

The Jersey Heartbeat

*It's Great to be Alive
And to Help Others*

December 2008

Message from the President

Sometimes things just don't seem to work out. You may be reading this at the Celebration of the Heart dinner or if you missed it, your mailed copy of the Mended Hearts Chapter 179 Newsletter has finally arrived. We would have liked to deliver the newsletter before the big event but the late Thanksgiving coupled with the early Celebration just didn't work.



Photo by Bill Ryan

Very often I use a December message to say thank you to many supporters of Mended Hearts but this year I want to dedicate this month to the caregivers of the world. Usually when I talk about exercise and health issues I'm

talking to heart patients. With some help from the New York Times* this message is for the caregivers of the heart patients.

A very important word in the language of the caregiver is burnout. It's wonderful to be dedicated to your patient but if you were doing it as a normal job, you would get coffee breaks and regular hours, even help and support from other staff members. Sometimes we as patients forget your needs and expect you to be a superhuman being. We also tend to take advantage of your good nature. For this I apologize for all of us and I suggest you try some of the following.

Come to a Mended Hearts meeting and meet some of the other caregivers. Perhaps a mutual arrangement can be made so that the patient will have support from another friend. Now the caregivers will have some time to themselves. Go to a movie, have dinner out,

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do some shopping. Do some things that you wanted to do but haven't felt able to leave your patient. This is the age of the cell phone. Even the pre-paid emergency phones will solve patient-caregiver communications.

I often browbeat the members of our chapter to maintain a regular exercise programs. These words of wisdom go for caregivers also. Exercise is necessary to maintain physical and mental stamina. It's really not just for heart patients. Try riding the exercise bike, take several walks around the block, do some aerobic exercise inside. You might also consider working out at the fitness center.



* The New York Times, Nov. 18: "Caring for Family, Caring for Yourself."

(Continued on page 2)

President's Message

New Members

No new members this month



Birthdays

Mitch W. Llewellyn	Dec 2
Martin B. Brilliant	Dec 4
John E. Mack	Dec 5
Phillip E. Giambalvo	Dec 6
Lorraine Lech	Dec 7
John E. Borbone	Dec 10
Jack Beerman	Dec 13
Eleanor C. McMahon	Dec 16
Kenneth Stark	Dec 28
Ron Fiala	Dec 31



Surgiversaries

A. Paul Painchaud	Dec 4
Frank Montalvo	Dec 7
Alois C. Neuhaus	Dec 7
Joseph W. Dye	Dec 17
Robert E. Hallstrom	Dec 17
Kathleen Johnson	Dec 17
Christopher Frost	Dec 18



Visiting

November 2008:
147 patients and
69 family members
visited



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

(Continued from page 1)

Recent studies have pointed out the concern for heart attack survivors and heart patients being more prone to suffer from depression and anxiety. The same is true for caregivers. Don't hesitate to discuss your concerns with a medical doctor; there are medications that can help.

We spend a lot of time talking about the special diet concerns of patients. Caregivers need nutritious meals on a regular basis and not necessarily all prepared by themselves. Order out. Several restaurants now offer pickup of complete prepared meals from the menu. It's no longer just pizza delivery. Nutritious meals are available.

I recently nagged the patients about a flu shot. That message goes for you caregivers too. You need to be as concerned about your own health as you are about your patient's medical conditions. Dedication is wonderful but be sure to take care of yourself. Don't burnout.

In this holiday season I offer a special thank you to the Caregivers, we need and love you dearly.

*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

Celebration of the Heart

Thursday, December 11
5:00 - 9:00 pm

Dinner, dance music,
door prizes

Lance Auditorium
Jersey Shore University
Medical Center, Neptune

*as previously
announced*

For registration and
information you called
1-800-560-9990

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
and
Riverview Medical
Center, Red Bank

Executive Meeting

*Not New Year's Day:
January 8, 1:30 PM*

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

*Interested members are
invited to attend*



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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.

November Meeting at Ocean

Carla
Jones



Unfortunately we have no photos from this meeting. Here's Debra Dobies as she spoke at a meeting at Riverview last year.

Our early “heart healthy lunch” (at 9:30 am) consisted of bagels and cream cheese, muffins and doughnut holes—thanks to Dietary for providing sustenance for the unusual early meeting.

