

# The Jersey Heartbeat

## Message



April 2009

## from the President

One of the most important lessons I have learned in my long academic career is “do not depend on me for a weather prediction.” You may recall last month I opened my president message applauding the marvelous late February

weather. I was even ready to put the snow blower back in the shed for summer. It was a good thing I didn't. Twelve inches of March snow is not my idea of preparations for spring. Having lived in Buffalo, NY and in the Adirondack Mountains I find snow to be a nuisance but tolerable, except in New Jersey. I don't expect to have a white Easter but don't hold me to it.

By now, I expect most of you have adjusted your sleeping habits to daylight savings time. The first couple of weeks are often difficult. It seems that our biological clocks are hard to reset. If you're among those at that doesn't sleep well, I want to pass along some good information I found in a *USA Weekend* article (March 20-22, page 15) entitled “5 THINGS you don't know about Getting a good night sleep.” I will condense the article to keep our editor happy.

1. It is important that you stay reasonably close to your normal weekday schedule on the weekends. If you normally get up at seven o'clock during the week try

### Inside ...

Milestones .....	2
Meeting announcements .....	3
March Meeting, Riverview .....	4
March Meeting at Ocean .....	6
New Old Heart Health Advice .....	7
Heart News and Notes .....	8
National Election Results .....	10
Membership application .....	11

not to sleep past eight o'clock on Sunday.

2. Avoid having that cup of coffee with dinner and try to keep your post dinner and late evening conversation light, try to schedule things like exercising and your income tax in the morning.
3. If you have an early dinner and find you like a snack

(Continued on page 2)

Being the president has certain advantages. I hereby declare April as Chapter 179 Patient Visitors Month.

Here's a list of Chapter 179 visitors:

- Jack Beerman
- Rita Beerman
- Lucille M. Cardace
- Michael D. Fornino
- Matthew M. Klug
- Lois T. Landis
- William J. Ryan
- Fredrick Steelman
- Mark Stewart
- Leonard Talalai
- Alan Zucker
- Evelyn Zucker

On behalf of all the members, I salute you for your dedication and service to the patients you visit.

WJR



# President's Message

## New Members

No new members last month

## Birthdays

John F. Lamoreaux	Apr 5
Robert E. Hallstrom	Apr 7
William N. Germinario	Apr 11
Morris Foye	Apr 12
Matthew Bregoff	Apr 14
Leonard Alpern	Apr 17
David Vivino	Apr 19
Donald N. Silvey	Apr 25
Barbara A. Wood	Apr 28

## Surgiversaries

Joseph J. Carroll	Apr 2
Milton Pomerantz	Apr 2
Samuel Sattilaro	Apr 4
Joseph A. Maldjian	Apr 8
Otis C. Wright, Jr.	Apr 9
John E. Borbone	Apr 10
William V. Caufield III	Apr 11
Lucille M. Cardace	Apr 12
James T. Fry	Apr 15
Kenneth Stark	Apr 15
Carla Jones	Apr 17
Frederick Steelman	Apr 17
Joan M. Calt	Apr 27
Marie Karpeles	Apr 28
Lois T. Landis	Apr 28

## Visiting

March 2009:  
167 patients and  
78 family members  
visited



If you want to be listed here, or would rather not be....  
Please contact the Treasurer.

(Continued from page 1)

before going to bed, keep it light, a glass of milk, some fruit, or a small dish of Jell-O.

4. Don't be tempted by the displays of over-the-counter drugs to help you sleep. This is particularly important when you already are taking several prescription drugs. Discuss sleep problems with your primary care physician. Very often, the O. C. drugs are not compatible with prescription meds.

5. Keep the bedroom dark, quiet and cool, around 64°. If you're still having problems follow the advice in step four.

I mentioned the prescription drugs that we are all so acquainted with and the side effects go with them. The *AARP Magazine* for March & April 2009 (page 14) has a very good article on comparing several fiber producing products. This article deals specifically with over-the-counter items and has a very good pro and con chart that also lists the approximate cost per day of each item. I'm on the Metamucil team personally but if your meds are causing you to have severe constipation talk to your doctor.

