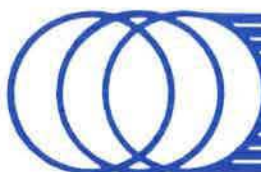


SEP 20 1990



## AMA NEWS RELEASE

September 26, 1990

Patti Davis, Associate Science News Editor  
Paul Tarini, Public Information Officer

**Note:** This week's JAMA is a theme issue on tobacco and smoking.

**Note:** This week's 90-second JAMA video news release is on smoking and depression. It will be fed at 2 p.m. to 2:30 p.m. EDT Tuesday, September 25, 1990, EMBARGOED FOR 4 p.m. EDT (3 p.m. CDT) RELEASE. Coordinates are TELSTAR 301, Transponder 10 V (Vertical), Dual Audio 6-2 and 6-8. For more information, call Orbis Productions, (312) 951-0619.

**Note:** The World Medical Association Assembly and Medical Education Conference will be held Oct. 24-28 at the Annenberg Center for Health Sciences in Rancho Mirage, Calif. Reporters interested in covering the conference may call Thomas Toftey at 312/464-4410 to arrange for press credentials.

**Note:** Jeffrey L. Molter will join the AMA as Science News Editor on September 24. Jeff has been director of communications at the American Academy of Periodontology and, previously, at the American Academy of Pediatrics. His phone number will be 312/464-4417.

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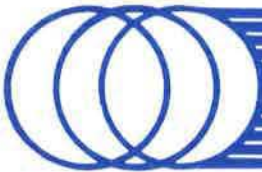
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## AMA NEWS RELEASE

**EMBARGOED FOR RELEASE: 3 p.m. (CDT) TUESDAY, SEPTEMBER 25, 1990**

For further information, contact: Patti Davis, 312/464-4843

### STUDIES FIND SMOKING AND DEPRESSION HIGHLY CORRELATED

CHICAGO--Smokers are more likely than nonsmokers to suffer from major depressive disorders, says a study in Wednesday's Journal of the American Medical Association.

In a related JAMA study, depressed smokers were less able to "kick the habit" when compared with nondepressed smokers.

The two studies may lend further support to the "self-medication" theory of substance abuse: people become addicted to certain drugs to combat painful feelings and help the user feel more "normal."

A study by Alexander H. Glassman, MD, of the New York State Psychiatric Institute, New York, and colleagues, is the first to demonstrate a relationship between smoking and major depression using entirely community-based data. They analyzed data collected in St. Louis, Mo., in the early 1980s as part of national survey of the prevalence of psychiatric illnesses. The researchers defined major depression as a depressed mood which persists for two or more weeks coupled with four or more depressive symptoms (e.g., loss of appetite, sleep disturbance).

Five percent of the 3,213 survey respondents had suffered from a major depressive disorder some time in their lives. Among respondents who had never smoked, the prevalence of major depression was 2.9 percent; among those who smoked daily for at least a month, the rate jumped to 6.6 percent.

"This association between smoking and depression exists not just among patients presenting to a psychiatrist for treatment but also among everyone with a lifetime

-more-

(SMOKING AND DEPRESSION)

diagnosis of major depression, whether or not they ever sought treatment," write the authors.

The association between depression and smoking was not uniform across other psychiatric conditions studied. Although smoking is often linked to anxiety and tension, there was no significant relationship between smoking and the anxiety-related diagnoses of phobia, panic and obsessive-compulsive disorders after depression was excluded from analysis. However, the researchers did find a high rate of smoking among alcoholics in the sample.

Smokers without a lifetime history of major depression were more than twice as likely as depressed smokers to successfully quit smoking, the authors report. They theorize, however, that "when individuals with a history of major depression stop smoking, depressive symptoms, and, in some cases, serious major depression may ensue."

Depression impedes a smoker's ability to quit, concludes a study by Robert F. Anda, MD, MS, of the Division of Chronic Disease Control and Community Intervention, Centers for Disease Control, Atlanta, Ga., and colleagues. They found depressed smokers were 40 percent less likely to have stopped smoking compared with nondepressed smokers.

The researchers analyzed data from two national health and nutrition studies. Using a standardized depression index, the authors found that smoking rates increased and success in quitting decreased as the score on the depression scale rose. Twenty percent of those who smoked at least one pack of cigarettes per day had high depressive symptom scores.

The authors estimate that after nine years of follow-up, 17.7 percent of nondepressed smokers had quit, while only 9.9 percent of depressed smokers had successfully stopped smoking.



(SMOKING AND DEPRESSION)

"Because depression appears to reduce a smoker's ability to quit, it is likely that in the future the prevalence of depression will be even higher among smokers," the authors conclude.

