

# HEALTH

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TUESDAY, FEBRUARY 17, 2009 | **ARTS&LIFE** | SECTION **E**

THE PLAIN DEALER

## HEALTHY CLEVELAND

DIANE SUCHETKA



### Clinics take care of the uninsured

There's been lots of attention lately on two days of free health care — no strings attached — to be offered to Northeast Ohioans in May. That's when hundreds of doctors, dentists and other medical workers organized by RAM Ohio will head to the Cuyahoga County Fairgrounds to treat diabetes, fill cavities, make eyeglasses and handle a slew of other ailments without charging a cent.

Their goal is to treat thousands of uninsured or underinsured people from the Cleveland area who would otherwise go without health care.

It's an effort that's drawing praise from across the state.

But we shouldn't overlook those institutions that, for years, have provided free or low-cost care, day-in and day-out, with little or no attention.

**INSIDE** Federal poverty guidelines for 2009. **E4** Cleveland's Care Alliance sends nurse Donna Kelly out under bridges to treat the homeless, and Metro-Health facilities will now charge just \$5 for physician visits to those whose income falls below 200 percent of the federal poverty level, to name just two.

"Our clinics, for decades now, have cared very deeply for their patients and the community and are doing their very best in extraordinary times," says Marjorie Frazier, executive director of the Ohio Association of Free Clinics.

With unemployment at record highs, Ohio's free clinics have seen a 30 percent jump in patients in the past year, she says. And some of them have waiting lists now. But doctors, dentists, nurse practitioners and other health workers who staff these clinics still treat as many patients as they can. And not just for colds and flu.

"We see patients with very significant heart conditions, with diabetes and high blood pressure management issues," Frazier says. "We have partnerships with local hospitals and other medical providers who help us help our patients."

Ohio has 41 free clinics. Because of the increasing number of people losing their health insurance, nine more are expected to open before the year is up.

Dozens of other organizations provide low-cost care, too. And all the hospitals have financial counselors to help low-income patients pay for care.

We don't have space to list them all here; but at the end of this column is a handful of places in Cuyahoga County where residents can get free or reduced-cost health care.

If you live in Northeast Ohio, you can also dial 2-1-1, United Way's First Call for Help.

"We have all sorts of information," says Stephen Wertheim, director of the service. "We can provide information on public programs, we can provide information on prescription assistance programs, and if you're looking for Medicaid, Medicare, we can be that link that gets you there."

You can also find free clinics throughout the state by going to the Ohio Association of Free Clinics Web site: [ohiofreeclinics.org](http://ohiofreeclinics.org) and clicking on "Current Members" or by calling 614-221-6494.

"Many people are losing their health insurance," Frazier says, "and we understand how scary this can be for families. We applaud them for seeking out care in our clinics so that they can take care of themselves during these stressful times."

**CARE ALLIANCE HEALTH CENTER**  
 Address: 1530 St. Clair Ave. NE, Cleveland, and several other locations throughout the city.

SEE HEALTHY | **E4**

*"The science is not so exact that a woman should opt to store eggs in her 20s assuming she will be automatically able to use them to get pregnant later in life."*

**Scott Brown,**  
 spokesman for California Cryobank, which has very few egg storage accounts.

# Preserving fertility

As the technology of freezing eggs improves, more options open up for women

ANGELA TOWNSEND  
 Plain Dealer Reporter

If you're not a woman of child-bearing age, you may never have heard of egg freezing.

But this form of in vitro fertilization has gained traction as its success rate has improved.

It was in 1978 that the first "test tube" baby was born in England. There, doctors fertilized an egg with sperm in a petri dish, then implanted the resulting embryo into the womb. Since then, hundreds of thousands of women have conceived using this method. In 2006, more than 54,000 IVF babies were born in the United States alone.

IVF using frozen eggs is newer. In the past decade, as many as 500 babies worldwide have been born from embryos that originated from a thawed-out egg. The first report of such a baby was in 1986. In 2007, the United States record-

ed its first baby born using both frozen egg and frozen sperm.

Egg freezing appeals to several groups of people, including young cancer patients facing life-saving but fertility-damaging treatments and women who want to extend the window of opportunity to have children because they don't yet have a life partner in the picture.

Couples undergoing fertility treatments also may be drawn to egg freezing. Perhaps they don't like the idea of having to destroy unused embryos or keeping them in limbo. Or — erring on the side of caution — they opt for the procedure to avoid the potential issue of custody: Unlike embryos created with a partner's sperm, frozen eggs, which belong to the woman, don't pose problems. (Who "owns" the embryos has landed more than a few soon-to-be-ex couples in court.)

