On Being Twins at NINDS

By Paul Girolami

Every day it’s a smile or nod from a somewhat familiar (or totally unfamiliar) face or “You didn’t say hi when I saw you yesterday.” Or the look of shock on people’s faces when they realize they’re not speaking with whom they think they are.

Ah, the life of a twin at NIH.

I’ve been at the National Institute of Neurological Disorders and Stroke since 1999. Imagine my pleasure 4 years ago when I learned that my brother, Joe, landed a job at NIH. Then imagine my shock to learn that—in the more than 300 acres and many dozens of buildings that make up the NIH campus in Bethesda—we would be working in the same building and in the same wing.

Although we’re fraternal twins, I’m told we look very similar. There’s certainly a noticeable difference when we’re seen together, but apart it’s difficult for some people to identify the correct twin. But this is nothing new to us.
briefs

Tribute to Kirschstein Set, May 17

The NIH community is invited to “Tribute to Dr. Ruth L. Kirschstein: Inspiring the Best in Others,” which will be held Monday, May 17, from 9 a.m. to 7 p.m. in Natcher Auditorium. The event will highlight Kirschstein’s accomplishments and be held in remembrance of her life-long dedication to inspiring the best in others. Current and former members of NIH and Congress will be on hand to help celebrate her legacy.

The day will continue with a look forward as Ruth L. Kirschstein National Research Service Award recipients deliver scientific presentations and reflect on their own inspiration as they strive for excellence. Speakers will include Dr. Laurie Boyer from the Massachusetts Institute of Technology, Dr. Howard Chang from Stanford University, Dr. Francis Lee from Weill Cornell Medical College, Dr. Alfredo Quiñones-Hinojosa from Johns Hopkins University, Dr. Gonzalo Torres from the University of Pittsburgh, Dr. Dorothy Sipkins from the University of Chicago, Dr. Anna Penn from Stanford University, Dr. Sara Cherry from the University of Pennsylvania and Dr. Julie Pfeiffer from the University of Texas Southwestern Medical Center.

The day will conclude with a poster session and reception from 5 to 7 p.m. A live videocast of the day’s events will be available at http://videocast.nih.gov. Contact Sarah Freeman at (301) 594-6747 or sarah.freeman@nih.gov with any questions.

Celebrate Asian Pacific Islander Heritage Month, May 13

NIH will recognize the contributions of Asian Pacific Islanders and the value of diversity that strengthens the workforce at its Asian Pacific Islander Heritage Month observance on Thursday, May 13 from 11 to noon in Masur Auditorium, Bldg. 10. The theme this year is “Diverse Leadership for a Diverse Workforce.” The keynote speaker is Dr. Howard Koh, HHS assistant secretary for health, who oversees the HHS Office of Public Health and Science, the Commissioned Corps of the U.S. Public Health Service and the Office of the Surgeon General. He also serves as senior public health advisor to the secretary.

Other program participants are NIH director Dr. Francis Collins; Dr. Belinda Seto, NIBIB deputy director; Dr. Michael Gottesman, NIH deputy director for intramural research; and Dr. Kuan-Teh Jeang, chief of NIAID’s molecular virology section.

For more program information, contact Tyrone Banks at (301) 451-0692 or via email. Sign language interpreters will be provided. For reasonable accommodation, call Mary Okwaro at (301) 496-2906 or the Federal Relay Service at 1-866-377-8642.

FEW Co-Sponsors Gown Giveaway, May 2

Ciao Bella!, a non-profit service of St. Anthony’s Bridal that provides free prom dresses to students in need, is seeking donations of formalwear for its 2010 prom gown giveaway event on Sunday, May 2. Co-sponsored by the Bethesda chapter of Federally Employed Women, the event offers free formal attire, including shoes and accessories, to local area high school students recommended by a school counselor or other referral. About 150 girls are expected to participate this year. The groups are accepting donations—clothing or monetary—up to the day of the event. All donations are tax-deductible. Other items needed for the event include garment bags (or department store shopping bags), white envelopes (catalog size) for registration packets, full-length mirrors and lightweight opaque curtains (for fitting rooms) and swag bag items such as soap, hand lotion or perfume samples, notepads and pens. For more information or to arrange pick-up, contact Helen Robinson, janeg1962@yahoo.com or (301) 257-0294.

