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RESEARCH UPDATE

A KAISER PERMANENTE
NORTHERN CALIFORNIA
QUARTERLY NEWSLETTER
PRODUCED BY THE
DIVISION OF RESEARCH

EDITORIAL: *Lyn Wender, Editor;*
Alison Truman, MS, Managing Editor;
Joe Selby, MD, Executive Editor/
Director, Division of Research

DESIGN AND PRODUCTION:
Graphic design by Jung Design; logo
design by Soora Wi, MPH; printing by
Madison Street Press; distribution by
Siemons Mailing Service

CONTRIBUTIONS: *John Doolittle;*
John Hsu, MD; Donna O'Connor,
MBA; Medical Editing Department

In Memoriam

Naomi Elizabeth Torrez
1939 - 2000

The Garfield Memorial Fund

Edward Thomas, RN, MBA

Director, The Garfield Fund
National Program Offices

In 1986, the Board of Directors of the Kaiser Foundation Health Plan, Inc., voted to establish a research fund to memorialize the founder of Kaiser Permanente (KP), Dr. Sidney Garfield. Throughout his years of practice and management, Dr. Garfield was hailed as a visionary and innovator. Today the Garfield Memorial National Research Fund (GMF) remains dedicated to improving the quality, safety, and effectiveness of care that Kaiser Permanente and the Permanente Medical Groups provide to its members. Over the years the GMF has provided more than \$25 million to support over 110 research projects and initiatives. The richness of knowledge and expertise that resides in KP's research centers have provided the GMF with a wealth of funding opportunities.

The GMF encourages collaboration between researchers and practitioners, among nurses and physicians, between our organization, leading medical schools, health care foundations and government agencies across the country. In the GMF, a strong continuity of purpose – to provide quality, affordable, integrated health care – merges with a commitment to innovation and exploration. The Fund seeks to develop not only innovative practices, but also to nurture innovative and creative people. The GMF strives to encourage an open forum for bold and innovative ideas that are supported by the rigor of KP's research centers.

The GMF has funded key areas that include Mental Health through its Depression Initiative, New Models of Care through its Elder Care and Preventive Health Care Initiatives, Chronic Care, HIV/AIDS, and Maternal and Child

Health Care. In addition, the Fund has embarked on three new initiatives that focus on The Care Experience. Funded projects are taking a deep research focus on Adult Primary Care, Call Centers, and Patient Safety. Finally, the Fund has recognized the need to accelerate our knowledge of health care communication and to provide research rigor around its effect on the practice and delivery of health care. Within its growing body of work the Fund plays a critical role in The Permanente Federation's effort to contribute to medical and delivery system knowledge. By late fall the GMF will be one of the first sites imbedded within The Permanente Federation's website. Access to all projects and on line applications will be included.

We are finding new ways to work, new ways to encourage and incorporate teamwork into the way we take care of our members and guide our organization. The GMF is opening the door to increased collaboration with research centers throughout KP. Our shared goal must be to expand and improve health care opportunities and outcomes.

Until research results are disseminated and changes implemented and evaluated, the job is only half done. GMF is in a unique position to support and influence real change in health care delivery throughout one of the world's largest health care organizations. We seek to find new models for caring for a population that is changing at the same pace as our knowledge, technology, and abilities in the health care arena. The GMF is creating a future where inquiry and research are integral to the daily practice of medicine.



RECENT PUBLICATIONS

Publications by researchers in the Northern California region during the months of June through August 2000 are presented below. Section I provides citations and brief descriptions of lead-authored publications; section II provides co-authored publications. If you have recently published a paper and would like it to

be included in an issue of *Research Update*, please send a Lotus Notes to Lyn Wender, or call 510-450-2205 (tie-line 8-481-2205). If you would like a copy of one of the articles, contact your local library or call the Division of Research library at 510-450-2182 (tie-line 8-481-2182).

I. Lead-Authored Publications

Backer H,* Hollowell J. USE OF IODINE FOR WATER DISINFECTION: IODINE TOXICITY AND MAXIMUM RECOMMENDED DOSE. *Environ Health Perspect* 2000;108:679-84. **Funding Source:** *in part by the Centers for Disease Control and Prevention.* (*Hayward: 510-784-5423)

Iodine is an effective and cost-efficient means of water disinfection in areas where water treatment is not reliable. There is controversy about the maximum safe iodine dose and duration of use when ingested in excess of the recommended daily dietary amount. Thyroid disorders are the major concern. A review of the human trials on iodine ingestion safety indicates that neither the maximum recommended dietary dose nor the maximum recommended duration of use has a firm basis. Rather than a clear threshold response level or a linear and temporal dose-response relationship between iodine intake and thyroid function, there appears to be marked individual sensitivity, often resulting from unmasking of underlying thyroid disease. The use of iodine for water disinfection requires a risk-benefit decision. By using appropriate disinfection techniques and monitoring thyroid function, most people can use iodine for water treatment over a prolonged period of time.

Backer HD.* GIARDIASIS: AN ELUSIVE CAUSE OF GASTROINTESTINAL DISTRESS. *Physician and Sportsmedicine* 2000;28:46-57. **Funding Source:** *None.* (*Hayward: 510-784-5423)

Giardia lamblia is a protozoan intestinal pathogen that occurs worldwide and is the most common intestinal parasite in the United States. The mode of transmission is fecal-oral, by contaminated water, food, or person-to-person. Infection may be asymptomatic or result in a broad spectrum of symptoms, most commonly subacute illness that is mistaken for other gastrointestinal problems. Although most infections are self-limited, treatment is indicated due to the long duration and the risk of transmission. Several therapeutic agents are available, but none is 100% effective. Prevention for people involved in outdoor sports and international travelers includes treatment of all surface water using one of several techniques.

