



Foot Notes

August 2011



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Study: Pain of gout hits more Americans

Greg Hannoosh's battle with gout began 10 years ago with a severe pain in his foot in the middle of the night.

"I remember waking up in the night with soreness and pain in my right foot," said 51-year-old Hannoosh of West Newbury, Mass. "The pressure from my sheets was even causing pain."

The next morning, Hannoosh recalled, "The pain had spread [from my right toe] to the point that my whole foot was not useable. I couldn't walk and couldn't wear shoes. It was pretty debilitating."

Hannoosh saw his doctor, and lab tests revealed high levels of uric acid in his blood. The bad news followed – doctors diagnosed him with gout, an incapacitating condition in which crystal forms within the joints, causing inflammation and pain.

In gout, the pain is not constant, but rather presents in episodes called gout attacks – a fitting term, according to Hannoosh.

"They called it a gout attack because it is just like an attack; you are being invaded," he said.

Now, new research suggests more and more Americans may be sharing Hannoosh's struggle against the pain of gout. A new study published Thursday in the journal *Arthritis & Rheumatism* reveals that the prevalence of gout in the United States has

risen over the last 20 years and now affects 8.3 million Americans – compared to just 6.1 million two decades ago.

The study was supported by Takeda, the pharmaceutical company that makes the gout drug Uloric. Researchers compared data collected from a survey of Americans in the latest U.S. National Health and Nutrition Examination Survey (NHANES) between the periods of 2007-2008 to a previous NHANES surveys conducted in 1988-1994. When the study took into account factors such as obesity and hypertension away from the results, the numbers of people with gout lessened – a hint that lifestyle choices may be at least part of the problem.

"The burden of gout and hyperuricemia continues to be substantial in the U.S. population," said lead study researcher Dr. Hyon Choi, a rheumatologist and professor of medicine at Boston University School of Medicine.

"The prevalence of gout rose from 2.7 percent two decades ago to an increase of 3.9 percent. Although that seems like a small number, it is actually a 44 percent increase," Choi said. "Obesity and hypertension are main contributing factors."

But though obesity and hypertension may be contributing factors, they are not the only factors involved. High uric acid blood levels, diabetes, high cholesterol, dehydration, alco-

hol intake, a high-protein diet and the side effects of certain medications such as diuretics can add to a person's risk. Genetics can also play a role.

"Certainly a key take away [from this study] is that many patients with gout have multiple other conditions, such as obesity, hypertension, kidney disease, diabetes mellitus, coronary disease or metabolic syndrome, which must be considered in the management of gout," said Dr. Theodore Fields, rheumatologist at the Hospital for Special Surgery in New York.

"The public needs to realize that this is one more nail in the coffin about the importance of obesity and cardiovascular disease," said Dr. Eric Gall, rheumatologist and director of the Arizona Arthritis Center in Tucson. "They need to also know that the treatment for gout is not just lowering the uric acid but also paying attention to diet and exercise."

For Hannoosh, treatment meant going off of his blood pressure medication, as doctors believe it may have contributed his gout. And he made lifestyle changes as well.

"I don't drink beer anymore," he said. "I also drink a lot more water than I did before."

The measures may be working; Hannoosh said his last gout attack was about two and a half years ago.



This crab and asparagus melt is delicious for a light spring dinner or lunch. You can use any type of crabmeat—including more affordable options available in pouches or cans near other canned fish or in tubs in the seafood department. Serve with a tossed salad.

Crab Salad Melts

Ingredients:

- 3 asparagus spears, or 12 snow peas, trimmed and thinly sliced (about 1/3 cup)
- 8 ounces [crabmeat](#), any shells or cartilage removed
- 1/3 cup finely chopped celery
- 1/4 cup finely chopped red bell pepper
- 1 scallion, finely chopped
- 4 teaspoons lemon juice
- 1 tablespoon low-fat mayonnaise
- 1/4 teaspoon Old Bay seasoning
- 2-5 dashes hot sauce
- Freshly ground pepper, to taste
- 4 whole-wheat English muffins, split and toasted
- 1/2 cup shredded Swiss cheese

Directions:

1. Place rack in the upper third of the oven; preheat broiler.
2. Place asparagus (or snow peas) in a medium microwave-safe bowl with 1 teaspoon water. Cover and microwave until tender, about 30 seconds. Add crab, celery, bell pepper, scallion, lemon juice, mayonnaise, Old Bay seasoning, hot sauce to taste and pepper; stir to combine.
3. Place English muffin halves, cut-side up, on a large baking sheet. Spread a generous 1/4 cup of the crab salad on each muffin half and sprinkle each with 1 tablespoon cheese. Broil until the cheese is melted, 3 to 6 minutes.

Nutrition:

Per serving: 251 calories; 6 g fat (3 g sat , 1 g mono); 52 mg cholesterol; 30 g carbohydrates; 22 g protein; 5 g fiber; 629 mg sodium; 234 mg potassium.

Upcoming Events

- **Remember 9-11 10th Year Art Project Event**

Date: Saturday, August 6, 2011

Time: 10:00 am - 11:00 pm

Venue: Dennison Moran Gallery

Contact: 239-263-0590

- **Summer Jazz at The Naples Beach Hotel and Golf Club**

Date: Saturday, August 27, 2011

Time: 7:00 pm - 10:00 pm

Venue: The Naples Beach Hotel and Golf Club

Contact: 239-261-2222

- **Big Cypress Gallery Annual Labor Day Weekend Open House**

Date: Saturday, September 3 - Monday, September 5, 2011

Time: 9:00 am - 4:00 pm

Venue: Big Cypress National Preserve

Contact: 239-695-2428

Derma Sciences Foot-Wound Drug Shows Promise

Derma Sciences Inc said foot ulcers in 85 percent of diabetic patients healed completely after being treated with its experimental drug at the end of a 24-week trial, improving its chances of licensing the drug to potential partners.

