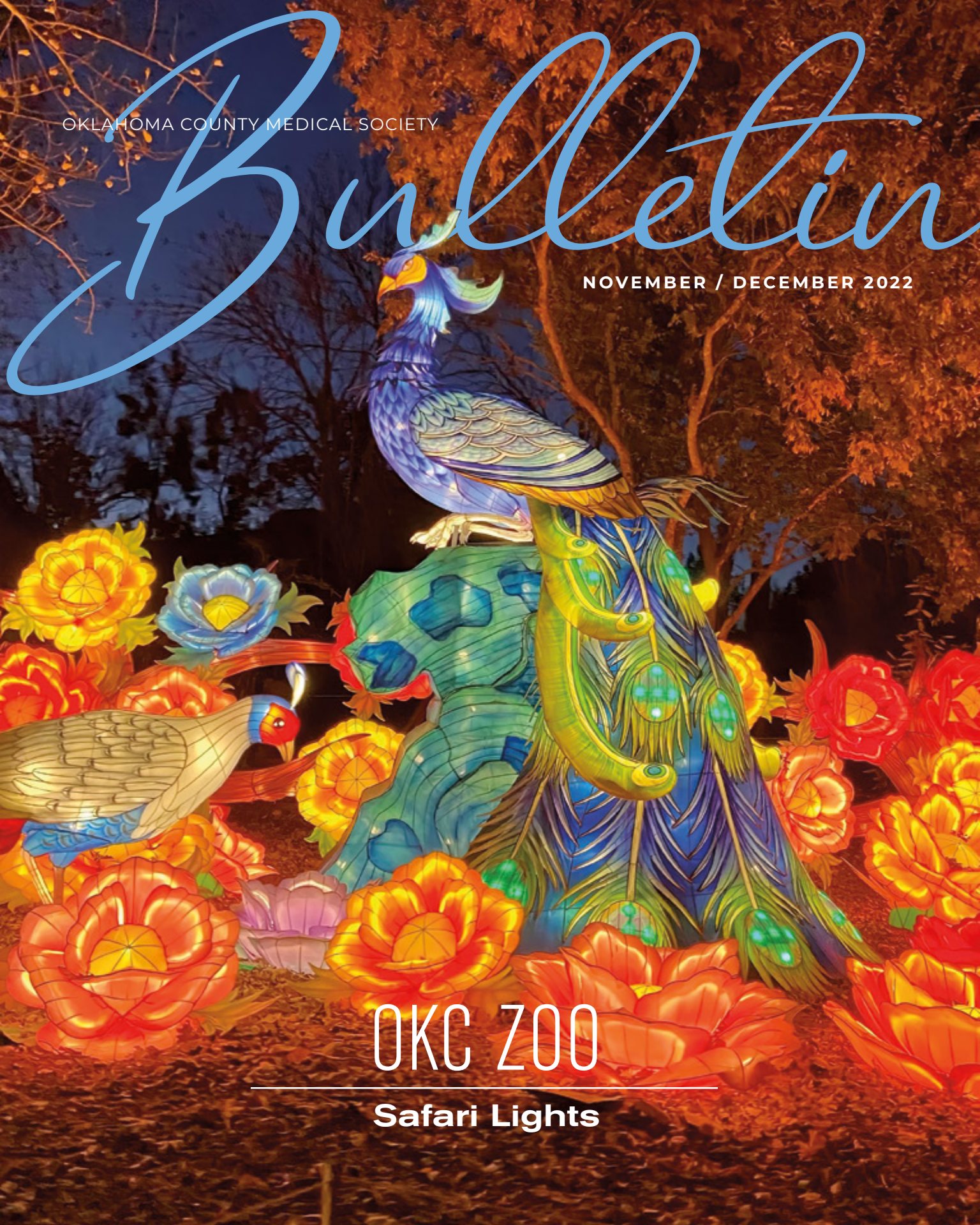


OKLAHOMA COUNTY MEDICAL SOCIETY

# Bulletin

NOVEMBER / DECEMBER 2022



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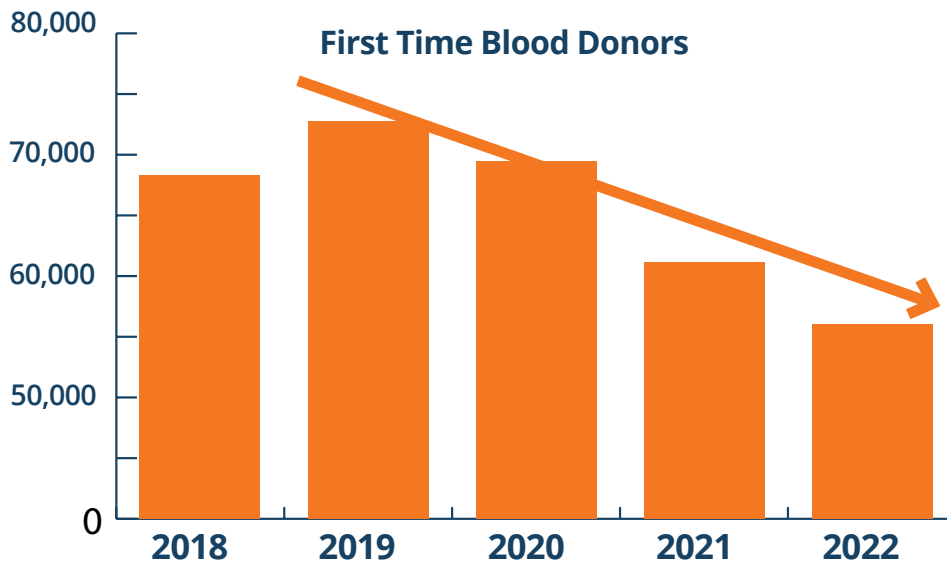
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# Bulletin

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## EVANS | p18

Ethan Evans with Brooks Koepka





Megan Greve, RCID; Brenda Helms, RCID

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*Sumit K. Nanda, MD*

# President's Page

SUMIT K. NANDA, MD

**P**HYSICIANS ARE UNDER SIEGE. WE ARE UNLOVED BY PAYERS WHO UNFAIRLY SEE US AS KEY DRIVERS OF COST WITHIN THE HEALTH CARE SYSTEM. UNDER THE CMS PROPOSALS FOR 2023, EVERY NON-PHYSICIAN HEALTH CARE ENTITY IS IN LINE FOR AN INCREASE IN REIMBURSEMENT WHILE WE WILL SEE AT LEAST A 4% CUT IN REIMBURSEMENT. THE MEDIA AND POLITICIANS CONTINUE TO ATTACK EVIDENCE-BASED SCIENCE. THEY QUESTION OUR KNOWLEDGE AND EXPERTISE ON HEALTH CARE ISSUES, THUS ERODING PUBLIC CONFIDENCE IN OUR PROFESSION. AFTER TORT REFORM WAS TORPEDOED BY THE STATE SUPREME COURT, PHYSICIANS REMAIN VULNERABLE TO FRIVOLOUS MALPRACTICE LAWSUITS.

Hospitals would prefer to keep physicians siloed. They have become increasingly powerful as the majority of physicians are now employed by them. ACA empowered them further with diagnosis-based bundled payments flowing through large hospital systems (instead of physicians). Quality measures such as MACRA require close coordination of physicians within hospital systems. Hospital interests sometimes align with ours and sometimes don't align with our interests. The recent "privatization" of Medicaid expansion comes to mind when the hospital association pulled out of their coalition with doctors in opposing managed care takeover of Medicaid dollars, thus guaranteeing this managed care takeover by the state.

Lawmakers are afraid of our deep pocketed ad campaign, but they are less than intimidated by our low

membership numbers and our unwillingness to show up for things. Doctors are busy with work and families. They are divided by urban vs rural, specialist vs generalist, academic vs private practice, independent vs hospital owned, surgeon vs non surgeon, IMG vs US medical graduate. Payers, government, and hospitals have exploited these divisions, e.g. CMS paying physicians more for "cognitive" work as opposed to surgery (Or really just keeping exam codes level and CUTTING surgical fees).

Lawmakers are afraid of our money (OSMA endowment) but not the strength of our numbers. I propose a significant reduction in OCMS/OSMA dues to allow more members to easily join our society and would give organized medicine a more forceful, stronger voice in our state.

We need to be more vocal, more active in advocating for our own and our patients' interests. We need new physicians to join us. We need younger physicians to step up and assume leadership positions. There is no specialty organization that can fully meet the advocacy needs of all physicians. Organized medicine (AMA, OSMA, OCMS) is indispensable. We provide advocacy, education, and networking opportunities. No one else will look out for physicians' interests. Not the government or other payers, not the hospitals, not the media, and certainly not the trial attorneys.

