

Lab Updates

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February 2010

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UMass Memorial Laboratories Begins Serving 200 Physicians Who Are Members of CentMass Association of Physicians

Effective January 4, 2010, UMass Memorial Laboratories began providing laboratory services under a lab services agreement with HealthAlliance With Physicians, Inc. ("HAPI"). HAPI is a physician hospital organization whose members are CentMass Association of Physicians, Inc. ("CAP") and HealthAlliance Hospital. CAP is an independent physicians association ("IPA") that includes over 200 primary care physicians and specialists.

To assist in providing laboratory services for CAP physicians, UMass Memorial Laboratories opened six new laboratory patient service centers in Fitchburg and Leominster, Massachusetts on January 4, 2010. In total, UMass Memorial Laboratories and HealthAlliance Hospital now operate thirteen patient service centers in Leominster, Fitchburg, Lancaster, Clinton and Sterling to serve CAP physicians' patients. These thirteen patient service centers are listed on page 3 and shown on the map on page 4. In addition, UMass Memorial Laboratories operates 27 other patient service centers located in other cities and town in central Massachusetts, as well as many other patient service centers located throughout Massachusetts, Connecticut, Rhode Island, and southern New Hampshire.



Photo: Kevin Vance



Photo: Kevin Vance

UMass Memorial Medical Center Laboratories

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HealthAlliance - UMass Memorial Laboratories

Patient Service Centers

We are pleased to provide you with laboratory services, which are available through all of our patient service center locations including those listed below.

Leominster Locations

HealthAlliance, Professional Building

100 Hospital Road, Suite 2C
Leominster, MA 01453
Mon–Fri 7:00am - 5:30pm, Sat 7:00am - 11:00am
Phone: 978-466-2830, Fax: 978-466-2330

HealthAlliance, Medical Office Building

50 Memorial Drive, Suite 206
Leominster, MA 01453
Mon–Fri 6:00am - 5:30pm
Phone: 978-466-2644, Fax: 978-466-2661

Leominster, North Main Street

85 North Main Street
Leominster, MA 01453
Mon–Fri 8:00am - 5:00pm, Closed 12:30pm - 1:30pm
Phone: 978-537-2479, Fax: 978-537-2530

Leominster, Manning Avenue

14 Manning Avenue, 3rd Floor
Leominster, MA 01453
Mon–Fri 8:00am - 5:00pm, Closed 12:15pm - 1:15pm
Phone: 978-466-9625, Fax: 978-466-9626

HealthAlliance, Main Lab (Including Sundays & Evenings)

60 Hospital Road
Leominster, MA 01453
Sun–Sat 6:00am - 8:00pm
Phone: 978-466-2850, Fax: 978-466-2889

Lancaster

Lancaster, High Street

136 High Street Extension
Lancaster, MA 01523
Mon–Fri 8:00am - 5:00pm, Closed 12:00pm - 1:00pm
Phone: 978-368-1683, Fax: 978-368-1696

Sterling

Sterling Village

50 Leominster Road, Unit 15
Sterling, MA 01564
Mon & Tues 12:00pm - 4:30pm, Closed Wed
Thurs & Fri 8:00am - 4:30pm, Closed 12:00pm - 12:30pm
Phone: 978-422-5109, Fax: 978-422-0529

Fitchburg Locations

Fitchburg, Summer Street

76 Summer Street, Suite 110
Fitchburg, MA 01420
Mon–Fri 7:30am - 4:00pm, Closed 1:00pm - 1:30pm
Phone: 978-342-0691, Fax: 978-342-0713

Fitchburg, Ashby State Road

47 Ashby State Road
Fitchburg, MA 01420
Mon, Thurs & Fri 8:00am - 5:00pm, Tues & Wed 8:00am - 8:00pm
Phone: 978-345-2161, Fax: 978-345-2167

Fitchburg, South Street

881 South Street
Fitchburg, MA 01420
Mon–Fri 8:30am - 5:00pm, Closed 12:15pm - 12:45pm
Phone: 978-343-4861, Fax: 978-343-4863

