

Teens and Drugs: What to Look For

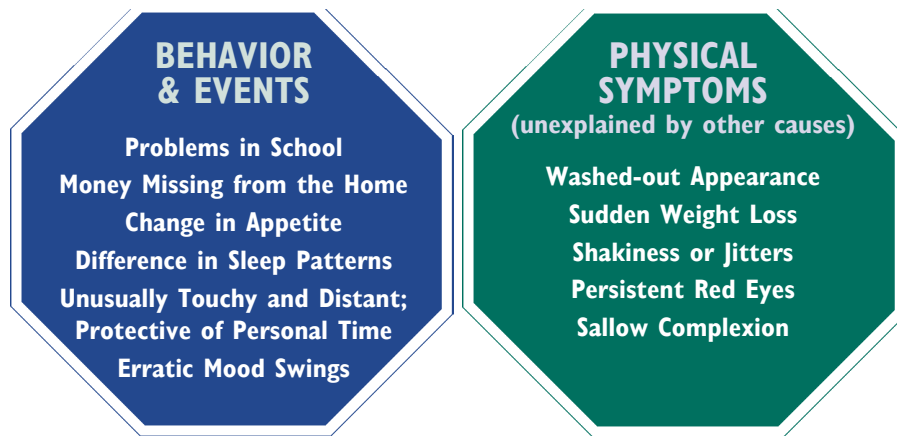
For many American teens, experimenting with drugs and alcohol is a rite of passage. However, for a disturbing percentage, experimentation turns into addiction.

Identifying whether or not your teen has a drug problem can be very difficult for parents, especially since puberty and adolescence typically brings with it occasional bouts of moodiness, secrecy and withdrawal that are often symptomatic of a child on drugs. Adults who are very naive about drugs may not even suspect that there is a problem, because they don't know what to look for.

"It can be difficult for parents who are looking for definitive signs," said Dr. Deborah Mollo, Pediatrician at MKMG. "Even teens who do not have a drug problem can become guarded and withdrawn -- it's just their way of dealing with the changes in their bodies and the various peer pressures around them."

Dr. Mollo explained that there are many warning signals a child may exhibit if he or she has a drug habit. While one or two of these signals may not mean anything, parents should be concerned if they notice numerous signs in combination.

POSSIBLE WARNING SIGNS OF TEEN DRUG/ALCOHOL ADDICTION:



"Confidentiality is important to ensure trust. I usually start examining teens without the parent in the room around their 14-year check-up. This gives me the opportunity to speak privately to teens about all issues, including recreational drug, alcohol and cigarette use.

Once they are alone, and know that our conversation is confidential, teens are typically very honest about their habits, or if they've experimented with drugs and alcohol. They feel comfortable confiding in me about whether or not they think it's a problem, or whether they need help. I can also explain any concerns parents may have brought up beforehand."

There are many treatments and solutions for teens with drug-related problems; depending on the severity of the addiction, counseling and various forms of therapy can be highly successful.

"I have found that drug use in teens often stems from issues of low self-esteem," Dr. Mollo said. "Instilling a firm sense of self-respect in your children, and keeping the lines of communication open, can give them the stability and confidence they need to avoid getting into serious trouble."

If you suspect that your child may be using drugs or alcohol, it's a good idea to contact your pediatrician," she added. "We are trained to recognize the symptoms, and can often talk things through with patients in a much less aggressive, less threatening manner than parents themselves. Teens are also more apt to open up to their physician than they may be to their mother or father."

For more information on teen drug or alcohol use, contact your MKMG Pediatrician.

Dr. Helen Pillsbury, Internal Medicine



In practice for more than five years, Dr. Helen Pillsbury comes to MKMG from California's Silicon Valley area.

Board certified in Internal Medicine, Dr. Pillsbury received her medical degree from the University of Maryland in 1990. She completed her residency at Stanford University Hospital in 1993.

When her husband received a job offer in New York last year, Dr. Pillsbury moved to Chappaqua and began researching local medical practices. She joined MKMG in February.

"I asked around, and most of the residents I spoke to were receiving care from MKMG," she said. "It sounded like an excellent group, and a natural choice."

Dr. Pillsbury joined MKMG in February, and she sees patients in the Mount Kisco office. What impresses her most about MKMG is the wide range of specialists available in one location.

"In my former practice, patients had to travel to a different location to see a specialist. MKMG makes delivery of care a much more smooth and efficient process," she said.

While acclimating herself to New York, Dr. Pillsbury is learning quickly the differences and similarities between the East and West coasts.

She noted that, in general, the types of patients and illnesses are similar. Additionally, she commented with pride on the quality of the physicians and care she has witnessed at MKMG.