Because oocyte cryopreservation (the medical term for egg freezing) is still considered experimental by the American Society of Reproductive Medicine, many U.S. fertility clinics only offer the service to cancer patients.

But that may soon change. In 2006, an experimental program at Toledo Hospital's Fertility Center of Northwest Ohio welcomed the arrival of its first baby born from a once-frozen egg.

SEE FERTILITY | **E5**

### INSIDE

■ The odds of a woman's fertility as she ages.  
 ■ Resources for cancer patients. **E5**

## SPERM FREEZING A SIMPLER PROCESS

The process of collecting sperm is much, much simpler than egg collection. It's not invasive and does not need to be charted on a calendar. It also costs much less. University Hospitals Case Medical Center, for example, charges \$300 to freeze sperm samples and an annual \$30 storage fee.

For embryos, UH does not charge a fee for freezing during an initial IVF cycle, nor does it charge for the first year of storage. Beginning with the second year of storage, the cost is \$150. That cost rises by \$100 each subsequent year until it reaches the maximum yearly storage fee of \$750.

Frozen sperm lasts for decades and generally survives the process well.

Recent studies suggest that young sperm are generally in better condition and, thus, better candidates for freezing for later use than "older" sperm. Some studies cite higher rates of autism, schizophrenia and Down syndrome in children born to older fathers.

The thousands of men who have banked sperm at California Cryobank have done so for a variety of reasons: prior to cancer treatment; pre-vasectomy; low sperm count; and as a precaution for those who may face occupational exposures.

Soldiers preparing for military deployment also freeze their sperm, said California Cryobank's Scott Brown.

The U.S. military does not offer sperm banking as a service or suggest it to soldiers before they deploy to war zones. But other countries, including Israel, provide these services free of charge for all of their soldiers.

— Angela Townsend

## Connecting the dots of health and wellness

Holistic association wants to link conventional with other practices

KAYE SPECTOR  
 Plain Dealer Reporter

It was a match made in holistic heaven.

Donna Nowak was chief executive officer of a Broadview Heights nonprofit that brought together practitioners of complementary and alternative health care.

The American Holistic Medical Association was a 30-year-old Seattle-based nationwide network of licensed physicians who practice integrative medicine.

The two came together about a year ago when the AHMA hired Nowak as chief executive officer. Then, about four months ago, Nowak merged her six-year-old organization, Mind Body Spirit Connection, with the AHMA.

The new, plumped-up association recently moved into freshly painted offices on Commerce Drive in Beachwood. From there, Nowak has plans to lead the organization into an era of greater general awareness of holistic medicine.

This approach to medicine views a patient's physical and mental states as closely connected and uses complementary, as well as conventional, therapies to heal. Her job now is to demystify complementary



Nowak

therapies such as music and meditation, and alternative therapies such as herbal medicine and acupuncture.

Nowak envisions the AHMA as a catalyst for change. She believes the time and — because of Cleveland's status as a medical mecca — the place is right.

Nowak points to the Cleveland Clinic's 5-year-old Center for Integrative Medicine as proof that there is an awakening to the advantages of the holistic approach.

Nowak, a former hypnotist who spent more than two decades as a business-turnaround specialist, brings corporate acumen to her organization's mission.

SEE HOLISTIC | **E4**

ANDREA LEVY |  
 THE PLAIN DEALER

# THE ABCS OF TMJ DISORDERS



GARY NEILL | NEWYORKTIMES

JANE E. BRODY  
New York Times

One person gets migraine headaches, another ringing in the ears, a third clicking and locking of the jaw, a fourth pain on the sides and back of the head and neck. All are suspected of having a temporomandibular disorder.

Up to three-fourths of Americans have one or more signs of a temporomandibular problem, most of which come and go and finally disappear on their own. Specialists estimate that only 5 percent to 10 percent of people with symptoms need treatment.

Popularly called TMJ, for the joint where the upper and lower jaws meet, these disorders actually represent a wider class of head pain problems that can involve this joint, the muscles involved in chewing, and related head and neck muscles and bones.

Too often, experts say, patients fail to have the problem examined in a comprehensive way and undergo costly and sometimes irreversible therapies that may do little to relieve their symptoms. Scientists at the National Institute of Dental and Craniofacial Research wrote recently, "Less is often best in treating TMJ disorders."