With all of that being shared, let me close by saying it has been an honor and a privilege to serve you this year as your President.

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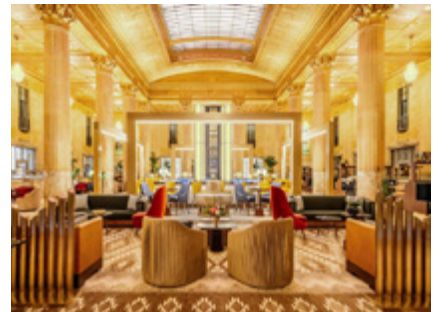


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# OCMS Elects New Additions To Board of Directors

The OCMS Board election was recently held and the nominating committee certified the election for the candidates who will serve on the next OCMS Board of Directors.

The following candidates were elected to serve three-year terms to the OCMS Board of Directors.

Luz Tono, MD from the SSM area  
Randal Juengel, MD from the Mercy/Edmond area  
David Korber, MD from the Baptist area  
Maya Gharfeh, MD from the MWC area  
Hakeem Shakir, MD from the OU area

Irim Yasin, MD, will fill the vacancy left by the resignation of Katherine Mansalis, MD and will serve a two-year term.

The following positions were to be voted on at the November 7, 2022 Annual Meeting, for those to serve on the 2023 Executive Committee with 2023 President-Elect Michelle L.E. Powers, MD.

President-Elect: Matthew J. Jared, MD  
Vice President: Bradley J. Margo, MD  
Secretary-Treasurer: Arielle Allen, DO

## MAYA N. GHARFEH, MD

Dr. Gharfeh was raised in Columbus, Ohio and graduated from The Ohio State University in 2006 with her bachelor's degree in Biology. She then attended medical school in Rootstown, Ohio at Northeastern Ohio Medical University. During her medical school training, Dr. Gharfeh also pursued a public health degree from The Ohio State University with a specialty in health behavior and health promotion. She graduated from medical school and her master's program in 2011 and moved back to Columbus, Ohio for her pediatric internship, residency and chief residency training at Nationwide Children's Hospital/The Ohio State University. She then completed her fellowship training in Allergy and Immunology at Texas Children's Hospital/Baylor College of Medicine



in Houston, Texas. Following completion of her training, Dr. Gharfeh worked in Waco, Texas prior to moving to Oklahoma City in the spring of 2020 to join the team at Oklahoma Allergy and Asthma Clinic.

Dr. Gharfeh treats both children and adults with asthma and allergic

conditions. Her particular areas of expertise include atopic dermatitis, asthma, food allergy and delayed hypersensitivity. She also is a patient advocate and is passionate about educating her patients and the community on important topics in allergy and asthma. Dr. Gharfeh published on the efficacy of food allergy school education during her training and has continued to utilize this data to educate local school personnel on food allergy and epinephrine auto-injector use. Dr. Gharfeh also takes time to blog on these important issues as well as the real-life struggles of living with a food allergic child.

During her free time, Dr. Gharfeh spends her time with her husband and their three young children. The Gharfeh family resides in Edmond and has enjoyed making greater Oklahoma City home.



### **RANDAL JUENGEL MD, FCAP**

Dr. Juengel is currently a staff pathologist with The Pathology Group, PC in Oklahoma City covering both the Mercy and SSM hospitals in the greater Oklahoma City community and surrounding areas. In his 30-plus years of practice, mostly in Oklahoma, Dr. Juengel has worked in the majority of the large hospital systems in Oklahoma City and has served on many hospital committees, boards, and medical societies.

Dr. Juengel received his medical degree from Oral Roberts University School of Medicine (AOA). He completed his pathology residency at St. Vincent Hospital in Portland, Oregon, including being chief resident, followed by a fellowship at the University of Oklahoma Health Sciences Center.

Major interests in medicine include general pathology and transfusion medicine. He has been very active supporting the Oklahoma Blood Institute (OBI) and serves on the board of directors of the Global Blood Fund which works to reduce worldwide inequities in blood safety and sufficiency.

Dr. Juengel volunteers his time serving at hospitals in other countries such as Cameroon, Kenya, and Afghanistan. He also uses developing technologies such as digital telepathology to serve these

international hospitals to provide timely medical care when travel is not possible.

Of course, he is strongly supported by his lovely wife, Luann, and his three children who are all now pursuing their own careers. His oldest son is a transplant surgeon in Chicago, his second son works as a marketing director for a local manufacturer in OKC, and his daughter is pursuing her Masters in anthropology and archeology at the University of Oklahoma. Dr Juengel's interests include traveling locally and abroad, game nights, and enjoying time with family and friends.



### **DAVID KORBER, MD**

Dr. Korber is a general ophthalmologist in solo private practice located just north of INTEGRIS Baptist Medical Center. He currently serves as the chairman of the Ophthalmology Department at INTEGRIS Baptist Medical Center.

Dr. Korber graduated from the University of Kansas Pharmacy School in 1989. He graduated from University of Kansas Medical School in 1993. He completed a one-year Internal Medicine Internship at the University of Kansas Medical Center-Wichita, Kansas. He went on to complete his ophthalmology residency at the University of Texas Southwestern in Dallas.

He entered in practice with Dr. Carol Blackwell-Imes, July 1997. He practiced with her until her death in 2003.

He is currently in solo practice and sole owner of Korber Eyecare and Surgery Center. Dr. Korber provides comprehensive eye care and personally provides before and after surgery care to all his patients at his facility.

He has served as Chairman of the Department of Ophthalmology at INTEGRIS and Deaconess hospital. He has served as President of Oklahoma Academy of Ophthalmology. He currently serves on the Board of Vizavance (formerly Prevent Blindness of Oklahoma).

His wife, Lisa Bridge Korber, is a pharmacist at INTEGRIS Health. They have two children—Dane Korber, a third-year medical student at the University of Oklahoma, and Liesel Korber, a senior at the University of Oklahoma, who is currently applying to dental school.



### **HAKEEM SHAKIR, MD**

Dr. Shakir was born and raised in Oklahoma City and attended Casady School. As a National Merit Scholar, he attended the University of Oklahoma, graduating with a BA in Spanish in just under three years. He attended the University of Oklahoma College of Medicine, graduating in 2011.

*Continues on page 12 ...*

Subsequently, Dr. Shakir completed Neurosurgery residency training, and Endovascular Neurosurgery Fellowship at the University at Buffalo in 2018. He has published more than 40 peer-reviewed academic articles, ranging from stroke care to physician burnout, and has been featured in popular media for his work and advocacy in concussion and stroke prevention. Before joining the neurosurgery department at OU Health, he served as the Director of Endovascular Neurosciences at SSM Health St. Anthony Hospital. He lives in Oklahoma City with his family.



## **LUZ TONO, MD**

Dr. Tono is currently Associate Chief and Director, Primary Care Physician (PCP) Outreach Program, at St. Anthony; Hospitalist at INTEGRIS Health; and Coordinator of Medical Services for Valir Rehabilitation Hospital.

A native of Cartagena, Colombia, Dr. Tono has her medical doctor

degree from the Universidad del Sinu, Cartagena, Colombia. She completed an internship at Hospital Militar Central, Bogota, Colombia. Dr. Tono completed her residency at the University of Oklahoma Health Sciences Center in 2012. She is currently licensed in Oklahoma, Texas, Missouri, and California, all active and unrestricted.

She began her work in Oklahoma as a Primary Care Physician from 2012 to 2014 and Hospitalist at Saint Anthony Hospital/SSM Health in 2014. In 2018, along with her other work, she took on the practice of weight-loss care at the Well Again clinic.

Dr. Tono's work as a hospitalist and Associate Chief and Director of the PCP Outreach Program for St. Anthony Hospital/SSM Health, which began in 2020, is crucial to her patients: people who are at their most physically vulnerable and who have been hospitalized. She also works as a hospitalist at INTEGRIS Health (since 2021), and she fills a critical role as Coordinator of Medical Services at Valir Rehabilitation (since 2022) where she gets to see the recovery side of the medical field, which is very fulfilling.

Dr. Tono's interests have led to her participation in several committees at St. Anthony Hospital, including ethics, inpatient mortality, readmissions, patient satisfaction and sepsis. She works with younger physicians, offering her experiences and expertise, and creates advocates for victims of domestic and sexual violence among her colleagues and coworkers, friends and new acquaintances.