*Bill Ryan, President  
Mended Hearts  
Chapter #179  
A.K.A. Dr. Bill*

## Mended Hearts Chapter # 179

### Officers

#### President

**Bill Ryan**

732-367-3648

drbillryan86@alum.rpi.edu

#### Past Acting Presidents

**Louis Massarelli**

732-776-2454 Fax 776-2365

**Dennis Broschart**

732-776-4176 Fax 776-2478

#### Vice President

**Leonard Talalai**

732-935-9825

#### Secretary

**Lois Landis**

732-222-0549

#### Treasurer

**Martin Brilliant**

732-946-8147 Fax 946-3423

mbrilliant@alum.mit.edu

### Committee Chairs

#### Newsletter and Webmaster

**Martin Brilliant**

732-946-8147 Fax: 946-3423

mbrilliant@alum.mit.edu

#### Nominations

**Rita and Jack Beerman**

732-714-1040

#### Public Relations

**Frances Grubb**

732-462-9750

#### Visiting and Visitor Training

**Leonard Talalai**

732-935-9825



## General Meeting

Thursday, April 16  
12:00 noon

Tonya Greenwood  
Meridian Health  
Community Outreach

*Laughter is the Best  
Medicine*

Room B-104  
Jersey Shore University  
Medical Center, Neptune

*A light lunch will be served*

For registration and  
information please call  
1-800-560-9990



## Executive Meeting

First Thursday  
May 7, 1:30 PM

Conference Room  
4th Floor Ackerman  
Jersey Shore University  
Medical Center, Neptune

*Interested members are  
invited to attend*

Not Mended Hearts, but of  
interest to heart patients  
**SUPPORT GROUPS**  
Free - registration required

**ICD Education and  
Support Group**  
call  
732-775-5500 Ext 5249

**Successful Living with  
Heart Failure**  
call 1-800-560-9990

**Central Jersey  
Transplant Support  
Group**  
call 732-450-1271

## Meeting Schedule

Noon, fourth Thursday  
(usually)

*Even Months*  
(Feb., Apr., June,  
Aug., Oct., Dec.)  
Jersey Shore  
University  
Medical Center,  
Neptune

*Odd Months*  
(Jan., Mar., May,  
July, Sept., Nov.)  
Ocean Medical Center,  
Brick (fourth Tuesday)  
and  
Riverview Medical  
Center, Red Bank



The sun was warm but the wind was chill.

You know how it is with an April day  
When the sun is out and the wind is still,  
You're one month on in the middle of May.

But if you so much as dare to speak,  
A cloud comes over the sunlit arch,  
A wind comes off a frozen peak,  
And you're two months back in the middle  
of March.

Robert Frost—from "Two Tramps in Mud Time"

## Help!

Our chapter Treasurer also edits this newsletter and maintains the chapter website. Our Vice President manages visitor training, the visiting program, and the annual Celebration of the Heart. The chapter President handles everything else except the executive meeting minutes. As you can see, we have too few people doing what has to be done. You can help. Contact Bill Ryan: 732-367-3648, drbillryan86@alum.rpi.edu.

Borders on this page from  
IMSI MasterClips CD © 1997 IMSI

# March Meeting, Riverview

*Martin  
Brilliant*



Mary Higgins, MS, RD, CDE

We ate our heart-healthy wraps, fruit salad and crunchy veggies while Sheila Turkell and our guest speaker vainly tried to make the computer system display a PowerPoint presentation on the screen in front of us. At last Sheila introduced Mary Higgins, a Registered Dietitian with her Masters who specializes in diabetes at the Diabetes Management Center at Riverview Medical Center. Fortunately our speaker had handouts showing every page of the PowerPoint presentation.

Mary began with some remarks about dietary supplements. The best way to get the nutrients you need is in food, but there are some things we just can't seem to get enough of so we might need a supplement. We do have to make sure our supplements are safe, that they don't interact negatively, and we don't overdo them. A website called [consumerlabs.com](http://consumerlabs.com) can give you test results and other information about supplements.

Riverview has an "Eat Well Be Well" program: if you're on a special diet you can make an appointment with a registered dietitian to work out a meal plan. If you have diabetes, Medicare and most insurance plans will cover diabetes education; if not, it depends on your plan coverage.

