

## THE REST OF YOUR LIFE

## From Itching to Racing, the Hobbies of Physicians

During his dermatology residency at Duke University, Durham, N.C., in the mid-1970s, Dr. Manny Rothstein received a plastic two-handed back scratcher in the mail as a promotional giveaway from a drug company.

He initially shrugged off the gesture and stored the gadget on a shelf but began to notice that back scratchers come in all shapes and sizes. He became so infatuated

by this that he developed an itch to collect them.

"It occurred to me, how many different ways can you make a long stick with a hand on the end? I was just amazed," said Dr. Rothstein, a dermatologist who practices in Fayetteville, N.C. "Every time I turned around, I found another one. It just sort of blossomed."

Today, his collection includes more than 620 back scratchers from 64 countries. He exhibits them in display cases that line the walls of his office. "My wife won't dare let me bring them home," he said. "She is really supportive of my hobby, but she jokingly said that when I die she's going to burn them. I tried to tell her that the Smithsonian is dying to have them, but she doesn't believe me."

The collection includes back scratchers made of ceramic, blown glass, jade, brass, silverware, wood, buffalo ribs (cowboy back scratchers), corn cobs (hillbilly back scratchers), leather, and plastic. Most are mass produced but many are handmade. The largest ones were 3-4 feet long—too big for a display case—and were stolen from his office this summer. They were made from a plaster mold of a bear footprint and a caribou horn served as the handle.

USA Today selected one of the back scratchers as a winner of its "Tackiest Souvenir" contest and Guinness World Records considers Dr. Rothstein's collection as the largest of its kind. In fact, the Guinness World Records 2001 book lists his collection in the Top Ten List of Weirdest New Records.

About once every 2 weeks Dr. Rothstein receives a new back scratcher as a gift from patients who return from vacation. "Patients don't mind getting them for me when they travel because they're inexpensive and they're light," he said. "You can stick them in a suitcase with no problem."

He buys about one per month on eBay and has more than 100 duplicate back scratchers. "Since there's nobody else who collects them, I can't trade with anybody, which is what I'd really like to do," he said.

The Doctor's Museum in Bailey, N.C., has offered to house his collection when Dr. Rothstein retires. But for now, the "fun of the hunt" for new back scratchers continues. "Every time I see one I don't have, I'm amazed," he said. "How many different ways can you do this?"

Connecting Through Magic  
As a youngster growing up in Wilkes-Barre, Pa., Dr. Jay Ungar became hooked on magic after a friend's father pulled a nickel out from behind his ear. He then visited the local library and read every book he could find about magic.

"It was so exciting to discover a whole world out there that you just couldn't explain," recalled Dr. Ungar, who is now an internist and geriatrician based in Longmeadow, Mass.

During his internship and residency at Baystate Medical Center in Springfield, Mass., Dr. Ungar rekindled his childhood interest and began taking lessons from professional magicians. "I found that med-



COURTESY DR. MANNY ROTHSTEIN

Dr. Manny Rothstein has collected over 620 back scratchers from 64 countries.

ic was so high powered and intense that when I came home from work, I needed to decompress, and magic was a wonderful way to do that," he explained.

Over the years, he discovered that magic became a unique way to bond with his patients. He adopted the alter ego of Ragnu (the OK) and began performing magic tricks for his patients at the end of their visits, such as changing dollar bills into fifties, making hankies disappear, and—for smokers trying to kick their habit—transforming packs of cigarettes into packs of chewing gum. "I found that most adults are like kids when they watch magic," he said. "People loosen up; the tension that many feel when they're in the doctor's office seems to evaporate." The real magic, he added, "is not so much in the tricks, but in the connection they create."

He acknowledged that his approach is "a little risky" with new patients because he realizes that medicine is a serious business, and he would never want anyone to feel medically shortchanged. He'll perform a magic trick "when I feel the situation and timing are correct," said Dr. Ungar, author of the book "Bringing Magic to Life" (www.bringingmagictolife.com). "After we've talked about their medical matters I'll ask, 'would you like to see something fun?' Most of the time they do."