Add to that her volunteer work, serving as the medical director for YWCA Oklahoma, overseeing the care of victims of domestic and sexual abuse, and her advocacy on their behalf as well as her donation of time as a physician at the Ministries of Jesus. Serving the patients of the YWCA is a natural extension of the passion ignited in her as a young teen in Colombia. Serving those who need it the most, the indigent, the wounded and victims and survivors of domestic and sexual violence, as well as having a platform to educate people on the realities of those two health epidemics, are her greatest professional accomplishment. She is also an Advocate with CASA of Oklahoma County and contributes to Feed The Children on a monthly basis.

Dr. Tono has been honored with the Journal Record's Healthcare Heroes Award in 2020, 2021 and 2022, and as a Finalist for Woman of the Year in 2019 and 2022. She's received an award for superior teaching at the University of Oklahoma Health Sciences Center, the American Academy of Medicine Physicians' Recognition Award, and Guardian Angels at Saint Anthony Hospital. She is a member of the Kaplan Medical Honor Society and a fellow of the American College of Physicians.

Dr. Tono resides in Oklahoma City with her 10-year-old son, Sebastian Vyas. Her outside interests include music, sailing, travel, cooking and spending time with her son.



### IRIM S. YASIN MD

Dr. Yasin grew up in Oklahoma. She attended the University of Oklahoma for her undergraduate studies, receiving a degree in biochemistry with a minor in economics. She earned her medical degree from the University of Oklahoma College of Medicine. She then went to the University of Illinois at Chicago for residency where, after two years, she decided to apply for and was accepted to fellowship in Hematology/Oncology. She completed her training and moved back to Oklahoma City to practice Oncology with INTEGRIS Cancer Institute. After moving to Oklahoma, Dr. Yasin helped establish a free clinic (Shifa Clinic), which is currently seeing uninsured patients for basic medical care. Dr. Yasin was nominated for Leukemia and Lymphoma Society Women of the Year, in which she worked diligently to raise funds for and bring awareness of LLS. She is always looking for new ways to get involved in the community. In her free time, she enjoys flying planes, traveling with her family, hiking, and nature.

*We need to be more vocal, more active in advocating for our own and our patients' interests. We need new physicians to join us. We need younger physicians to step up and assume leadership positions. There is no specialty organization that can fully meet the advocacy needs of all physicians. Organized medicine (AMA, OSMA, OCMS) is indispensable. We provide advocacy, education, and networking opportunities.*

*— Sumit K. Nanda, MD, OCMS President*



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## A TRIBUTE

### **Dr. James Hampton** (1931-2022)

Farewell, life friend of the Oklahoma County Medical Society and editor of The Bulletin. Homegrown son of Oklahoma, you have spent your life enhancing joy and easing suffering. I could recount your accolades in absentia, but I will not because that might disturb your humble soul. Instead, I will eulogize you with a story that I have never told:

You consulted me on a young woman you were treating for leukemia. She had developed a productive cough, but her chest x-ray was normal. (These were the days before CAT scans.) On sputum microscopy, I could find no bacteria. I suspected that she had viral bronchitis. We waited. She continued to cough and became more and more dyspneic. I tried antibiotics but she continued to worsen. Then, without further testing, you started her on I.V. heparin, suspecting that she had pulmonary embolism. The cough stopped and the dyspnea resolved.

Years later, I was consulted on an elderly woman in the ICU whose chest x-ray showed no infiltrates. She had a productive cough, was dyspneic, and was not responding to I.V. antibiotics. I could find no bacteria on sputum microscopy. Without further testing, I started her on I.V. heparin. The cough and dyspnea resolved.

The idea that pulmonary embolism can present as acute bronchitis is a well-kept secret. I hope that telling this story will spread the word.

*"A teacher affects eternity; he can never tell where his influence stops,"* said Henry Adams (1838-1918).

Rest in peace, my teacher.

– Hanna Saadah, MD



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*John P. Zubialde, MD*  
**Dean's Page**

JOHN P. ZUBIALDE, MD  
EXECUTIVE DEAN AND PROFESSOR,  
FAMILY AND PREVENTIVE MEDICINE  
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It's not often that the OU College of Medicine can create a brand-new academic department, but our recent addition of the Department of Oncology Science is an exciting development for our tripartite mission of education, research and patient care. As we all know, cancer continues to claim the lives of far too many people in Oklahoma and beyond. By growing our cadre of scientists dedicated to cancer research and by training the next generation of researchers, we hope to increase the pace of discovery and relieve the burden of this devastating disease.

Earlier this year, we welcomed the founding chair of the Department of Oncology Science, Pankaj K. Singh, Ph.D., who came to us from the University of Nebraska Medical Center, where he co-led the Cancer Biology Program at the Fred and Pamela Buffett Cancer Center. Dr. Singh brings a wealth of experience not only as a researcher, but as a leader, educator, and mentor. He is building a department with a strong focus on translational research and is establishing a framework for mentoring students and faculty at every stage of their development.

The work of the Department of Oncology Science will complement our existing cancer research expertise in other departments, as well as the clinical trials network at OU Health Stephenson Cancer Center. Dr. Singh is recruiting several additional faculty members with research experience in cancer biology, cancer imaging, bioinformatics and health disparities.

The research mission of the department will be focused on team science and translational projects. Rather than being driven by a single investigator, research today is becoming highly collaborative and interdisciplinary. This approach allows the research team to leverage different disciplines to truly understand how diseases manifest in the patients we treat and to create new strategies for preventing, diagnosing, or treating them. Also, by keeping a translational perspective, researchers continually ask themselves how their current investigations will improve real-life outcomes for patients in the future.

Dr. Singh is placing a major emphasis on mentoring as he establishes faculty positions in the department. Each new faculty member will have at least two dedicated

mentors working together in a defined mentorship structure. The importance of mentorship in an academic setting cannot be overstated. Mentors will provide guidance at all levels and in many areas of a faculty member's career, including fostering scientific innovation, paths to promotion and tenure, strategies for obtaining funding, and support for writing and submitting publications that disseminate discovery.

The department will also offer one of the most sought-after degrees, the Ph.D. in Oncology Science. Dr. Singh plans to develop training programs for undergraduate students, as well as a pipeline program for young people interested in oncology science. The department will also host a research fellowship program for clinicians who have an interest in cancer research. These types of educational programs and outreach activities are at the heart of the OU College of Medicine and allow us to foster the next generation so they can build on today's research discoveries.

The new department was made possible because of the philanthropic support of the Stephenson Family Foundation, whose \$20 million gift was established as a challenge grant. In less than two years, the gift was matched. The \$40 million that is now available is funding several endowed chairs, the renovation of lab space, and ongoing faculty recruitment. At its full faculty complement, which is anticipated in the next three to five years, the department will have 10 faculty members in addition to the chair.

This is an exciting time for cancer research on our campus. As the department grows and new recruits begin collaborating with existing researchers, we have the opportunity to take our cancer research enterprise to the next level. Our patients are the ultimate beneficiaries of this work, as our researchers strive to make discoveries that translate into renewed hope and quality of life.



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*- Cecilia, Breast Health Network Patient and Breast Cancer Survivor*

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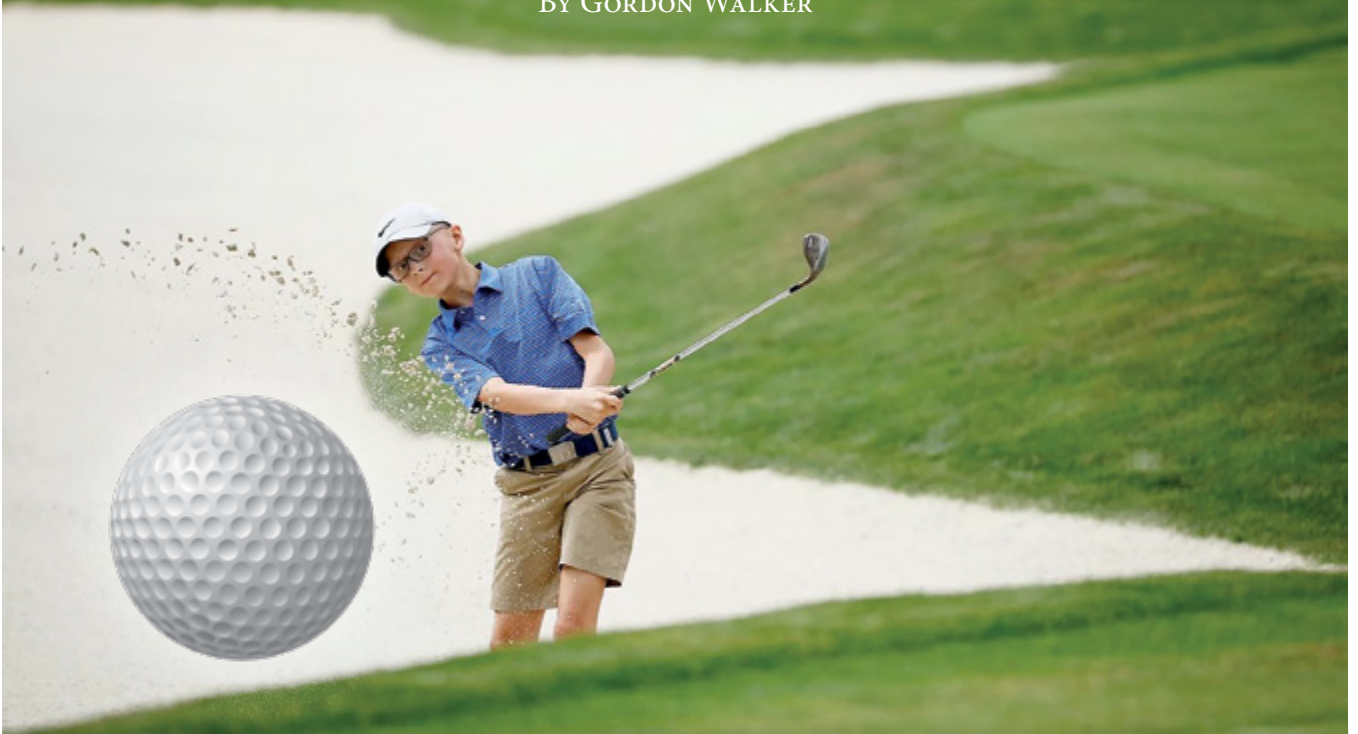
Breast Health Network has four metro locations and Saturday appointments.