High blood sugar occurs either when the pancreas doesn't produce enough insulin (in type 1 diabetes) or (in type 2 diabetes) when the insulin it produces isn't used properly—often when you have "insulin resistance." When you eat, all the carbohydrates, half the proteins, and up to ten percent of the fats are turned into glucose (the sugar that circulates in your blood). The glucose provides energy for the body cells and it requires insulin to get into the cells. If enough insulin is not there or not effective you have too much blood sugar and not enough energy; you feel fatigued.

A factor that has been focused on in the past ten years is that if you haven't eaten for a while your liver converts stored glycogen to sugar and sends it out into the blood. If you have prediabetes or type 2 diabetes it can send out too much.

Dietary advice used to be specific to your disorder: low sodium for high blood pressure, low fat for high cholesterol, etc., and sometimes the advice was conflicting. Now the advice is more consistent. Control the total amount of carbohydrate because it's important for triglycerides, and for blood sugar (hard to believe) it's more important than the amount of sugar. Control the

type of fat; a little bit of fat makes food taste good but use less saturated fat and trans fat. Control the amount of salt, not so much from the salt shaker as from prepared foods: canned, convenience, take-out, etc.—the recommendation is now 2400 mg of sodium or less for everyone. Fiber, you should have at least 25 grams a day.

**F**our points for controlling diabetes: diet, exercise, glucose monitoring, and medication.

Diet should be individualized; you have your own schedule and your own likes and dislikes. A registered dietitian can develop a meal plan for anyone. You don't have to wait until you have diabetes and your blood sugar is out of control.

Diet guidelines: eat at consistent times, don't skip meals, include an evening snack (it lowers morning blood sugar), limit carbohydrates, limit sweets, and choose high fiber foods.

To control blood sugar you have to have a consistent amount of carbohydrate at each meal. Carbohydrate targets are 60–90 grams per meal for men, 45–60 grams for women, and 15–30 grams at the evening snack for both. One "carbohydrate choice" is 15 grams. Target the lower limits to lose weight.

Exercise can help prevent diabetes. A diabetes preven-

tion program found that half an hour a day most days of the week, and losing seven percent of body weight, led to a 58 percent reduction in the development of diabetes.

Blood glucose peaks about one hour after a meal, is still high two hours after, and takes three to four hours to come down to fasting level. For people with diabetes there are two different guidelines for blood sugar if you have diabetes, and different doctors can use different numbers. The American Diabetes Association says 70–130 fasting glucose, or less than 180 two hours after eating, is good. The American Association of Clinical Endocrinologists wants to see less than 110 fasting and less than 140 two hours post-prandial (which is actually normal).

If you don't have diabetes your blood glucose should be 60–100 fasting and less than 140 two hours post-prandial. If the fasting number is over 100 (formerly 110), up to 125, you have prediabetes.

For high blood pressure look to the DASH diet (dietary approaches to stop hypertension). Limit your sodium (salt) intake but get enough potassium, calcium and fiber. Choose good fats. Monounsaturated fats (olive, canola and peanut oils, nuts like almonds and peanuts, fish) raise good cholesterol and

*(Continued on page 10)*

---

## Diet for Diabetes and the Heart

---

*Besides copies of her slide presentation, Mary had lots of handouts for us: one on the "Eat Well Be Well" program, one on diabetes management with a prescription form on the back that your doctor can fill out, "a general guide to the diabetic diet," two pages on whole grains, one on omega 3 fatty acids, and a comprehensive brochure from the American Dietetic Association ([www.eatright.org](http://www.eatright.org)) on how to eat out healthfully, including specific menu suggestions for different kinds of restaurants.*

# March Meeting at Ocean

*Carla Jones*

Everyone enjoyed an excellent heart-healthy lunch—especially the brownies, which disappeared quickly. Many thanks to our dietary department.

Bob Schenk was introduced—he is a clinical pharmacist and in charge of the Pharmacology Institute, which is located at OMC. At one time Bob owned his own pharmacy. He went on to become a clinical pharmacist—analyzing interactions of medications. We are fortunate to have such a well-educated and experienced pharmacist available to staff and members of the community.