Durston WE,* Carl ML, Guerra W, Eaton A, Ackerson LM. ULTRASOUND AVAILABILITY IN THE EVALUATION

OF ECTOPIC PREGNANCY IN THE ED: COMPARISON OF QUALITY AND COST-EFFECTIVENESS WITH DIFFERENT APPROACHES. *Am J Emerg Med* 2000;18:408-17. **Funding Source:** *Kaiser Innovations Project Grant 960030.* (*South Sacramento: 916-688-5693)

Quality and cost-effectiveness in detecting ectopic pregnancy in the Emergency Department (ED) were studied over 3 two-year epochs. The rate of documentation of the absence of intrauterine pregnancy at the first visit improved from 76% during Epoch 1, when ultrasound availability through Medical Imaging (MI Sono) was limited, to 88% in Epoch 2, when MI Sono was readily available, to 96% in Epoch 3, when both MI Sono and ultrasound by emergency physicians (ED Sono) were available. The number of MI Sonos ordered by ED physicians doubled from Epoch 1 to Epoch 2, but went back down to baseline in Epoch 3. ED Sono was less expensive than MI Sono. It was concluded that increased availability of MI Sono leads to improved quality, but at substantial cost. Availability of ED Sono leads to further improvement in quality and reduces costs.

Escobar GJ,* Li DK, Armstrong MA, Gardner MN, Folck BF, Verdi JE, Xiong B, Bergen R. NEONATAL SEPSIS WORKUPS IN INFANTS \geq 2000 GRAMS AT BIRTH: A POPULATION-BASED STUDY. *Pediatrics* 2000;106:256-63. **Funding Sources:** *Sidney Garfield Memorial Fund; HRSA Maternal and Child Health Bureau Research Program; TPMG Innovation Program; The Permanente Medical Group; Kaiser Foundation Health Plan.* (*Division of Research: 510-450-2128)

This was a population-based outcome study of neonatal sepsis evaluations and intrapartum antibiotic therapy. The study identified and abstracted data from 2785 newborns weighing \geq 2000 g at birth (1 in 7 live births) who were evaluated for suspected bacterial infection at 6 Kaiser hospitals between October 1995 and November 1996. The relationships between key predictors and the presence of bacterial infection were analyzed. The most important predictors were whether or not intrapartum antibiotic therapy was provided and the newborn's initial physical examination. Overall outcomes were better among the 1217 newborns whose mothers received intrapartum antibiotics

(Lead-Authored Publications continued)

than among the 1568 whose mothers did not receive such treatment. Evidence-based observation and treatment protocols could be defined based on a limited set of predictors: maternal fever, chorioamnionitis, initial neonatal examination, and absolute neutrophil count. Many missed opportunities for treating mothers and infants exist.

Ettinger B,* Woods NF, Barrett-Connor E, Pressman A. THE NORTH AMERICAN MENOPAUSE SOCIETY 1998 MENOPAUSE SURVEY: PART II. COUNSELING ABOUT HORMONE REPLACEMENT THERAPY: ASSOCIATION WITH SOCIOECONOMIC STATUS AND ACCESS TO MEDICAL CARE. *Menopause* 2000; 7:143-8. **Funding Source:** *Eli Lilly Pharmaceuticals via the North American Menopause Society.* (*Division of Research: 510-450-2131)

Telephone interviews were conducted with 749 postmenopausal women to examine two predictors of women's obtaining hormone replacement therapy (HRT) counseling: socioeconomic status and access to health care. Results showed that 86% were Caucasian with a median income of \$40,000/year; 90.8% had medical insurance; 47.6% of insured received care from a managed care organization. Access to medical care was evidenced by 92.3% being under the care of a primary care physician; 92.3% ever having had a mammogram; 96.9% ever having had a pelvic examination; 91.1% ever having had a serum cholesterol determination; 75.4% received counseling about postmenopausal HRT. Level of education, income, and having a personal physician, particularly a gynecologist, increased the likelihood that HRT counseling would be obtained. It was concluded that women of lowest socioeconomic status and those who did not have a primary care physician were least likely to have received HRT counseling.

Fessel WJ,* Krowka JF, Sheppard HW, Gesner M, Tongson S, Weinstein S, Ascher M, Kwok S, Christopherson C. DISSOCIATION OF IMMUNOLOGIC AND VIROLOGIC RESPONSES TO HIGHLY ACTIVE ANTIRETROVIRAL THERAPY. *J Acquir Immune Defic Syndr* 2000;23:314-20. **Funding Source:** *Not available.* (*San Francisco: 415-202-2854)

Immunologic markers, levels of HIV DNA, and infectious HIV were compared in partial responders (PR) to HAART who had high plasma HIV RNA levels but stable or increasing levels of CD4+ peripheral blood mononuclear cells (PBMC), and patients with complete failure (CF) who had very low or decreasing levels of CD4+ PBMC and high plasma HIV RNA levels. Results showed that in comparison with CF, PR had little or no CD4+ cell loss, a substantial increase in CD8+ cells, significantly fewer positive plasma HIV cultures ($p=.03$), lower frequencies of infectious HIV in total PBMC ($p=.005$) and in CD4+ PBMC ($p<.001$), and lower frequencies of HIV DNA in CD4+ PBMC ($p=.007$). It was concluded that lower levels of infectious HIV and a lower frequency of CD4+ PBMC that contain "productive" HIV DNA in PR as compared with CF may contribute to the stable or increasing CD4+ PBMC levels of the PR.

