, and walk-ins are welcome. UM Urgent Care treats patients 18 and older.

Urgent Care

105 Penn St.,
Baltimore, MD 21201
Hours: 8 a.m. to 8 p.m. Monday through Friday
Phone: 410-328-1660
Parking: Discounted parking is available. Park at the Penn Street Garage, right across the street from our location, and bring your ticket to UM Urgent Care for validation.
Website: umm.edu/urgentcare
What You Should Know About Fevers in Children

As a parent, sudden changes to your children’s health can be frightening, especially if they have a fever. Defined as a body temperature of 100.4 degrees Fahrenheit (38 degrees Celsius) or higher, fevers in children aren’t always serious. In fact, they often mean a child’s body is working properly to fight an infection. “Every child at some point will develop a fever. It’s important that parents know when treatment is needed, when to call a doctor and, in rare cases, when to call 911,” says Adam Spanier, MD, associate professor of pediatrics at the University of Maryland School of Medicine and medical director of the University of Maryland Pediatrics at Midtown.

RECOGNIZING IF YOUR CHILD HAS A FEVER
Children with fevers often are warm to the touch, have an increased heart rate and feel more tired than usual. Sometimes they may also have chills. However, there are times children will show no other symptoms beyond a rise in body temperature. That’s why it’s important for parents to accurately measure their child’s temperature.

The most accurate way to measure a young child’s temperature is with a rectal thermometer, which is inserted into a child’s bottom, Dr. Spanier says. In a pinch, thermometers that are inserted in the ear, under the arm or in the mouth can be used, but they may not give the correct temperature.

TREATING A CHILD WITH A FEVER
When a child has a fever, treatment is not always necessary. “I usually recommend treatment if a child appears sick, such as they are vomiting or have diarrhea, or if they have seizure risks,” Dr. Spanier says. “For kids over 6 months, acetaminophen or ibuprofen are our treatments of choice. It may take 30 to 45 minutes before these medications lower a child’s temperature, so parents should be patient and not give their child more than the recommend dose.”

Cold medicines, ice baths or other baths, rubbing alcohol and other home remedies should not be used to treat fever, as they can have harmful effects such as increasing chills or causing alcohol poisoning.

WHEN TO CALL A DOCTOR
Parents should call their doctor immediately if a child under 2 months has a fever. For older children, call a doctor if the child is vomiting, has diarrhea, is in danger of becoming dehydrated or has a fever that’s lasted more than three days.

WHEN TO CALL 911
While rare, fever can sometimes cause a child to have seizures. If a child is experiencing seizures or has experienced seizures in the past, parents should call 911 immediately. Also call 911 if a child has difficulty breathing or becomes unresponsive.

KEEP YOUR KIDS’ HEALTH ON TRACK
Not all fevers can be prevented, but maintaining your children’s health is key to keeping symptoms from worsening. Through annual checkups, vaccinations, sports physicals and more, our pediatricians are dedicated to keeping your kids healthy. Call 410-225-8780 to make an appointment today.
EXPERT HIV AND HEPATITIS CARE

THE UNIVERSITY OF MARYLAND CENTER FOR INFECTIOUS DISEASES PROVIDES LIFESAVING HIV AND HEPATITIS C PREVENTION AND TREATMENT TO THE WEST BALTIMORE COMMUNITY

Jerome Singletary, 46, knew the importance of monitoring his health. As someone living with HIV, he regularly met with an infectious disease physician to review his HIV regime. During his three-month visit, his doctor noticed he was becoming resistant to medication and discovered that Singletary had contracted both hepatitis C and an HIV superinfection. Also known as “HIV reinfection,” superinfection is caused when a person is infected by two different strains of HIV. These strains combine to create a third, which causes rapid disease progression and resistance to HIV medications. “I was in a relationship and trusted my partner, who said he was HIV-negative.
When Jerome Singletary needed expert care, his doctor knew the perfect place—the Center for Infectious Diseases at University of Maryland Medical Center’s Midtown Campus.
He didn’t know he was positive or that he had hepatitis C. Unfortunately, he gave me both,” Singletary says.