# ETHAN EVANS'

## Rhabdomyosarcoma Odyssey

BY GORDON WALKER



Ethan Evans is a man of many hats. Big brother and eldest son. Club champion golfer. Casady School 7th grader. Cancer warrior. It's that last title that caught the attention of the PGA world. Ethan, son of Stacie and Mark Evans, MD, has spent the past year in a fierce battle against rhabdomyosarcoma, a rare form of pediatric cancer.

That hat collection grew to all new heights when the PGA TOUR community caught wind of Ethan's plight—one that would put him through 14 rounds of chemotherapy, 20 sessions of radiation therapy, three biopsies, and a surgery to remove the tumor—all over the course of 12 months.

The world of professional golfers became aware of this Oklahoma City 12-year-old, thanks to the widespread band of thoughtful friends in the Evans community. Stacie said, "A friend of mine wanted to do something for Ethan, as he started losing his hair. My friend said, 'I want to get a hat. Who's his favorite golfer? I'm going to reach out to Brooks Koepka and get him a hat.'"

From there, the spark of kindness that was lit close to the Evans' home spread across the continent. Phil Mickelson sent an autographed flag from the 2021 PGA Championship, where Mickelson became the oldest player to ever win a major. Bryson DeChambeau and Xander Schauffele sent autographed hats. That was just the start.

In February, Ethan was at home with his four siblings—Olivia, Elizabeth, Luke, and Savannah—to watch a video their parents had set up for the Evans kids to view. The star on the big screen greeted his viewers with this: "Ethan, what's up man? This is Brooks Koepka. Just wanted to say, first off, keep fighting dude. You are my hero." From there, Koepka gave Ethan the invitation of a lifetime—to come join him during a practice round at the 2022 Players Championship, played at TPC Sawgrass.

In mid-March, Ethan and his parents headed off to Ponte Vedra Beach, Florida, to meet his favorite golfer. In previous encounters by youngsters with the pros, Mark and Stacie were told that the kids were typically invited to tap a few putts and have a quick photo session. This occasion was different.

In another video produced by the PGA TOUR, which has received more than 300,000 YouTube views, Koepka was extremely engaging with his young idolizer. After they were introduced, Koepka said to

*Continues on page 20 ...*





Ethan, “You play, right? Hit away.” And not just one hole, but for three, Ethan played alongside the 3-time Major champion, using Koepka’s clubs. On the first hole, Ethan—who has won several age-group-club championships at Oklahoma City Golf & Country Club—showed slight dismay with his first tee shot. Koepka politely scolded him. “That’s perfect. What’s wrong with that? Straight out of the gate; you didn’t even warm up. Good swing. Good contact.”

On one green, Koepka asked for advice from Ethan, who suggested lining up the putt three inches to the left to get the desired break. Koepka drained the 12-footer and told his young coach, “That was a nice read.” He then jokingly fired his caddie and suggested Ethan should take over on the bag for the tournament. Ethan also showed off his own putting prowess, rolling in a 10-footer in front of an appreciative practice round gallery. This time, Koepka became the coach. “Wave to the crowd,” Koepka insisted. Ethan humbly did.

Before the hour-long session was over, Koepka had put in a FaceTime call to one of his buddies, Baker Mayfield. He then passed the phone to Ethan who said hello to Baker, one of Ethan’s favorite athletes. Koepka bragged on Ethan’s game to the former Heisman Trophy winner. Mayfield told Ethan, “I bet you could

beat me in golf.” Koepka agreed. Then, Ethan shot back to Mayfield, “I bet you could beat me in football.”

The most pressing question for the Evans family is not whether Ethan can beat someone at golf, but can he somehow beat a truly ferocious foe. Diagnosed on September 23, 2021, Ethan has already proven he can beat the odds while fighting the diagnosis of rhabdomyosarcoma. Ethan has responded well to treatments administered through OU Children’s Hospital and the Jimmy Everest Cancer Center. After an emotionally and physically exhausting year, Ethan was scheduled to complete his final round of chemotherapy in October 2022.

Since the Fall of 2021, the chemotherapy has been administered every three weeks. Mark Evans, a physician practicing with Radiology Associates, described the grueling rollercoaster ride for Ethan. “It usually takes him 3 to 4 days to bounce back, but usually when he bounces back, he’s pretty good for about two weeks, and then he has to go through it all again.”

In between treatments, Ethan has managed to play in many junior golf tournaments over the last year. His doctors allowed him to take a short break from his treatments to make the Florida trip to meet Koepka. “At the time, he had just had his surgery and was undergoing proton therapy at OU Health Stephenson Cancer Center,” said Mark. “He took a three-day break from this radiation therapy to go to Florida. Then we came back, and he finished up.”

Dr. and Mrs. Evans have received great comfort from the school, church, work-and-friend circles, and from their family and from Ethan himself. “Ethan has had a positive attitude and has been an inspiration to others,” said Stacie.

With his treatment nearing the finish line, the Evans family looks forward to a day when Ethan can wear a hat because he chooses to, not because he feels like he will stand out without one.

\*Students at Casady School celebrated with Ethan as he rang the school bell to signify his personal triumph before the final home football game on October 28. Then, as pictured here, Ethan and his classmates led the team out of the tunnel just before kick-off. Stacie Evans had a heart-warming report about her oldest child: “Ethan has completed his final round of chemotherapy in October and is now in complete remission,” Mrs. Evans said.



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# CONSEQUENCE **OF EXCESS**



BY HANNA A. SAADAH, MD

## *I Add by Taking Away. (Addo dum minuo.)*

David Hume (1711-1766)

*Homo sapiens* have been programmed to harbor an innate proclivity for excess. Consider the consequences of certain human excesses such as pollution, obesity, alcohol, speeding, texting, screen watching, and the avalanches of emails. These are but some of the obvious ones. Add to that the excesses of bureaucracies, institutions, industries, cities, societies, wastes, and conflicts—and one can surmise that *Homo sapiens* are a uniquely immoderate race.

Complexity, the offspring of excess, reduces joy and increases suffering. To complicate is yet another innate *Homo sapiens* trait that has mired the world in insurmountable difficulties. Simplicity declines as complexity rises.

*“Everything should be made as simple as possible, but not simpler,”* said Albert Einstein (1879-1955).

We achieve little progress if we were to blame human excesses on individuals rather than on the human race. Unlike the ten-million species in Kingdom Animalia, we have the distinction of being the only species that have complex brains, brains ill-suited for planetary health, brains that complicate with excesses rather than simplify by taking away, brains that unwittingly engender more suffering than joy.

Walt Whitman, more that 130 years ago, expressed his frustration about human excesses in his poem, *Animals*:

*I think I could turn and live with the animals;  
they are so placid and self-contained.  
I stand and look at them long and long.  
They do not sweat and whine about their condition.  
Not one is dissatisfied, not one is demented with  
the mania of owning things;*

One can enlighten individuals, but no one thus far has succeeded in enlightening humanity. Without enlightenment we will continue to favor excesses over moderation, complicate rather than simplify, resort to aggression rather than compromise, and continue to pollute our planet.