Go AS,* Hylek EM, Phillips KA, Borowsky LH, Henault LE, Chang Y, Selby JV, Singer DE. IMPLICATIONS OF STROKE RISK CRITERIA ON THE ANTICOAGULATION DECISION IN NONVALVULAR ATRIAL FIBRILLATION: THE ANTICOAGULATION AND RISK FACTORS IN ATRIAL FIBRILLATION (ATRIA) STUDY. *Circulation* 2000;102:11-13.

Funding Source: *National Institute on Aging Grant 5 RO1 AG 15478.* (*Division of Research: 510-450-2382)

This study sought to identify patients with nonvalvular atrial fibrillation (NVAF) in need of anticoagulation for stroke prevention. The potential impact of prominent stroke risk classification schemes in 13,559 ambulatory patients with NVAF were assessed. Compared were patients classified as having a low enough stroke risk to receive aspirin using criteria from the Atrial Fibrillation Investigators (AFI), American College of Chest Physicians (ACCP), and Stroke Prevention in Atrial Fibrillation Investigators (SPAF). AFI criteria classified 11% as having a low stroke risk, compared with 23% for ACCP and 29% for SPAF. This 2- to 3-fold increase in low stroke risk patients by ACCP and SPAF criteria primarily resulted from the inclusion of many older subjects (65-75 years +/- men >75 years) with no additional clinical stroke risk factors. It was concluded that the age threshold for assigning an increased stroke risk has a dramatic impact on whether to recommend warfarin in patients with NVAF.

Hunkeler EM,* Meresman JF, Hargreaves WA, Fireman B, Berman WH, Kirsch AJ, Groebe J, Hurt SW, Braden P, Getzell M, Feigenbaum PA, Peng T, Salzer M. EFFICACY OF NURSE TELEHEALTH CARE AND PEER SUPPORT IN AUGMENTING TREATMENT OF DEPRESSION IN PRIMARY CARE. *Arch Fam Med* 2000;9:700-8. **Funding Sources:** *Kaiser Permanente Innovation Program; Kaiser Permanente Community Services/California Division; Beecham Pharmaceuticals; the Garfield Memorial Fund.* (*Division of Research: 510-450-2151)

This was a randomized trial to evaluate the efficacy of two augmentations to antidepressant treatment for depression. Usual care, nurse telehealth care, and telehealth care plus peer support were compared at baseline, 6 weeks, and 6 months among 302 adult patients treated in two primary care clinics. Results showed that almost 20% more patients who received telecare from primary care nurses experienced a 50% reduction in depressive symptoms 6 months after enrollment according to the Hamilton Depression Rating Scale. Depression was reduced at 6 months according to the Beck Depression Inventory. Telehealth care improved mental functioning at 6 weeks and treatment satisfaction at 6 weeks and 6 months. Adding peer support to telehealth care did not improve the primary outcomes. It was concluded that nurse telehealth care improves clinical outcomes of antidepressant treatment and patient satisfaction.

(Lead-Authored Publications continued)

Husson G,* Herrinton L. HOW ACCURATELY DOES THE MEDICAL RECORD CAPTURE MATERNAL HISTORY OF CANCER? *Cancer Epidemiol Biomarkers Prev* 2000;9:765-8. **Funding Source:** National Cancer Institute Grant KO7 CA 70969. (*Division of Research: 510-450-2728)

This study assessed information reliability regarding maternal history of cancer by comparing the medical records of 214 Kaiser women with breast cancer and of their controls with the medical records of their mothers. Subjects were selected for a study of early life predictors of breast cancer. For any type of cancer identified in the mother's medical record, the proportion noted in the daughter's medical record at least 6 months before the daughter's diagnosis was 56% among cases and 32% among controls. The odds ratio for the association of maternal cancer history with breast cancer risk was 2.1 using the maternal record; 3.5 using the subject's record. For maternal history of breast cancer, the proportion in the subject's record was 79% among cases and 57% among controls, and the odds ratios were 4.0 and 6.5. It was concluded that the case-control difference in missing information was attributable to higher utilization of breast cancer screening among cases.

Iribarren C,* Sidney S, Jacobs Jr DR, Weisner C. HOSPITALIZATION FOR SUICIDE ATTEMPT AND COMPLETED SUICIDE: EPIDEMIOLOGICAL FEATURES IN A MAN-AGED CARE POPULATION. *Soc Psychiatry Psychiatr Epidemiol* 2000;35:288-96. **Funding Source:** National Institute on Aging Grant R01-AG-12264-01A1. (*Division of Research: 510-450-2765)

This cohort study examined sociodemographic and medical predictors of attempted suicide (severe enough to require hospitalization) and of completed suicide in a Northern California HMO. Participants were 87,257 women and 70,570 men, aged 15-89 at baseline (in 1977-1985) with follow-up for hospitalizations and mortality through 1993. Results showed a greater incidence of hospitalization for suicide attempts in women than in men and greater incidence of completed suicide in men than in women. Predominant methods of attempted and completed suicides were ingestion of psychotropic agents and use of firearms. Gender-specific multivariate analysis of hospitalization for suicide attempt were also conducted. This study's findings could help health professionals be more effective in the prevention of suicide morbidity and mortality.