His circumstances were life-threatening. For treatment, Singletary needed more than a specialist, he needed a team of experts. His doctor knew the perfect place: the University of Maryland Center for Infectious Diseases at UMMC Midtown Campus (UM CID). UM CID was formed in partnership with the Institute of Human Virology and the University of Maryland School of Medicine.

**CONNECTED CARE**

UM CID physicians are experts in treating and managing a range of infectious diseases, including HIV and all types of viral hepatitis, including hepatitis C. “The center’s unique partnership with the Institute of Human Virology allows us to provide a range of high-quality, innovative care that prepares our patients for long-term success,” says Mariam Khambaty, MD, clinical assistant professor of medicine at the University of Maryland School of Medicine. Patients have access to a multidisciplinary team of infectious disease specialists, psychiatrists, pharmacists, social workers, substance abuse counselors and dietitians, who work together to create comprehensive patient treatment plans.

Sometimes patients may require surgery, which was the case for Singletary. After months of successfully receiving care for his HIV superinfection, he contracted a bacterial infection during dental surgery. The infection attacked his heart valves. For treatment, he required triple heart valve surgery. Dr. Khambaty referred Singletary to the Heart and Vascular Center at UMMC, conveniently located a mile from the Midtown Campus. There, a team of cardiologists, cardiac and vascular surgeons worked tirelessly to replace his heart valves. His eight-hour surgery was a success.

“I was terrified, but everyone from Dr. Khambaty to the cardiologists, surgeons and nurses at the Heart and Vascular Center took the best care of me,” Singletary says.

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**HIV CARE**

At the University of Maryland Center for Infectious Diseases, people living with HIV have access to a number of premier services, including HIV care by an infectious disease specialist, women’s health, on-site screening for certain cancers, medical nutrition therapy evaluation and counseling, mental health counseling and psychiatric care.

In close collaboration with the Institute of Human Virology’s JACQUES Initiative, complementary support services are provided through directly observed therapy at the JACQUES Initiative’s Treatment Adherence Center, peer support initiatives, community-based HIV and hepatitis testing, and linkage to care programs.

The Center for Infectious Diseases has on-site laboratory services and one-on-one time with social workers, who guide patients on everything from complex psychosocial needs and medical insurance to treatment adherence and housing. Patients living with HIV also have access to free legal counsel, thanks to a partnership with the University of Maryland School of Law.

**CONNECT 2 CARE**

Those who are newly diagnosed or previously diagnosed but not receiving care can take advantage of the Connect 2 Care program. It allows individuals to walk into the center, unscheduled, for an intake appointment. During this appointment, patients will meet with a social worker, nurse and other team members for an evaluation and introduction to the center. They will have initial bloodwork collected so it is available when they meet with an HIV provider.

Appointments for other provider visits and any other needed services will be made. A patient’s partner, family members and close friends are welcome to attend.

**PREVENTION SERVICES**

The Center for Infectious Diseases offers pre-exposure prophylaxis (PrEP) for individuals at risk of HIV infection, and follow-up care for patients who are prescribed post-exposure prophylaxis (PEP) through the University of Maryland Medical Center Emergency Department.
CURING HEPATITIS C

Nearly 73,000 people in Maryland may have hepatitis C, with the highest number of reported cases in the Baltimore area. The disease occurs when a virus that is carried in the blood infects the liver and can lead to cirrhosis and cancer. “Everyone should be tested for hepatitis C, but if you’ve had a blood transfusion before 1992, are an IV drug user, received a tattoo in an unlicensed setting or have had multiple sexual partners, you’re at a great risk of contracting hepatitis C,” Dr. Khambaty says.

Before 1991, there was no cure for hepatitis C. But advances in medicine have created antiviral drugs that can cure the disease. Eleanor Wilson, MD, an assistant professor of medicine at the University of Maryland School of Medicine’s Institute of Human Virology, says with earlier treatments for hepatitis C, most people needed weekly interferon injections plus pills. The side effects often left people exhausted and unable to work. “Many people chose to live with hepatitis C instead of suffering with the side effects from medication,” Dr. Wilson says.