NIH 2010 National Day of Prayer

NIH will observe the National Day of Prayer on Thursday, May 6 from 11:30 a.m. to 1 p.m. in front of Bldg. 1. All are welcome to attend.

Spring Bazaar/Home & Garden Show, May 5

The NIH Recreation & Welfare Association will host a Spring Bazaar and Home & Garden Show on Wednesday, May 5 from 10 a.m. to 3 p.m. on the Bldg. 31A patio. Crafters will be selling a variety of handmade crafts such as jewelry, handbags, hand-blown crystals, scarves and much more, just in time for Mother’s Day, graduations, weddings and other spring festivities. In addition, several Montgomery County firms will be on hand with fresh plants, gardening tools and other products and ideas to help get your home ready for spring. For more information, call (301) 496-6061.

RecGov Holds Discounts Fair

Do you love discounts? RecGov member companies will be on the Bldg. 31A patio on Thursday, May 13 to talk about special offers they provide—from discounts on car rentals, hotels and apartments to cell phone service, vacations and home services. Chick-Fil-A will have lunch for sale. For more information, visit www.recgov.org/r&w/ or call the NIH Recreation & Welfare Association, (301) 496-6061.
NIAID Launches China-U.S. Research Collaboration to Fight Tuberculosis

NIAID and its partner, the Henan Provincial Health Bureau, recently launched the first study of the Sino-U.S. (Henan) Tuberculosis Prevention and Treatment Research Institute at the Henan Provincial Chest Hospital in Zhengzhou, China. The institute aims to develop new and improved ways to diagnose, treat and prevent multidrug-resistant (MDR) and extensively drug-resistant tuberculosis (TB). The research will be conducted by investigators from NIAID, the Henan Provincial Chest Hospital and Fudan University in Shanghai. The institute’s first patient was enrolled into a natural history study the same day.

The emergence of drug-resistant TB is a major health issue globally and an increasing concern in China. The World Health Organization estimates that almost half of all reported cases of MDR TB in 2008 occurred in China and India, with both countries reporting approximately 100,000 new cases each.

An NIAID delegation joined U.S. Ambassador to China Jon Huntsman and HHS Health Attaché Elizabeth Yuan; representatives from the U.S. Centers for Disease Control and Prevention, Henan Provincial Health Bureau and Henan Provincial Chest Hospital; and members of the public to commemorate the opening.

Career Symposium Set, May 18

The NIH Office of Intramural Training & Education invites all NIH graduate students and postdoctoral trainees—both basic scientists and clinicians—to participate in the NIH Career Symposium on Tuesday, May 18 at the Natcher Conference Center and Lister Hill Auditorium from 8 a.m. to 4:30 p.m. The symposium provides an opportunity for fellows and graduate students to learn about scientific career options and to explore factors that lead to career success. Panel sessions cover academic, government, industry and non-profit career paths. More than 80 speakers will provide insights into their careers: what their current job entails, its pluses and minuses and how they got there. Dr. Kathie Olsen, vice president for international programs, Association of Public and Land-grant Universities, will keynote this all-day event.

A registration link is posted at http://tinyurl.com/OITE-2010-05-18. This event is organized by OITE, FELCOM and the Graduate Student Council.
When we were growing up, our mother used to dress me in greens and browns, and my brother in blues and reds, so classmates and others could more readily tell us apart. It didn’t always work; my brother’s teacher once whacked me with her purse during a fire drill for talking in her class. At NIH, I usually wear a tie; my brother works in an open-collar shirt (although he did dress as me one Halloween at NIH). Still, not a work day goes by that we don’t leave someone wondering which twin is which. Imagine having to show disbelievers your ID badge to prove that you are not your brother. On occasion, I’ve even taken people to the self-service store where my brother works so they can see us side by side and realize I’m not joking when I say, “I’m not Joe.” As one institute director said when he saw us together, “So there are two of you.”

