

# MEDLI E-News

*Fall/Winter 2014 Issue 12*

## News from the Medical & Scientific Libraries of Long Island

### President's Message

**Theresa Rienzo, President 2013-14**

As I reflect over the past year, I cannot avoid remembering the devastation that was caused by Superstorm Sandy. It impacted not only our personnel lives but our professional lives. The storm was relentless and attacked anything in its path without repercussions. Homes were damaged or destroyed, leaving many without electricity, heat, food, and clothing. Many libraries were damaged, destroyed, or relocated without the infrastructure that they were used to having in place. Many individuals grouped together so that they could combine their efforts to use the resources available until other resources could be obtained.

On a personal level, I did not experience consequences or devastation during or after Superstorm Sandy but my family, friends, and co-workers were not all so lucky. Some were without electricity and heat, while others had water surrounding their homes or water in their homes, and all were with limited or no ability to obtain the basic needs for normal daily living. I communicated via text messages with those that I had phone numbers. Others who were without phone service were hard to reach. I used my work email to communicate with my co-workers and offered them food, a warm place, and a hot shower. Due to issues with electricity following Superstorm Sandy, travel was not easy and there were long lines for fuel. I traveled to Westchester for fuel. I tried to text with individuals everyday to ensure that they were okay and to keep their spirits up. Some told me that my contact with them was what kept them going during this turbulent time.

On a professional level, not only was I concerned for my co-workers and how they made it through Superstorm Sandy, but also for our institutions. Was my institution safe? Did it make it safely though the storm? If not, what was the damage? Then our thoughts turned to other questions; if there was damage, how bad was it? Is it the print collection, archives, or government documents? If there was no damage to the library collection, what about the building it was located in and the ramifications for the library? Lots of questions with no answers. Some of us would have to wait for weeks or months to answer these questions.

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## President's Message Continued

### Theresa Rienzo

Even though a year has passed since Superstorm Sandy, there are individuals and institutions that have yet to return to normal. Some are still unable to return to their homes or to their libraries due to a variety of reasons and the same exists for their libraries. Most people don't like to think of their workplace as a second home, but to others that is exactly what it is. So even though it is our professional life, it is still personal and it matters to us what happens to both our print and electronic collections and the impact it has on all those that we serve. We cannot look at only what happened to us, but must also be concerned about the patrons we serve in our various endeavors. Whether it is work for school, projects, or something else, a timetable for completion still exists and access to materials is crucial to them.

New plans on how to combat these issues both personally and professionally have taken shape. "Oh yeah, we are prepared for the storm" has taken on new meaning. Superstorm Sandy has impacted our lives and will be forever in the minds of the individuals who were affected as it dwindles from the minds of those unaffected.

As we still try to mend from Superstorm Sandy, I realize that we will always be at the mercy of weather related disasters, the newest one being Super Typhoon Haiyan that struck the Philippines. It is listed as the strongest storm on record this year.

As we move forward, we take with us lessons learned. We may not be able to plan for every storm, typhoon or disaster, but having lived through it gives us a different perspective on the resources we have both in our personal and professional lives.

—Theresa Rienzo, MEDLI President

## MEDLI Snapshots

### 2013 Fall Meeting @ Molloy College



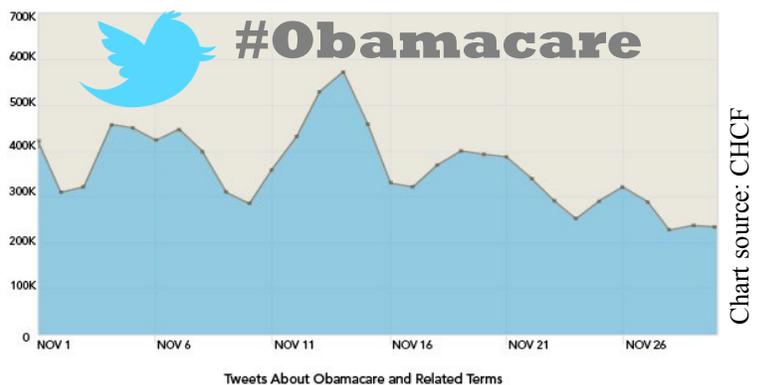
*Pictured Above (left to right): Jeanne Strausman, Barbara Elish, Colleen Kenefick, Melissa Spangenberg and Mahnaz Tehrani.*

**Friday, October 4, 2013**—MEDLI members gathered for the fall meeting, which took place at Molloy College in Rockville Centre. This year's guest "virtual" speaker was Jason Bengtson, Emerging Technologies/R&D Librarian at the University of New Mexico Health Sciences Library and Informatics Center in Albuquerque, NM. Jason presented "The Zen of Information Science: Building the Future in a Health Sciences Environment." Following his presentation, MEDLI members participated in a journal club meeting and discussed the article "Access of primary and secondary literature by health personnel in an academic health center: implications for open access."