Today’s new treatments can cure most cases of hepatitis C with as little as one pill a day for 12 weeks, the same treatment provided to Singletary. “I had very minimal side effects, including some fatigue, but after the third day I felt fine. In three months I was cured, and I can’t tell you how gratifying it was to be able to remove one of my life-threatening diseases,” Singletary says.

Treatments for hepatitis C are expensive, but the U.S. Department of Veterans Affairs and most major insurance companies worked with drug manufacturers to lower costs. Still, you may need to be persistent and work with your doctor and your insurance company to get coverage approved. There are also grants available to assist with treatment costs, which Singletary received with Dr. Khambaty’s help.

Several medications are available, and your insurance company might require you to take a certain one (unless there’s a medical reason for you not to take it). The insurance company may also require that you not drink alcohol or take illegal drugs. Once you get approval, copayments are typically not expensive.
A new method of noninvasive radiation treatment could be a game-changer for women with early-stage breast cancer. GammaPod™ offers a unique design, which delivers a higher dose of radiation to the tumor while less radiation reaches the heart and lungs. It is gentler on skin and healthy breast tissue, too.

The GammaPod was invented by faculty members at the University of Maryland School of Medicine (UM SOM) and is now being offered at the University of Maryland Marlene and Stewart Greenebaum Comprehensive Cancer Center (UM GCCC) at the University of Maryland Medical Center in Baltimore.

UM GCCC is the first center in the country offering this new type of radiation therapy for breast cancer. The device was cleared by the Food and Drug Administration in 2017, and three additional hospitals in the U.S. and Canada plan to offer the technology in the next year.

**HOW GAMMAPOD WORKS**

The GammaPod uses stereotactic radiation therapy (a highly precise form of radiation most commonly used to treat brain and lung cancers) to target small areas of the breast. This accuracy allows for higher doses of radiation to go directly to the target area.

“With this breast-specific treatment system, we deliver high-dose radiation to a tumor while minimizing damage to normal breast tissue and—even more importantly—to major organs such as the heart and lungs,” says co-inventor William F. Regine, MD, the Isadore & Fannie Schneider Foxman endowed chair and professor of radiation oncology at UM SOM and chief of radiation oncology at UM GCCC.

Patients lie down on the GammaPod’s treatment couch, with the breast placed into a patented
vacuum-assisted cup adjusted to fit the breast size comfortably. Once the breast is in place, 25 rotating radiation sources focus gamma rays onto the target site. Treatments take five to 40 minutes, depending on the therapy plan.

**TREATMENT BENEFITS**

Women faced with the terrifying diagnosis of breast cancer typically must choose from a combination of treatments, depending on the specifics of their cancer: surgery, chemotherapy, hormone therapy and radiation. Research shows that a combination of surgery and radiation is very effective in treating and preventing the return of cancer in women with early-stage breast cancers (stages 0 to 2, or where the cancer has not spread beyond the lymph nodes in the breast and armpit), according to the National Cancer Institute.

“Women undergoing traditional radiation typically need 16 to 35 sessions,” says co-inventor Cedric Yu, DSc, the Carl M. Mansfield, MD, professor in radiation oncology at UM SOM and chief executive officer of Xcision Medical Systems LLC, maker of the GammaPod. “The GammaPod has the potential to significantly shorten the treatment time to a few sessions or possibly even one treatment, saving patients time and money.”

The GammaPod also may eliminate the need for tumor removal surgery for some patients in the future, says Elizabeth M. Nichols, MD, an assistant professor of radiation oncology and clinical director of the Department of Radiation Oncology at UM SOM. Dr. Nichols was a lead investigator in a 2016 research study that led to FDA clearance. It reviewed data from 15 patients treated with the GammaPod and showed the GammaPod treatment to be accurate and safe.

“We previously performed a study where women were treated with radiation therapy first, followed by surgery. This study suggested that there may be some women who could be successfully treated with radiation therapy alone. The advances from the GammaPod may increase the number of women who could be successfully treated this way, which has the potential to revolutionize breast cancer treatment for select women with early-stage breast cancers. We are currently performing additional clinical trials to prove this,” Dr. Nichols says. “We are hopeful that the GammaPod will enable us to save more of the healthy breast tissue while offering a safer and less time-consuming alternative to current treatment standards.”