Although I work for NINDS, my brother does not. Now think what it must be like for Drs. Erik and Alex Runko—fraternal twins who look alike, work at NINDS on the same floor, doing similar jobs (they’re both program analysts in the NINDS Office of Extramural Research) and overlap with the same staff. Alex has been with NINDS for nearly 2 years, while Erik joined 6 months ago.

“While there are several examples of spouses within the same NIH institute, having a sibling, notably a twin, is a unique distinction,” says Erik Runko. “Prior to joining NINDS, Alex gave me plenty of insight into the job responsibilities and mechanisms within the extramural program. Now as part of the staff, I feel I use my brother as a valuable resource for guidance instead of pestering the program directors for details about the inner workings of NINDS.”

Although Alex and Erik work on the same floor, they work in different research clusters and find it scientifically fun and interesting to discuss the types of funded research within their respective disciplines of neuroscience. “So it is similar to our graduate student and postdoctoral years in that we discuss science and job issues, but now I just walk down the hall instead of talking by phone because then we were located at different parts of the country,” says Alex.

However, they still find it fun to confuse people at conferences when being mistaken for each other, although they promise not to trade places anytime soon at NIH. Erik says, “It was very easy to switch places that one time in the 4th grade when we wore the same Catholic school uniform, and although having an automatic scapegoat around was convenient, having separate responsibilities now is a comfortable arrangement.”

Being a twin is unique—sometimes challenging, but very rewarding. We wouldn’t have it any other way.

(Paul Girolami is a writer in the NINDS Office of Communications and Public Liaison.)
Global Mental Health Challenges Are Focus of International Meeting

By Charlotte Armstrong

By 2030, according to the World Health Organization, depression will be the second leading cause of years of life lost to death and disability, not just in wealthy countries, but throughout the world. With this global reality as a backdrop, NIMH convened a diverse group of speakers recently to discuss the kinds of research needed to answer the worldwide need for better access to effective mental health care.

A central issue for the meeting’s participants is the scale of the gap between the need for mental health care and access to effective care in developing countries. WHO has reported that in low-income countries, as many as 85 percent of serious cases of mental illness receive no treatment. Even in wealthy nations like the United States, the gap between need and access to care is large: in these countries, as many as half of serious cases of mental illness occurring within a year receive no treatment. Several participants pointed out that research aimed at solving issues of health care delivery in poor countries can inform the delivery of mental health care in wealthy nations.

In her opening remarks, Pamela Collins, director of the Offices for Special Populations, Rural Mental Health Research and Global Mental Health at NIMH, said that in convening the meeting, the goal for NIMH was to determine how to use science to find answers for public health needs in a way that would make it possible to have the biggest impact in the next few years. In both rich and poor countries, she said, there is insufficient access to mental health care.

Speaking the day before the meeting as part of the NIMH Director’s Innovation Speaker Series, meeting participant Vikram Patel, a professor at the London School of Hygiene and Tropical Medicine, argued that focusing on conditions of mental health is as important as addressing physical diseases with high mortality. He noted that among young people ages 15 to 24, suicide is in the top three causes of death, even in places like Africa. Also among the top three causes of death in this age group are accidents, often fueled by alcohol and substance use. Other mental conditions such as schizophrenia and dementia directly cause mortality and poor mental health contributes to illness and mortality of other comorbid conditions such as heart disease and HIV.

Research Opportunities—included representatives of non-governmental organizations (NGOs) who work on the ground to improve mental health care in developing countries, academic researchers engaged in studies aimed at developing and evaluating innovative means of delivering health care and officials from government and international agencies. Speakers described their experiences working in countries such as Uganda, India, Korea, Belize and Chile to provide sustainable access to care for people with mental health disorders and to influence health care policy decisions and legislation by governments.