Patients often come in and say, "Doc, I'm fine. Can we get to the neat stuff already?"

Dr. Ungar/Ragnu the OK often performs for charities, including the Jimmy Fund, the Children's Miracle Network, and for youngsters and seniors at local hospitals and nursing homes. He also teaches magicians locally and at magic conventions around the country.

In the future, Dr. Ungar hopes to mentor more aspiring magicians and magician/physicians "in this whole conspiracy of fun," he said. He noted that magic and medicine "are meant to accomplish the same goal: making people feel better. What a bonus it is to do it in spades!"

Fascinated by Thoroughbreds  
In May of 1963, when Dr. J. David Richardson was a high school senior in Morehead, Ky., a thoroughbred horse named Never

Bend, which his uncle had trained, came within a head's length of winning the Kentucky Derby.

"He was a great horse and became a great stallion later," recalled Dr. Richardson, who is now vice chair of the department of surgery at the University of Louisville (Ky.).

After high school, he went on to study pedigrees in medical school at the University of Kentucky, Lexington, and during his residency in San Antonio, Tex., and tried his best to arrange vacation time and medical rotations around race meets at Keeneland in Lexington or Churchill Downs in Louisville. "I remember I did a pathology rotation one year in October so I thought I'd have some free time to go to the Keeneland meet," he said.

Gambling wasn't the primary aspect of thoroughbred racing that attracted him but rather being around the horses, watching them grow and develop, and learning about their behavior from people like his uncle, the late trainer Woody Stephens. Mr. Stephens was elected to the National Museum of Racing and Hall of Fame in 1976 and trained five straight Belmont Stakes winners in the early 1980s.

"Horses come in all stripes, like people," Dr. Richardson said. "Some are smart, some are dumb, and some are more talented than others but—by and large—they're honest animals."

Dr. Richardson's experience as a horse owner and breeder began in the late 1970s, when he joined the surgery faculty at the University of Louisville. He formed a business partnership with senior surgeon Dr. Hiram C. Polk that stands to this day. A filly they bred named Mrs. Revere won 13 races between 1984 and 1986.

"She was one of the best two or three fillies in the country," said Dr. Richardson, who is a general and thoracic surgeon. "I think she won about 10 stakes races and over \$500,000. If she won the same races today she'd probably make \$2 million. She still holds the record for stakes wins at Churchill Downs."

Today Dr. Richardson owns about 30 thoroughbreds that are boarded at commercial farms. He considers the breeding side of the business "fascinating, to plan matings and see how they go," he said. "I enjoy picking up physical characteristics that you think are going to match, and looking at the stallions. You pick the matings, you name the horses, you watch them grow, you sell them, and you root for the people who bought them."