As Diane JanTausch wasn't available, Debbie Dobies introduced herself—she is a registered dietitian and is in the community outreach office—and moved right into her topic: *Mood and Food*. This is a research topic that she started in 2001, relying in part on the work of Elizabeth Somer, a leading author on the subject.

Neurotransmitters (such as serotonin, dopamine, and norepinephrine) are influenced by what we eat (or don't eat), and some people are more sensitive to them than others.

Serotonin is a general mood regulator. High levels elevate mood, curb carbohydrate cravings, increase pain tolerance, and help us sleep. Low levels have opposite effects and also increase aggressive behavior and degrade body temperature regulation. Carbohydrates (and vitamins B6 and B12 and folic acid) increase serotonin; proteins decrease it. Stress increases cortisol, which reduces serotonin, causing craving for carbohydrates. Eat fruit salad,

baked tortilla chips, pretzels, raw vegetables, popcorn.

High levels of **dopamine** and **norepinephrine** can improve alertness, ability to cope with stress, and mental function. Low levels lead to irritability and depression. Production is increased by proteins such as chicken, fish and pork, wheat germ and cheese, and by limiting carbohydrates. Production also requires magnesium, folic acid and vitamin B12.

High levels of **acetylcholine** enhance memory and cognitive function; low levels have the opposite effect. It comes from *choline*, which is in eggs, peanuts, brewer's yeast and wheat germ.

Endorphins are natural mood enhancers related to morphine. They boost pain tolerance, reduce stress, and produce feelings of euphoria and satisfaction. Production is increased by exercise, laughter, soothing music, meditation and other pleasurable experiences. They seem to have no immediate effect on regular eating habits but may increase the desire for sweet treats, which immediately release endorphins.

GUIDELINES

- Always have breakfast. Include fruit, complex

carbohydrate and protein.

- Coffee, tea: caffeine reduces fatigue and improves alertness, reaction time, concentration and short term memory. Limit yourself to 1 – 3 five-ounce servings daily; avoid it if you have high blood pressure or diabetes or are pregnant.
- To reduce midday fatigue, eat every 3 – 4 hours, stay hydrated, have a light lunch (500 calories, carbohydrates, protein, low fat).
- You need water to flush out water, otherwise the body retains water. Half your body weight in pounds is how many ounces of water you should take in.

Snacking and “grazing” maintains blood sugar levels and stamina, burns more calories and may reduce overeating at meals. Some healthy snacks: bagel with peanut butter, fruit, cup of soup, half-cup of whole grain cereal with skim milk.

Avoid trans fats. Warning: “0 grams” allows up to 0.4 grams of trans fat. Instead, avoid anything “hydrogenated” in the ingredients list.

SOME VITAL NUTRIENTS

Include omega-3 fatty acids (be careful if you take blood thinners such as Plavix, Coumadin, etc.). Get them from salmon, mackerel, tuna,

sardines—two or three times a week—or flaxseed (a tablespoon a day) if you hate fish.

Vitamin B6: proteins, bananas, potatoes, dark leafy greens.

Folic acid: fortified cereals and grains, dark leafy greens, peas, beans, avocados, bananas.

Antioxidants: fruits and vegetables.

Beta-carotene and vitamin A: orange, yellow and green vegetables.

Vitamin C: peppers, oranges (and juice), grapefruit, brussels sprouts, strawberries, broccoli.

Vitamin E: wheat germ (or oil), safflower oil.

Selenium: brazil nuts, fruits and vegetables.

Multivitamins are a good all-around supplement.

Bananas are a great all-around food.

Non-food tips: Sleep 7 – 8 hours a day, manage stress with yoga, music, mediation and deep breathing, work less than 10 hours a day, exercise, and *think positive—laugh, dream, and have faith.*

As you can see, a Debbie Dobies presentation is loaded with information. Hopefully we have captured the essence of it here. Thanks to Debbie for a lot of “food for thought.” 🍌



Illustration from IMSI
MasterClips CD © 1997 IMSI

November Meeting, Riverview

Martin
Brilliant

Sheila welcomed us and wished us all a very happy Thanksgiving, explaining that we were meeting early because the holiday preempted our usual meeting date.