Some recurring themes at the meeting were the difficulty of providing mental health care in countries where the health care system in general is dysfunctional—or nonexistent—and where trained specialists are scarce; the challenges posed by illiteracy, poverty and stigma; the importance of using assessments and interventions that are culturally relevant; and the need for data on whether treatments are effective and how exactly patients benefit.

Several participants also discussed the training of nonmedical and lay health workers as a strategy to provide care in developing countries where medical specialists are scarce. Lay caregivers have provided effective care for conditions such as schizophrenia and depression. Psychiatrist Ricardo Araya, now at the University of Bristol in England, recounted the long-term outcome of an effort that began as a clinical trial, supported by NIMH, of an intervention for low-income women in Chile with depression. Women receiving a 3-month program of care for depression, carried out largely by non-medical health workers (social workers and nurses) responded well in the trial. Chile now has greatly expanded a national depression treatment program administered in primary care clinics throughout the country, which follows guidelines developed in the trial. The number of patients being treated in the program has multiplied since its inception in 2001: well over 200,000 now receive treatment each year. The poor, said Araya, face a double burden of poverty and mental illness.

Patel pointed out that most health research is carried out on a small slice—perhaps 10 percent—of the world population. Expanding the evidence base to include more of the remaining 90 percent is likely to lead to discoveries that benefit people with mental illness in wealthy as well as poor countries. According to NIMH director Dr. Thomas Insel, the institute has recently joined the Global Alliance for Chronic Disease, an international consortium of major national funding agencies in several countries. NIMH will be leading a Grand Challenge project with the alliance to identify best opportunities in global mental health research. “We look forward to working with WHO, the new Center for Global Mental Health in London and many other partners as we develop this new important area for the NIMH portfolio,” said Insel.
HALO CHASE
CONTINUED FROM PAGE 1

Above, l:
Runners stretch and listen to course directions given by Dr. David Kosub.

Above, r:
First finisher Dirk De Heer of NHGRI clocks in at 18:32.

Below:
Terry Bowers of the R&W Fitness Center leads a group of spirited walkers with her trusty boombox. The group completed the walk to a soundtrack of pumping dance tunes.

PHOTOS: ERNIE BRANSON, VALERIE LAMBROS

meets every Tuesday at noon at the Bldg. 1 flagpole to give running enthusiasts a chance to run together and welcomes people of all skill levels. The "halo" title comes from the club’s long-time logo, a running rabbit with a halo over its head.

Not long after bringing the club out of dormancy, Kosub, a competitive runner, wanted to organize a race for the campus, and the Halo Chase was born.

The group of runners started first and burst onto the course with purpose. The walkers started shortly thereafter and set their own pace, some even throwing in a few dance steps every so often for good measure. The race course was the perimeter path around campus.

As the event came to a close, Kosub looked pleased. At final tally, the race had registered 101 runners, 46 walkers and brought in $1,890 for NIH charities.

Even the runners, who some might think would be pained by having just run more than 3 miles, seemed invigorated. Minutes after her run, taking gulps from a water bottle, Abby Elbow of NCBI summed up the event: "What a great way to start off spring!"

Top 4 Men’s Finishers: Dirk De Heer, NHGRI, 18:32, (bib number 191); Peter Bandettini, NIMH, 19:26, (bib number 166); David Kosub, NIAID, 19:44, (bib number 3); Gregory Schuler, NLM, 19:53, (bib number 185)

Top 4 Women’s Finishers: Robin Stanley, NIDDK, 21:37, (bib number 58); Jacqueline Corrigan-Curay, OD, 23:59, (bib number 117); Melissa McCoy, NIA, 24:09, (bib number 62); Chia-Lin Winchester, NIDDK, 24:19 (bib number 188)
Nothing Can Stop Her
One Woman's Journey Back from the Brink

Michelle Scala reached a special milestone by participating in the Halo Chase charity run. Having just marked the second anniversary of a horrific accident that nearly killed her, she celebrated by running the NIH Health’s Angels inaugural 5K.