Fitchburg, Burbank Campus

275 Nichols Road, Main Entrance, Third Floor
Fitchburg, MA 01420
Mon & Fri 8:30am - 5:30pm, Tues, Wed & Thurs 8:30am - 9:00pm
Phone: 978-878-8352, Fax: 978-665-5847

Fitchburg, Burbank Campus

275 Nichols Road, Urgent Care Entrance
Fitchburg, MA 01420
Mon–Fri 7:00am - 5:00pm, Sat 7:00am - 10:30am
Phone: 978-343-5030, Fax: 978-665-5880

Clinton

Clinton Hospital, Medical Office Suites

201 Highland Street, Second Floor, Suite 1
Clinton, MA 01510
Mon–Fri 7:00am - 5:00pm
Phone: 978-368-3704, Fax: 978-368-3968

Other Locations

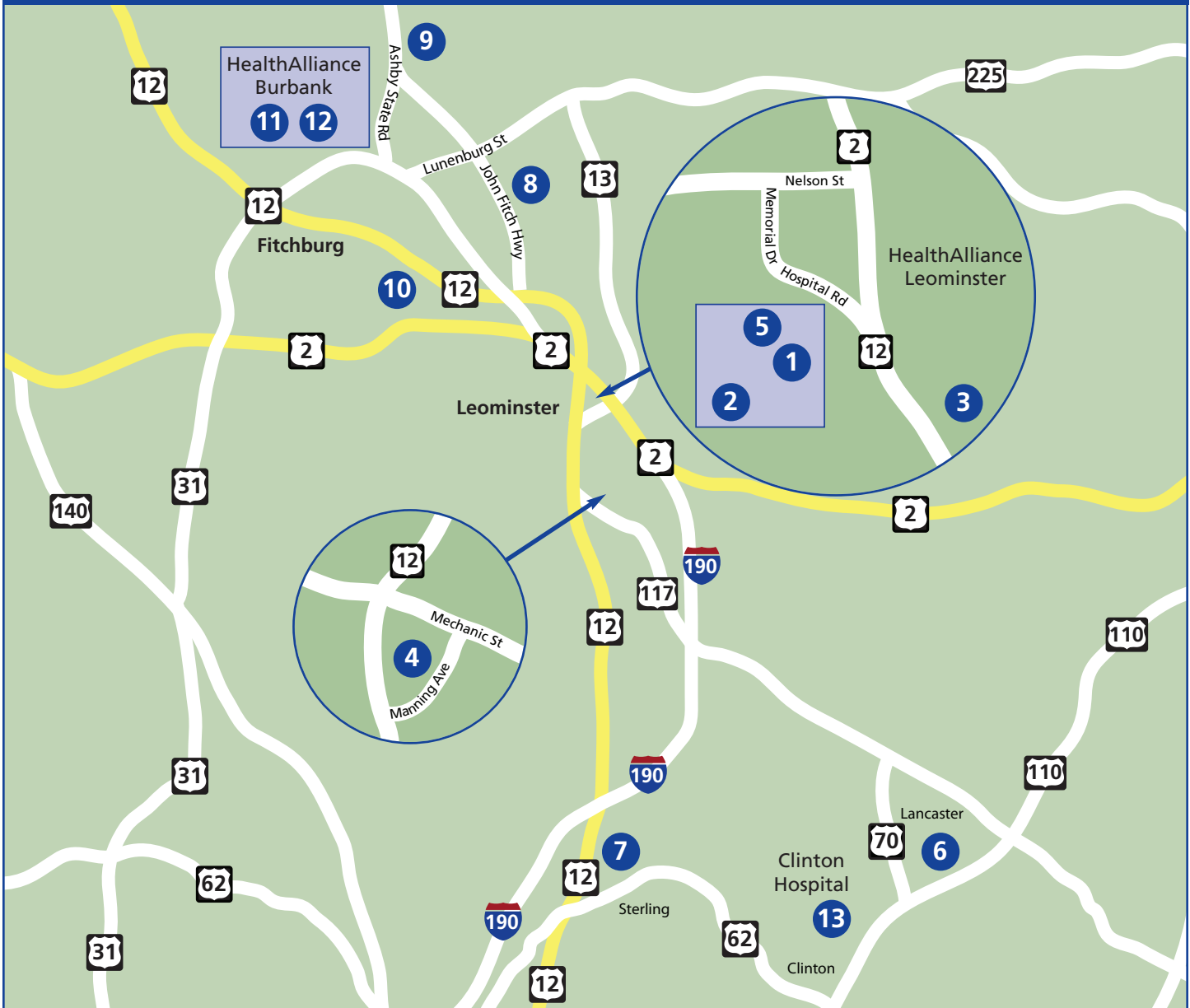
Plus 27 locations in other towns in central Massachusetts, plus many other locations throughout eastern Massachusetts, Connecticut, Rhode Island and southern New Hampshire. For more information, call 800-476-4431.

