

Broca's Area

The Voice of Texas Neurology

Fall 1997

Words from the President

Gage Van Horn, MD

Most of you know about the upcoming conflict of annual meeting times between the Texas Medical Association and the American Academy of Neurology. In 1998 the four day TMA Annual Session coincides with the first weekend of the AAN 50th Anniversary Meeting. Your board officers decided that if the Texas Neurological Society (TNS) tried to have our scientific meeting during the TMA Annual Session, we would have a very low attendance and few available speakers. Actually this conflict of meeting times has plagued the society since our inception. To date, we held our annual scientific meetings during the TMA Annual Session, and have been known as the TMA Section on Neurology. Over the years, the officers and board members have debated moving our scientific meetings to another time of year. We have approached the TMA with our ideas only to be told that we would not receive TMA support for bringing in out-of-state speakers and would have no CME capabilities. The TMA has changed its policy and this year, with TMA approval, we decided to move our meeting time.

We asked our new program director, Douglas Hudson of Austin, to make plans for a scientific conference to be held in the Austin area in February or March of 1998. It was suggested that he involve the chairmen of the various neurology departments in medical schools across the state. We reasoned that with the academic talent present in the state, we could put together a scientific meeting worthy of attracting a large percentage of our membership and inviting our colleagues from neighboring states. The TMA agreed to help us with our CME accreditation. They also asked us to put on a two-day meeting on Alzheimer's disease during next year's annual session. This two-day conference has already been planned.

Two years ago, Ernesto Infante opined during his presidential acceptance speech, that the major problem facing the Texas Neurological Society was low attendance at our annual scientific meetings. The potential reasons included unfavorable meeting times, low TNS membership relative to the total number of neurologists in the state,

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Words from the President

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failure to attract neurology residents to our meetings, and uninspiring programs. We hope to deal with all of these issues. We have altered our meeting time this year so there will be no conflict with AAN annual meeting. We had an excellent program last year (maximum attendance about 150), and think we have another this year. Generous corporate sponsorship will allow us to bring quality speakers and have at least one attractive social event.



Please mark your calendar for the first Texas Neurological Society Winter Conference to be held on Friday and Saturday, February 27-28, 1998, at the Omni Hotel in downtown Austin. I believe that we have an exciting program for the Winter Conference which is described elsewhere in this issue of Broca's Area. Several chairpersons from departments of Neurology across the state have had input into the program. Each of you will receive a brochure outlining the program. The spouses of some Austin neurologists are planning the social events, so please include your significant other in your plans.

Membership Report

The Texas Neurological Society presently has 258 members.

| | |
|----------------------------|-----|
| <i>Active Members</i> | 184 |
| <i>Charter Active</i> | 32 |
| <i>Residents</i> | 10 |
| <i>Life Members</i> | 9 |
| <i>Active Out of State</i> | 4 |
| <i>Charter Life</i> | 9 |
| <i>Charter Honorary</i> | 1 |
| <i>Associate Members</i> | 2 |

To learn more about membership in the TNS call the TNS office at 800-880-1300, ext. 1532 or 512-370-1532.

Welcome New Members

The following neurologists' membership applications were approved at the 1997 TNS Annual Meeting. We wish to welcome them to the Texas Neurological Society.

Active Members

Ezra El-Kayam, M.D., El Paso
 Peter Fox, M.D., San Antonio
 Hamid Moayad, D.O., Bedford
 Aziz Shaibai, M.D., Houston
 Michael Vengrow, M.D., Dallas

Resident Members Elevated to Active Status

Laurence Bower, M.D., New Braunfels
 Stephanie Carinci, MD., Lewiston, ME
 Rodolfo Fierro-Stevens, M.D., El Paso
 Morris Groves, M.D., Houston
 Paul Harris, M.D., Abilene
 Annie Lincoln, M.D., Lubbock
 Lee Pollack, M.D., Lubbock

Resident Member

Madhureeta Achari, M.D., Houston

Membership Applications Pending

Applications for membership have been received in the TNS office.