Shares of the company, which specializes in wound-care products, jumped 25 percent to a more than three-month high of \$11.65 in afternoon trade on Wednesday on Nasdaq.

The data will help the company in outlicensing ex-U.S. rights of the drug, codenamed DSC127, to a potential partner, Chief Executive Edward Quilty said in an interview.

Rodman & Renshaw analyst Michael Higgins said, "I think, the 24-week data increases Derma's negotiating power with potential collaborators."

Higgins, who has a "market outperform" rating on the stock, said he was most impressed by the drug's ability to heal wounds 13.5 weeks sooner than the placebo.

Derma's Quilty said: "We certainly do not have the type of money necessary to complete this (late-stage) trial. We (told the) investment committee that we were looking at all options that are available to us to help finance the trial."

Other than outlicensing DSC127, Derma can raise up to \$50 million from the equity market under its existing shelfregistration statement.

Quilty said most of the potential partners wanted to look at the 24-week data and the complete mid-stage data, which will be submitted to the U.S. Food and Drug Administration.

He expects to partner the drug by the end of this year or early next year.

Barry Wolfenson, executive vice-president of global marketing & business development, said, "I think the real activity around partnering for this will commence this week as we announce the data and start putting a package together and reaching out to potential partners around the world." If approved, Derma's drug will

compete with Johnson & Johnson's Regranex for the treatment of deep neuropathic diabetic foot ulcers.

"We believe our data is stronger than Regranex," Wolfenson said. If approved, DSC127 could rake in up to \$500 million in annual sales in the United States alone, he said.

24-WEEK DATA

The company said 85 percent of patients who fulfilled the eligibility protocols, or per-protocol (PP) population, showed complete healing at 24 weeks, compared with 52 percent in the placebo group.

In the intent-to-treat population, where all patients are included, 73 percent showed complete healing at 24 weeks, compared with 46 percent in the placebo group.

Derma Sciences was testing the drug in two dose strengths and one placebo-controlled arm. The trial also showed statistically significant difference in healing for the PP population at 24 weeks.

"85 percent of patients who fulfilled the eligibility protocols, or per-protocol (PP) population, showed complete healing at 24 weeks, compared with 52 percent in the placebo group."



Please visit www.gulfcoastfootcare.com for a free copy of "The Foot Book" and "The Heel Pain Book." You can also call 1-888-794-3462 for you copy of "The Foot Book" and 1-866-414-8006 for "The Heel Pain Book."



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Welcome to the Gulfcoast Foot and Ankle Center, a podiatric medical and surgical practices with offices conveniently located in North Naples, Physicians Regional Medical Center on Pine Ridge Road and Bonita Springs, Florida. Dr. Gordon treats patients in the North Naples and Physicians Regional offices. Dr. Adarve treats patients at the Bonita Springs and Physicians Regional offices and Dr. Crist treats patients at the Bonita Springs and Physicians Regional offices.

For more information on our physician's, offices and services, visit us at www.GulfcoastFootCare.com

WE HAVE A NEW DOCTOR!!! Please welcome Dr. Brooke Austin

Dr. Austin grew up in beautiful Carmel, Indiana and attended Carmel High School where she enjoyed academics and swimming. She was a Dean's List student and member of the State Champion Carmel Women's Swim Team, a title they've held for the past 23 years. Dr. Austin holds the Junior Varsity Record in the 100 yard butterfly. She spent her summers in Indiana working as a certified American Red Cross life-guard.

Dr. Austin attended Big Ten member school Indianan University in Bloomington, Indiana. A pre-med student she obtained her bachelors degree in Biology. Dr. Austin was a member of Alpha Epsilon Delta science fraternity and completed an Internship at Eli Lilly and Company, a large pharmaceutical manufacturer based in Indianapolis, Indiana.

Dr. Austin earned her Doctorate of Podiatric Medicine degree from Ohio College of Podiatric Medicine .She excelled in academics and served as Class of 2008 Secretary, the American Association of Women Podiatrists (AAWP) local chapter Secretary and a student Representative for the Ohio College of Podiatric Medicine. Dr. Austin organized the AAWP blood drive encouraging students to donate blood where 1 donation can save 3 lives.

Following medical school, Dr. Austin accepted a three year Podiatric Medical and Surgical Residency at Long Beach Memorial Medical Center. Long Beach, California. She served as Co-Chief Resident at one of the countries largest private hospitals and one of Newsweek's Best 100 Hospitals. Working in a wing dedicated to advanced wound healing, she received extensive training in foot and ankle reconstruction, diabetic limb salvage, wound care and orthopedic trauma. Dr. Austin performed over 500 podiatric surgeries and over 1000 total medical procedures. A Board eligible foot and ankle surgeon, Dr. Austin is certified in Advanced Cardiac Lifesaving, Cardiopulmonary Resuscitation, and has completed the Arbeitsgemeinschaft Fur Osteo Synthese Fragen (AO) fixation Course. Dr. Austin is a member of the American Podiatric Medical Association and the American College of Foot and Ankle Surgeons. She volunteers her time as part of the medical staff for the Long Beach Marathon and Susan G. Komen Race for the Cure.

Dr. Austin takes pleasure in swimming, biking and the beach. She has a husband of 10 years and two small dogs. She enjoys spending time with family and long walks on the beach. Dr. Austin comes from a family of designers and enjoys home interior design and fashion. She hosts a blog about fashionable yet functional shoe wear suitable for patients with plans to design her own shoe line.

After a careful selection process, Dr. Austin is honored and excited to join the Gulfcoast Foot and Ankle Center group of Dr. Mickey Gordon in Southwest Florida.