Klatsky AL,* Armstrong MA, Poggi J. RISK OF PULMONARY EMBOLISM AND/OR DEEP VENOUS THROMBOSIS IN ASIAN-AMERICANS. *Am J Cardiol* 2000;85:1334-7. **Funding Source:** Kaiser Foundation Research Institute. (*Division of Research: 510-450-2757)

Reports from Asian countries suggest a low prevalence of pulmonary embolism (PE) and deep venous thrombosis (DVT) in Asians; US data show a higher prevalence in nonwhites except in California, Oregon, and Washington where nonwhites include a larger proportion of Asians and Hispanics. This was a prospective study of PE/DVT hospitalizations in 128,934 persons in relation to traits determined at

health examinations. In multivariate models, the following relative risks were found for PE/DVT combined: black/white = 1.1; Hispanic/white = 0.7; Asian/white = 0.2. The lower risk of Asians was present in each sex and for persons first hospitalized for PE or DVT. Covariates with positive relations to risk were age, male sex, body mass index, and a composite coronary disease risk/symptom variable. These data suggest that Asians have very low risk of PE/DVT. Possible explanations include the absence of hazardous mutations or unspecified PE/DVT protective traits in Asians.

Machin GA,* Ackerman J, Gilbert-Barness E. ABNORMAL UMBILICAL CORD COILING IS ASSOCIATED WITH ADVERSE PERINATAL OUTCOMES. *Pediatr Dev Pathol* 2000;3:462-71. **Funding Source:** None. (*Oakland: 510-596-6009)

The normal umbilical cord coil index is one coil/5 cm. This is a report of the frequency and clinical correlations of abnormally coiled cords among 1,329 cases referred to placental pathology services; 21% of cords were overcoiled and 13% were undercoiled. Clinical correlations found in overcoiled cords were fetal demise (37%), fetal intolerance to labor (14%), intrauterine growth retardation (10%), and chorioamnionitis (10%); frequencies of undercoiled cords were 29%, 21%, 15%, and 29%, respectively. Abnormal cord coiling was associated with thrombosis of chorionic plate vessels, umbilical venous thrombosis, and cord stenosis. Thus, abnormal cord coiling is a chronic state established in early gestation and may have chronic and acute effects on fetal well-being. Antenatal detection of abnormal cord coil index by ultrasound could lead to elective delivery of fetuses at risk, reducing the fetal death rate by one-half.

Ray GT,* Lieu TA, Weinick RM, Cohen JW, Fireman B, Newacheck P. COMPARING THE MEDICAL EXPENSES OF CHILDREN WITH MEDICAID AND COMMERCIAL INSURANCE IN AN HMO. *Am J Manag Care* 2000;6:753-60. **Funding Source:** California Direct Community Benefit Investment Program, Kaiser Foundation Institute Grant CN-98TLieu-06. (*Division of Research: 510-450-2084)

This was a retrospective study using electronically captured cost and utilization data to compare the healthcare utilization and costs of children with Medicaid (n=42,636) and children with commercial insurance (n=159,651) who were members of the same health maintenance organization at any time between 1995 and 1997. Medicaid children were grouped as income eligible, medically needy, and blind or disabled. The unadjusted costs of income-eligible Medicaid-insured children were not significantly different from those of commercially-insured children. The medically needy were \$25 (p=.02) per month more expensive than commercially-insured children and the blind or disabled were \$213 (p<.01) per month more expensive. After adjusting for age and sex, income-eligible children were \$5/month (p=.07) more expensive than children with commercial insurance, the medically needy were \$20/month (p=.02) more expensive, and the blind or disabled were \$216/month (p<.01) more expensive.

(Lead-Authored Publications continued)

Schaefer CA, * Brown AS, Wyatt RJ, Kline J, Begg MD, Bresnahan MA, Susser ES. MATERNAL PREPREGNANT BODY MASS AND RISK OF SCHIZOPHRENIA IN ADULT OFFSPRING. *Schizophr Bull* 2000;26:275-86. **Funding Source: National Institute of Mental Health Grant R01-MH-53147. (*Division of Research: 510-450-2186)**

Prepregnant body mass index (BMI) and development of schizophrenia and schizophrenia spectrum disorders in adult offspring were studied in a cohort of 12,000 births occurring in 1959-1967 at Kaiser Hospital in Oakland. Automated databases identified cohort offspring who remained in Kaiser Permanente and received treatment for a psychiatric disorder. Interviews and medical record reviews resulted in diagnosis of 63 cases of schizophrenia spectrum disorders; these cases were compared with 6,570 unrelated and unaffected cohort members in multivariate analyses. High (≥ 30.0), compared with average (20.0-26.9), maternal prepregnant BMI was significantly associated with schizophrenia in the adult offspring (relative risk=2.9; 95% confidence interval 1.3-6.6); low (≤ 19.9) maternal BMI was not. Further studies in this cohort will examine nutritional, metabolic, and toxic exposure factors that may help explain the relationship of high maternal prepregnant BMI with schizophrenia.