Active Membership

Karen Fink, M.D., Dallas, Texas
 Clifford Schold, Jr., M.D., Dallas, Texas

Resident Membership

Choon Cha, M.D., Irving, Texas
 Alicia Goldman, M.D., Houston, Texas
 Fatma Radhi, M.D., Galveston, Texas
 Mike Yuan, M.D., Pearland, Texas
 Sue Yu, M.D., Houston, Texas

EDITORIAL COMMENTS

James E. Garrison, III, M.D.
Guest Editor

I recently received a copy of the Attorney General's ruling on the performance of needle EMG by physical therapists. In a nutshell, it was decided that the practice of needle EMG "constitutes the practice of medicine and is within the scope of practice of a licensed physician..." It was then decided that "electromyography is within the scope of practice of a licensed physical therapist..." In an incredibly disingenuous decision it was then decided that the Board of Physical Therapy Examiners has the authority to regulate the performance of EMG by physical therapists and the Board of Medical Examiners has the authority to regulate the performance of EMG by physicians. Thus, "the board has no regulatory authority over physical therapists practicing electromyography," the board in this case, meaning the Board of Medical Examiners. Any rule-making is to be done by the two boards.

This is obviously a major setback and probably a final defeat for our position that needle EMG should only be performed by qualified physicians. There are many ways to view the above decision, I think a ruling like this is almost what you would expect when a strictly legal entity such as the Attorney General's office is asked to rule on a strictly medical issue. Maybe it would have come to this anyway, but I feel the Board of Medical Examiners dropped the ball by not dealing with the situation when they had the opportunity. The only member of the board who would know an EMG from a pregnancy test was required to recuse himself from the discussion.

This ruling spells the doom not only for EMG, but likely for any other test or procedure that could be performed by allied health personnel. Following the above logic,

is it the scope of the Board of Chiropractic Examiners to regulate "qualified" chiropractors performing EMG? What about podiatrists, physician's assistants and nurse practitioners? Will we have nurses reading EEG's? It is difficult to put a good face on any of this.

I would suggest that we monitor the situation in our local communities and report any substandard EMGs to the Board of Physical Therapists. I will pursue any appeal process open to us, but I have been told the only other avenue open is through the legislature. I have also been told that they have no interest in this kind of issue.

Ed Garrison is the immediate past president of the Texas Neurological Society. During his tenure the question of physical therapists doing needle EMGs was refused by the Board of Medical Examiners and forwarded to the Attorney General for opinion. Dr. Garrison has pursued the issue as did Ernesto Infante before him. Both of these past TNS presidents have been active in protecting the interests of Texas Neurologists. JTH, ed.

MEDLINE Access Now Free

The National Library of Medicine, a part of NIH, has launched a new service to provide all Americans free access to MEDLINE over the World Wide Web. "Medical Breakthroughs are happening so rapidly that I believe health care professionals and consumers alike should be able to tap into the most recent medical information," commented Michael E. DeBaKey, M.D., chairman of NLM Board of Regents. Prior to this users have had to register and pay to search MEDLINE and other NLM databases. The web address for the National Library of Medicine is:

<http://www.nlm.nih.gov>.

Texas Neurological Society Winter Conference

Friday, February 27, 1998

10:00 a.m. - 5:00 p.m.

Registration 8:00-10:00 am

Omni Hotel Downtown

Austin, Texas

Morning Session

Therapeutics in Neurology I

Moderator: James A. Ferrendelli, M.D.

Chairman, Department of Neurology

University of Texas Medical School

Houston, Texas

10:00 a.m.

Welcome

Gage Van Horn, M.D.

President, TNS

10:05 -10:35 a.m..

Neurology: Yesterday, Today and Tomorrow

James A. Ferrendelli, M.D.