With GammaPod treatment, patients can expect fewer cosmetic side effects, such as discoloration of the breast tissue, and may experience less itching or burning than they would after traditional radiation.

**GammaPod Treatment Workflow**

Patients are usually at the office for two to 2½ hours. Here is what you can expect from a typical GammaPod treatment:

1. **CUP FITTING**
   - (5 to 45 minutes)
   - The patented cup is adjusted to fit the breast. These cups accommodate a range of breast sizes and are adjusted for each patient to keep the breast comfortable yet immobile during treatment. The slight vacuum of the cup pulls the breast slightly away from the chest wall to keep the radiation on the breast only.

2. **CT SCANNING**
   - (20 minutes)
   - Patients stand flat against the GammaPod table, which rotates the patient from a standing position to a prone (face-down) position. A computed tomography (CT) machine scans the breast tissue and sends the image to the GammaPod Treatment Planning System (TPS).

3. **TREATMENT PLANNING**
   - (30 minutes)
   - Radiation oncologists review the scanned images in the TPS and identify the target area. The TPS develops a treatment plan based on the target area and breast anatomy. The clinician modifies or approves the final treatment plan for delivery.

4. **TREATMENT DELIVERY**
   - (30 minutes)
   - Rotating beams “paint” the target area with doses of radiation as the GammaPod table moves slightly to ensure the correct dose is provided. Stereotactic delivery allows for sharp dose fall-off, meaning that areas of the breast outside of the target location receive little to no radiation.
Thanks to advanced mammography, breast cancer is often diagnosed early, when it’s most easily treated. These advances are especially beneficial for women with dense breasts, which is defined as having more milk glands, milk ducts and supportive tissue than fatty tissue. “Dense breast tissue is common,” says Yvonne Rasko, MD, assistant professor of surgery at the University of Maryland School of Medicine. “More than 43 percent of women ages 40 to 74 have dense breasts, and rates are highest among young, thinner women.”

According to the American Cancer Society, women with dense breasts have a 1.2 to 2 times higher risk of developing breast cancer compared with women with average-density breasts. “It’s extremely important that women with dense breasts be screened regularly for breast cancer,” Dr. Rasko says.

All women, no matter their breast density, should be screened yearly starting at age 40. Early detection is the best way to protect your breasts and stay healthy. However, while the goal of mammograms is to find signs of cancer early, they don’t spot every problem. Women should be proactive with their health and talk to a doctor if they experience:

- Breast swelling
- Skin irritation or dimpling
- Pain in the breast or nipple
- A nipple turning inward
- Red, scaly or thick skin on the breast or nipple
- Nipple discharge (other than breast milk)

**TAKE ACTION: GET SCREENED**

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**FOR MORE INFORMATION**

Call 410-328-6080 to speak with a radiation oncologist to see if GammaPod is right for you. To watch a video demonstration of the GammaPod, visit umm.edu/midtown/healthy.

**MAKE AN APPOINTMENT**

To schedule a mammogram at the University of Maryland Medical Center Midtown Campus, call 410-225-8000.
Breast Cancer: What You Need to Know

IT’S THE SECOND MOST COMMON CANCER IN WOMEN (AFTER SKIN CANCER). LEARN THE LATEST STATS AND WHAT WOMEN CAN DO TO TAKE CHARGE OF THEIR BREAST HEALTH.

75% of women diagnosed with breast cancer have no family history of the disease and are not considered high risk.

1 IN 8
The average woman has a 1 in 8 chance of developing breast cancer in her lifetime.

2 YEARS
Mammograms can show changes in the breast up to two years before a patient or physician can feel them.

39%
Death rates from female breast cancer dropped 39 percent from 1989 to 2015.

The best way to detect breast cancer early—when it’s most treatable—is to have regular mammograms. For women at average risk, the American College of Radiology recommends annual mammograms beginning at age 40.