## In the News...

### The Affordable Health Care Act (ACA) and Twitter

The California HealthCare Foundation (CHCF) has compiled some interesting statistics on the prevalence of ACA on Twitter, starting in October 2013. According to CHCF, “Obamacare continued to be among the most tweeted topics in November 2013 . . . with over 10.8 million tweets related to Obamacare and ACA implementation.”



Twitter users are communicating about ACA

via hashtags such as #Obamacare and linking to the [healthcare.gov](http://healthcare.gov) and state-based marketplace sites. In addition, the CHCF provides a number of observations, including the following:

- *Sentiment on Twitter about HealthCare.gov, the federal online marketplace for buying health insurance, was positive prior to its launch on October 1, but fell steadily after that.*
- *Tweets about state-based exchanges were more positive than those about the federal exchange.*
- *Celebrities who tweet about Obamacare reach millions of people.*
- *Relatively few Twitter conversations about Obamacare occur in Spanish or use Spanish hashtags.*

If you are interested in learning more about CHCF’s observations on ACA and Twitter, refer to the CHCF website at: <http://www.chcf.org/programs/healthreform/aca140>.

Reference: “Observations on Twitter and the ACA: Taking the Pulse of Obamacare” by the California HealthCare Foundation (CHCF): <http://www.chcf.org/programs/healthreform/aca140>.

## The Diagnosis Difference: New Pew Health Report

According to The Diagnosis Difference, a new report by the Pew Internet and American Life Project, “many people with serious health concerns take their health decisions seriously—and are seriously social about gathering and sharing information, both online and offline.”

While the report indicates that adults with chronic conditions are often less likely to be online, it also indicates that when adults with chronic conditions do go online they engage in social networks and health outlets to gather and share health information.

According to the report “internet users living with one or more conditions are more likely than other online adults to:

- gather information online about medical problems, treatments, and drugs
- consult online reviews about drugs and other treatments
- read or watch something online about someone else’s personal health experience.”

To read the entire Pew Report, visit: <http://pewinternet.org/Reports/2013/The-Diagnosis-Difference.aspx> or view the video report at: <http://youtu.be/cQONopfolDc>.

# Personalized Medicine

## Matching Treatments to Your Genes



You're one of a kind. It's not just your eyes, smile, and personality. Your health, risk for disease, and the ways you respond to medicines are also unique. Medicines that work well for some people may not help you at all. They might even cause problems. Wouldn't it be nice if treatments and preventive care could be designed just for you?

The careful matching of your biology to your medical care is known as personalized medicine. It's already being used by health care providers nationwide.

The story of personalized medicine begins with the unique set of genes you inherited from your parents. Genes are stretches of DNA that serve as a sort of instruction manual telling your body how to make the proteins and perform the other tasks that your body needs. These genetic instructions are written in varying patterns of only 4 different chemical "letters," or bases.

The same genes often differ slightly among people. Bases may be switched, missing, or added here and there. Most of these variations have no effect on your health. But some can create unusual proteins that might boost your risk for certain diseases. Some variants can affect how well a medicine works in your body. Or they might cause a medicine to have different side effects in you than in someone else.

The study of how genes affect the way medicines work in your body is called pharmacogenomics.

"If doctors know your genes, they can predict drug response and incorporate this information into the medical decisions they make," says Dr. Rochelle Long, a pharmacogenomics expert at NIH.

It's becoming more common for doctors to test for gene variants before prescribing certain drugs. For example, children with leukemia might get the TPMT gene test to help doctors choose the right dosage of medicine to prevent toxic side effects. Some HIV-infected patients are severely allergic to treatment drugs, and genetic tests can help identify who can safely take the medicines.

"By screening to know who shouldn't get certain drugs, we can prevent life-threatening side effects," Long says.

Pharmacogenomics is also being used for cancer treatment. Some breast cancer drugs only work in women with particular genetic variations. If testing shows patients with advanced melanoma (skin cancer) have certain variants, 2 new approved drugs can treat them.

Even one of the oldest and most common drugs, aspirin, can have varying effects based on your genes. Millions of people take a daily aspirin to lower their risk for heart attack and stroke. Aspirin helps by preventing blood clots that could clog arteries. But aspirin doesn't reduce heart disease risk in everyone.

NIH-funded researchers recently identified a set of genes with unique activity patterns that can help assess whether someone will benefit from taking aspirin for heart health. Scientists are now working to develop a standardized test for use in daily practice. If doctors can tell that aspirin won't work in certain patients, they can try different treatments.

One NIH-funded research team studied a different clot-fighting drug known as clopidogrel (Plavix). It's often prescribed for people at risk for heart attack or stroke. Led by Dr. Alan Shuldiner at the University of Maryland School of Medicine, the team examined people in an Amish community. Isolated communities like this have less genetic diversity than the general population, which can make it easier to study the effects of genes. But as in the general population, some Amish people have risk factors, such as eating a high-fat diet, that raise their risk for heart disease.