Slaughter J.* THE MEDICAL RECORDS PROFESSIONALS' VIEW OF THE ELECTRONIC MEDICAL RECORD. *J Ambulatory Care Manage* 2000;23:18-26. **Funding Source: None. (*San Rafael: 415-444-5363)**

The migration of Kaiser Permanente to the management of health care information in a paperless environment is presented from the viewpoint of Health Information Management professionals. The author conducted an informal survey of these professionals and presents a synopsis of their recommendations in the context of Kaiser's efforts to develop an enterprise Electronic Medical Record. Their consensus is that physicians are primarily information managers and that successful health care organizations will be those who collaborate with their physicians in capturing clinical and administrative data.

Wiesner S.* REHABILITATION OF ELBOW INJURIES. In: *Grabois M, Garrison SJ, Hart KA, Lehmkuhl LD, eds. Physical Medicine and Rehabilitation: The Complete Approach.* Malden, MA: Blackwell Science; 2000:1173-97. **Funding Source: None. (*Oakland: 510-596-7792)**

The elbow joint complex may be injured as a result of repetitive upper extremity forces or an acute, single traumatic event. Rehabilitation involves controlling the inflammatory process and improving joint flexibility, muscular strength, endurance and aerobic conditioning. To assure timely healing and safe return to activity, the rehabilitation approach must also address upper extremity kinetic chain functioning, training regimens and equipment use. This chapter addresses the relevant anatomy as a foundation to understand the functional and sport-specific biomechanics of the elbow and forearm complex.

General rehabilitation management principles are discussed, with specific attention given to lateral and medial epicondylitis, medial collateral ligament sprain, and posterior complex injuries, including olecranon bursitis, valgus extension overload syndrome and posterior elbow dislocations. Radial head and supracondylar fracture management are also discussed. Pediatric and adolescent concerns are presented, including Little Leaguer's Elbow and osteochondritis dissecans.

II. Co-Authored Publications

Ainsworth BE, Sternfeld B,* Richardson MT, Jackson K. EVALUATION OF THE KAISER PHYSICAL ACTIVITY SURVEY IN WOMEN. *Med Sci Sports Exerc* 2000;32:1327-38. **(*Division of Research: 510-450-2195)**

Arozullah AM, Yarnold PR, Weinstein RA, Nwadiaro N, McIlraith TB,* Chmiel JS, Sipler AM, Chan C, Goetz MB, Schwartz D, Bennett CL. A NEW PREADMISSION STAGING SYSTEM FOR PREDICTING INPATIENT MORTALITY FROM HIV-ASSOCIATED PNEUMOCYSTIS CARINII PNEUMONIA IN THE EARLY-HAART ERA. *Am J Respir Crit Care Med* 2000;161(4 Pt 1):1081-6. **(*So. Sacramento: 916-688-4215)**

Boyer CB, Shafer M-A, Wibbelsman CJ,* Seeberg D, Teitle E, Lovell N. ASSOCIATIONS OF SOCIODEMOGRAPHIC, PSYCHOSOCIAL, AND BEHAVIORAL FACTORS WITH SEXUAL RISK AND SEXUALLY TRANSMITTED DISEASES IN TEEN CLINIC PATIENTS. *J Adolesc Health* 2000;27:102-11. **(*San Francisco: 415-202-3445)**

Bresnahan MA, Brown AS, Schaefer CA,* Begg MD, Wyatt RJ, Susser ES. INCIDENCE AND CUMULATIVE RISK OF TREATED SCHIZOPHRENIA IN THE PRENATAL DETERMINANTS OF SCHIZOPHRENIA STUDY. *Schizophr Bull* 2000;26:297-308. **(*Division of Research: 510-450-2186)**

Brown AS, Schaefer CA,* Wyatt RJ, Goetz R, Begg MD, Gorman JM, Susser ES. MATERNAL EXPOSURE TO RESPIRATORY INFECTIONS AND ADULT SCHIZOPHRENIA SPECTRUM DISORDERS: A PROSPECTIVE BIRTH COHORT STUDY. *Schizophr Bull* 2000;26:287-95. **(*Division of Research: 510-510-450-2765)**

Jacobs DR Jr, Iribarren C.* INVITED COMMENTARY: LOW CHOLESTEROL AND NONARTHEROSCLEROTIC DISEASE RISK: A PERSISTENTLY PERPLEXING QUESTION. *Am J Epidemiol* 2000;151:748-51. **(*Division of Research: 510-450-2765)**

Kramarz P, DeStefano F, Gargiullo PM, Davis RL, Chen RT, Mullooly JP, Black SB,* Shinefield HR, Bohlke K, Ward JI, Marcy MS. DOES INFLUENZA VACCINATION EXACERBATE ASTHMA? ANALYSIS OF A LARGE COHORT OF CHILDREN WITH ASTHMA. VACCINE SAFETY DATALINK TEAM. *Arch Fam Med* 2000;9:617-23. **(*Division of Research: 510-450-2251)**

(Co-Authored Publications continued)

Lieu TA, Black SB,* Ray GT, Martin KE, Shinefield HR, Weniger BG. THE HIDDEN COSTS OF INFANT VACCINATION. *Vaccine* 2000;19:33-41. (*Division of Research: 510-450-2251)

Lieu T, Ray GT,* Black S, Shinefield H, Butler J, Miller M. COST-EFFECTIVENESS OF PNEUMOCOCCAL VACCINE. *JAMA* 2000;284:440-1. (*Division of Research: 510-450-2084)

Maselli RA, Bakshi N.* AAEM CASE REPORT 16. BOTULISM. AMERICAN ASSOCIATION OF ELECTRODIAGNOSTIC MEDICINE. *Muscle Nerve* 2000;23:1137-44. (*Oakland: 510-596-6512)