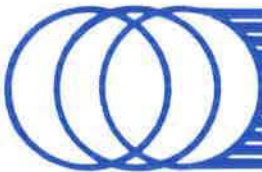
"Further research is needed to understand the mechanisms that explain the relationship between smoking and depression and to determine whether smoking cessation is facilitated by treatment of depression," they write.

In an accompanying editorial, Richard M. Glass, MD, of the American Medical Association believes it is still too early to "recommend routine use of antidepressant treatment to assist smoking cessation for all smokers with a history of depression."

"Evaluation and treatment of depression may become essential aspects of the role physicians need to play in the campaign to achieve a smoke-free society," he says.

(MEDIA ADVISORY: Co-author of the Glassman paper, Lirio S. Covey, PhD, of the Department of Psychiatry, Columbia University, New York, N.Y., is available to reporters at 212/960-5736. Author Robert F. Anda, MD, MS, can be reached at 404/488-4495.)

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## AMA NEWS RELEASE

**EMBARGOED FOR RELEASE: 3 p.m. (CDT) TUESDAY, SEPTEMBER 25, 1990**

For further information, contact: Paul Tarini, 312/464-5945

### MEDICAL CENTERS CAN CUT SMOKING: STUDY

CHICAGO--Medical centers should not be deterred from instituting no-smoking policies by fear of failure or staff resistance, according to an article in this Wednesday's Journal of the American Medical Association.

A first-year review of the no-smoking policy implemented for the 24 buildings of The Johns Hopkins Hospital in Baltimore, Md., found it "was effective in reducing exposure to environmental tobacco smoke [ETS] and in reducing the overall prevalence of smoking among employees," writes Frances A. Stillman, EdD, of the Division of Internal Medicine, The Johns Hopkins Medical Institutions, and colleagues.

Thirty-four states have legislated smoking restrictions for hospital facilities, according to the authors. As of 1988, 90 percent of medical centers had implemented some restrictions, although only 8 percent had eliminated smoking from their premises. The Johns Hopkins policy was announced in January 1988 and implemented on July 1, 1988, following an internal media and educational campaign which included smoking cessation groups and 1-hour quitting clinics.

Data on the smokers, environmental tobacco smoke, the number of cigarette butts and hospital fires associated with negligent smoking was collected before and after the no smoking policy.

"The daily number of cigarettes reportedly smoked by employees who continued smoking and the total number who smoked at work decreased across all occupational categories by an average of 25 percent," the study found. Over 20 percent of responding employees who had been identified as smokers reported quitting entirely.

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(HOPKINS)

Cigarette butt counts from ashtrays decreased 80.7 percent in lobby areas and 96.8 percent in waiting room areas six months after policy implementation. There was also a 7.7 percent increase found in the number of cigarettes extinguished at hospital entrances.

The authors reported no hospital fires associated with smoking during the first year of the policy; the hospital averaged 20 such fires per year for the four years preceding the policy. With the exception of the rest rooms, ETS was reduced markedly -- in many cases, below the level of detection.

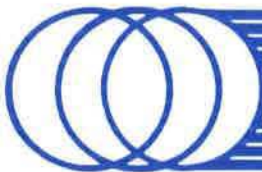
"These findings suggest that institutions that have failed to adopt smoke-free environments, citing the probability of failure or of intense resistance, can achieve success in markedly reducing visible and active smoking with an organized, strongly sanctioned implementation program that includes health promotion activities for all employees, supportive activities for smokers, and education for nonsmokers," the authors write.

"The mission of health care institutions is to reduce the burden of disease. Creating smoke-free environments in such institutions is a logical extension of the medical center's responsibility to promote health," they say.

(MEDIA ADVISORY: Author Frances A. Stillman, EdD, of The Johns Hopkins Medical Institutions, can be reached at 301/955-4155.)

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## AMA NEWS RELEASE

**EMBARGOED FOR RELEASE: 3 p.m. (CDT) TUESDAY, SEPTEMBER 25, 1990**

For further information, contact: Paul Tarini, 312/464-5945

### COFFEE AND COLAS MAY BLOCK EFFECTS OF NICOTINE GUM

CHICAGO--Patients trying to wean themselves off a nicotine addiction by using nicotine polacrilex gum may be blocking nicotine absorption by drinking colas and coffee, according to an article in this Wednesday's Journal of the American Medical Association.

The pH of saliva determines the amount of nicotine absorbed through the mouth, writes Jack E. Henningfield, PhD, of the Clinical Pharmacology Branch, National Institute on Drug Abuse, Addiction Research Center, Baltimore, Md., and colleagues. "Because the volume of whole-mouth saliva is typically only a few milliliters, its pH can be readily altered," they write.

The study measured nicotine absorption in eight adult male smokers, four of whom rinsed their mouths with coffee or cola prior to chewing the gum, and four of whom rinsed with distilled water. "Rinsing with coffee or cola acidified the saliva and virtually eliminated measurable levels of nicotine absorption," the authors found. "The distilled water rinse in experiment 2 produced a small decrease in saliva pH...but did not block nicotine absorption as the cola and coffee rinses had."