Dr. Pillsbury treats adults of all ages. She also has a special interest in osteoporosis and Type 2 diabetes. To schedule an appointment with Dr. Pillsbury, call 241-1050.

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FACTS About Hepatitis

	Hepatitis A	Hepatitis B	Hepatitis C
Severity:	Almost all those infected cure themselves	Majority of those infected cure themselves	80% of cases develop into chronic liver disease
Vaccine:	Available but not required	Available and required	None available
Transmission:	Person-to-person (improper food handling)	Blood and semen (sexual contact, IV drug use, remote blood transfusions)	Blood (IV drug & cocaine use, pre-1990 blood transfusions, tattooing)
U.S. Incidence:	Fairly common, especially in food service establishments, schools and day care centers	Rare; most common in third world countries	Fairly common, mostly among drug users
Average Duration:	A few weeks	A few weeks	Lifetime

Hepatitis: most people have heard of it, but many are not familiar with the types and consequences of the virus. This article discusses Hepatitis A, B, and C. Type E is virtually non-existent in the U.S., and Type D only affects those with Hepatitis B.

Hepatitis A

When an outbreak of hepatitis is reported at a school or food establishment, the culprit is Hepatitis A. It is transmitted from person-to-person through oral or fecal routes; therefore, people can be infected through contaminated food.

Fortunately, Hepatitis A does not cause chronic illness and usually resolves on its own within a few weeks. While most infected children do not have symptoms, adults may get a low-grade fever, fatigue, abdominal discomfort, diarrhea or vomiting, and, occasionally, jaundice.

A vaccine for Hepatitis A is available, but it is not mandatory for everyone. Food-service employees, world travellers, people with other chronic liver diseases, and children enrolled in day-care centers should all be vaccinated.

To help boost immunity on a short-term basis, physicians may prescribe shots of immunoglobulin, a collection of antibodies against the virus, for family members and co-workers of people with Hepatitis A. However, vaccination is required for long-term protection.

Hepatitis B

Hepatitis B is more serious. In 5% of cases, it can lead to chronic inflammation of the liver, cirrhosis (scarring of the walls of the liver) and liver cancer. Transmitted through blood and semen, Hepatitis B is most commonly contracted through sexual activity and intravenous drug use. People who received blood transfusions in the distant past are at high risk for Hepatitis B; however, major advances in blood screening have virtually eliminated this risk for patients receiving transfusions today.

Hepatitis B is fairly rare in this country, because vaccination is both available and mandatory in the U.S. However, the virus is still rampant in third world countries, where it is most often passed from mother to child in the uterus.

Hepatitis C

There is no vaccine for Hepatitis C, and 80% of all cases develop into chronic liver disease. Like Type B, Hepatitis C rarely exhibits any symptoms. Doctors may suspect the virus after receiving abnormal results from a patient's routine blood screening, such as that performed during a regular physical examination.

Hepatitis C is transmitted through blood, and, in very rare cases, through sexual contact. At highest risk are IV drug and cocaine users, those with tattoos, and those who received blood transfusions prior to 1990.

There are treatments available for both Hepatitis B and C, with varying success rates. Researchers are working hard to develop a vaccine for Hepatitis C, as well as new treatments.

MKMG Gastroenterologists Oren Kahn, MD and Marvin Chinitz, MD are both experts in the treatment of Hepatitis and other liver diseases. They can recommend a course of treatment based upon a patient's case history. For more information, contact them at 241-1050.

Dr. Michele McLeod Joins MKMG's Ophthalmology Department

Michele McLeod, M.D. joined MKMG in the Department of Ophthalmology this summer. She will be treating both children and adults in MKMG's Mount Kisco and Brewster offices.

Dr. McLeod's training includes a medical internship at Yale - New Haven Medical Center and an Ophthalmology residency at Albert Einstein College of Medicine - Montefiore and Jacobi Medical Centers.

Subsequently, Dr. McLeod completed a fellowship in Pediatric Ophthalmology and Strabismus at Manhattan Eye, Ear and Throat Hospital (MEETH). After her fellowship, she joined the attending staff at MEETH and participated in clinical care until spring 2000. She also supervised residents in the Strabismus Clinic at Jacobi Medical Center and cared for patients at the Rose F. Kennedy Center, a multi-disciplinary facility dedicated to children with physical, neurologic, and learning disabilities.

Dr. McLeod, a California native, moved to the East Coast to



attend medical school after graduating from the University of California, Berkeley. She chose MKMG's Dr. Michael Weissman as her daughter's pediatrician, and has met most of the pediatricians and pediatric nurses on various visits.