40
For every 1,000 women who have a screening mammogram:

100 are recalled to get more mammography or ultrasound images

20 are recommended for a needle biopsy

5 are diagnosed with breast cancer

SIGNS AND SYMPTOMS
Any breast mass, lump or breast change should be checked by a health care professional experienced in diagnosing breast diseases. Other possible symptoms of breast cancer include:

- Swelling of all or part of a breast (even if no distinct lump is felt)
- Skin irritation or dimpling (sometimes looking like an orange peel)
- Breast or nipple pain
- Nipple retraction (turning inward)
- Redness, scaliness or thickening of the nipple or breast skin
- Nipple discharge (other than breast milk)
Chronic diseases continue to be prevalent in West Baltimore and the surrounding region, and the University of Maryland Medical Center (UMMC) Midtown Campus is committed to enhancing patients’ access to care and improving health outcomes. Last year, UMMC received approval for a new regional center of excellence for population health improvement and chronic disease management. Construction has since begun on a state-of-the-art, 200,000-square-foot patient care tower scheduled to open in 2020. The new facility will be at Madison and Linden avenues, at the site of the old Gatch Building on Linden Avenue, which was demolished in 2017.

The new patient care tower will provide vital outpatient and care coordination services to address the needs of patients with chronic diseases and meet the long-term health care needs of the community. The new facility will reduce the need for frequent hospital admissions, resulting in lower health care costs. The facility will also help address the significant health care disparities among residents of Baltimore for chronic illnesses such as diabetes,
The new patient care tower—under construction at Madison and Linden avenues—will provide vital outpatient and care coordination services.

The University of Maryland Center for Diabetes and Endocrinology provides diagnosis, treatment and long-term care for adults and children living with diabetes and endocrine disorders. The center’s multidisciplinary team—made up of adult and pediatric board-certified endocrinologists, registered nurses, registered dietitians and certified diabetes educators—works in collaboration with specialists such as podiatrists, ophthalmologists, psychologists, psychiatrists and social workers, as needed.

The University of Maryland Center for Infectious Diseases has made great strides in discovering new ways to prevent and combat infectious disease. The center provides expert diagnosis and treatment for all infectious diseases, including those caused by bacteria, fungi, parasites and viruses.

The University of Maryland Center for Pulmonary Health provides the highest quality of care to its patients, combining compassion and cutting-edge technology. The team performs internationally recognized research that furthers our understanding about the mechanisms of lung disease and leads to improved treatments.

The Center for Gastroenterology Services provides comprehensive evaluation and treatment for patients with diseases of the gastrointestinal tract. The center’s treatment facility includes a state-of-the-art endoscopy suite that offers a full range of endoscopic diagnostic and therapeutic services.

As construction of the new outpatient facility gets underway, philanthropic support from the community is critical for the continued growth of UMMC Midtown Campus.

How you can help:
To make a gift or learn more about philanthropy at UMMC Midtown Campus, please call the University of Maryland Medical System Foundation at 410-328-5770 or visit ummsfoundation.org.

Focus on Philanthropy

Patient Care Tower Services

Asthma, obesity, HIV, cardiovascular disease and hypertension, which are some of the most common medical conditions treated at the UMMC Midtown Campus.

The design of the new patient care tower is focused on optimizing patient experience and comfort, allowing for visits with multiple chronic disease specialists in one centralized location. The new building will consist of five clinical floors and five floors for parking. The Community Health Education Center (CHEC) will provide patients with disease-specific health information as well as education about lifestyle habits for improved health. A conference center will also be located in the new building.

At right are some of the departments that will move to the patient care tower once construction is complete. People who seek treatment for any of these illnesses don’t need to wait until the building opens to take advantage of these services—they are already available across the campus.
Breathe Deep

LEARN ABOUT HOW YOUR LUNGS WORK—AND SOME COMMON RESPIRATORY PROBLEMS

It’s something you can do in your sleep—literally. Breathing is as essential to life as it is instinctive. But that’s not to say the process is simple. What exactly happens when you take a deep breath?