### A new understanding

TMJ problems were originally thought to stem from dental malocclusion — upper and lower teeth misalignment — and improper jaw position. That prompted a focus on replacing missing teeth and fitting patients with braces to realign their teeth and change how the jaws come together.

Later studies revealed that malocclusion itself was an infrequent cause of facial pain and other temporomandibular symptoms. Rather, as Boston specialists wrote

recently in The New England Journal of Medicine, "the cause is now considered multifactorial, with biologic, behavioral, environmental, social, emotional and cognitive factors, alone or in combination, contributing to the development of signs and symptoms of temporomandibular disorders."

The most common TMJ problem is known as myofascial pain disorder, a neuromuscular problem of the chewing muscles characterized by a dull, aching pain in and around the ear that may radiate to the side or back of the head or down the neck. Someone with this disorder may have tender jaw muscles, hear clicking or popping noises in the jaw, or have difficulty opening or closing his or her mouth.

Jaw-irritating habits, like clenching the teeth or jaw, tooth grinding at night, fingernail biting or chewing gum, can make the problem worse or longer lasting. Psychological factors also often play a role, especially depression, anxiety or stress.

### Proper assessment

The overwhelming majority of people with TMJ symptoms are women, and women represent up to 90 percent of patients who seek treatment, said Dr. Leonard B. Kaban, chief of oral and maxillofacial surgery at Massachusetts General Hospital.

Kaban said doctors and dentists should "start with a thorough history — you can get 80 to 90 percent of the needed information just from talking to the patient about their habits." This should be followed by a physical examination.

"Among the biggest advances in diagnosis has been imaging studies, especially by MRI and occasionally by CT scan with a cone-beam image," Kaban said.

For those with complicated prob-

lems, he suggested visiting a multidisciplinary temporomandibular clinic, found at many leading hospitals and dental schools.

### Therapy options

Resting the jaw is the most important self-care therapy, suggested by the orofacial academy. Stop harmful chewing and biting habits, avoid opening your mouth wide while yawning or laughing and temporarily eat only soft foods. It also helps to apply heat to the side of the face.

Other measures include not leaning on or sleeping on the jaw.

Physical therapy to retrain positioning of the spine, head, jaw and tongue can be helpful, as can heat treatments with ultrasound and short-wave diathermy.

Some patients are helped by a low-dose tricyclic anti-depressant taken at bedtime, or anti-anxiety medication. Stress management and relaxation techniques like massage, yoga, biofeedback, cognitive therapy and counseling to achieve a less frenetic work pace are also helpful, according to the findings of a national conference on pain management.

Those who clench or grind teeth can be fitted with a mouth guard that is inserted like a retainer or removable denture, especially at night, to prevent this joint-damaging behavior.

Kaban cautioned against "any expensive, irreversible treatment" before a thorough diagnosis is completed and simple, reversible therapies have been tried and found wanting.

As with other joints, he said, surgery is a treatment of last resort, and then primarily for patients who are born with or develop jaw malformations and patients with arthritis who have loose fragments of bone or require condyle reshaping.

## Cancer patients learn how to preserve their fertility

Fertile Hope, founded by a cancer survivor in 2001, provides educational resources, financial assistance, research grants and support for cancer patients who want information on how to preserve their

fertility. Recently, the New York-based organization (fertilizehope.org or 1-888-994-4673) created the Human Oocyte Preservation Experience Registry.

The registry hopes to enroll

about 400 women of reproductive age over the next three years who will have their eggs frozen and eventually thawed and fertilized. Researchers will track the eggs to study the safety and effectiveness

of egg freezing.

Freezing eggs is not the only option available for doctors who are trying to preserve a cancer patient's fertility.

Minimizing the damage to the

ovaries during radiation or chemotherapy is key, so some doctors use an experimental laparoscopic procedure to remove one or both of the ovaries before radiation in the pelvic area. The ovaries are frozen, then put back when the cancer treatment is completed.

Patients who must undergo chemotherapy may be given the

drug Lupron before and during treatment as a way to protect the ovaries. Lupron slows down the body's production of specific hormones.

Another option, although experimental, is to freeze ovarian tissue and the immature eggs inside the tissue.

— Angela Townsend

## FERTILITY

FROM E1

### Egg freezing opens up options

"It was our fertility doctor's idea [to join the study]," said Stacey LaPointe of suburban Toledo, who was 31 when her eggs were retrieved and frozen. "I think we were a little leery, a little hesitant at first."