Our complex brains will continue to formulate non-evidence-based opinions, sanction unkind actions, and countenance planet-harming behaviors. Unfortunately, natural selection favors survival of the fittest, even when the fittest is also the most destructive to Planet Earth.

*“The impression of certainty is a certain token of folly and extreme uncertainty; and there are no people who are more foolish, or less philosophical, than the ‘philodoxes’ of Plato. Plato gives this name to people who fill their minds with opinions of whose grounds they are ignorant,”* said Michel de Montaigne.

In his book, *Walden*, Henry David Thoreau famously said, *“The mass of men lead lives of quiet desperation.”* If it need not be so, then we must unite in promoting global enlightenment.

David Hume, the Scottish enlightenment philosopher, by saying *“I add by taking away,”* was advocating for the cost-saving, life-saving, and planet-saving efforts of less over more, of simplicity over complexity, of clarity over murkiness, and of compromise over conflict. To reduce the cost and harms of our excesses and complexities, and to unburden Planet Earth and all lives on it, may still be achievable through global enlightenment.

**We do have a choice.**

# About the Cover

There's really no place like home for the holidays, especially if you live in central Oklahoma. With the season almost upon us, here are some of the highlights of what's to come around town this time around.

## **Devon Ice Rink November 11-January 29 Myriad Botanical Gardens**

The Devon Ice Rink returns for its 11th season in the Myriad Botanical Gardens this holiday season. Get ready for another great winter of outdoor ice skating at Downtown in December's premier attraction. Skate across 5,500 square feet of real ice and indulge in seasonal food and beverage offerings. Experience the magical, park-like atmosphere surrounded by the glittering lights of the Devon Ice Rink.



## **OKC Zoo Safari Lights November 12-January 1 5:30-11 p.m.**

One of Oklahoma City's most spectacular winter attractions, OKC Zoo Safari Lights promises fun and surprises for all ages. Go wild and fill your holiday season with the magic of light! Feel the holiday cheer with even more larger-than-life light displays showcasing wildlife themed light sculptures, animated light displays, festive treats, and visits from Santa.



OKC Zoo Safari Lights attendees can experience the wonder from the comfort of their vehicles, along a driving course through the Zoo by purchasing Drive-Thru Admission. Drive-Thru Admission includes admission to the drive-thru course for one vehicle and up to four walk-thru admissions. Additional walk-thru admissions can be purchased separately.

Online reservations are required; no drive-up purchases will be allowed. To purchase tickets, visit [okczoo.org](http://okczoo.org).





### **Oklahoma City Tree Lighting Festival & Virtual Holiday Special November 17 & 25**

Kickoff the holiday season and Downtown in December with this year's Oklahoma City Tree Lighting Festival & Virtual Holiday Special. The in-person Festival will take place in Bricktown on Thursday, November 17, and feature live performances, free activities including photos with Santa, and the traditional countdown to the tree lighting by Mayor David Holt. On Friday, November 25, gather with your friends and family to watch the debut of the Virtual Holiday Special presented by Heartland online and on television to see the excitement of the tree lighting along with special program-only performances and guests.

### **Lyric's A Christmas Carol November 16-December 23 At Harn Homestead**

Lyric Theatre's outdoor production of *A Christmas Carol* is returning this season, whisking audiences away to a magical holiday village nestled in the

heart of Oklahoma City. Patrons will follow Charles Dickens' timeless tale of transformation and redemption as they are guided from scene to scene at the historic Harn Homestead featuring Ebenezer Scrooge, Jacob Marley, magical spirits, and a host of unforgettable characters. PLEASE NOTE: All performances will be held outdoors. The venue does not have seating and requires patrons to walk from scene to scene during the 75-minute production.

To purchase tickets or for more information, visit [lyrictheatreokc.com](http://lyrictheatreokc.com) or call (405) 524-9312.



### **OKC Dodgers WinterFest & Snow Tubing November 25-January 1 Chickasaw Bricktown Ballpark**

Get ready for WinterFest at Chickasaw Bricktown Ballpark! Riding down the gigantic snow tubing slope is a thrill you won't want to miss this season. From snow tubing to holiday movies on the video board, plus sparkling lighting and décor, this will be a festive highlight that your family will remember for years to come! There is something for the whole family to enjoy, so bring everyone along for a ride in the snow, hot chocolate and snacks, and a festive winter atmosphere.

Call the OKC Dodgers ticket office at 405-218-1000 with any questions regarding snow tubing including group rates and private event information.



*Continues on page 22 ...*



**'Tis The Season at Scissortail Park  
Union Station Illumination and Holiday Lights  
November 26-January 1  
6-10 p.m. Nightly  
Union Station**

**OKC Philharmonic  
“Home Alone”  
November 26  
Civic Center Music Hall**

The 1990 Christmas comedy film “Home Alone” makes its OKCPHIL debut Thanksgiving weekend, for one performance on Saturday, November 26 at 8 p.m. The movie stars Macaulay Culkin as a precocious 8-year-old who is left behind when his family mistakenly goes on vacation without him.

“‘Home Alone’ has become a holiday classic,” said Alexander Mickelthwate, OKCPHIL Music Director. “After a Thanksgiving Day filled with turkey, and then the mad shopping of Black Friday, this Saturday evening performance will give families a chance to come together with a favorite Christmas

movie. And hearing the soundtrack performed live with the OKCPHIL will make it an entirely new experience!”

Tickets and more information can be found at [OKCPHIL.org](http://OKCPHIL.org) or by phoning 405-TICKETS.

**OKC Philharmonic  
“Coming Home For Christmas”  
December 2-3  
Civic Center Music Hall**

OKCPHIL presents an all-new extravaganza called “Coming Home for Christmas” starring legendary performer Michael Feinstein.

“This is a show we are really excited about,” Mickelthwate said. “Christmas is all about family, so this one is for you, our OKCPHIL family. Michael Feinstein is a multi-platinum recording artist

and a five-time Grammy nominee. He is such an amazing performer and interpreter of song.

This Christmas show is an entirely new concept and we cannot wait to celebrate with you the magic of the holidays.”

Tickets and more information can be found at [OKCPHIL.org](http://OKCPHIL.org) or by phoning 405-TICKETS.

**Saints Santa Run  
December 3  
St. Anthony Hospital**

Grab your costumes and running shoes, the Saints Santa Run presented by SSM Health – St. Anthony Hospital is returning Saturday, December 3. The family-friendly holiday run is bringing all ages, and even pets, to downtown

Oklahoma City for a festive 5K and costume contest. Participants can choose between a 5K Walk/Run, 1-Mile Fun Run, and free Kids' Dash.

Participate in the 5K Run/Walk or 1-Mile Fun Run and receive a commemorative Saints Santa Run t-shirt and finisher medal. All are invited to enjoy free activities like face painting and balloon art, complimentary snacks and drinks, holiday music and more



at our start/finish line celebration on the SSM Health – St. Anthony Hospital campus.

Register now through race day to run!

Race Day Schedule: Kids' Dash, 8:45 a.m.; 1-Mile Fun Run/Walk, 9 a.m.; 5K Run/Walk, 9:30 a.m.; Costume Contest, 10:30 a.m.

### **Lights On Broadway December 3 & 10 Automobile Alley**

Cruise down historic Automobile Alley for the district's holiday open house and experience its stunning light display during the 7th Annual Lights On Broadway event. On the first two Saturdays in December (December 3 & 10), attendees can enjoy local shopping, seasonal activities and decor, special promotions, sidewalk entertainment, and much more.

### **A Canterbury Christmas Presented by Canterbury Voices December 4**

#### **Civic Center Music Hall**

An Oklahoma City holiday tradition, Canterbury will deck the halls and fill the Civic Center with joyful, holiday standards — with a visit from Santa and carols in the Civic Center lobby. Featuring John Rutter's jubilant *Gloria*, and an expanded orchestrated arrangement of Z. Randall Stroope's *Hodie*, this audience favorite will feature soloists Aubrey Chapin and Rod Porter, Canterbury Youth Voices Cantabile, members from the OKC Philharmonic and the Canterbury Chamber Voices. Celebrate the season with Canterbury. For tickets, visit [canterburyokc.com](http://canterburyokc.com).

### **OKC Ballet's 'The Nutcracker' December 10-11, 15-18 Featuring OKC Philharmonic and Canterbury Voices**

Oklahoma City Ballet's traditional version of *The Nutcracker* has been enchanting audiences for decades, and this year will feature all new choreography by Acting Artistic Director Ryan Jolicoeur-Nye. Tchaikovsky's spirited and familiar score evokes warm childlike memories in the most glorious way as this colorful and extravagant ballet takes the stage once again this holiday season. This holiday treat will include students from the OKC Ballet Yvonne Chouteau School, plus live music from Canterbury Voices and the Oklahoma City Philharmonic.