Not one to talk much about herself, Michelle, a contracting officer at NIAID, is more apt to talk about her support system and her joy of running than the accident, which she still doesn’t remember at all.

“It’s a blessing she doesn’t remember anything about it,” said her husband, Steve Scala, a management and program analyst in OD.

But he remembers. It was Mar. 28, 2008, and the family was on vacation in South Carolina. Michelle and their daughter decided to go horseback riding. Michelle wasn’t wearing a helmet, but they weren’t planning anything vigorous. All of a sudden, Michelle’s horse bolted. It threw her from the saddle into an oak tree and onto a picket fence, stepping on her in the process. She had to be transported by helicopter from the scene.

“The doctors couldn’t do anything for the first 24 hours, she was hemorrhaging so badly,” said Steve. “All they could do was stabilize her.”

And all he could do was wait. Michelle had sustained punctured lungs, several pelvic fractures and a brain injury. After 8 days in the trauma center and surgery to repair her battered body, it was time for Michelle to start the long road of recovery. What she’s done since then is amazing, even to her doctors.

Determined to get back to her active pre-accident self, Michelle powered through physical therapy that taught her how to walk again. Less than 2½ months after the accident, she came off the heavy medications designed to allow her brain to heal—something her medical team said was unheard of.

All the while, family and friends have been by her side, and Steve has cheered her every step.

“People would come and visit her and take her to lunch, push her in a wheelchair. It was a good feeling that she had this network looking after her,” Steve said. “It was really something to see her finish that race today.”

Michelle will say her support system has pulled her through the toughest times. Though she has endless thanks for everyone who has helped her, it’s when talking about Steve that words fail.

“My husband’s support is so incredible, he is...,” she trails off, swallowing back tears. After a few seconds, she continues. “He’s always reminding me, ‘Don’t forget to get your run in, it’ll relieve your stress.’ And you know what? He’s right.”

Last September’s Interinstitute Relay was her coming-out party, reintroducing her to the world of competitive running. The Halo Chase 5K was one more milestone, but she’s not done yet.

“I think one day I’d like to do a half-marathon,” she said.
There was the time, right out of college, when she worked as a fundraiser for a political campaign, but was fired for not really knowing the ropes. Rather than mope, Myers asked more experienced people where she had gone wrong.

And once, as director of the Office for Women in the Clinton White House, Myers inadvertently offended the First Lady by failing to keep her adequately informed of the office’s activities. Because she had cultivated so many positive workplace relationships, Myers was tipped off to Mrs. Clinton’s ire by a coworker and was able to improve her communications with the First Lady’s office without a confrontation. “That was an ‘Aha!’ moment of grand proportion,” she admitted.

Again, when Myers was named director of the Center for Public Leadership at Harvard’s Kennedy School of Government, she sensed that her predecessor harbored some misgivings about her. Rather than ignore the vibes, Myers deliberately set out to clear the air, and won the woman’s respect, largely on her willingness to set aside her ego and plan a few informal breakfasts with the ex-director.

Bottom line? How people feel about you is crucial in determining your ability to lead. Being human, Myers emphasized, means having feelings, and if you don’t feel valued, you don’t show up for work “as your best self.”

Leadership “is really about self-knowledge,” said Myers. “If you don’t understand yourself, how can you lead other people? It’s hard to get results if you don’t know who you are.”

Myers says the new paradigm for leadership dispenses with the “command-and-control” model. “Gone are the days of ‘Do as I say!’ People want to be included, to have a voice and to be appreciated.”

Myers touted the value of diversity, not so much as a concept involving race or gender, but as a way of gaining “diversity of perspectives and problem-solving. Research shows that diversity makes organizations more profitable and more effective.”

Myers was at Harvard when she first became aware of Obama, then a senator from Illinois. It struck her that his ideals “were part of who he was—that’s why I went to work on his campaign. “Three years ago, Obama had less than 10 percent name recognition in the United States. That’s when I joined his campaign,” Myers said. “I didn’t think he’d win [the presidency], but I felt it would be interesting. I also thought he would be a leader on the national scene for years to come.”