The authors recommend that substances more acidic than tap water -- including chocolate milk, beer, soy sauce and mustard -- should be avoided just before or during gum use. "The overall effect of commonly consumed beverages is to lower drastically the pH of whole-mouth saliva. Such acidification can virtually eliminate absorption of nicotine," they write. "We also conclude that nicotine polacrilex use should be delayed at least 15 minutes after food or liquid consumption."

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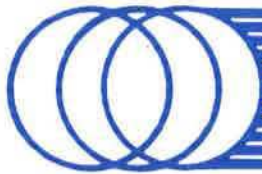
(NICOTINE GUM)

The authors write that "helping people to abstain from tobacco is widely acknowledged as one of the most important single contributions that health professionals can make to improve public health...This report should provide clinicians with information that can enhance their efforts to help people abstain from tobacco by improving their control over the dose of nicotine administered when using nicotine polacrilex."

(MEDIA ADVISORY: Author Jack E. Henningfield, PhD, of the NIDA Addiction Research Center, can be reached at 301/550-1438.)

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## AMA BRIEF REPORTS

### FOR IMMEDIATE RELEASE

For more information, contact:  
Patti Davis, 312/464-4843

NINTENDO GAMES: THRILLS,  
CHILLS AND--OOPS!--SPILLS

Archives of Neurology  
Archives of Surgery  
Archives of Dermatology  
Archives of Internal Medicine  
Archives of General Psychiatry  
Archives of Ophthalmology  
American Journal of Diseases of Children  
Archives of Pathology and Laboratory Medicine  
Archives of Otolaryngology-Head and Neck Surgery

CHICAGO--Videos games certainly hold kids' attention, but they also may be holding back the forces of nature, according to a letter in September's American Journal of Diseases of Children.

In a letter to the editor, Joseph C. Corkery, MD, of the Lahey Clinic Medical Center, Burlington, Mass., describes the case of a 6-year-old boy who had experienced recurrent episodes of fecal incontinence. The otherwise healthy youngster had several "close calls" where the child avoided soiling himself by sprinting to the bathroom.

According to Corkery, the culprit was found under the mother's watchful eye: nonstop Nintendo playing. "Every episode of incontinence happened while her son was spellbound by 'Super Mario Brothers' or other Nintendo video games," he writes. The child was so engrossed by the video action he simply ignored the call of nature.

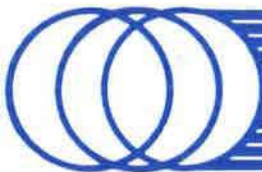
Corkery concurred with the mother's diagnosis.

Now for the straight poop. The doctor offers the following advice to parents whose children may be similarly afflicted: use the "pause that refreshes." The PAUSE button on the VCR, that is.

(MEDIA ADVISORY: Joseph C. Corkery, MD, is available to the media at 617/273-5234.)

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THE CENTER FOR  
THE STUDY OF



## AMA NEWS RELEASE

**EMBARGOED FOR RELEASE: 3 p.m. (CDT) THURSDAY, SEPTEMBER 20, 1990**

For further information, contact: Patti Davis, 312/464-4843

### AM NEWS REPORT: MUSEUM TRACKS QUESTIONABLE MEDICAL DEVICES

CHICAGO--Bob McCoy grasps the G-H-R Electric Thermitis Dilator and says, "I've never tried using this thing, it scares the hell out of me."

As well it should. The 1918-vintage, foot-long electrical device was designed to be plugged into a lamp socket and then inserted into the rectum. Once in place, it would heat to more than 100 degrees, and, as its literature says, stimulate "the so-called abdominal brain" -- otherwise known as the prostate gland.

With enough treatments, the device promised to restore the user's sex drive. "I'd rather be a monk," says McCoy. As curator of the Museum of Questionable Medical Devices in Minneapolis, however, he has little time for the religious life.

A veritable carnival of quackery, the museum is McCoy's statement about those who have duped the public with phony cures, fake treatments, and empty hope.

His collection is the country's largest assemblage of medical bunkum on display to the public. Surrounding McCoy in his downtown location are devices that were claimed to cure ills ranging from cancer to lumbago with treatments that include colored lights, electrical currents, vibrations, and radio waves.

"If P.T. Barnum said that there's a sucker born every minute," said McCoy, whose museum is the subject of a report in this week's American Medical News, "then this place is proof that there's a crook born every hour to take advantage of them."

It's a good thing McCoy is debunking these gizmos. With his quick wit, face like W.C. Fields, and huckster's sense of timing, he could be selling them. Rather, he's selling common sense.