But after doctors explained the process to LaPointe and her husband, Ryan, the couple decided to go forward.

"We had tried other things unsuccessfully," she said. "It was one of those crapsshoots. The odds were so low, we thought, 'Well, it's worth a try.'"

Doctors froze seven of LaPointe's eggs. The five that survived the thawing process were fertilized. Two embryos were implanted, and the other three were frozen.

On Aug. 21, 2006, Claire LaPointe was born.

"We were thrilled," LaPointe said.

On April 1, 2008, she gave birth to her second child, Katie — conceived the old-fashioned way.

Cleveland Clinic's Beachwood Fertility Center has frozen the eggs of a dozen cancer patients over the past two years. Roughly half of the Clinic's cancer patients do some type of "fertility sparing" procedure, such as embryo or sperm freezing.

As part of a trial to demonstrate that the procedure can work, the Clinic's Partnership For Families program recently picked up most of the expenses — egg donation, freezing, thawing and fertilization — for two healthy women in their early 40s who used frozen eggs from a woman in her early 20s. The two women have progressed beyond their first trimesters.

Prior to these two pregnancies, talking to cancer patients about freezing their eggs wasn't a comfortable conversation. No one knew if the success at other clinics could be replicated at the Clinic, said Dr. James Goldfarb, director of the in vitro program at the Clinic's fertility center.

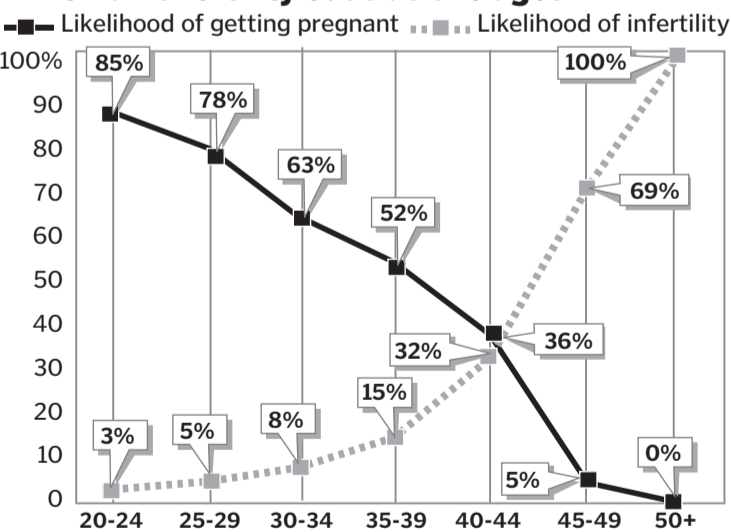
## GOING BY THE NUMBERS

As a woman ages, the quantity and quality of her eggs diminish. Because of that, reports in 2007 from the American Society for Reproductive Medicine and the Society for Assisted Reproductive Technology stated that egg freezing shouldn't be offered or marketed as a means to delay reproduction.

Baby girls start out with 1 million to 2 million eggs. By the time they reach puberty, that number has dropped by at least half. Throughout their lives, women lose more eggs, including during every menstrual cycle.

By the time a woman reaches age 37, she's down to about 25,000 eggs. Menopause occurs when a woman no longer ovulates.

### A woman's fertility odds as she ages



SOURCES: Management of Infertile Women by Helen A. Carcio and the Fertility Sourcebook by Sara Rosenthal

ANGELA TOWNSEND, JAMES OWENS | THE PLAIN DEALER

Now, he said, "It's so much nicer to say, 'We can freeze your eggs and have a reasonable chance of this working.'"

The Clinic says it will consider on a case-by-case basis whether it will offer egg freezing as an elective procedure to healthy women.

University Hospitals Case Medical Center hopes to develop an egg-freezing program in the next six months, said Dr. William Hurd, director of the division of reproductive endocrinology at UH's Macdonald Women's Hospital. And like the Clinic's program, the hope is to expand it to healthy women.

### Increasing chances of success

The closer you are to 40, the less likely you are to be a good candi-

date to freeze your eggs. The cutoff age at Extend Fertility Inc. in Massachusetts is 40, while the Florida Institute for Reproductive Medicine in Jacksonville won't accept women over age 38. CHA Fertility Clinic in Los Angeles has a cutoff of 35, with few exceptions.

Beyond age, women need to be as healthy as possible.