Houston, Texas

10:35-11:35 a.m.

Spasticity from B to Z

Michael Merren, M.D.

San Antonio, Texas

11:35-12:35 a.m.

Pain Management-

A Neurologist's Perspective

Everett Heinze, M.D.

Austin, Texas

12:35-1:45

Lunch & Speaker

(1:00-1:45 p.m.)

Women's Health Care Issues

Lucia Gilbert, Ph.D.

Austin, Texas

Afternoon Session

Neurologic Disorders in Women

Moderator: David G. Sherman, M.D.

Chairman, Department of Neurology

University of Texas Medical School

San Antonio, Texas

2:00-2:30 p.m.

Stroke

Robin Brey, M.D.

San Antonio, Texas

2:30-3:00 p.m.

Epilepsy

Akos Szabo M.D.

San Antonio, Texas

3:00-3:30 p.m.

Migraine Headaches

Diane Solomon, M.D.

San Antonio, Texas

3:30-4:00 p.m.

Break/Exhibits

Austin Room

4:00-4:30 p.m.

Gender Specific Differences in

Neuropharmacology

Susan Rogers, Pharm.D.

San Antonio, Texas

4:30-5:00 p.m.

Neuromuscular Disorders

Carlayne Jackson, M.D.

San Antonio, Texas

5:00-5:30

Summary

David G. Sherman, M.D.

Dinner and evening entertainment is planned for members and spouses. See page 10 for details.

Saturday, February 27, 1998

8:30 a.m. - 4:15 p.m.

Lone Star Room

Morning Session

Therapeutics in Neurology II

Moderator: Clifford B. Schold, Jr., M.D.

Chairman, Department of Neurology

Southwestern Medical School

Dallas, Texas

8:30 a.m.-9:15 a.m.

Parkinson's Disease Update

J. Thomas Hutton, M.D., Ph.D.

Lubbock, Texas

9:15-10:00 a.m.

New Advances in Headache Treatment

Seymour Diamond, M.D.

Chicago, Illinois

10:00-10:15 a.m.

Break/Exhibits

Austin Room

10:15-11:00 a.m.

Disorders of Sleep in

Neurological Disease

David Westerman, M.D.

Atlanta, Georgia

11:00 a.m.- 11:45 a.m.

Antithrombotic Therapies for

Stroke Prevention- An Update

Robert G. Hart, M.D.

San Antonio, Texas

11:45a.m.-12:15 p.m.

Summary

Clifford Schold, M.D.

Dallas, Texas

12:15-1:15 p.m.

Lunch Buffet

Exhibits Hall

(Executive Board Meeting

Location to be announced)

Afternoon Session

Therapeutics in Neurology II

Moderator: Stanley H. Appel, M.D.

Chairman, Department of Neurology

Baylor College of Medicine

Houston, Texas

1:30- 2:15 p.m.

Multiple Sclerosis-Immunotherapy

Frederick E. Munschauer, III, M.D.

Buffalo, N.Y.

2:15-3:00 p.m.

Epilepsy Therapy Update

James A. Ferrendelli, M.D.

Houston, Texas

3:00-3:45 p.m.

Vagal Nerve Stimulation for Seizures

Richard A. North, M.D.

Dallas, Texas

3:45-4:15 p.m.

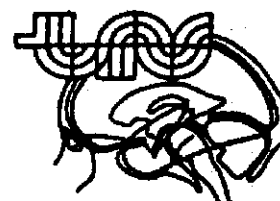
Summary

Stanley H. Appel, M.D.

Houston, Texas

4:15 p.m. Adjourn

This program will provide 12.0 Category I
hours for Continuing Medical Education



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by Donald F. Wilcox, JD and Christopher K. Davis, JD

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For more information: (800) 880-1300, ext. 1550,
or (512) 370-1550, tma_library@texmed.org.

Sleep Disorders Medicine - A Growing Field

by Robert W. Fayle, M.D.