Our guest speaker, clinical pharmacist Robert Schenk

Essential nutrients, for the most part, are not manufactured by the body and need to be taken daily. The essential nutrients include fifteen vitamins, twenty minerals, eight essential amino acids and two essential fatty acids.

A study by the Department of Agriculture shows that many people are deficient in many areas. Examples: B6, calcium, iron and vegetables that contain many vitamins and minerals.

Before a substance can be classified as a vitamin it must be shown that if it is removed from the diet a deficiency will occur, and when it is reintroduced it will cure or prevent the defi-

ciency. Deficiencies can lead to possible disease.

There is very little regulation for vitamins or supplements. If studies are done, check who is giving the information or who did the study. You might be suspicious if the study was done by the manufacturer of the supplement.

The Food and Nutrition Board of the National Research Council sets the RDA, or Recommended Daily Allowance, for each nutrient, which it first published in the 1940s and updates every five years.

## **Vitamin facts:**

- Vitamins and minerals have no calories.
- They are all found in food.
- You will develop a deficiency if you don't have enough.
- The best way to get them is in food.

## **Some essential vitamins:**

- Vitamin C 200 mg daily.
- Vitamin E 400 IU (International Units) daily.
- Vitamin D 600 IU if you're over 70 years old.

## **A few essential minerals:**

- calcium,
- magnesium,
- potassium,
- zinc,
- iron.

### Essential fatty acids:

Omega 3 and omega 6; they are essential because they are necessary to human health but the body can't make them. We must get them through diet. We get them from:

- cold-water fish such as salmon and mackerel
- flax seed oil
- evening primrose oil.

### Helpful hints:

- Take supplements with meals.
- Supplements are not miracle cures; they should not replace food.
- Always check with your doctor before taking supplements (including herbs) because they may cause interactions with medications and they may cause side effects.

Look for this logo on supplements: a circle with "USP" across the middle and the word "VERIFIED" un-

der that. USP (United States Pharmacopeia) tests the purity, potency and quality of dietary supplements. Only those supplements that meet its standards are awarded the use of the USP logo. Seeing this mark on a dietary supplement assures the consumer that the supplements they buy provide the expected value.

Bob Schenk has given us a tremendous amount of valuable information. I did receive from Bob a copy of his slide presentation and I hope to make copies for everyone at the next meeting at OMC.

If you are interested in having an analysis of your medications and supplements you can call or write to Bob and he will send the forms you will need to fill out and return to him. Phone number 732-836-4466; address: Bob Schenk, Meridian Pharmacology Institute at OMC, 425 Jack Martin Blvd., Brick, NJ 08724. ♡

---

## Vitamins and Supplements

---

Graphic from IMSI MasterClips CD © 1997 IMSI

## New Old Heart Health Advice

*Martin  
Brilliant*

A new slant on the conventional advice for preventing heart attacks was championed by John Quindry, Ph.D., FACSM, at the American College of Sports Medicine (ACSM) Health & Fitness Summit & Exposition.

He reviewed the usual list of unmodifiable risk factors—age and family history—and the modifiable risk factors—blood pressure, diabetes, smoking, cholesterol, diet and sedentary lifestyle. But he claimed that literally tak-

ing steps to eliminate a sedentary lifestyle, by following the new federal recommendation for 30 minutes of moderate activity five days a week, would kick-start the remediation of the other modifiable risk factors.

Walking at a moderate pace, he pointed out, is just as effective as cranking up an elliptical machine. Your body doesn't know the difference. ♡

*From a March 27 press release on [www.acsm.org](http://www.acsm.org).*

## Understanding Broken Heart Syndrome

Information from [medpagetoday.com](http://medpagetoday.com), [medicalnewstoday.com](http://medicalnewstoday.com) and [theheart.org](http://theheart.org)

We noted in these pages last June that Brown University, in Providence, RI, had started a registry for “broken heart syndrome,” also called Takotsubo cardiomyopathy and now called stress cardiomyopathy. They now report that it’s clearly different from the heart attacks that it mimics, and it isn’t an abortive heart attack. For one thing, it peaks in summer, while heart attacks peak in winter.