What intrigued her throughout the experience was that “people were so engaged, excited and willing to give up their weekends, liquidate their retirement funds, quit their law firms… I was fascinated over and over again by the fervor. Obama said, ‘I’m taking this campaign to the people.’ He gave voice to the American people and an opportunity to participate. It was a campaign of inclusion.”

As evidence of this grassroots engagement, Myers said the average Obama campaign donation was only $100. “People felt included, communicated with, part of a team. As a field worker explained to me, ‘We came because of Barack Obama, but we stayed because of each other.’”

Rather than bemoan Obama’s lack of traditional sources of support, his campaign “used the Internet, opened more state offices and embraced new technology,” Myers said the McCain and Clinton presidential campaigns “ran a 1992 campaign in 2008. They embraced the new technology, but not to the level that we did. We ran a 2008 campaign in 2008, and embraced inclusion, empowerment, something bigger than us.”

The same approach that won the White House can win NIH labs and branches, Myers suggested. She cited a study showing that 70 percent of American workers feel disengaged from the workplace, resulting in $350 billion of lost productivity. “That means our best self is not show-
ing up for work. The number one reason for workplace unhappiness is poor relationships with the boss."

Supervisors can profit from being mindful of the messages their own behavior sends; they must strive to tap into the positive emotions of their employees. But that’s hard to do if they are miscast and miserable.

Myers learned from her daughter a key lesson about fulfillment: do what you love. "When did we stop freaking out with joy?" she asked, referring to her daughter’s realization that dance made her happy. "Are you in the right position for you? Does it make your heart sing?"

In a workplace characterized by constant change, and by personal behaviors she euphemistically dubbed "foolishness," the one thing we can control is self. "You need to understand what makes you happy. And it’s okay to be happy. Life is short."

Too often, it’s not the glass ceiling that limits career progress, but the “sticky floor. We all have our sticky floors, whether it’s being chronically late to meetings, unkind to our superiors and colleagues or to those below us” or just being scared to take a risk and change careers.

Myers concluded with a litany of take-home messages—literally; she insisted her advice is as good at home as on the job:

- Understand your stakeholders, the people who care about what you are doing.
- Have the courage to ask for honest feedback. For example, “What could I be doing differently?”
- Try to fix troubled relationships.
- Challenge your assumptions.
- Build your relationships.
- Remember, “Your success is predicated on how people around you feel about you.”
- Remember to thank people—handwritten notes trump email in this regard.
- Be clear in your own mind about what success looks like.
- Catch people doing things right.
- Avoid an “inbox life” (frittering the day away with email) and adhere to your to-do list.
- Lastly, be aware that career success is up to you—if it ain’t fun, fix it.

For the full lecture, visit http://videocast.nih.gov.

**NINDS’s Major Helps 4th Graders Explore the Brain**

Dr. Eugene Major, chief of the NINDS Laboratory of Molecular Medicine and Neuroscience, recently visited William Hammerschmidt Elementary School in Lombard, Ill., to speak with his 10-year-old granddaughter Emily Quirk’s class about the brain.

The class was delighted to meet a working scientist, a sort of mysterious profession to them, and had their hands raised the whole time, eager to participate. Some of the questions the students asked included: How big is the brain? Why does it have so many parts? How can the brain get fixed if it doesn’t work right? How does it all fit together?

During his hour-long conversation with the students, Major not only answered their questions but also handed out small toy brains and copies of the NINDS brochure *Know Your Brain.*

"The most memorable part of the day was the kids’ extraordinary enthusiasm to learn about science,” he said. “And of course the huge proud smile on Emily’s face when the class told her she had an awesome grandpa.”—Vanessa Mahone
Sleep Apnea Tied to Increased Risk of Stroke

Obstructive sleep apnea is associated with an increased risk of stroke in middle-aged and older adults, especially men, according to new results from a landmark study supported by the National Heart, Lung, and Blood Institute. Overall, sleep apnea more than doubles the risk of stroke in men. Obstructive sleep apnea is a common disorder in which the upper airway is intermittently narrowed or blocked, disrupting sleep and breathing during sleep.