"If the egg quality is down, but the rest of you is fine, you'll be OK," said Dr. Tommaso Falcone, chairman of the department of obstetrics and gynecology at the Cleveland Clinic. "But if you smoke, drink excessively and have not taken precautions for STDs [which, left untreated, can cause sterility], you can be 29 and we'll have problems."

So what's the optimal age to freeze one's eggs? About the same that a woman should think-

ing about having kids.

"Before 30 is ideal," said Hurd. "In her 20s is a good time to have the first child."

At the Florida Institute for Reproductive Medicine, 53 babies have resulted from frozen eggs in the past nine years. One of those babies is now 3, the child of a cancer patient whose frozen eggs were thawed, fertilized and then carried by a surrogate.

At last count, the University of Bologna in Italy has reported a 25 percent success rate using frozen eggs — roughly one baby for every four pregnancy attempts — resulting in around 150 babies.

A clinical study operated by Extend Fertility Inc. — which works with five partner centers in Boston; Austin, Texas; New York; Beverly Hills, Calif.; and Seattle — has resulted in 13 babies born from women who used frozen donor eggs, said spokeswoman Marla Libraty.

"The data is early, but it is encouraging," she said.

CHA Fertility Clinic in Los Angeles — which touts itself as the country's first commercial egg bank — has had 27 babies born. Five women are currently pregnant.

At the Florida Institute, between 40 percent and 50 percent of women who have had about 10 eggs frozen and then thawed have taken home a baby, said program director Dr. Kevin Winslow.

"In theory, eggs may be stored indefinitely. It is the freezing and thawing process that damages the eggs, not the duration that they are frozen," said Scott Brown, spokesman for California Cryobank.

Dr. Glenn Schattman, a specialist in reproductive surgery at Cornell University's Weill Medical College in New York, says many clinics don't know what their success rates will be because they haven't thawed any of the eggs that they've frozen.

"Most programs don't have their own data," he said.

Most of the women who come through the doors of CHA Fertility Clinic in Los Angeles end up not going through with the procedure, said clinic director Dr. Vicken Sepilian.

### Retrieving, freezing and thawing eggs

Once a woman decides to freeze her eggs, she is given hormone injections for several weeks to stimulate her ovaries to produce more eggs than normal. Retrieval is an outpatient procedure, similar to that for in vitro fertilization. The patient is under local anesthesia for about 30 minutes while the doctor removes the eggs vaginally.

A doctor typically retrieves about 10 eggs, although that number can be higher in young women and lower in older women. Pregnancy rates are significantly lower with eggs that have been frozen than when fresh or previously frozen embryos are used.

Eggs, which are stored in liquid nitrogen, are harder to freeze than embryos because they are full of liquid, making them much more delicate. Freezing techniques include removing most of the water from the egg before freezing, or doing a quick freeze so that ice crystals don't have time to form.

About half of all eggs typically survive the thaw, although some centers say that improved freezing techniques have increased that up to 70 percent. For each egg that remains, the chance of it being successfully fertilized with sperm, implanted and resulting in a birth are low — anywhere from 2 percent to 7 percent.

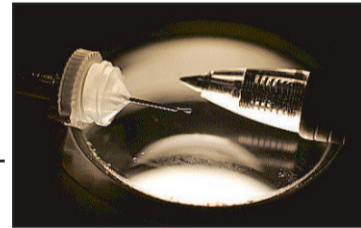
Like IVF treatments using embryos, the cost is hefty. Reputable clinics' fees closely mirror the charge for IVF — typically \$10,000 or more — and that sometimes doesn't include fertility drugs and annual storage fees. Insurance usually doesn't cover any of it.

Text by Angela Townsend | Photographs by Peggy Turbett

"The big misconception is that it's a sure thing and it can be done at any age, that fertility doctors can undo the clock," he said.

Prospective patients should do their research and homework before committing to freezing their eggs, Sepilian said.

Some of the most important questions to ask a clinic: How adept are you at freezing and thaw-



A cryo loop, above (shown next to a pen), is used to hold film that will hold the eggs.



Eggs wait in tubes at the Cleveland Clinic Fertility Center until they are ready for fertilization.



Cryovats store frozen human eggs and embryos at the Clinic fertility center.

ing? What is your pregnancy success rate? How many babies have been born through the specific technology at your clinic?

"It's not this magical treatment that's going to work 100 percent of the time," he said. "It's a backup plan."

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