By Doug Brunk, San Diego Bureau

## LEXAPRO® (escitalopram oxalate) TABLETS/ORAL SOLUTION

(3% and <1%); Anorgasmia (2% and <1%). \*Events reported by at least 2% of patients treated with Lexapro are reported, except for the following events which had an incidence on placebo ≥ Lexapro: headache, upper respiratory tract infection, back pain, pharyngitis, inflicted injury, anxiety. †Primarily ejaculatory delay. ‡Denominator used was for males only (N=225 Lexapro; N=188 placebo). §Denominator used was for females only (N=490 Lexapro; N=404 placebo). Generalized Anxiety Disorder Table 3 enumerates the incidence, rounded to the nearest percent of treatment-emergent adverse events that occurred among 429 GAD patients who received Lexapro 10 to 20 mg/day in placebo-controlled trials. Events included are those occurring in 2% or more of patients treated with Lexapro and for which the incidence in patients treated with Lexapro was greater than the incidence in placebo-treated patients. The most commonly observed adverse events in Lexapro patients (incidence of approximately 5% or greater and approximately twice the incidence in placebo patients) were nausea, ejaculation disorder (primarily ejaculatory delay), insomnia, fatigue, decreased libido, and anorgasmia (see TABLE 3). TABLE 3: Treatment-Emergent Adverse Events: Incidence in Placebo-Controlled Clinical Trials for Generalized Anxiety Disorder\* (Lexapro (N=429) and Placebo (N=427)); Autonomic Nervous System Disorders: Dry Mouth (9% and 5%); Sweating Increased (4% and 1%); Central & Peripheral Nervous System Disorders: Headache (24% and 17%); Paresthesia (2% and 1%); Gastrointestinal Disorders: Nausea (18% and 8%); Diarrhea (8% and 6%); Constipation (5% and 4%); Indigestion (3% and 2%); Vomiting (3% and 1%); Abdominal Pain (2% and 1%); Flatulence (2% and 1%); Toothache (2% and 0%); General: Fatigue (8% and 2%); Influenza-like symptoms (5% and 4%); Musculoskeletal: Neck/Shoulder Pain (3% and 1%); Psychiatric Disorders: Somnolence (15% and 7%); Insomnia (12% and 6%); Libido Decreased (7% and 2%); Dreaming Abnormal (3% and 2%); Appetite Decreased (3% and 1%); Lethargy (3% and 1%); Yawning (2% and 1%); Urge/Urinary: Ejaculation Disorder† (14% and 2%); Anorgasmia‡ (6% and <1%); Menstrual Disorder (2% and 1%). \*Events reported by at least 2% of patients treated with Lexapro are reported, except for the following events which had an incidence on placebo ≥ Lexapro: inflicted injury, dizziness, back pain, upper respiratory tract infection, rhinitis, pharyngitis. †Primarily ejaculatory delay. ‡Denominator used was for males only (N=182 Lexapro; N=195 placebo). §Denominator used was for females only (N=247 Lexapro; N=232 placebo). Dose Dependency of Adverse Events: The potential dose dependency of common adverse events (defined as an incidence rate of ≥5% in either the 10 mg or 20 mg Lexapro groups) was examined on the basis of the combined incidence of adverse events in two fixed-dose trials. The overall incidence rates of adverse events in 10 mg Lexapro-treated patients (66%) was similar to that of the placebo-treated patients (61%), while the incidence rate in 20 mg/day Lexapro-treated patients was greater (86%). Table 4 shows common adverse events that occurred in the 20 mg/day Lexapro group with an incidence that was approximately twice that of the 10 mg/day Lexapro group and approximately twice that of the placebo group. TABLE 4: Incidence of Common Adverse Events\* in Patients with Major Depressive Disorder Receiving Placebo (N=311), 10 mg/day Lexapro (N=310), 20 mg/day Lexapro (N=125); Insomnia (4%, 7%, 14%); Diarrhea (5%, 6%, 14%); Dry Mouth (3%, 4%, 9%); Somnolence (1%, 4%, 9%); Dizziness (2%, 4%, 7%); Sweating Increased (<1%, 3%, 8%); Constipation (1%, 3%, 6%); Fatigue (2%, 2%, 6%); Indigestion (1%, 2%, 6%); \*Adverse events with an incidence rate of at least 5% in either of the Lexapro groups and with an incidence rate in the 20 mg/day Lexapro group that was approximately twice that of the 10 mg/day Lexapro group and the placebo group. Male and Female Sexual Dysfunction with SSRIs: Although changes in sexual desire, sexual performance, and sexual satisfaction often occur as manifestations of a psychiatric disorder, they may also be a consequence of pharmacologic treatment. In