Researchers from the Sleep Heart Health Study report that the risk of stroke appears in men with mild sleep apnea and rises with the severity of sleep apnea. Men with moderate to severe sleep apnea were nearly three times more likely to have a stroke than men without sleep apnea or with mild sleep apnea. The risk from sleep apnea is independent of other risk factors such as weight, high blood pressure, race, smoking and diabetes.

They also report for the first time a link between sleep apnea and increased risk of stroke in women. The study was published online Mar. 25 ahead of print in the American Journal of Respiratory and Critical Care Medicine.

'Heel Stick' Test Not an Effective Screening Tool For CMV in Newborns

A routine screening test for several metabolic and genetic disorders in newborns, the heel-stick procedure, is not effective in screening for cytomegalovirus (CMV) infection, a leading cause of hearing loss in children, according to research published in the Apr. 14 online issue of the Journal of the American Medical Association.

About 20,000-30,000 infants are born infected with CMV each year, 10-15 percent of whom are at risk for eventually developing hearing loss. CMV is the most common infection passed from a mother to her unborn child.

The study, funded by the National Institute on Deafness and Other Communication Disorders, is part of a multicenter research project headed by the University of Alabama at Birmingham that is seeking to find the most effective screening test for CMV infection in newborns. The standard method for detecting CMV infection in newborns is labor-intensive and not conducive to a widespread screening program.

"The heel-stick test is a simple test that is already being used to screen for other diseases in newborns across the United States, so it seemed like a good candidate for a possible universal screening program for CMV," said NIDCD director Dr. James F. Battey, Jr. "However, these findings show us that, at least with current technologies, the heel-stick test should not be used as a primary newborn screening tool for CMV."

Strategy Confirmed to Help Doctors Determine When to Treat Retinopathy of Prematurity

Scientists have shown that through an eye exam, doctors can identify infants who are most likely to benefit from early treatment for a potentially blinding eye condition called retinopathy of prematurity (ROP), resulting in better vision for many children.

These long-term results of the Early Treatment for Retinopathy of Prematurity (ETROP) study confirm that the visual benefit of early treatment for selected infants continues through 6 years of age. The research, published Apr. 12 online in Archives of Ophthalmology, was supported by the National Eye Institute.

"This study has set the standard of care for infants with ROP by showing that early treatment of selected high-risk premature babies has positive longer-term results on vision," said NEI director Dr. Paul Sieving.

Targeting Blood-Brain Barrier May Delay Progression of Alzheimer’s

Researchers may be one step closer to slowing the onset and progression of Alzheimer’s disease. An animal study supported by the National Institute of Environmental Health Sciences shows that by targeting the blood-brain barrier, researchers are able to slow the accumulation of a protein associated with the progression of the illness. The blood-brain barrier separates the brain from circulating blood. It protects the brain by removing toxic metabolites and proteins formed in the brain and preventing entry of toxic chemicals from the blood.

"This study may provide the experimental basis for new strategies that can be used to treat Alzheimer’s patients," said Dr. David S. Miller, chief of the Laboratory of Toxicology and Pharmacology at NIEHS and an author on the paper that appears in the May issue of Molecular Pharmacology. "What we’ve shown in our mouse models is that we can reduce the accumulation of beta-amyloid protein in the brain by targeting a certain receptor in the brain known as the pregnane X receptor, or PXR.”
The phone numbers for more information about the studies below are 1-866-444-2214 (TTY 1-866-411-1010) unless otherwise noted.