Our speaker was nurse practitioner Rebecca Graboso, from the Stroke Center at RMC. She told us that Riverview's stroke program began in early 2006 and is designated as a primary stroke center, meaning that it can take care of stroke patients from the ER right through rehab—but she hopes we won't need it!

Unlike a heart attack, she told us, stroke symptoms vary greatly depending on what part of the brain is affected. We can identify a stroke event:

- F**ace: facial asymmetry
- A**rm: one drifts down
- S**peech: sounds strange
- T**ime to call 911!

Stroke almost always affects just one part of the brain, on one side, and these three symptoms are the most common indications of a brain injury. Other symptoms may be double vision, loss of balance or coordination, or sudden severe headache. *Time* is critical to prevent further injury to the brain.

Stroke treatment is about ten years behind heart attack treatment, she said. We are quicker to recognize a heart attack and summon emergency treatment for it than to

recognize when somebody is having a stroke. Stroke is the third leading cause of death in the United States (after heart disease and cancer) and the leading cause of adult disability.

Some twenty years ago, when our speaker started nursing, there was no effective treatment for stroke. Then cardiologists began treating heart attack patients with clot-buster drugs and stents, and neurologists began to learn from them. Stroke care is better now.

About 88 percent of strokes are *ischemic strokes*, when an artery in the brain or leading to the brain is blocked (just as a heart attack occurs when a coronary artery is blocked). The cause is either a *thrombosis* (a clot that develops in the blocked artery) or an *embolism* (a clot that forms elsewhere in the body and travels through the bloodstream until it blocks an artery). A *hemorrhagic stroke*, when an artery bursts, is more often fatal or leads to a vegetative state.

The *carotid arteries*, one on each side of the neck, branch into the *internal carotid artery*, which supplies blood to the brain, and the *external carotid artery* which supplies the face and the skull. The retinal artery branches off as soon as the carotid artery reaches the brain, so a carotid artery blockage almost always affects vision—or speech.



Sheila Turkel opened the meeting

Photos by Martin Brilliant

If you fall, and the next day you're limping, it could be a stroke. The worst headache of a person's life could be bleeding in the brain. All these symptoms are sudden, because the brain can't tolerate loss of oxygen for more than ten minutes. A stroke is a brain attack.

Don't ignore a "mini-stroke" or TIA (transient ischemic attack)—a stroke that goes away with no apparent damage. Often an MRI can show that a stroke occurred; a CAT scan can show a stroke only after 24 hours. A TIA could be caused by a clot due to atrial fibrillation, or by narrowing of the carotid artery. Diagnosis can lead to preventive treatment.

RISK FACTORS

Unmodifiable risk factors for stroke include advancing age, female sex (because women live longer), family history, race (African-American or Hispanic), and prior stroke or MI.

Modifiable risk factors include atrial fibrillation, excessive alcohol consumption, and the familiar risk factors for heart disease.

If you or someone you know is at risk for stroke, be prepared. Have a list of local hospitals that can treat stroke. Keep the medical history in a convenient place, including current medications, doctors and insurance. Make sure everyone knows how to call

911, and note the time when the first symptom occurred. "Time lost is brain lost."

To reduce risk, maintain a healthy body weight, eat fruits and vegetables and whole grains (i.e., complex carbohydrates), exercise, eat fish and don't smoke. Reduce high blood pressure, cholesterol and alcohol consumption, control diabetes, and treat atrial fibrillation.

TREATMENT

Within the first three hours, ischemic stroke can be treated with the "clot-buster" rt-PA (recombinant tissue plasminogen activator) to restore blood flow, so patients should be brought to the hospital quickly. To limit disability, the patient is stabilized and rehabilitation is begun as soon as possible. Other treatments are based on mechanical clot removal devices.

To try to prevent stroke, a narrowed carotid artery can be treated with *carotid endarterectomy* (surgically opening the artery to remove plaque) and *stenting* (using a catheter to insert a mesh tube in the artery). Drugs to prevent stroke include antiplatelet medications such as aspirin. Anticoagulants such as warfarin are used to prevent embolisms in patients with atrial fibrillation.

Conclusion: start early to prevent stroke; act quickly if a stroke occurs. ♥



Rebecca Graboso showed us where the carotid arteries are.