particular, some evidence suggests that SSRIs can cause such untoward sexual experiences. Reliable estimates of the incidence and severity of untoward experiences involving sexual desire, performance, and satisfaction are difficult to obtain, however, in part because patients and physicians may be reluctant to discuss them. Accordingly, estimates of the incidence of untoward sexual experience and performance cited in product labeling are likely to underestimate their actual incidence. Table 5 shows the incidence rates of sexual side effects in patients with major depressive disorder and GAD in placebo-controlled trials. TABLE 5: Incidence of Sexual Side Effects in Placebo-Controlled Clinical Trials (In Males Only: Lexapro (N=407) and Placebo (N=383)); Ejaculation Disorder (primarily ejaculatory delay) (12% and 1%); Libido Decreased (6% and 2%); Impotence (2% and <1%); (In Females Only: Lexapro (N=720) and Placebo (N=636)); Libido Decreased (3% and 1%); Anorgasmia (3% and <1%) There are no adequately designed studies examining sexual dysfunction with escitalopram treatment. Priligam has been reported with all SSRIs. While it is difficult to know the precise risk of sexual dysfunction associated with the use of SSRIs, physicians should routinely inquire about such possible side effects. Vital Sign Changes: Lexapro and placebo groups were compared with respect to (1) mean change from baseline in vital signs (pulse, systolic blood pressure, and diastolic blood pressure) and (2) the incidence of patients meeting criteria for potentially clinically significant changes from baseline in these variables. These analyses did not reveal any clinically important changes in vital signs associated with Lexapro treatment. In addition, a comparison of supine and standing vital sign measures in subjects receiving Lexapro indicated that Lexapro treatment is not associated with orthostatic changes. Weight Changes: Patients treated with Lexapro in controlled trials did not differ from placebo-treated patients with regard to clinically important change in body weight. Laboratory Changes: Lexapro and placebo groups were compared with respect to (1) mean change from baseline in various serum chemistry, hematology, and urinalysis variables, and (2) the incidence of patients meeting criteria for potentially clinically significant changes from baseline in these variables. These analyses revealed no clinically important changes in laboratory test parameters associated with Lexapro treatment. ECG Changes: Electrocardiograms from Lexapro (N=625), racemic citalopram (N=351), and placebo (N=527) groups were compared with respect to (1) mean change from baseline in various ECG parameters and (2) the incidence of patients meeting criteria for potentially clinically significant changes from baseline in these variables. These analyses revealed (1) a decrease in heart rate of 2.2 bpm for Lexapro and 2.7 bpm for racemic citalopram, compared to an increase of 0.3 bpm for placebo and (2) an increase in QTc interval of 3.9 msec for Lexapro and 3.7 msec for racemic citalopram, compared to 0.5 msec for placebo. Neither Lexapro nor racemic citalopram were associated with the development of clinically significant ECG abnormalities. Other Events Observed During the Premarketing Evaluation of Lexapro: Following is a list of WHO terms that reflect treatment-emergent adverse events, as defined in the introduction to the ADVERSE REACTIONS section, reported by the 1428 patients treated with Lexapro for periods of up to one year in double-blind or open-label clinical trials during its premarketing evaluation. All reported events are included except those already listed in Tables 2 & 3, those occurring in only one patient, event terms that are so general as to be uninformative, and those that are unlikely to be drug related. It is important to emphasize that, although the events reported occurred during treatment with Lexapro, they were not necessarily caused by it. Events are further categorized by body system and listed in order of decreasing frequency according to the following definitions: frequent adverse events are those occurring on one or more occasions in at least 1/100 patients; infrequent adverse events are those occurring in less than 1/100 patients but at least 1/1000 