Shlipak MG, Go AS,* Lyons WL, Browner WS. CLINICAL SYMPTOMS AND MYOCARDIAL INFARCTION IN LEFT BUNDLE BRANCH BLOCK PATIENTS. *Cardiology* 2000; 93:100-4. (*Division of Research: 510-450-2382)

Slattery ML, Edwards SL, Ma KN, Friedman GD.* COLON CANCER SCREENING, LIFESTYLE, AND RISK OF COLON CANCER. *Cancer Causes Control* 2000;11:555-63. (*Division of Research: 510-450-2394)

Susser ES, Schaefer CA,* Brown AS, Begg MD, Wyatt RJ. THE DESIGN OF THE PRENATAL DETERMINANTS OF SCHIZOPHRENIA STUDY. *Schizophr Bull* 2000;26:257-73. (*Division of Research: 510-450-2186)

Whooley MA, Stone B,* Soghikian K. RANDOMIZED TRIAL OF CASE-FINDING FOR DEPRESSION IN ELDERLY PRIMARY CARE PATIENTS. *J Gen Intern Med* 2000;15:293-300. (*Oakland: 510-596-6544)

Recently Funded Projects

EVALUATING HYPERTENSIVE PATIENTS' AWARENESS OF BLOOD PRESSURE
Principal Investigator: **Mark Alexander, PhD**

Funding Agent: **Bristol Myers Squibb**

This study will address patient-related knowledge, perceptions, and attitudes about hypertension and blood pressure control on a random sample of hypertensive patients enrolled in Kaiser Permanente, Northern California.

LIPID PROFILES OF KIDNEY TRANSPLANT RECIPIENT PATIENTS IN A MANAGED CARE SETTING

Principal Investigator: **Mark Alexander, PhD**

Funding Agent: **Novartis Pharmaceuticals**

This study will provide epidemiological data on lipid screening practices and the prevalence of dyslipidemia in patients who received a kidney transplant within Kaiser Permanente, Northern California, between 1989 and 1999.

POSTMARKETING EVALUATION OF PREVNAR™ PNEUMOCOCCAL 7-VALENT CONIUGATE VACCINE: LOCAL AND SYSTEMIC REACTOGENICITY OF PREVNAR™ ADMINISTERED IN CATCH-UP POPULATIONS OF CHILDREN AGED 7 TO 11 MONTHS, 12 MONTHS TO 2 YEARS, 2 TO 5 YEARS, AND 5 TO 9 YEARS

Principal Investigator: **Steve Black, MD**

Funding Agent: **Wyeth-Ayerst Pharmaceutical Corporation**

Title defines study.

SKIN AGING STUDY: TEACHING SKIN AGING RATING SYSTEMS TO STUDY INVESTIGATORS

Principal Investigator: **Kerry Blacker, MD**

Funding Agent: **Parke-Davis Pharmaceuticals**

This was a one-day workshop study where dermatologists from around the United States tested a photonumeric rating scale to quantify skin aging in study subjects.

CALIFORNIA MEN'S STUDY (CMS): A PROSPECTIVE COHORT STUDY FOR PROSTATE CANCER

Principal Investigator: **Bette Caan, DrPH**

Funding Agent: **California Department of Health Services**

This prospective study of 100,000 Northern and Southern California Kaiser Permanente members between the ages of 45 and 69 will examine behavioral and demographic characteristics related to incident prostate cancer among men of different ethnicities.

GESTATIONAL DIABETES: DIAGNOSTIC CRITERIA AND OUTCOMES

Principal Investigator: **Assiamira Ferrara, MD, PhD**

Funding Agent: **National Institute of Diabetes and Digestive and Kidney Diseases**

The study will provide important knowledge about the risk of severe perinatal complications associated with degrees of maternal hyperglycemia below the current glucose cut-points for gestational diabetes.

PHASE II RANDOMIZED DOSE FINDING STUDY OF SUBCUTANEOUS ADMINISTRATION OF THREE DIFFERENT DOSES OF PEGYLATED INTERFERON ALPHA-2A IN PATIENTS WITH METASTATIC MALIGNANT MELANOMA

Principal Investigator: **Lou Fehrenbacher, MD**

Funding Agent: **Roche Bioscience**

Title defines study.

INFERTILITY DRUGS AND OVARIAN CANCER

Principal Investigator: **Seth Feigenbaum, MD, MPH**

Funding Agent: **National Cancer Institute**

This multicenter study of approximately 55,000 women will assess the incidence of gynecologic cancers in women who have taken fertility medications during the past 15 years through 1996.

A PHASE III, PROSPECTIVE, RANDOMIZED, CONTROLLED, DOUBLE-BLIND, MULTICENTER STUDY TO CONFIRM THE EFFICACY AND SAFETY OF RECOMBINANT HUMAN LEUTEINIZING HORMONE, ADMINISTERED SUBCUTANEOUSLY, TO SUPPORT RECOMBINANT HUMAN FOLLICLE STIMULATING HORMONE INDUCED FOLLICULAR DEVELOPMENT IN WOMEN WITH HYPOGONADOTROPIC HYPOGONADISM AND SEVERE LH DEFICIENCY WHO DESIRE PREGNANCY

Principal Investigator: **Seth Feigenbaum, MD, MPH**

Funding Agent: **Serono Laboratories**

Title defines study.