"One of the reasons I was delighted to join MKMG was the excellent patient care and professional attitude on the part of everyone we encountered at the Group," she said.

Dr. McLeod specializes in Pediatric Ophthalmology and Strabismus (ocular misalignment in children and adults). Strabismus may either improve with glasses or necessitate surgical intervention. She also has a special interest in the treatment of amblyopia (weak vision which can be reversed in children up to age eight).

"Treating these conditions is especially rewarding, because it gives me the ability to make positive, life-long interventions in children's lives. Straightening eyes that are misaligned and improving overall vision can make a huge difference in a child's self-esteem," she added.

To schedule an appointment with Dr. McLeod in the Mount Kisco or Brewster office, call 242-1355.

Spotting and Treating Skin Cancer

For people in their mid-thirties and older, skin cancer has become an increasing health danger. Aside from causing unwanted surgeries and skin excision, skin cancer can actually take lives. While the rate of fatality has decreased significantly over the past 20 years, it is still estimated that skin cancer causes the deaths of approximately 9,100 Americans each year.

Basal Cell and Squamous Cell Carcinoma

The two most common forms of skin cancer are basal and squamous cell carcinoma. These non-melanoma cancers are more common among caucasians, and are less deadly than their counterpart, simply because the cells are more superficial.

Basal cell carcinoma may appear as a fleshy bump or nodule on the skin. Untreated, it may bleed, crust over and repeat the cycle, but will rarely spread. Squamous cell carcinoma may appear as nodules or red, scaly patches; if left untreated, it can spread.

Both of these skin cancers develop as a result of long-term, repeated sun exposure. The sun's UVB rays, which tan our skin, can cause abnormal cells to develop. Although tanning is nature's way of providing the skin with a measure of protection against sunburn, it is in this pigmentation that basal and squamous cell carcinoma originate.

"Many people believe that if they get tan, but rarely burn, they won't get skin cancer," said Dr. Timothy Mattison, Dermatologist at MKMG. "This is simply not true. Even if they don't burn, people who continue tanning are increasing their risk for non-melanoma skin cancer."

Melanoma

Melanoma, the most serious form of skin cancer, affects approximately 40,000 Americans each year. An estimated 6,800 of these cases are fatal.

People who are fair-skinned and who sunburn easily are at higher risk for melanoma. Unlike the first two skin cancers, melanoma is highly correlated with sunburn. A long-term history of repeated sun exposure is not necessary; melanoma can develop after a single instance of sunburn.

Melanoma may spread and can grow deep into the tissue, making it more difficult to remove. It can also metastasize



SKIN CANCER SUSPECTS:

A pimple that doesn't go away

A mole that bleeds or changes shape/color

A brown/black spot that spreads or becomes raised, itchy, or painful

THINGS TO LOOK FOR:

Irregular Shape:

One side doesn't match the other

Irregular Border:

The edges are ragged, notched or blurred

Irregular Color:

Pigmentation includes shades of tan, brown and black, or dashes of red, white or blue.

Size:

Six millimeters or larger (size of a pencil eraser or bigger)

size or spread throughout the body, making it potentially fatal, unlike basal and squamous cell cancers.

Early Detection and Screening

Despite their varying degrees of severity, all three types of skin cancer have more than a 95% cure rate with early detection.

"Thankfully, we can cure almost all cases of skin cancer, as long as we find them early," said Dr. Mattison. "That is why it makes so much sense to check yourself, and to see your doctor regularly for screenings."

Some patients who have had skin cancer before may see a dermatologist for annual screenings. However, for most patients, screenings by their primary care physician during regular physical

examinations is sufficient. It is also essential for all patients to check their own skin for any warning signs (see the information box for guidelines).

"Patients typically visit a dermatologist after finding a suspicious spot on themselves," Dr. Mattison explained. "But, we often find skin cancer in a lesion other than the one the patient identified. Once people have had skin cancer, they are better at spotting it later on."

Treatments

While the most superficial skin cancers may be scraped off, most often, excision (or cutting away) of the damaged cells is required. In addition to the cancerous cells, a measure of healthy surrounding cells must also be removed to help ensure a total cure.

"Most often, skin cancer can be removed surgically right in the doctor's office, with local anesthesia," Dr. Mattison said. Stitches may be required, and only the most severe cases require hospital out-patient surgery.

"Dermatologists take great care to remove the cancer effectively, while also being attentive to cosmetic concerns," Dr. Mattison explained. "If the patient wishes to have cosmetic procedures after the excision, we can accommodate them as well."