Another study reported that stress cardiomyopathy, a rare condition usually caused by emotional stress, can also result from intravenous administration of epinephrine or dobutamine during routine procedures, apparently by triggering stress reactions.

Stress cardiomyopathy is rarely fatal. Unlike heart attack, it is usually followed by rapid and complete recovery. ❤️

## A STICH in Time Might Not Save Anybody

Information from The New York Times, [medpagetoday.com](http://medpagetoday.com) and [theheart.org](http://theheart.org)

Heart failure patients who undergo coronary bypass surgery frequently also get SVR, surgical ventricular reconstruction, at the same time. This is a procedure to downsize and reshape a weakened heart that has ballooned out of shape.

fective, a three year followup showed no improvement in symptoms, exercise tolerance, survival or return visits to the hospital.

A randomized trial called STICH, for Surgical Treatment of Ischemic Heart failure, reported that while SVR appears to be ef-

But the trial has had problems. For one, many of the doctors who recruited patients for the trial were so convinced of the benefits of SVR that they enrolled only patients they thought might not benefit from the procedure; the rest went straight to surgery. ❤️

## Depression and Heart Disease

Information from [medpagetoday.com](http://medpagetoday.com) and [theheart.org](http://theheart.org)

Depression, we know, is associated with heart disease, and now several studies have looked into the details. A review of data from the Nurses’ Health Study found an association between sudden cardiac death and diagnosis of clinical depression, particularly with the use of antidepressants. No causal relationship could be determined. The authors recommend that antidepressants still be used.

found that depression is associated with low blood pressure, but could not tell which is the cause and which the effect. But some antidepressants—tricyclic antidepressants, but not SSRIs (selective serotonin uptake inhibitors)—raise blood pressure.

A study in the Netherlands

A study of twins who served in Vietnam found that heart disease risk is not associated with a genetic predisposition to depression, but only with actual depression. ❤️

Black heart attack patients at ten hospitals in the U.S., in a study published last month in the *Annals of Internal Medicine*, averaged worse outcomes than white patients solely because of worse pre-existing conditions: diabetes, heart failure, chronic kidney failure, hypertension and stroke. Treatments did not differ significantly, and when the preexisting conditions were statistically factored out the racial difference disappeared.

A different result came from a

Canada's guidelines for treatment of high blood pressure currently cover 162 recommendations, including a choice of five first-line drugs, and family doctors did not handle it well, according to a recent Canadian study.

Their patients did better with a simple four-step algorithm called STITCH (Simplified Treatment Intervention To Control Hypertension). First try a fixed low-dose

Prasugrel, an alternative to the antiplatelet drug clopidogrel (Plavix) used to inhibit blood clotting, was unanimously recommended for FDA approval by an advisory panel in February in a process that has aroused some controversy. In particular, Dr. Sanjay Kaul, who criticized the prasugrel trial, was excluded from the advisory panel after Eli Lilly, a co-developer of prasugrel, objected to his participation.

study of treatment of black heart attack patients in racially segregated areas: they were more likely to be sent to hospitals with higher mortality rates, even if hospitals with lower mortality were closer.

Another study found that blacks are far more likely than whites to develop heart failure—considered a disease of the elderly—before age 50. Early predictors included hypertension, overweight, low HDL, and kidney disease. ❤️

combination of a diuretic with an ARB or ACE inhibitor. If needed, raise that to maximum dose. Then add a calcium channel blocker. Finally, use a non-first-line drug.

STITCH uses fixed-dose combination pills. In Canada, where patients pay a fixed prescription fee, that lowers the cost. In the U.S. where new pills cost more than old ones, the cost might rise. ❤️

Early results from the TRITON-TIMI 38 trial found that prasugrel was more effective than clopidogrel in preventing heart attacks but had a greater risk of bleeding. Later results identified subgroups of patients in which bleeding was not a problem.