patients; Cardiovascular - Frequent: palpitation, hypertension; Infrequent: bradycardia, tachycardia, ECG abnormal, flushing, varicose vein; Central and Peripheral Nervous System Disorders - Frequent: light-headed feeling, migraine; Infrequent: tremor, vertigo, restless legs, shaking, twitching, dysynergism, tic, carpal tunnel syndrome, muscle contractions involuntary, sluggishness, coordination abnormal, faintness, hyperreflexia, muscular tone increased; Gastrointestinal Disorders - Frequent: heartburn, abdominal cramp, gastroenteritis; Infrequent: gastroesophageal reflux, bloating, abdominal discomfort, dyspepsia, increased stool frequency, belching, gastritis, hemorrhoids, gagging, polyposis gastric, swallowing difficult; General - Frequent: allergy, pain in limb, fever, hot flushes, chest pain; Infrequent: edema of extremities, chills, tightness of chest, leg pain, asthenia, syncope, malaise, anaphylaxis, fall; Hemic and Lymphatic Disorders - Infrequent: bruise, anemia, nosebleed, hematoma, lymphadenopathy cervical; Metabolic and Nutritional Disorders - Frequent: increased weight; Infrequent: decreased weight, hyperglycemia, thirst, bilirubin increased, hepatic enzymes increased, gout, hypercholesterolemia; Musculoskeletal System Disorders - Frequent: arthralgia, myalgia; Infrequent: jaw stiffness, muscle cramp, muscle stiffness, arthritis, muscle weakness, back discomfort, arthropathy, jaw pain, joint stiffness; Psychiatric Disorders - Frequent: appetite increased, lethargy, irritability, concentration impaired; Infrequent: jitteriness, panic reaction, agitation, apathy, forgetfulness, depression aggravated, nervousness, restlessness aggravated, suicide attempt, amnesia, anxiety attack, bruism, carbohydrate craving, confusion, depersonalization, disorientation, emotional lability, feeling unreal, tremulousness nervous, crying abnormal, depression, excitability, auditory hallucination, suicidal tendency; Reproductive Disorders/Female - Frequent: menstrual cramps, menstrual disorder; Infrequent: menorrhagia, breast neoplasm, pelvic inflammation, premenstrual syndrome, spotting between menses. \*% based on female subjects only. N= 905 Respiratory System Disorders - Frequent: bronchitis, sinus congestion, coughing, nasal congestion, sinus headache; Infrequent: asthma, breath shortness, laryngitis, pneumonia, tracheitis; Skin and Appendages Disorders - Frequent: rash; Infrequent: pruritus, acne, alopecia, eczema, dermatitis, dry skin, folliculitis, lipoma, furunculosis, dry lips, skin nodule; Special Senses - Frequent: vision blurred, tinnitus; Infrequent: taste alteration, earache, conjunctivitis, vision abnormal, dry eyes, eye irritation, visual disturbance, eye infection, pupils dilated, metallic taste; Urinary System Disorders - Frequent: urinary frequency, urinary tract infection; Infrequent: urinary urgency, kidney stone, dysuria, blood in urine; Events Reported Subsequent to the Marketing of Escitalopram - Although no causal relationship to escitalopram treatment has been found, the following adverse events have been reported to have occurred in patients and to be temporally associated with escitalopram treatment during post marketing experience and were not observed during the premarketing evaluation of escitalopram: abnormal gait, acute renal failure, aggression, akathisia, allergic reaction, anger, angioedema, atrial fibrillation, chorea, choreoathetosis, delirium, delusion, diplopia, dysarthria, dyskinesia, dystonia, echymosis, erythema multiforme, extrapyramidal disorders, fulminant hepatitis, hepatic failure, hyposaesthesia, hypoglycemia, hypokalemia, INR increased, gastrointestinal hemorrhage, glaucoma, grand mal seizures (or convulsions), hemolytic anemia, hepatic necrosis, hepatitis, hypotension, leucopenia, myocardial infarction, myoclonus, neuroleptic malignant syndrome, nightmares, nystagmus, orthostatic hypotension, pancreatitis, paranoia, photosensitivity reaction, priapism, prolactinemia, prothrombin decreased, pulmonary embolism, QT prolongation, rhabdomyolysis, seizures, serotonin syndrome, SIADH, spontaneous abortion, Stevens Johnson Syndrome, tardive dyskinesia, thrombocytopenia, thrombosis, torsade de pointes, toxic epidermal necrolysis, ventricular arrhythmia, ventricular tachycardia and visual hallucinations.