**Don't ignore
a TIA**

Heart News and Notes *Martin Brilliant*

Two Studies That Didn't Shake the World

Information mainly from The New York Times and nytimes.com

JUPITER, a trial published last month in the *New England Journal of Medicine*, showed that giving Crestor (rosuvastatin) to elderly patients with normal cholesterol, no known heart disease, and elevated levels of CRP (a general marker of inflammation) resulted in less heart disease and all-cause mortality in the next two years.

The implication—that statins should be given to patients with normal cholesterol and no evident heart disease—has not been widely accepted. An article in *The New York Times*, among other criticisms, pointed out the way sub-

jects were screened, which may have biased the results. The trial was sponsored by AstraZeneca, makers of Crestor.

ALLHAT, a study completed in 2002, showed that generic diuretics are just as effective as costly new drugs in lowering high blood pressure. As noted in an article in *The New York Times* late last month, it has had little effect on prescribing practices. The article focused on aggressive marketing by drug makers—even taking doctors out sightseeing when the ALLHAT results were presented at a conference. ❤️

Self-Winding Pacemakers?

Information from medicalnewstoday.com and yourtotalhealth.ivillage.com

Some day, but not yet, a pacemaker might be powered by the beating of the heart instead of a replaceable battery.

In an experiment reported last month at the American Heart Association Scientific Sessions 2008, a device consisting of two bladders and a microgenerator, mounted on the end of a lead,

was implanted at the end of the right ventricle of a pig's heart. It generated about one-sixth as much power as a pacemaker would need.

The experimenters see the result as a “proof of concept” and expect that better materials for the microgenerator will generate more power. ❤️

Two Studies Link Diet and Heart Health

Information from medicalnewstoday.com and medpagetoday.com

People who eat more eggs and high-fat dairy products have more heart failure, while people who eat more whole grains have less, according to a study at the University of Minnesota published last month in the *Journal of the American Dietetic Association*.

Another study, published October in *Circulation*, identified three diet patterns across 52 countries and compared the associated risks of heart attack:

- Prudent: lots of fruits and vegetables, 30 percent lower risk.
- Oriental: lots of tofu, soy and other sauces, no association with risk.
- Western: lots of fried foods, salty snacks, eggs and meat, 35 percent higher risk.

Both studies were observational studies, so there was no proof that the diet actually caused the result. ❤️

In a small study presented last month at the American Heart Association Scientific Sessions, enjoyable music increased blood flow; so did watching a funny video or listening to a relaxation tape, but not as much, while anxiety-producing music decreased it slightly. A group led by Dr. Michael Miller at the University of Maryland, which previously showed that laughter had positive effects, did the study.

Many heart patients are depressed, and it is well known that depressed patients are at higher risk for another heart attack. But a review of existing studies, published in the November 12 *Journal of the American Medical Association*, found that while treating depression relieves depression, there is no evidence that it lowers heart attack risk.

Nonetheless, another study, published November 26 in the same journal, suggests how depression might cause increased

When clocks are set forward in March, the risk of heart attack increases by 5 percent during the next three weekdays, while it decreases by 1.5 percent for one day after the clocks are set back in October, according to a study in Sweden published in the October 30 *New England Journal of Medicine*.

The researchers suggest that these effects are caused by losing an hour of sleep when the clocks are set ahead, and gaining sleep

But keep the music away from your pacemaker or defibrillator. Earphones contain magnets, which can interfere with an implanted device even if the earphones are not plugged in, according to a report at the same meeting of tests of eight brands.

Earphones are safe when worn on the ears, but should not be kept in an upper front pocket or hung around your neck. ♡

heart risk. Over 1000 patients were followed for almost five years, and a questionnaire was used to assess behavioral factors such as physical activity, taking their medication, and smoking. When the behavioral factors were included in the statistical analysis, the association with depression disappeared.

The most significant factor was physical inactivity. Physical inactivity is a known risk factor for heart disease, and depressed patients might be less likely to engage in physical activity. ♡

when they are set back. The positive effect in the fall is small because both shifts disrupt the sleep pattern.