For more information or to purchase tickets, visit [okcballet.com](http://okcballet.com) or call OKC Ballet at (405) 848-8637.



*Alison Fink*

## DIRECTOR'S DIALOGUE



I am feeling a little more joyous this year in preparation for the holidays. While it has been a busy year, it seems that we, as an organization, are finally getting back together to unite and connect with one another after two years of nothing but screens.

In October, the OCMS Board of Directors had dinner together. It was an excellent opportunity for members who first met via Zoom for so long to meet outside of a Board room. Many reported it was wonderful to have a meaningful connection with fellow leaders of OCMS.

Soon, we will honor the 50-year physicians of 2020 and 2021 at the upcoming annual meeting. After a two-year delay in recognition, we are honored to recognize members who have devoted their careers to medicine. This spring, we will recognize the 50-year physicians of 2022 and 2023.

Following our November meeting, we will convene our Women in Medicine collegiality dinner. Community is a critical and often overlooked component of a healthy fulfilling life. The social connections, even for the most

anti-social, can make an enormous difference in day-to-day satisfaction.

Early in 2023, we are gathering a group of 40 physicians under 50(ish) to get perspectives on life, day-to-day work, and professional collaborations. It is difficult to find time in your calendar to attend, but the opportunity to connect with others who share the same passion and caregiving mission that drives you, and these events are great opportunities to set aside your day-to-day distractions and really sink into the things you love best.

To our members, I am again grateful for the opportunity to serve you in the role of Executive Director. It is my hope that with each year, you find an event or service that we offer that brings you additional value.

Finally, the holidays are around the corner. I will spend at least one night reading A Christmas Carol. I have watched every television production of the novella, however, the words written by Dickens always have a place in my mind: "No space of regret can make amends for one life's opportunity misused."

## Introducing...



*Dr. Claire Atkinson joins the staff on July 1, 2022. Dr. Atkinson just completed her fellowship in Allergy and Immunology at the University of North Carolina, Chapel Hill. Her MD came from the University of Oklahoma School of Medicine. She is board certified in Pediatrics and board eligible in Allergy and Immunology. She is the daughter of OAAC's Dr. Dean Atkinson.*



Dr. Dean Atkinson



Dr. Laura Chong



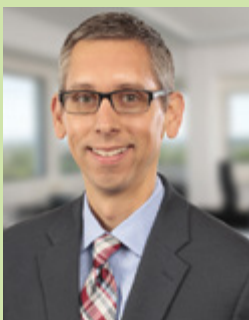
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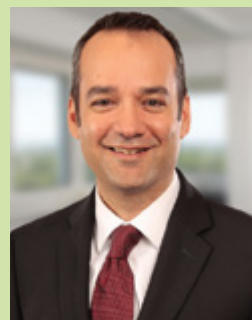
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# Personality Disorders in Medical Practice

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**JF** presents to his primary care physician with hypertension and poor control of Type 2 diabetes. He admits that he stopped his medications, stating, “There’s no use in going on.” JF notes a depressed mood after the break-up of yet another turbulent romantic relationship, and he can’t tolerate being alone. He feels empty, tends to drink too much, smokes pot regularly and can’t control his appetite. His physician notes several bruises and lacerations on JF’s right hand that occurred when punching a wall in a fit of anger. As his doctor realizes that JF meets several criteria for borderline personality disorder, he validates JF’s emotional pain and adopts a non-judgmental attitude as the two form a partnership and take advantage of his strengths to address his medical conditions. With increased trust, the patient later accepts referral to a mental health professional. Personality disorders (PDs) are characterized by enduring patterns of inflexibility in diverse personal and social situations, leading to significant distress or impairment in several areas of functioning. Cognition, (perception of self and others), emotional stability, interpersonal function and impulse control may be affected.<sup>1</sup>

While personality disorders affect 10-15% of the U.S. population, approximately 24% of primary care patients have these conditions, which may adversely affect their medical care.<sup>2</sup> PDs are associated with increased risks for suicide and substance abuse, which should be addressed in treatment plans. In addition, individuals with PDs may experience higher rates of unemployment, marital disruption, domestic violence, and homelessness.

DSM-5-TR classifies PDs in 10 distinct categories falling into 3 clusters (see Table 1). Much research has focused on the categorical model for these conditions, especially borderline PD.

In contrast to DSM-5-TR’s categorical classification, in ICD-11, PDs are classified quite differently. They are diagnosed as mild, moderate or severe with 5-trait domain specifiers of dysregulation in self and interpersonal functioning: negative affectivity, detachment, dissociality, disinhibition, and anankastia (perfectionism, compulsiveness). For instance, JF above, with borderline PD according to DSM criteria, would have high negative affectivity, dissociality and disinhibition. This dimensional approach corresponds with DSM-5-TR’s Alternative Model of Personality Disorders as opposed to DSM-5-TR’s categorical models of personality disorders described above.

Considering the categorical model, a meta-analysis identified the most common medical diagnoses associated

with a PD.<sup>3</sup> Fifty percent of patients with insomnia had a Cluster C PD, and many with borderline PD reported poor sleep. Patients with obesity had a high rate of Cluster A PDs.<sup>2</sup> Many pts with chronic pain and headache (often making many phone calls and visits) had obsessive-compulsive<sup>2</sup> or borderline PDs or borderline or antisocial traits<sup>3</sup>. Chronic health conditions such as cardiovascular disease and arthritis were associated with PDs, especially Cluster B, although use of medications such as atypical antipsychotics was not factored out.<sup>2</sup>

What causes PDs? There is no single cause, although environment and genetics appear to interplay. Social marginalization, childhood maltreatment and neglect, erratic parenting, and overwhelming stress can contribute adversely to personality development. There have been

genetic links between schizophrenia and Cluster A disorders. Cluster C PDs may occur in temperaments that are highly reactive to external stimuli. Childhood abuse may contribute, while strong positive relationships may protect. Borderline PD is associated with first degree relatives having more mood disorders and borderline PD. Research has identified high rates of adverse childhood experiences (ACEs) in this PD. And research has noted that OCPD and traits in healthcare professionals is reinforced by work addiction that is socially rewarded and by rigid perfectionism, increasing risks for depression and burnout.<sup>4</sup> Some individuals may have personality traits that don't meet full threshold for a disorder. Cultural factors and acculturation stresses shape the presentation of PDs and traits.

*Continues on page 32 ...*

Cluster and U.S. Prevalence <sup>1</sup>	Disorder	Key Features	Prevalence Studies (Vary)	Differential Dx	Comorbid Conditions
A: Odd or Eccentric  U.S. prevalence: 3.6%	Paranoid	Suspicious, mistrustful	3.2%	Psychotic dx, medical conditions, substance use	Brief psychotic episodes, depression, agoraphobia, OCD, other Cluster A PDs
	Schizotypal	Discomfort in close relations, eccentric	0.6%	Psychotic dx, neurodevelopmental dx, medical condition, substance use	Brief psychotic episodes, later psychotic disorders, other Cluster A and borderline PDs
	Schizoid	Aloof, prefers being alone, restricted affect	1.3%	Psychotic dx, autism spectrum, medical condition, substance use	Brief psychotic episodes, depression, other Cluster A PDs
B: Erratic, Dramatic, Emotional  U.S. prevalence: 4.5%	Antisocial	Violates others' rights, criminality	3.6%	Substance use, schizophrenia & bipolar dx, other PDs, criminal acts	Depression, anxiety, substance use, somatic symptoms, gambling dx, other Cluster B PDs
	Narcissistic	Grandiose, no empathy, needs admiration	1.6%	Other PDs & traits, mania/hypomania, substance use, dysthymia	Depression, anorexia nervosa, substance use (esp. stimulants), other cluster B & paranoid PDs
	Borderline	Impulsive, poor self-image, anger, unstable relations	2.7%	Depression, bipolar dx, separation anxiety, other PDs, medical condition, substance use, identity problems	Depression, bipolar dx, substance use, anxiety dx, eating dx, PTSD, ADHD, other PDs
	Histrionic	Shallow, overly emotional, seeks attention	0.9%	Other PDs and traits, medical condition, substance use	Other cluster B and paranoid PDs, substance use, aggression & violence, somatic symptom dx, depression
C: Fearful, Anxious, Nervous  U.S. Prevalence: 10.5%	Avoidant	Social anxiety, fears criticism	2.1%	Social anxiety dx, agoraphobia, other PDs & traits, medical condition, substance use	Depression, anxiety dx (esp. social anxiety), schizoid PD dx, substance use
	Dependent	Clingy, submissive	0.4%	Separation anxiety, depression, anxiety, medical conditions, other PDs & traits, medical condition, substance use	Depression, anxiety, adjustment dx, other PDs (borderline, avoidant, histrionic), medical illness, separation anxiety
	Obsessive-Compulsive	Rigid, needs order & control	4.7%	OCD, hoarding dx, other PDs & traits, medical condition, substance use	Anxiety dx, OCD, depression, bipolar dx, eating dx