A Note on Tanning Salons and Products

What about tanning salons, which claim to be safer than going out in the sun for a tan?

"Dermatologists do not accept the safety of tanning salons," said Dr. Mattison. "They still expose the skin to UVA rays, which we know can cause skin cancer."

Tanning products that claim to enhance tanning while providing protection, either through minimal sunblock, moisturizers, or vitamins, are also ineffective at preventing skin cancer.

"All patients should use a sunblock of no less than 15 when going out in the sun," Dr. Mattison said. "Those who still want to tan can do so wearing 15."

Dr. Mattison practices with Dr. Ross Levy in MKMG's Dermatology Department. If you suspect you might have skin cancer, and would like to see a dermatologist, contact your primary care physician, or call MKMG's Dermatology Department at 242-1355.

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 **West Nile Virus Alert** 

West Nile virus is a mosquito-borne infection that, in a small number of cases, can cause encephalitis. Mild symptoms of encephalitis include a fever and/or a headache; more severe cases are marked by the rapid onset of high fever, with head and body aches. Very rarely, encephalitis can be fatal for those with compromised immune systems, such as infants and the elderly. Because it is a virus, there is no specific treatment for encephalitis.

Culex (common house mosquitoes) are most often associated with West Nile virus. *Culex* lay their eggs in stagnant water, and live in weeds, tall grass, and shrubbery. They are most active between dusk and dawn, but may be present at all times. While some birds and animals can carry the virus, there is no evidence that animals can transmit it to humans.

To reduce your exposure to West Nile virus, reduce the mosquito population around your home by eliminating all standing water on your property. Dispose of or turn over any water-holding containers, remove discarded tires, clean and chlorinate swimming pools, and drain water from pool covers. Clean vegetation and debris from the edges of ponds, and make sure all window screens in your home are intact. There is no need to limit your outdoor activity, unless there is evidence of the disease in your area. If there is, reduce time spent outdoors between dusk and dawn, use mosquito repellent, and wear long pants, socks, shoes and long-sleeved shirts when outdoors. *For more information, contact your MKMG Internist or Pediatrician.*

MKMG Names Christopher Sclafani Chief Operating Officer



Former PHC Exec Spearheads Additional Patient Service Enhancement Projects

MKMG is pleased to welcome Christopher Sclafani as Chief Operating Officer. Mr. Sclafani joins MKMG from Putnam Hospital Center (PHC), where he served as Senior Vice President of Facilities, Marketing and Business Development. Mr. Sclafani was responsible for numerous administrative and infrastructure enhancements at PHC, including the design and planning of its new Ambulatory Care Center (to include a new Ambulatory Surgery Suite) and the PHC Birthing Center, and strengthening relationships with other health-care providers.

"I am excited to be a part of MKMG as it continues to grow and expand its scope and services throughout Westchester and Putnam counties," said Mr. Sclafani. "I am confident that my experience in the health-care field will be valuable to the Group as we strive to optimize our customer service."

According to MKMG President and Chief Executive Officer, Dr. Scott Hayworth, Mr. Sclafani's first priority is to continue improving MKMG's telephone system, to ensure minimal on-hold time for patients. Recently, MKMG has expanded its telephone reception staff and replaced the entire telephone system. As part of the new telephone system, a new call automation and management system is slated for roll-out this fall. MKMG is also looking into some exciting new technologies that will enable our patients to make appointments via the internet.

"We are committed to raising MKMG's administrative infrastructure to the level of quality commensurate with the high quality medical care our patients receive," said Dr. Hayworth. "We truly appreciate patients' patience during this transitional period and we will employ all necessary resources to eliminate any and all remaining concerns with the telephone system."

MKMG is also in the process of enhancing its facilities. Podiatry, Urology and General Surgery will all be moving to the main campus by the end of the year. Additionally, plans are underway to further expand into Putnam County and afford our patients greater access to specialty care, as well as ancillary services.

• • • • **Coming Soon at MKMG** • • • •

Tuesday, September 12 -- 7:00-8:30pm
MEET OUR OBSTETRICIANS

Get to know our Obstetricians over coffee and dessert in the Department of Obstetrics at 90 South Bedford Road, 2nd floor, Mount Kisco. New and transfer patients are welcome! **To RSVP, please call 242-1380.**

Wednesday, October 18 -- 7:30pm
FACELIFT & EYELID SURGERY

A Seminar by Dr. Douglas Roth, Plastic & Reconstructive Surgeon
 Learn more about these procedures at MKMG's Center for Aesthetic Surgery, 90 South Bedford Road, 2nd Floor, Mount Kisco. **To RSVP, please call: 242-5609.**