Please note that hours are subject to change.

Providing a higher level of service. Put us to the test!™



Patient Service Centers



- | | |
|---|---|
| <p>1 HealthAlliance, Professional Building
100 Hospital Road, Leominster, MA 01453</p> <p>2 HealthAlliance, Medical Office Building
50 Memorial Drive., Leominster, MA 01453</p> <p>3 Leominster, North Main Street
85 North Main Street, Leominster, MA 01453</p> <p>4 Leominster, Manning Avenue
14 Manning Avenue, Leominster, MA 01453</p> <p>5 HealthAlliance, Main Lab
60 Hospital Road, Leominster, MA 01453</p> <p>6 Lancaster, High Street
136 High Street Extension, Lancaster, MA 01523</p> <p>7 Sterling Village
50 Leominster Road, Unit 15, Sterling, MA 01564</p> | <p>8 Fitchburg, Summer Street
76 Summer Street, Fitchburg, MA 01420</p> <p>9 Fitchburg, Ashby State Road
47 Ashby State Road, Fitchburg, MA 01420</p> <p>10 Fitchburg, South Street
881 South Street, Fitchburg, MA 01420</p> <p>11 Fitchburg, Burbank Campus (Main Entrance)
275 Nichols Road, Fitchburg, MA 01420</p> <p>12 Fitchburg, Burbank Campus (Urgent Care Entrance)
275 Nichols Road, Fitchburg, MA 01420</p> <p>13 Clinton Hospital, Medical Office Suites
201 Highland Street, Clinton, MA 01510</p> |
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Laboratory testing services provided by HealthAlliance Hospital and UMass Memorial Medical Center.

Involuntary Weight Loss

I. Definition

No uniformly accepted definition exists. A reasonable working definition of significant involuntary weight loss (IWL) is **unintentional body weight loss of 5% or more within a 6-month period**.

II. Overview

A. IWL is a nonspecific sign or symptom with numerous diagnostic possibilities that can be associated with a serious underlying disease or no discernable cause.

B. Etiology. Clinical studies have shown that the prevalence of different causes of IWL depends in part on the clinical setting.

1. **Physical causes** of IWL predominate in the inpatient setting.
2. In the ambulatory setting, **nonphysical diagnoses**, including psychosocial and unknown causes, are more common.

III. Differential Diagnosis

A. Neoplastic disease, rarely occult, is more common in the inpatient setting.

B. Gastrointestinal illnesses, including malabsorption and “silent” peptic ulcer disease (PUD), are important causes of IWL.

C. Hyperthyroidism is an uncommon cause of IWL, except in one study of ambulatory geriatric patients where it was not readily apparent by history and physical examination.

D. Medications are an important cause of IWL, even with therapeutic doses, especially in the elderly. For example, anticholinergic effects of a drug may lead to dry mouth and attendant difficulty with eating and IWL in geriatric patients. In geriatric patients, alterations in taste, dentition, and swallowing all need to be considered.

E. Nonphysical diagnoses include diagnoses like depression, bereavement, somatization disorders, and a number of social difficulties, such as financial difficulties, social isolation, and increased frailty. It is extremely important to obtain a thorough psychosocial history at the initial encounter when evaluating a patient with IWL.



F. Multifactorial causes can contribute to IWL. This creates difficulty in assigning one unifying diagnosis. It is probably one of the reasons that many clinical studies have found no diagnosis for a number of patients with IWL.

IV. Clinical Approach

When evaluating the patient, it is important to note the clinical setting, perform a thorough history and examination, and order tests judiciously.