The authors go on to conjecture that the known increase in heart attack risk on Mondays is due to a similar cause: people tend to sleep later on weekends, but since they have to get up early on Monday anyway, they get less than their normal amount of sleep on Sunday night. ♡

Music Hath Charms, Good and Bad

Information from
theheart.org and
medpagetoday.com

Does Depression Harm Heart Health?

Information from
medicalnewstoday.com,
medpagetoday.com
and theheart.org

Mondays and Springing Forward Raise the Risk of Heart Attack

Information from
medicalnewstoday.com
and theheart.org

Thanksgiving, Blame-Laying

Martin
Brilliant

Free advice
from the editor,
for what it's
worth

Last month a helpful member of the chapter emailed me a link to an article on ehow.com about "How to Eat Sensibly on Thanksgiving." The article began by noting that "Thanksgiving kicks off the holiday season that makes the majority of the world pursue dieting as their New Year's resolution" and went on to suggest strategies for restraining one's appetite. But the helpful member also had a personal comment:

**Good information
but SENSIBLE AND
THANKSGIVING DO
NOT GO TOGETHER
!!!!!!!!!!!!!!!!!!!!**

I agree. Thanksgiving is one of a handful of holidays that are traditionally celebrated by eating. A lot.



The word "holiday" is derived, of course, from "holy day." In biblical times, holy days were marked by sacrifices of sheep and goats. Some were burnt offerings, totally consumed by fire, but others were roasted and eaten. Holy days were and still are feast days.

The word "holiday" has taken on another shade of meaning in modern times: a gap, a break, an absence. When the English go "on holiday" they are really going on what we call

a "vacation": a word related to "vacant," "vacancy," and "vacuum." A painter's "holiday" is a gap in a coat of paint where the brush skipped. A holiday, therefore, is a break from the daily routine. Everyday rules of conduct do not apply. What happens on vacation stays on vacation.

You might reply that the calories you put on at a holiday feast do not go away when you come back to your daily routine. But those calories are a drop in the bucket. If you doubled your normal dinner intake at Christmas dinner, Thanksgiving dinner, and the July Fourth cookout, you would increase your yearly caloric intake by less than one percent. Just a one percent reduction in your intake for the rest of the year would more than make up for it. But would you know how to do that?

If you notice a weight gain at year's end there may be two reasons that outweigh (literally) your holiday dinners. One is that you didn't eat sensibly the rest of the year. The other is that as the shorter days and colder weather set in you became less active.

So my advice to you, for what it's worth free of charge, is that you develop good habits of eating and activity 360 days of the year and reward yourself by enjoying the holidays. ♥



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 _____
Please enter one date (month/day/year) so we can list your surgiversary on page 2. Don't want to be listed? Check here: <input type="checkbox"/>	Please enter one date (month/day/year) so we can list your surgiversary on page 2. Don't want to be listed? Check here: <input type="checkbox"/>
<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*
Individual:	\$ 22.00 <input type="checkbox"/>	\$ 17.00
Family:	\$ 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.

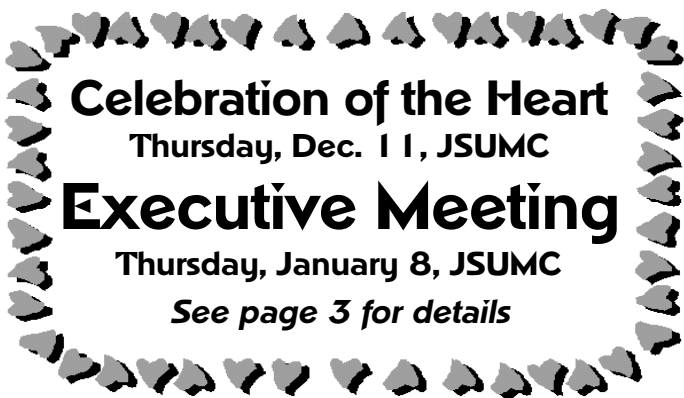
Please write check
 for the TOTAL to:
The Mended Hearts, Inc.

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

First Class Mail



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.

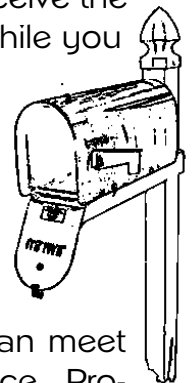
Your Last Issue?

If you are a member, the national office will send you a renewal notice six weeks 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.