Clinical sleep disorders medicine has experienced a rapid growth since the first Stanford narcolepsy clinic in the late 1960's. New light is being shed on well-known disorders such as narcolepsy and new disorders, such as REM Behavior Disorder, are being recognized. In parallel development, an increasing number of sleep laboratories and sleep disorders centers are appearing. However, despite a multidisciplinary approach involving neurologists, pulmonologists, psychologists, and psychiatrists, there are too few sleep disorder specialists to care for the estimated 50 million Americans with sleep disorders.

Neurologists, with their training and background, are uniquely prepared to step forward to meet the needs of this evolving clinical area. Sleep as a neurophysiologic and neurobehavioral phenomenon should be a part of our neurology practices. For those interested, there are excellent courses in sleep medicine and the sleep section at the American Academy of Neurology meetings to supplement the relatively inadequate time devoted to sleep disorders in most medical schools and neurology residency training curricula. There are also a growing number of fellowship programs for those interested in board certification.

Every neurology will see sleep problems either directly or as a co-factor in classical neurologic disorders: 5-7% of men and 1-2% of women have sleep apnea. When tested, 70-80% of patients with stroke have sleep apnea. REM Behavior Disorder (RBD) predicts the eventual development of Parkinson's disease or olivo-ponto-cerebellar atrophy in 50% of patients with RBD. There are associations with sleep apnea and epilepsy and impli-

cations regarding treatment of both. The most crucial step in treating sleep disorders is developing an increased index of suspicion along with updated diagnostic criteria. Finding an acceptable polysomnography lab is the next step. Accredited or accreditation-eligible labs are becoming commonplace, and there is less need to rely on less than adequate facilities.

As in any situation where there is a disparity between need and supply, the need may tend to be filled by non-physician entrepreneurial interests without the technical or clinical skills to appropriately serve the patients. Therefore, it is also incumbent on the physician dealing with these disorders to be aware of quality issues just as one would with any other neurophysiology laboratory or neuroimaging center. I would urge any neurologist who has an interest to sharpen his or her sleep disorders skills and make a start in sleep medicine. Sleep disorders patients represent a group with challenges stroke and headache in number and generally has a very positive and gratifying response to therapy. Without recognition and treatment these disorders often are a threat to life and to the quality of life. Besides, any discipline which has a disorder named the "exploding head syndrome" cannot be dull!

**References available on request.*

Bob Fayle, M.D. is a past president of the Texas Neurological Society. He practices neurology at the Diagnostic Clinic of Houston.

New Medicare Codes Must be Used by January 1, 1998

HCFA has developed documentation standards for evaluation and management codes for single-specialty and multisystem diagnostic services physicians must use to document service levels in patient charts. Codes take effect October 1, 1997 and must be used beginning January 1, 1998.

TDH Increases Surveillance for Creutzfeldt-Jakob Disease

In 1995 a new strain of Creutzfeldt-Jakob disease (CJD), nv-CJD, was recognized in Britain; it appears to affect primarily younger people and progresses more slowly than the classic variety. To date there are 21 documented cases of nv-CJD in Europe. The following is a current summary of the Texas Department CJD surveillance activities in Texas.

The normal mortality rate of CJD worldwide is 1 death per million population per year. In June 1996, the Texas Department of Health (TDH) published a study of CJD mortality in Texas for the years 1984-1994. There were an average of 10 deaths per year (range=1-14 deaths/year), for an average yearly mortality rate of 0.76 deaths per million population. In 1995 CJD was listed as the immediate or underlying cause for 17 deaths and in 1996 the number of deaths was 18. Texas has a population of nearly 19 million, so the rate for each of the past 2 years was just under 1 death per million population per year.

Also in 1996, at the request of the Centers for Disease Control and Prevention, TDH began tracking CJD in persons under the age of 56. To date 6 cases have been investigated. All appear to be classic CJD.