A. Initial approach. The initial approach to evaluating a patient with IWL is to verify that weight loss has occurred, since a number of patients with complaints of IWL have not lost weight. This can be done directly by chart documentation, or indirectly by confirming weight loss with a reliable patient contact or by noting physical evidence of weight loss, such as a change in clothing size or the presence of cachexia.



B. Determine cause. Once weight loss is documented, the clinician needs to determine if the weight loss is from a physical or nonphysical cause.

1. When a **physical cause** of IWL is present, it is usually possible to make a diagnosis after a brief, directed evaluation.
2. When a **nonphysical cause** of IWL is suspected, watchful waiting and testing restraint are important considerations as part of the evaluation process.

C. Perform a thorough history and physical examination

1. History

- a. **Changes in appetite:** Inquire about changes in appetite (increased appetite suggests endocrinopathies such as diabetes, hyperthyroidism, and pheochromocytoma) and food (caloric) intake; determine whether the weight loss is involuntary (patients with voluntary weight loss do not usually seek medical attention, unless in the setting of associated psychopathology); determine adult weight patterns.
- b. **Medications:** Obtain a thorough medication and drug use history, including over-the-counter and recreational drugs.
- c. **Known disease:** Establish whether the patient has a known disease associated with IWL (see Ill A-F).
- d. **Psychiatric history:** Obtain a comprehensive psychiatric and social history.
- e. **Review of systems:** Perform a symptom-specific system review. (A standardized questionnaire is

useful.) As neoplasm and gastrointestinal illnesses predominate among the physical causes of IWL, a careful system review should be directed toward these categories of illness.

- f. **Eating disorder:** Assess the possibility of an eating disorder (e.g., fear of weight gain, body image disturbance, amenorrhea, binge eating/purging).

2. Physical examination

- a. The **initial physical examination** should be complete and thorough. Weight should be documented in the chart as part of the examination, and physical evidence of weight loss, such as cachexia, should be noted.
- b. **Particular attention** should focus on thyroid findings, adenopathy, and indices of malnutrition. Breast, pelvic, and digital rectal examinations should be performed. The pulmonary and gastrointestinal organ systems should be assessed.

V. Diagnostic Evaluation (Figure 1, page 7).

Order additional directed tests that target abnormalities revealed by the history and physical examination.

A. Screening laboratory tests. An initial panel of screening laboratory tests should include a complete blood count (CBC), glucose, liver chemistries, renal functions, thyroid-stimulating hormone (TSH), calcium, urinalysis, stool guaiac cards (for patients older than 50 years of age or suspected of having a gastrointestinal cause of IWL), chest radiograph, and age- and gender-appropriate health screens. With extremes of weight loss, albumin and total protein levels should be noted.

B. HIV testing should be considered in the patient with risk factors.

C. Nondirected testing. Additional, nondirected testing cannot be recommended unless the history or examination points toward a particular abnormality. More extensive blood work or other imaging studies, including nondirected computed tomography (CT), magnetic resonance imaging (MRI), or endoscopic studies, are not recommended as part of the evaluation.

Reference: Bruce Weinstein, *Guide to Diagnostic Testing*, pp 178–181

If you have questions, comments or suggestions, please contact:
Dr. L. Michael Snyder, Chairman of Hospital Laboratories
at 774-442-9280

Algorithm for the Diagnosis of Involuntary Weight Loss (IWL)