A RETROSPECTIVE, CASE-CONTROL STUDY TO INVESTIGATE GENETIC POLYMORPHISM IN HIV INFECTED SUBJECTS WHO DEVELOPED HYPERSENSITIVITY FOLLOWING TREATMENT WITH ABACAVIR

Principal Investigator: **Jeffrey Fessel, MD**

Funding Agent: **Glaxo Wellcome, Inc.**

Title defines study.

(Recently Funded Projects continued)

A RANDOMIZED, CONTROLLED, OPEN-LABEL COMPARISON OF CONTINUING INDINAVIR-BASED ANTIRETROVIRAL THERAPY VS. SWITCHING TO NORVIR/INDINAVIR

Principal Investigator: **Stephen Follansbee, MD**

Funding Agent: **Abbott Laboratories**

Title defines study.

EPIDEMIOLOGY, MANAGEMENT, OUTCOMES AND COST OF HEART FAILURE IN MANAGED CARE

Principal Investigator: **Alan Go, MD**

Funding Agent: **G.D. Searle & Company, Inc.**

This cohort study of Kaiser Permanente members hospitalized with heart failure will assess the changing epidemiology, medical and surgical therapies, variation in treatment and clinical outcomes, and identification of modifiable barriers to optimal heart failure care.

SIDE EFFECTS IN THE TREATMENT WITH ANTIDEPRESSANTS AMONG PERIMENOPAUSAL AND MENOPAUSAL WOMEN (STAMP)

Principal Investigator: **Liz Gruskin, DrPH**

Funding Agent: **Bristol-Myers Squibb**

The STAMP Study is a clinical trial looking at the side effect profiles of antidepressants in older women with an emphasis on sexual side effects and sleep.

GLYCEMIC CONTROL IN PATIENTS WITH DEPRESSION AND DIABETES MELLITUS: IMPACT OF TREATMENT FOR DEPRESSION

Principal Investigator (Kaiser Permanente)*: **Enid Hunkeler, MA**

Funding Agent: **University of Texas**

This study will determine the effects of collaborative care for depression on diabetes self-management in a large national sample of patients with major depression and co-existent diabetes mellitus.

ALCOHOLIC BEVERAGE CHOICE AND MORTALITY

Principal Investigator: **Arthur Klatsky, MD**

Funding Agent: **Wine Institute**

This is a 20 year follow-up study of relationships of alcohol drinking to deaths from all and specific causes in 129,000 persons, with special emphasis on the role of beverage choice (wine, liquor, and beer).

A PHASE II CLINICAL TRIAL OF A RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED CLINICAL TRIAL OF DFMO AND SULINDAC AGAINST VARIOUS ENDPOINTS OF COLORECTAL PATHOBIOLOGY IN A COHORT OF INDIVIDUALS AT INCREASED RISK FOR COLORECTAL CARCINOMA

Principal Investigator: **Michael Lawson, MD**

Funding Agent: **National Cancer Institute**

Title defines study.

A PHASE III, MULTICENTER, RANDOMIZED, PLACEBO-CONTROLLED, DOUBLE-BLIND, PARALLEL-GROUP CLINICAL TRIAL TO CONFIRM THE EFFICACY AND SAFETY OF SYNORB CD® FOR THE TREATMENT OF RECURRENT CLOSTRIDIUM DIFFICILE-ASSOCIATED DISEASE (RCDAD)

Principal Investigator: **Michael Lawson, MD**

Funding Agent: **Synsorb Biotech**

Title defines study.

A DOUBLE-BLIND, PLACEBO-CONTROLLED, CROSSOVER STUDY TO EVALUATE THE EFFECTIVENESS OF A BLACK COHOSH PRODUCT AND A COMBINATION PRODUCT CONTAINING BLACK COHOSH, MOTHERWORT, AND LEMON BALM IN ALLEVIATING MENOPAUSAL SYMPTOMS

Principal Investigator: **Jerome Minkoff, MD**

Funding Agent: **Metagenics**

Title defines study.

MEDICAL COMORBIDITY IN ALCOHOLICS: SERVICE IMPLICATIONS

Principal Investigator: **Charles Moore, MD**

Funding Agent: **National Institute on Alcohol Abuse and Alcoholism**

This is a mentored, patient oriented research career development award to examine medical conditions and alcohol problems and develop work in medical Informatics.

A RANDOMIZED, OPEN-LABEL, MULTICENTER, EFFICACY, TOLERABILITY, AND SAFETY STUDY OF PEGASYS VS. REBETRON IN INTERFERON AND RIBAVIRIN TREATMENT NAIVE PATIENTS WITH CHRONIC HEPATITIS C INFECTION

Principal Investigator: **Marypat Pauly, MD**

Funding Agent: **Roche Bioscience**

Title defines study.

PHARMACOGENETICS OF MEMBRANE TRANSPORTERS

Principal Investigator (Kaiser Permanente)*: **Cathy Schaefer, PhD**

Funding Agent: **National Institute of General Medical Sciences**

This is a collaborative study with geneticists and pharmaceutical scientists at UCSF to identify the sequence variants and understand their physiologic consequences for a class of proteins – membrane transporters – that are frequently the targets for pharmaceutical agents, including antidepressants, anticonvulsants, digoxin, and some chemotherapies.

ACCELERATING THE CYCLE OF RESEARCH THROUGH A NETWORK OF INTEGRATED DELIVERY SYSTEMS

Principal Investigator: **Joe Selby, MD, MPH**

Funding Agent: **Agency for Healthcare Research and Quality (AHRQ)**

A Master Task Order Agreement between AHRQ and the HMO Research Network, represented by Division of Research, to conduct rapid research on health services issues that take advantage of the Network's many integrated data systems.