Prasugrel was approved in February by the European Commission to be marketed as Effient. If it's approved in the U.S., Lilly would market it as Effient. ❤️

## Why Black Patients Fare Worse

Information from *medicalnewstoday.com*, *medpagetoday.com*, *theheart.org* and The Washington Post

## A STITCH That Saves Many from Hypertension

Information from *theheart.org*

## Red Flags Raised on Prasugrel Finding

Information from *medicalnewstoday.com* and *theheart.org*

# National Election Results

## Mended Hearts Elects New Officers, Board of Directors for 2009-2011

*Tim Elsner,  
Executive  
Director,  
The Mended  
Hearts, Inc.*

It's official—the votes are in, all have been tallied and accounted for—and notices have been mailed to alert chapters. Congratulations are in order for the following Mended Hearts leaders who were elected to posts for the 2009-2011 term:

President: Raul Fernandes  
Executive Vice President: Gus Littlefield  
Vice President: Sue Borum  
Treasurer: Donnette Smith  
Northeast Regional Director: Priscilla Soucy  
Mid-Atlantic Regional Director: John Maiorana  
Southern Regional Director: Marvin Keyser  
Southwest Regional Director: Keith Beard  
Central Regional Director: Mary Maguire  
Midwest Regional Director: Connie Butler  
Western Regional Director: George Mitchell  
Northwest Regional Director: Open

*Our chapter is in the  
Northeast Region, so we  
voted on the officers and  
the Northeast Regional  
Director.*

Please join with us as we congratulate these winners and wish them well in managing the challenges and opportunities ahead! The new board will officially be installed at the farewell dinner at the 57th Annual Convention in Orlando June 10.

Graphic from IMSI MasterClips CD © 1997 IMSI

## March Meeting, Riverview

*Comment from the peanut gallery, by the editor: Natural peanut butter tastes better and has healthier fat but you have to stir it. The cheapest natural peanut butter on the shelf is easiest to stir because it moves the fastest and is therefore the freshest. Store it upside down until you open it, stir and refrigerate.*

*(Continued from page 5)*  
lower bad cholesterol. Polyunsaturated fats (soy, safflower and most other vegetable oils, walnuts and flaxseed) tend to lower total cholesterol. Limit saturated fats (animal fats and tropical oils) and trans fats (partially hydrogenated vegetable oils); they raise total cholesterol. That's more important than cholesterol in food.

What's a good evening snack? Watch the calories. Nuts, in moderation. Fat-free frozen yogurt, half a cup, with nuts on top like a sundae. Popcorn with Parmesan

cheese on it. Low-fat, low-salt tortilla chips with salsa. Traditionally, graham crackers with peanut butter.

High cholesterol? avoid saturated and trans fats, include 25 grams of fiber daily, omega-3 fatty acids (3 servings of fish per week), and exercise. High triglycerides? limit carbohydrates (especially sugar), total fats, control your blood glucose, and exercise.

Diabetes raises your risk for cardiovascular disease. You may have hypertension or elevated lipids. Small changes can improve your health. ♥



**The Mended Hearts, Inc.**  
**Hearts of Jersey Chapter #179**  
**NEW MEMBER APPLICATION**  
 Not for renewals—wait for renewal notice

This is not the approved form. We put the best features of the approved form into our own form. You send us this form, and we fill out the approved form and send it to National.

**Membership information:** (please print or type)

Name (Mr./Mrs./Ms.) \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 FOR FAMILY MEMBERSHIP — other member (one only): Alt Phone ( ) \_\_\_\_\_  
 (Mr./Mrs./Ms.) \_\_\_\_\_ Email: \_\_\_\_\_  
 Address \_\_\_\_\_ Preferred Contact:  Phone  Email  Mail  
 \_\_\_\_\_  Would like to visit patients  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  Help with other activities  
 Preferred meeting time:  Day  Evening Place:  JSUMC, Neptune  OMC, Brick  RMC, Red Bank