1. The air travels through your nose and into your windpipe (trachea), where tiny hairs called cilia rid it of dirt and mucus.
2. Tubes at the bottom of your windpipe direct the air into your lungs. Here it disperses into the lungs’ vast network of tiny airways (imagine two upside-down trees).
3. Each airway leads to a clump of air sacs (alveoli). Your lungs contain about 6 million air sacs, and as each one fills with air like millions of tiny balloons, your lungs expand.
4. Next, the oxygen moves into the capillaries surrounding the air sacs and carbon dioxide takes its place, ready to be exhaled. The all-important oxygen travels through the bloodstream to your heart, where it is pumped to every cell in your body.

WHAT COULD GO WRONG?

Asthma
When people with asthma are exposed to a trigger (which could be anything from dust to physical activity), their airways tighten and narrow. The result is coughing, wheezing and chest tightness.

Chronic Obstructive Pulmonary Disease (COPD)
Those with COPD have trouble breathing because of damage to their airways and air sacs. Smoking is the most common culprit.

Cystic Fibrosis
This genetic disease causes the production of thick, sticky mucus that can clog a person’s airways and make them more susceptible to bacterial infections.

Smoking
Cigarette smoke (and the 4,800 chemicals it contains) does a number on the respiratory system. It can narrow your airways, making breathing more difficult, and lead to chronic bronchitis—not to mention cancer.

MAKE AN APPOINTMENT
At the University of Maryland Center for Pulmonary Health, our pulmonary disease specialists can help you breathe easier. Call 410-328-8141 to make an appointment.
Stroke 101
REDUCE YOUR RISK WITH THIS ESSENTIAL INFORMATION

Stroke is the third-leading cause of death among Americans and the No. 1 cause of disability in adults. That’s the bad news. The good news is that 80 percent of strokes are preventable.

WHAT IS STROKE?
Blood vessels that carry oxygen to the brain become blocked or burst.

WHO’S AT RISK?
Anyone, at any age, can have a stroke. Certain factors, including being 55 and older and being male, put you at greater risk.

HOW CAN IT BE PREVENTED?
■ Manage your blood pressure and cholesterol.
■ Don’t smoke.
■ Maintain a healthy weight.

WHAT ARE THE SYMPTOMS?
If you notice the following sudden symptoms, call 911 immediately. Do not drive to the hospital.
■ Numbness or weakness in the face, arms or legs, especially on just one side of the body.

ARE STROKES TREATABLE?
Yes, but get to the hospital quickly. Some people will qualify for clot-buster drugs if they arrive early enough. Receiving these drugs early can reduce the stroke’s permanent effects and make a full recovery more likely.

WHAT HAPPENS AFTERWARD?
Patients should take part in a stroke rehabilitation program—consisting of physical, occupational and speech therapy—as soon as they’re strong enough. Delaying rehabilitation for even several days may make recovery more difficult.

NEED REHAB AFTER A STROKE?
To make an appointment with the University of Maryland Rehabilitation Network at UMMC Midtown Campus, call 410-225-8357.
Save Your Sight

WHAT TO DO IN THE EVENT OF THE MOST COMMON TYPES OF EYE INJURIES

Your eyes are one of the most vital organs in your body, which is why it’s important to take care of them. However, accidents happen and can lead to cuts, scratches, burns and other common eye injuries. But how do you know when you should see an eye doctor and when you should receive emergency care?

PINK EYE (CONJUNCTIVITIS)
A common, easily spread eye condition, pink eye is an inflammation of the thin, clear tissue on the inside of the eyelid and the white part of the eyeball. Caused by viruses, bacteria or allergens, symptoms include redness, swelling, eye discharge or burning, irritated eyes. “Most cases of pink eye clear up without treatment, but if you’re experiencing pain, sensitivity to light or blurred vision, you should see your eye doctor,” says Samuel D. Friedel, MD, clinical associate professor of ophthalmology at the University of Maryland School of Medicine and chief of the Friedenwald Eye Institute at University of Maryland Medical Center Midtown Campus.

CORNEAL ABRASIONS
A scratched eye is often caused by getting poked in the eye or rubbing when a foreign body, such as dust or sand, is present. The common symptoms are discomfort, redness and sensitivity to light. “For most corneal abrasions, you should see your eye doctor right away to prevent the scratch from worsening, or developing an infection. Try to keep the eye closed or loosely place an eye shield over the eye,” Dr. Friedel says. While an eye patch may seem like a good idea, it can cause bacteria to grow, which can lead to an infection.