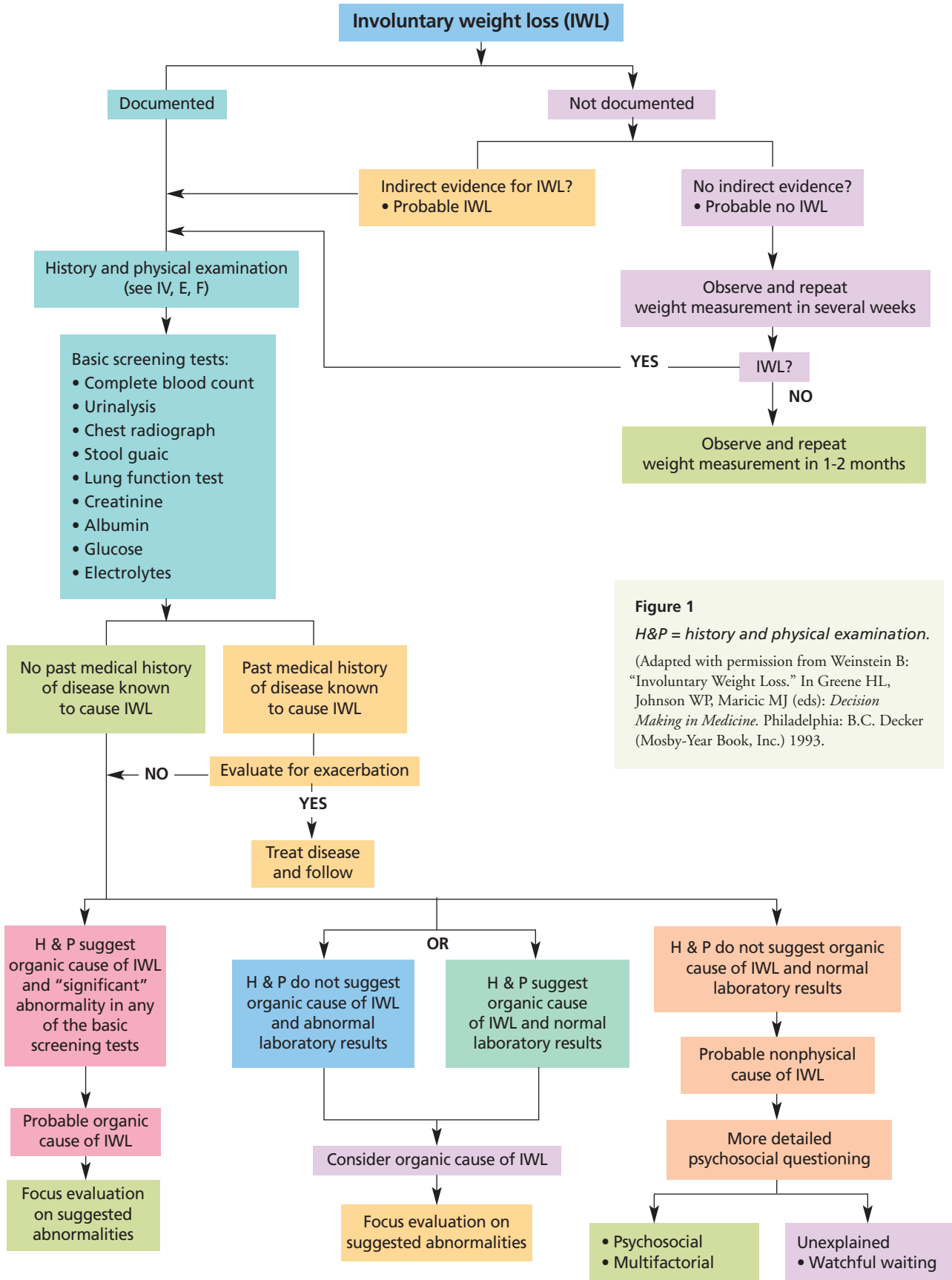


Figure 1
H&P = history and physical examination.
 (Adapted with permission from Weinstein B: "Involuntary Weight Loss." In Greene HL, Johnson WP, Maricic MJ (eds): *Decision Making in Medicine*. Philadelphia: B.C. Decker (Mosby-Year Book, Inc.) 1993.

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We are one of the largest laboratory providers in New England

UMass Memorial Laboratories has recently opened several new patient service centers in Fitchburg and Leominster Massachusetts. Hours and phone numbers are listed on page 3.

New Patient Service Centers located in Fitchburg and Leominster Massachusetts



85 North Main Street, Leominster, MA



881 South Street, Fitchburg, MA



76 Summer Street, Fitchburg, MA



47 State Road, Fitchburg, MA

The vision of UMass Memorial Laboratories is:

- To be a leading provider of laboratory services throughout New England, meeting the needs of patients and providers in the region, and
- To be one of the top ten academic medical center-based laboratories in the United States