Many of the Amish people studied had a particular gene variant that made them less responsive to clopidogrel, the scientists found. Further research revealed that up to one-third of the general population may have similar variations in this gene, meaning they too probably need a different medicine to reduce heart disease risks.

The findings prompted the U.S. Food and Drug Administration (FDA) to change the label for this common drug to alert doctors that it may not be appropriate for patients who have certain gene variations. Two alternative drugs have since been developed. "If people have these gene variants, they know they have options," says Shuldiner. "This is a great example of how study results made it onto a drug label and are beginning to be implemented into patient care."

Getting a genetic test usually isn't difficult. Doctors generally take a sample of body fluid or tissue, such as blood, saliva or skin, and send it to a lab. Most genetic tests used today analyze just one or a few genes, often to help diagnose disease. Newborns, for example, are routinely screened for several genetic disorders by taking a few drops of blood from their heels. When life-threatening conditions are caught early, infants can be treated right away to prevent problems.

The decision about whether to get a particular genetic test can be complicated. Genetic tests are

now available for about 2,500 diseases, and that number keeps growing. Your doctor might advise you to get tested for specific genetic diseases if they tend to run in your family or if you have certain symptoms.

"While there are many genetic tests, they vary as to how well they predict risk," says Dr. Lawrence Brody, a genetic testing expert at NIH.

For some diseases, such as sickle cell anemia or cystic fibrosis, inheriting 2 copies of abnormal genes means a person will get that disease. But for other diseases and conditions, the picture is more complex. For type 2 diabetes, testing positive for some specific gene variants may help predict risk, but no better than other factors—such as obesity, high blood pressure and having a close relative with the disease.

The latest approach to personalized medicine is to get your whole genome sequenced. That's still expensive, but the cost has dropped dramatically over the past decade and will likely continue to fall. Since your genome essentially stays the same over time, this information might one day become part of your medical record, so doctors could consult it as needed.

You can start to get a sense of your genetic risks by putting together your family's health history. A free online tool called My Family Health Portrait from the U.S. Surgeon General can help you and your doctor spot early warning signs of conditions that run in your family.

But personalized medicine isn't just about genes. You can learn a lot about your health risks by taking a close look at your current health and habits. Smoking, a poor diet, and lack of exercise can raise your risks for life-threatening health problems, such as heart disease and cancer. Talk to your health care provider about the steps you can take to understand and reduce your unique health risks.

—Source: *NIH News in Health*, December 2013

# MEDLI Members on the Move

## Seen and Heard

- **Colleen Kenefick** recently co-authored "Partnering With Residents for Evidence-Based Practice" in *Medical Reference Services Quarterly*, (2013) 32:4, 385-395. Dr. Rachel Boykan and Dr. Maribeth Chitkara are the co-authors and both are Assistant Professors of Pediatrics in the Department of Pediatrics at Stony Brook University Hospital.



The article discusses medical residents as a distinct group of health sciences library users that needs detailed instruction in literature searching. Core residency competencies from the Accreditation Council for Graduate Medical Education (ACGME) require that all residents be competent in finding, critically appraising, and incorporating the latest clinical evidence into their daily practice with patients. With the collaboration of the Health Sciences Library and the Department of Pediatrics a program was developed that teaches residents the basic elements of EBM searching and then reinforces this learning over the course of a three-year curriculum.

- MEDLI congratulates and wishes the best of luck to our retiring member **Freddie Borock**, Southside Hospital Medical Library. Freddie provided 40 years of dedicated service as Medical Librarian at Southside Hospital Medical Library and was previously the Medical Librarian at Brookhaven Memorial Hospital.

## Funding Opportunity from NN/LM MAR Technology Improvement Award

Would you like to welcome the new year with some new technology? NN/LM MAR has some available funds to offer at least 1 technology improvement award.

- The award recipient must be able to purchase and implement the technology by **April 30, 2014**
- Apply now! Applications being accepted until January 21, 2014.

For additional information, including a full description and application, visit: [http://nmlm.gov/mar\\_funding/tech\\_improvement2013.html](http://nmlm.gov/mar_funding/tech_improvement2013.html).

**National Network of Libraries of Medicine  
Middle Atlantic Region**



## Website Worth-A-Look

Centers for Disease Control and Prevention (CDC):  
Public Health Image Library (PHIL)



URL: <http://phil.cdc.gov/phil/home.asp>

**Description:** Created by a working group at the Centers for Disease Control and Prevention (CDC), the PHIL offers an organized, universal electronic gateway to CDC's pictures. The content provided includes photographs, illustrations, and multimedia files relating to public health. PHIL images are available for free and majority are public domain.

**COMING SOON:  
SPRING MEETING INFO!**  
[www.medli.net](http://www.medli.net)

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MEDLI E-News is the official newsletter of the Medical & Scientific Libraries of Long Island. It is published two times a year, electronically, and is available on the MEDLI website at [www.medli.net](http://www.medli.net).

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**Happy New Year!**

Are You a MEDLI Member?



Don't wait, join today! Membership application is available online at:  
<http://www.medli.net/membership/index.html>