Dietary Carbs vs. Fat – Overweight
NIH is looking for overweight, healthy adults, 18 to 45 years old, to volunteer in a clinical research study. If you are interested in learning about how dietary carbohydrates versus fat affect metabolism and how the brain perceives food, call us. The study includes two inpatient visits of up to 13 days followed by a 12-week lifestyle modification program including weight loss counseling, prescribed diet and exercise program. Refer to study 09-DK-0081. Compensation is provided.

Dietary Carbs vs. Fat – Normal Weight
NIDDK is looking for healthy adults of normal weight, 18 to 45 years old, to volunteer for a study looking at the brain’s perception of food through brain imaging. Compensation is provided. Refer to study 09-DK-0081.

Januvia Study
Volunteers are needed for a study examining the immune function in healthy volunteers given short-term treatment of sitagliptin. Investigators wish to determine if and how sitagliptin alters immune function. If you are 18 years or older and healthy, consider participating in this study. All study-related tests are provided at no cost. Compensation is provided. Refer to study 09-DK-0055.

Epilepsy Study
Do you suffer from seizures? Consider participating in an NIH research study evaluating and treating people with epilepsy. Individuals will undergo standard diagnostic procedures used to determine the type of seizures, causes and whether standard drug treatment can help them. All study-related tests are provided at no cost. Refer to study 01-N-0139.

Dry Eyes Study
Do you have dry eyes? If your eye doctor has diagnosed you with ocular surface disease, commonly known as dry eye, and you are 18 years or older, you may be eligible to participate in a study with the National Eye Institute. This study will compare visual function when reading computerized versions of eye questionnaires on the web and when completing paper versions of eye questionnaires. Participants will be required to travel to NIH for an outpatient visit lasting approximately 2 hours and will receive an eye examination. Refer to study 08-EI-0135.

Macular Degeneration Study
We are seeking patients with wet age-related macular degeneration. The Food and Drug Administration has approved the use of Lucentis for treatment of this ailment. The National Eye Institute is looking for volunteers 50 and older with the ailment to participate in a study exploring the different responses to Lucentis. Participants will be required to travel to NIH on an outpatient basis for the initial evaluation and subsequent monthly examinations. Refer to study 08-EI-0103.

Pinn Receives BIG Honor
Dr. Vivian Pinn, NIH associate director for research on women’s health, was honored Mar. 25 in Wilson Hall as a “pioneer, administrator and mentor” by the NIH chapter of Blacks In Government.

Harold Atkins, NIH BIG president, called Pinn “an outstanding pioneer in her field whose leadership has changed the course of medicine and research regarding women of all races and ages.” A detailed biography of Pinn was printed in the occasion’s program. According to organizers, BIG’s aim was “to demonstrate that a true test of people’s award-worthiness is how their peers and professional associates view and honor them.”

Also on hand for the event was an assistant to U.S. Sen. Barbara Mikulski (D-MD), Kristen Soper, who noted in the senator’s tribute several of Pinn’s diligent efforts for the nation and for women in general. In her comments, Pinn, who directs the Office of Research on Women’s Health, expressed appreciation to NIH BIG for the honor. Accepting flowers and a trophy, Pinn said it is gratifying to see the positive effects of her work and that it compels her to do more.
Annual Premiere Night Draws Almost 8,000

Nearly 8,000 people attended the 13th annual Children’s Premiere Night with Ringling Bros. and Barnum & Bailey Circus hosted by the NIH Recreation and Welfare Association on Mar. 17.

More than 2,700 of the 8,000 came as guests from non-profits such as Bethesda Cares, Washington Area Boys & Girls Clubs, Wells Robertson House in Gaithersburg, the Children’s Inn at NIH, Special Love Inc., Easter Seals, Children’s Hospital, Stella J Life Skills & Group Instruction and Reginald S. Lourie Center for Infants & Young Children.

In addition, “We were able to treat an additional 800 to [the following night’s] show for Boys and Girls Clubs,” said Randy Schools, R&W president. Proceeds from premiere night benefit NIH’s children’s charities.

Several performers also paid a visit to the Clinical Center, bringing their circus antics—and smiles and laughter—to patients and staff alike.