In April 1997, the TDH became aware of a larger than expected number of possible CJD cases in Public Health Region 4. Region 4, with a population of just over 1 million comprises 23 counties in northeast Texas. In response, TDH searched death certificates and asked area infection control practitioners and neuropathologists at medical schools to search their data bases for recent cases. All area neurologists, neurosurgeons and pathologists were asked to report suspect cases of CJD. After review of medical records and autopsy and biopsy results of *(continued on page 9)*

New Law Requires Notice of Prescription Change to Physicians

Legislation passed during the last session of the Texas legislature will require that physicians be notified if their patients are "switched" at the pharmacy level from one version to another of a small class of prescription drugs known as narrow therapeutic index (NTI) drugs.

Texas is one of three states this year to adopt protections against the undisclosed switching of NTI drug formulations. Virginia and North Carolina also adopted NTI switching legislation. A number of other states already have similar protections in place. The legislation was supported by the Texas Medical Association and by the Health Alliance for NTI Patient Safety, a national coalition of medical, patient advocacy and consumer groups.

About two dozen prescription drugs meet the FDA's definition as having a narrow therapeutic index. NTI drugs have generally been shown to have a small margin between patient benefit and patient risk, usually requiring precise patient monitoring. NTI drugs are used in the treatment and prevention of heart attack, stroke, asthma, depression and seizure disorders. The Texas legislation states that if a patient is switched from the formulation of the NTI drug they are currently taking, to another formulation, the prescribing physician to be notified. The provisions of the legislation cover switches from brand name drugs to generics, from one generic to another generic formulation or from generic to name brand formulations. They are meant to ensure physicians are fully aware of any changes in medication their patients are given.

A number of physician and patient advocacy groups have *(continued on page 9)*

TNS Members At Large 1997-98**Richard A. Sawyers, M.D.**115 Medical Drive, # 104
Victoria, Texas 77904**Blake B. O'Lavin, M.D.**3006 S. Alameda
Corpus Christi, Texas 78404**Michal Douglas, M.D.**711 W. 38th St. # F
Austin, Texas 78705**Creutzfeldt-Jakob Disease**

(continued from page 8)

the reported cases, three patients were identified with definite CJD (based on neuropathology) and 4 patients were identified with probable CJD. Dates of death for the 7 patients were from April, 1996, through mid-July 1997. The patients were from 46 through 65 years of age; 3 were male and 4 were female.

Currently TDH is requesting that the Board of Health make CJD a reportable disease and is encouraging autopsies of CJD patients since this is presently the only definite way to differentiate classic CJD from nv-CJD. Surveillance has been expanded to include the entire state and all age groups for the time 1990 to the present. A comprehensive questionnaire to be administered to patients' relatives, is being developed in order to assess the risk for CJD in Texas.

Physician Notification Required

(continued from page 8)

indicated concern that the variations allowed by the FDA between various formulations of NTI drugs present the risk that patients may shift outside the desired therapeutic range if the physician is not aware of the switch. Requiring disclosure means patients may be more likely to report any changes in response to their medication, and physicians can better control treatment.

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Texas Neurological Society

***First Annual
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February 27-28, 1998

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Category I CME Available

The Texas Neurological Society will host its First Annual Winter Conference on Friday and Saturday, February 27 and 28, 1998. The schedule for the scientific program can be found on pages 4 and 5 of this issue. In addition to offering an excellent scientific program covering current issues in Neurology, the TNS will offer several social events for members and their spouses.

On Friday evening, February 27, the annual TNS members' dinner will be held in the Omni Hotel (Downtown). Entertainment will be provided by recording artists, The Geezinslaws. The dinner will be followed by attending the show at Esther's Follies on 6th Street. Additional events are being planned for spouses of those attending the conference.

Information about the final program, activities and registration information will be mailed later this fall. For more information call the TNS office 800-880-1300 ext. 1532.