**Medical/Demographic Information:** (Optional—no application is denied based on information below)

YOURSELF	THE OTHER MEMBER
Date of Birth _____ Retired <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth _____ Retired <input type="checkbox"/> Yes <input type="checkbox"/> No
Vocation _____	Vocation _____
Interests _____	Interests _____
Are you a: <input type="checkbox"/> Physician <input type="checkbox"/> RN <input type="checkbox"/> Health Admin	Are you a: <input type="checkbox"/> Physician <input type="checkbox"/> RN <input type="checkbox"/> Health Admin
<input type="checkbox"/> Other health professional <input type="checkbox"/> Caregiver (not professional)	<input type="checkbox"/> Other health professional <input type="checkbox"/> Caregiver (not professional)
Heart patient? Date of Surgery/Treatment _____	Heart patient? Date of Surgery/Treatment _____
<b>Please enter one date (month/day/year) and initial here _____ to let us list your name and dates on page 2.</b>	<b>Please enter one date (month/day/year) and initial here _____ to let us list your name and dates on page 2.</b>
<input type="checkbox"/> PTCA <input type="checkbox"/> Atrial Septal Defect VALVE:	<input type="checkbox"/> PTCA <input type="checkbox"/> Atrial Septal Defect VALVE:
<input type="checkbox"/> MI <input type="checkbox"/> Pacemaker <input type="checkbox"/> Aortic	<input type="checkbox"/> MI <input type="checkbox"/> Pacemaker <input type="checkbox"/> Aortic
<input type="checkbox"/> Aneurysm <input type="checkbox"/> Transplant <input type="checkbox"/> Mitral	<input type="checkbox"/> Aneurysm <input type="checkbox"/> Transplant <input type="checkbox"/> Mitral
<input type="checkbox"/> Bypass (how many _____) <input type="checkbox"/> Other _____ <input type="checkbox"/> Pulmonary	<input type="checkbox"/> Bypass (how many _____) <input type="checkbox"/> Other _____ <input type="checkbox"/> Pulmonary
<input type="checkbox"/> Tricuspid	<input type="checkbox"/> Tricuspid

**Membership Dues:** includes national dues and \$5.00 annual chapter dues. National membership includes subscription to *Heartbeat* and one insignia pin for an individual or two for a family membership. Chapter membership includes subscription to *The Jersey Heartbeat*. Dues less \$10.00 are tax deductible.

**Annual Dues Payment**

	First Year	Renewal*
<b>Individual:</b>	\$ 22.00 <input type="checkbox"/>	\$ 17.00
<b>Family:</b>	\$ 29.00 <input type="checkbox"/>	\$ 22.00

**National Life Membership**

	First Year	Renewal*
	\$ 155.00 <input type="checkbox"/>	\$ 5.00
	\$ 215.00 <input type="checkbox"/>	\$ 5.00

**Dues Summary:**

First Year Dues \$ \_\_\_\_\_ (check one box in table above)  
 Contribution \$ \_\_\_\_\_ (optional—tax deductible)  
**TOTAL** \$ \_\_\_\_\_ (enter total here).

\* Current members will receive a renewal notice in the mail from the national office each year three months before the renewal date. National Life Members pay chapter dues annually but will not pay any further national dues.

Please write check for the TOTAL to:  
**The Mended Hearts, Inc.**

Send to Chapter Treasurer:

**Martin B. Brilliant**  
**39 McCampbell Road**  
**Holmdel, NJ 07733-2232**

Hearts of Jersey Chapter #179  
The Mended Hearts, Inc.  
72 Newbury Road  
Howell, NJ 07731



---

**General Meeting**  
Thursday, April 16, JSUMC  
**Executive Meeting**  
Thursday, May 7, JSUMC  
*See page 3 for details*

### The Mended Hearts

is a support organization consisting of heart patients, their families, health professionals, and other interested persons. The focus of the organization is members visiting heart patients in hospitals as living examples of survival and recovery.



Not all members visit. Many contribute in other ways. YOU are invited to scan the list of officers and committees and let one of us know how you can help.

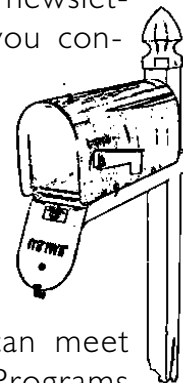
### Your Last Issue?

*If you are a member, the national office will send you a renewal notice three months in advance of your due date. You will receive the newsletter for a few extra months while you consider renewing.*

*If we visited you in the hospital, we will send you the newsletter for three months while you recover.*

*Whether or not you are a member, you and your family are invited to attend our meetings, where you can meet others who share your experience. Programs are selected to be of interest to heart patients.*

*Members receive this newsletter each month. There is an application form on the opposite side of this page.*



**Don't throw this copy away!**

**Please pass it along for someone else to read.**