FOREIGN OBJECTS IN THE EYE
Lead from a pencil, metal shards, a fishhook. At some point you might encounter a foreign object penetrating your eye. “It’s important you don’t try to remove the object yourself. You could cause more injury, including blindness or even loss of an eye,” Dr. Friedel says. Instead, place an eye shield loosely over the object and head to the emergency room.

CHEMICAL EXPOSURE
This is often caused by a splash, or transferring a chemical from your hands to your eyes through rubbing. In the event that the eyes are exposed to chemicals, put your head under a steady stream of warm water for 15 minutes, then head to the emergency room for a more thorough rinse. “After, you should make an appointment with your eye doctor so they may follow up and assess if there’s any permanent damage,” Dr. Friedel says.

MAKE AN APPOINTMENT
Patients have access to services that range from routine eye care to the most sophisticated surgery or treatments. For an appointment, call 410-225-8070.
When It’s More Than Just the Baby Blues

A NEW PROGRAM PROVIDES ASSISTANCE FOR WOMEN EXPERIENCING MOOD AND ANXIETY DISORDERS DURING AND AFTER PREGNANCY

Delivering a healthy baby can be one of the greatest joys in a new mother’s life. But for as many as 20 percent of pregnant women, pregnancy and birth are not without mental health problems. Perinatal mood and anxiety disorders, which include postpartum depression, can occur as early as the first trimester and as late as a year after giving birth.

Despite its prevalence, only 1 in 5 women with a perinatal mood or anxiety disorder receive adequate treatment. “Women who have delivered a healthy baby are often expected to be happy, so there is often a degree of stigma associated with patients acknowledging mental health disorders in the pregnant or postpartum period,” says May Blanchard, MD, an associate professor of obstetrics and gynecology at the University of Maryland School of Medicine.

To help identify these disorders in patients, and connect women to appropriate resources for treatment, the University of Maryland Medical Center created the University of Maryland Women’s Mental Health Program.

A MULTIDISCIPLINARY APPROACH

The University of Maryland Women’s Mental Health Program brings together a team of social workers, nurses and physicians from both the adult and child divisions of the Department of Psychiatry, as well as members of the departments of Obstetrics and Gynecology, Reproductive Sciences, Family Medicine and Pediatrics.

“If untreated, perinatal mood and anxiety disorders don’t only impact the mother. They can negatively affect the child, giving them behavioral issues and both cognitive and developmental delays,” says Patricia F. Widra, MD, assistant professor of psychiatry at the University of Maryland School of Medicine. “It’s vital for women and their children to receive treatment.”

Through the program, women have access to medication, individual therapy, parent-child therapies and education for partners and family, as well as a number of support groups for postpartum stress and addictions during pregnancy. If necessary, mental health referrals are also provided for children.

The program isn’t only for pregnant women or those who’ve recently given birth. The Women’s Mental Health Program provides care throughout a woman’s life, says Dr. Widra. “Women can also develop mental health problems due to menopause, infertility or premenstrual symptoms,” she says. “We’re here to help all women have the best quality of life.”

LOOKING FOR SUPPORT?

At times you may feel helpless, but you might have an illness that can be treated. To make an appointment at the University of Maryland Women’s Mental Health Program, call 410-328-6091.
University of Maryland Urgent Care provides expert same-day care from a name you can trust.

UM Urgent Care delivers quick treatment for most illnesses and injuries. Some of the common conditions treated at UM Urgent Care include:

- Cuts Needing Stitches
- Animal or Insect Bite
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- Ear Infection
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- Pink Eye
- Rash
- Sore Throat
- Sprains & Strains
- Tooth Pain
- Vaccines

No appointment needed. Patients 18 and older.

LOCATION INFORMATION:
UMMC Urgent Care
105 Penn Street
Baltimore, MD 21201
410-328-1660
umm.edu/urgentcare

HOURS:
Monday through Friday
8 am to 8 pm
410-328-1660
umm.edu/urgentcare

When in doubt, dial 911.