INCREASING THE EVIDENCE BASE FOR RETINOPATHY SCREENING GUIDELINES

Principal Investigator: **Joe Selby, MD, MPH**

Funding Agent: **American Diabetes Association**

This study uses the Kaiser Permanente Diabetes Registry to explore clinical outcomes following negative retinal screening examinations and exams showing only minimal retinopathy, with the goal of identifying optimal screening intervals following these examinations.

A MULTICENTER, RANDOMIZED, DOUBLE-BLIND, PARALLEL GROUP, PLACEBO-CONTROLLED 12-WEEK STUDY OF FLUTICASONE PROPIONATE DELIVERED VIA CFC MDI AND A VALVED HOLDING CHAMBER WITH FACEMASK IN SUBJECTS WITH ASTHMA AGE 6 MONTHS TO 23 MONTHS

Principal Investigator: **Gregory Shay, MD**

Funding Agent: **Glaxo Wellcome, Inc.**

Title defines study.

(Recently Funded Projects continued)

EPIDEMIOLOGY: OXIDATIVE STRESS AND EARLY ATHEROSCLEROSIS

Principal Investigator (Kaiser Permanente)*: **Steve Sidney, MD, MPH**

Funding Agent: **National Heart Lung and Blood Institute**

This study will provide funding to obtain blood specimens in Cardiovascular Risk Development in Young Adults (CARDIA) Study participants for the measurement of antioxidants, measures of inflammation, and evidence of prior infection.

CARDIA PSYCHOSOCIAL QUESTIONNAIRE

Principal Investigator (Kaiser Permanente)*: **Steve Sidney, MD, MPH**

Funding Agent: **MacArthur Foundation**

This study will provide funding to administer a battery of questionnaires regarding psychosocial issues to Cardiovascular Risk Development in Young Adults (CARDIA) Study participants.

PATHWAYS TO SUBSTANCE ABUSE TREATMENT FOR ADOLESCENTS IN AN HMO: IMPLICATIONS FOR POLICY

Principal Investigator: **Stacy Sterling, MPH, MSW**

Funding Agent: **Center for Substance Abuse Treatment**

This study involves analyses of policy implications of adolescents' access to and retention in substance abuse treatment, including variation for different ethnic and gender groups, as well as discussions of the implications for improving accessibility and quality of care based on the results of these analyses.

INFLUENCE OF PHYSICAL ACTIVITY ON BODY COMPOSITION AND RESTING ENERGY EXPENDITURE DURING THE MENOPAUSAL TRANSITION

Principal Investigator: **Barbara Sternfeld, PhD**

Funding Agent: **American Heart Association**

This study examines the associations between physical activity, body composition, resting energy expenditure, and menopausal status in a cohort of Chinese and white women participating in SWAN (Study of Women's Health Across the Nation), a multicenter, longitudinal, population-based study of the menopause transition.

A CLINICAL STUDY TO EVALUATE THE SAFETY AND EFFICACY OF THE CONTICARE® FEMALE INCONTINENCE DEVICE IN WOMEN WITH STRESS URINARY INCONTINENCE

Principal Investigator: **W. Conrad Sweeting, MD**

Funding Agent: **ContiCare Medical, Inc.**

After complete urodynamic and psychometric screening, the patient is fitted with a Conticare® device that allows normal urination, prevents genuine stress incontinence, and is changed by the patient every 14 days during the one year study period.

UTILIZATION, QUALITY OF LIFE, AND DIRECT MEDICAL COSTS ASSOCIATED IN TREATED AND UNTREATED URINARY INCONTINENCE

Principal Investigator: **Stephen K. Van Den Eeden, PhD**

Funding Agent: **Pharmacia**

This study is designed to compare the utilization, quality of life, and costs between women treated and untreated for urinary incontinence after accounting for comorbidity and disease severity.

AIR POLLUTION, RACE, SES AND ASTHMA HOSPITALIZATION RISK

Principal Investigator: **Stephen K. Van Den Eeden, PhD**

Funding Agent: **National Institute of Environmental Health Sciences**

This is a study to assess how the acute effects of ambient criteria air pollution may vary by race/ethnicity, socioeconomic status, and disease severity using a case-crossover design.

EPIDEMIOLOGY OF PRIMARY AND SECONDARY DYSTONIA IN A MULTI-ETHNIC POPULATION: "A PILOT PLANNING GRANT"

Principal Investigator (Kaiser Permanente)*: **Stephen K. Van Den Eeden, PhD**

Funding Agent: **Parkinson's Institute**

This is a pilot study to assess how well existing computerized systems in a managed care organization can be used to develop epidemiologic diagnostic criteria and determine the prevalence of the disease.

**(Kaiser Permanente) indicates a subcontract to the Division of Research and that the investigator is the principal investigator for the Kaiser Permanente portion of the study.*

Errata

Research Update, Summer 2000, Recently Funded Projects: the Principal Investigator for the recently funded project, "Tomoxitene in Outpatients With Attention-Deficit/ Hyperactivity Disorder (ADHD)," was incorrectly noted as Enid Hunkeler, MA. The correct Principal Investigator is Peter Levine, MD.



The Permanente
Medical Group
3505 Broadway
Oakland, CA 94611-5714