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(QUACKERY MUSEUM)

"I want the public to realize that many of the quack things of the past are used over and over. People laugh at these devices today, but I tell them to watch late night TV: There they'll find plenty of ads for hair-loss treatments and diet pills that are pure baloney. I want to energize the public about health care fraud."

In the museum, McCoy, 62, loves talking to visitors. A natural showman, McCoy delights in demonstrating the workings of the various devices in the museum. He shoots his long-suffering assistant Mary Stasek, 26, with a charge of static electricity from a wooden box.

"I hate this device," she says with a grimace, while McCoy theatrically ups the voltage. He next offers to demonstrate the "Nemectron" on her, but she flees out front where people are waiting for phrenology readings. McCoy notes that besides curing acne, the electrically-powered Nemectron was claimed to "normalize" the breasts -- either reducing or enlarging them depending on the patient.

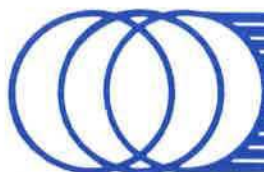
Nearby is an "Oxydonor," consisting of a metal tube attached by a string to an ankle strap. The Oxydonor's sales brochure says in part: "Every disease yields to its masterful power. Cures while one is resting or sleeping. Lasts a lifetime."

"Most of these quack things trade on hope and people's stupidity," McCoy says. "Early in the century, electricity, radio waves, and magnetism were all somewhat new and mysterious concepts for most people. So it was easy for the crooks to claim magical healing powers for their devices."

"Another common denominator is sex. Because problems in that area can be embarrassing, it was easy to sell various cures by the mail. The patient didn't have the nerve to go to a doctor."

Sitting down for a rest in his "Orgone Generator Box," a metal-lined wooden box with a chair inside that promised to focus the healing powers of "orgone rays" on the body, McCoy says, "People have to remember that these things are not the result of a humanitarian effort, they were not patented for the good of humanity. They were made by cynical people who earned a pretty penny off of them."





## AMA NEWS RELEASE

For more information, call:  
Wendy Borow/Melissa Shear 312-464-4393

### AMERICAN MEDICAL TELEVISION : OCTOBER PROGRAM GUIDE

This month American Medical Television is proud to announce the debut of our new format. Starting October 7, AMT will begin each Sunday with a fresh half-hour informational segment "Medical Rounds." Each segment will provide up-to-the-minute discussions on the current issues in medicine. Also in October, the highly acclaimed series "Milestones in Medicine" is joining AMT as a two part series airing the first two weeks of every month at 11:30. Join AMT every Sunday from 10 am to Noon (Eastern Time) only on The Discovery Channel.

#### OCTOBER 7, 1990

|                  |   |
|------------------|---|
| 10 am - 10:30 am | MEDICAL ROUNDS  |
| 10:30 - 11 am    | AMA VIDEOCLINIC: Cardiovascular Protection after Myocardial Infarction. (1/2 hour-Category 1) Supported by Knoll. |
| 11 am - 11:30 am | AMA VIDEOCLINIC   |
| 11:30 - 12 pm    | PRACTICAL MEDICINE: Milestones in Medicine: New Hope for Alzheimer's Disease-Part I: Definition and Diagnosis .   |

#### OCTOBER 14, 1990

|                  |   |
|------------------|---|
| 10 am - 10:30 am | MEDICAL ROUNDS  |
| 10:30 am - 11 am | AMA VIDEOCLINIC: The Role of Beta Blockers in Acute MI. (1/2 hour-Category 1 Credit) Supported by Ciba-Geigy. |
| 11 am - 11:30 am | AMA VIDEOCLINIC   |
| 11:30 - 12 pm    | PRACTICAL MEDICINE: Milestones in Medicine: New Hope for Alzheimer's Disease-Part II: Therapy and Research.   |

#### OCTOBER 21, 1990

|                  |   |
|------------------|---|
| 10 am - 10:30 am | MEDICAL ROUNDS  |
| 10:30 - 11 am    | AMA VIDEOCLINIC: Cardiovascular Protection after Myocardial Infarction. (1/2 hour-Category 1) Supported by Knoll. |
| 11 am - 11:30 am | AMA VIDEOCLINIC: Cholesterol-Lowering Compliance. (1/2 hour-Category 1 Credit) Supported by Parke-Davis.          |
| 11:30 am - 12 pm | PRACTICAL MEDICINE: Panic Disorder. (1/2 hour-Category 1 Credit) Supported by the Upjohn Company.                 |

#### OCTOBER 28, 1990

|                  |  |
|------------------|--|
| 10 am - 10:30 am | MEDICAL ROUNDS   |
| 10:30 am - 11 am | AMA VIDEOCLINIC: Comprehensive Management of HIV Disease.  |
| 11:30 am - 12 pm | PRACTICAL MEDICINE: The Role of Beta Blockers in Acute MI. (1/2 hour-Category 1 Credit) Supported by Ciba-Geigy. |