Table 1: Personality Disorders in DSM-5-TR<sup>1,2</sup>

Treatments are diverse and tailored to the individual. There is no single medication for PDs that is FDA-approved, and randomized, controlled trials are lacking in this area. It is recommended to avoid both polypharmacy and prescribing benzodiazepines and other controlled substances. For comorbid conditions such as depression and anxiety, antidepressants such as SSRIs and SNRIs are safe and often used, or non-controlled medications for anxiety may be useful. For dysfunctional anger outbursts or mood instability, mood stabilizers such as antiepileptic drugs have been prescribed. Lithium might be considered with caution, given side effects and the need to monitor blood levels. Atypical antipsychotics have been found to be useful in open-label trials for acute agitation, aggressive behaviors and transient psychotic-like symptoms.<sup>5</sup>

Psychotherapy is considered a first-line treatment, with systematic reviews and guidelines supporting combined psychotherapy and medications. Psychodynamic therapies, which uncover unconscious motivations for unhealthy behaviors based on early life experiences or relationships, have been effective. Interpersonal psychotherapy assists relationships, often problematic in PDs. Dialectical behavioral therapy (DBT), a form of cognitive behavioral therapy developed for borderline PD, uses mindfulness and helps patients regulate emotions and tolerate strong negative feelings. Both individual and group sessions are used in DBT.<sup>2,6</sup> Mentalization-based therapy helps patients view their problems from multiple perspectives to benefit personal relationships and emotional self-regulation.<sup>6</sup>

Physicians should always screen for suicidality and substance use disorders, given their high rates among PDs. Establishing trust is essential to obtain this information, given patients' sensitivity to rejection and stigmatization. It is advisable to have a crisis management plan if needed.

Practical approaches to PDs in medical practice include being empathic, while setting firm limits on medical adherence and unhealthy or self-injurious behaviors is essential. The physician should set clear boundaries with timing of visits, medical tests and patient calls outside of visits. Providers should not be derailed if they are idealized or

blamed by patients or if they are confronted with "splitting" behaviors toward other healthcare providers. Being aware of one's countertransference, or one's emotional reaction to the patient, can help the provider guide the visits toward rational medical decisions and approaches.<sup>7</sup>

Given the high prevalence of PDs in clinical practice, identifying them and incorporating evidence-based approaches can help foster an effective, rewarding therapeutic interaction with these patients. Referral to a mental health professional once trust is established can further benefit the patient's emotional and physical well-being.

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## DELIRIUM

GERMAINE ODENHEIMER MD, EMERITUS PROFESSOR OF NEUROLOGY

Delirium doubles length of hospital stay and cost of care, quadruples mortality and placement in long-term-care facilities, and yet it is commonly missed or misdiagnosed.

**D**elirium is relatively easy to recognize when it has rapid onset, with hyperactive behavior, associated with a recent change in medical condition/surgery and/or medication. Diagnostic criteria from the DSM5 are: 1) rapid onset; 2) inattention; 3) fluctuations; 4) can be reversible or persistent; 5) can be hyperactive or hypoactive.

There are popular charts that claim to distinguish between dementia and delirium. Unfortunately, these charts are over simplistic at best and wrong at worst. And, in my opinion, the only features unique to delirium are inattention or lethargy and encephalopathic EEG changes. These do not occur in dementia unless it coexists with delirium.

But inattention can be subtle and requires formal testing. And since fluctuations are part of the disorder, attention may be intermittently normal.

“Fluctuations” of delirium tend to occur unpredictably hour-to-hour over the course of a day or night. Fluctuations in dementing disorders typically

occur at predictable times, such as “sun-downing” in late afternoon. Lewy Body Disease also fluctuates but from day to day; not hour to hour.

Hallucinations in delirium tend to be fleeting, inconsistent and poorly formed. The hallucinations in Lewy Body Disease are exquisitely well formed, usually of people or animals. Charles Bonnet hallucinations can occur in people with slowly progressive visual loss without cognitive dysfunction.

The following case should raise questions about current criteria:

A 66-year-old female presented to clinic for a second opinion regarding her Alzheimer’s diagnosis. The onset of her illness (provided by her son) was insidious and slowly progressive over three years, with gradual loss of memory, ability to handle money, medications, and driving. Gait instability and slurring of speech were noted but no fluctuations. She quit work and driving, and moved in with her son with plans to move to a nursing home.

Her medical history was complex with Hypothyroidism and bipolar disorder for more than 25 years. She had Crohn's disease, bladder cancer resection in 1998, and was hospitalized for a UTI two years prior to this 2004 visit. During hospitalization she developed visual hallucinations which led to "Lewy Body dementia" diagnosis. However, once her infection cleared, the hallucinations resolved.

She was on eight psychoactive medications: Levothyroxine 200ug, Lithium 300mg bid, Bupropion-SR, 200mg bid, Citalopram 20mg bid, Clonazepam 1mg bid, Olanzapine 10mg, Diphenhydramine 25-50mg qhs prn, and Donepezil 5mg.

She had been on lithium and levothyroxine for more than 25 years. She had been on the other medications more than three years except donepezil which was added recently.



Her physical examination was notable for slow gait, unsteady turns, and dysarthria with no tremor or asterixis. She did not appear inattentive or hypoactive. She had impaired attention (forward digit span was 4; normal is 5 or greater) as well as poor recent memory, visuo-spatial and executive function. Language was relatively spared.

Laboratory showed mild anemia, elevated white blood cells, BUN and Creatinine 25/1.5. Lithium level was .62 (N-.8-1.2). The remainder of her CMP labs as well as B12, Folate, TSH, RF, FTA, ESR were normal. Brain MRI showed bilateral ischemic white matter change leading to a "Vascular dementia" diagnosis. Her EEG showed diffuse slowing. Evidence for delirium NOT consistent with dementia included: low digit span, gait instability, dysarthria, and encephalopathic EEG. She may have had dementia but until the delirium resolved it was not possible to tell.

She was weaned off lithium, diphenhydramine, donepezil, bupropion, clonazepam and olanzapine. Her thyroid dose was halved. Three months later she was completely normal in all previous areas of deficit. Her digit span was 5 and she regained full IADL capacity. Lithium, diphenhydramine and donepezil were never restarted. She ultimately required the original doses of Citalopram and Olanzapine with the others at lower doses. She restarted driving, moved to her own place where she lived with no cognitive decline until her death from cancer five years later.

## Key points:

- Delirium can be chronic, insidious, and fully reversible.
- Inattention and fluctuations may not be obvious.
- Digit span is a useful tool for identifying delirium. EEG is confirmatory.
- Despite no change in medications, her age and renal function decline led to delirium.
- Lewy Body hallucinations do not resolve with resolution of infection.
- Microvascular changes on MRI are not diagnostic of dementia.



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# When The Living Was Easy

BY PHILIP MAGUIRE

When we were young, we spent a lot of time at the park, mostly outdoors.

The park's swimming pool had hour-long sessions by age, and boys and girls had separate times. There was a chlorine tub you had to step into before you got in the pool. If you had any cuts or bruises on your feet, it burned like fire. Apart from swimming we used hand-operated jigsaws to cut out guns and daggers from soft wood we salvaged from orange crates, we drew out the designs on the wood and cut them with the jigsaw.

