‘A Slow Journey’: What We Heard This Week

“The brain controls not only hunger, but also craving, which motivates eating that may not relate to hunger.” — Frank L. Greenway, MD, of Louisiana State University’s Pennington Biomedical Research Center, on new research showing that a combination treatment may help reduce food cravings.

“There’s nowhere in the country that you can’t get to a thrombectomy center in 24 hours.” — Gregory Albers, MD, of Stanford University, in comments about the new guidelines that extend the thrombectomy treatment window to 24 hours.

“To get a good image of the bowel, you have to drink a lot of contrast, and the standard barium contrast doesn’t taste good.” — Leonard Haas of Mayo Clinic, discussing his group’s study of flavorings to make contrast more palatable.

“This is an area of great concern to women and physicians and has been a highly contentious area of discussion.” — Terry F. Davies, MD, co-director of the Mount Sinai Thyroid Center at Mount Sinai Union Square commenting on antithyroid medication use during pregnancy.

“We wanted to understand what explains the fact that there are big geographic clusters of obese communities in the U.S.” — Ashlesha Datar, PhD, senior economist at the University of Southern California in Los Angeles on the ‘social contagion’ theory behind obesity risk.

“There is sometimes a tendency to overbuild brick and mortar.” — Charles Milligan, JD, MPH, CEO of UnitedHealthcare Community Plan of New Mexico, discussing a government panel that is mulling Medicaid exclusion of some residential treatment facilities.
“It’s been a slow journey.” — Bruce Ovbiagle, MD, of the Medical University of South Carolina in Charleston, on the EXTEND-IA TNK trial that found off-label tenecteplase better than alteplase for stroke lysis.