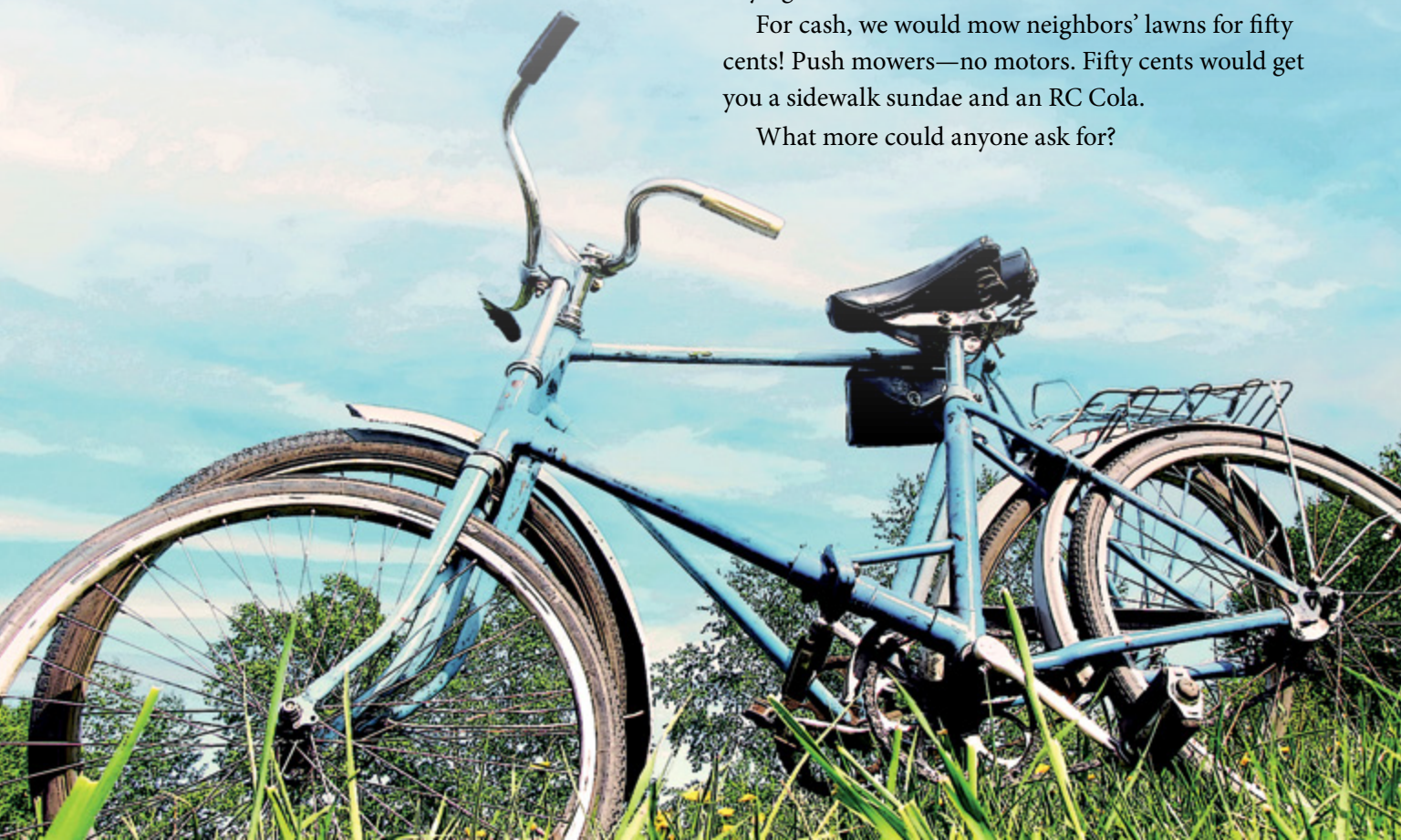
We spent a lot of time riding our bikes or working on them. We hiked or rode our bikes all over our part of town from one end to the other. We didn't have

any screens to look at. One of our main destinations was the Oklahoma Historical Society Museum. At that time, it was south of the capitol in what is now the Supreme Court building. The museum had lots of glass cases full of old guns and Indian artifacts, which fascinated us. I don't know what happened to those things; they are not in the new Historical building. There was a Gatlin gun in the basement, which always attracted our attention.

I don't remember ever being bored or short of something to do. A few of us would get together and decide to play cops and robbers or pirates. We knew where to go to find used wood lathes for swords. Or we would go to the park and use the jigsaws to cut out daggers or guns or whatever we needed for the day's games.

For cash, we would mow neighbors' lawns for fifty cents! Push mowers—no motors. Fifty cents would get you a sidewalk sundae and an RC Cola.

What more could anyone ask for?



# IN MEMORIAM

## DR. JAMES WILBURN HAMPTON

James Wilburn Hampton M.D., longtime editor of *The Bulletin*, passed peacefully at home surrounded by family on October 1, 2022. James, of the Chickasaw and Choctaw nations, was born in Durant on September 15, 1931, to Hollis and Ouida Hampton. He graduated from the University of Oklahoma with a B.A. in English in 1952 and a M.D. in 1956 at which time he was elected to the Alpha Omega Alpha honor society. He completed his residency and internship at the University of Oklahoma and practiced hematology and oncology for over 50 years. He was recognized as the first Native American medical oncologist in the United States. As a resident in 1958, James published in the *New England Journal of Medicine* the first of his numerous academic papers. In 1957, he met and married the love of his life, Carol McDonald. He enthusiastically supported her career as a historian and subsequent ordination as an Episcopal Reverend Canon. He was head of hematology-oncology at OU from 1972-1977, and head of hematology at OMRF from 1972-1977. He served on the Admissions Board for the Oklahoma College of Medicine from 1964-2008. James was a founding member of the Stewart Wolf Society. He was also a founding member of the Robert M. Bird Society created to fund the OU College of Medicine Library. He was the Medical Director of the Cancer Center of the Southwest at Baptist Medical Center, later named the Troy and Dollie Smith Cancer Center, from 1977-2010. In 1979 he traveled to England to observe a hospice program. Upon returning to OKC



he persuaded the practicing medical oncologists in the community to fund a hospice in central Oklahoma. In 1998 he was awarded Physician of the Year in Private Practice by the University of Oklahoma Alumni Association. He received multiple awards from the Oklahoma County Medical Society and was the Editor of the *OCMS Bulletin* for over 30 years. James was a charter member of the Association of American Indian Physicians and was elected

President twice and recognized as Physician of the Year twice. He was instrumental in researching cancer in the Native American population and was asked to organize a network on cancer control research in the Native American population bringing together Indian Health Service and the National Cancer Institute. In 1999, James worked with President George H. and Mrs. Barbara Bush to establish a national Dialogue on Cancer, subsequently named C-change. The Intercultural Cancer Council honored him in 2006 with the Leap of Faith award for serving minority communities and underserved people with cancer. He was honored with an eagle feather, blessed by a Lakota medicine man, at the Mayo Clinic for his work in cancer. In 2014 James was elected to the Chickasaw Hall of Fame in recognition of his accomplishments. James was a life-long Episcopalian and was a member of St. Paul's Cathedral for over 70 years, serving in many roles.

He is survived by his wife of 64 years, Carol; children: Jaime, Clayton, Diana, Neal; and other loving family.

A sea of pale blue  
Surrounds the room around you.  
The lights have gone dim  
Keeping the scene grim.

The sea, you realize, is just scrub uniforms  
Of all those who perform  
The daily tasks of keeping you here—  
Even when the end is near.

For days on end, we prop you up,  
Telling your spouse, “We’ve had some luck.  
The lab values are promising,” we say,  
But your body has already started to give way.

“What do I do in my spare time? To the gym,” you tell me you went,  
When you could still understand what my questions meant.  
A father, a husband, and gym-goer you were,  
Now reduced to a room number on rounds—a blur.

We give more fluids; we alter your meds.  
We rack our brains for what could have led  
A man like you to have such delirium.  
Was it some pathology, the hospital stay, or a bacterium?

With each consecutive day  
Parts of you slip away.  
A gradual decline  
Of the man I saw behind your eyes.

You’re almost absent from the body that lies in bed.  
I know you tried your hardest to stay for the woman you wed.  
On what will be the last hospital stay of your life,  
The team and I gather to deliver the news to your wife.

A sea of blue,  
We form in the room around you.  
You’re now fully gone,  
And your wife has been drowning in this sea all along.

I linger at the door,  
Knowing that I could be more  
Than just a background character at the end of your time, and hence,  
You honored me by sharing this human experience.

Once the sea of blue fades,  
And just us three: you, your wife, and I, remain—  
I look into her eyes, where,  
I see that you’re still there.



# YOU'RE STILL THERE

BY ALEX EVANS, MS3

*"Love gives naught but itself and takes naught but from itself. Love possesses not nor would it be possessed, for love is sufficient unto love. When you love you should not say, 'God is in my heart,' but rather, 'I am in the heart of God.' And think not you can direct the course of love, for love, if it finds you worthy, directs your course."*

Gibran Khalil Gibran (1883-1931)



# Replenish Love

*A fantasy on how couples find one another through love.*

HANNA A. SAADAH, MD

Unmarried love lived haplessly alone  
On mountaintop with sun and snow and stone  
By day he soared, looking for hearts to stay  
By night, in lonesome quietude, he lay.

Till came a day, refreshed by desert rain  
Two vacant hearts sat silently apart  
Love from above could spy their stoic pain  
And like a hawk he made a sudden dart,

Flooding their sunset hearts with sunrise glee  
Love cried, you've waited far too long for me  
Rejoice and celebrate this loving bliss  
And do not let her leave without a kiss.

Your hearts, now my abode forevermore  
Together live, replenish, and adore.



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