



The Jersey Heartbeat

Message from the President

December 2009

You may recall from last month's newsletter I had a birthday. I wanted to share with you one of the wonderful gifts that I received. A recipe that uses several common items such as fat-free evaporated milk, butter, whole wheat bread, hazelnuts and dark chocolate bits. You look at that list to say, what could he possibly get from that? The answer is a Grilled Dark Chocolate Sandwich. If you'd like a copy of the recipe, phone or e-mail me a request and I'll get it out to you. I had hoped to change the menu of the Celebration of the Heart, but the kitchen couldn't handle it, sorry.

On the subject of sandwiches, I came across an article in RealAge.com that was titled, "A Sandwich Option for Better Blood Pressure." The message

in this article has to do with choosing the right bread. I said the right bread not white bread, because your selection should be 100% whole grain. The article points out that use of whole grains may help reduce the risk of high blood pressure by as much as 20%. The benefit according to the article may help you keep your blood pressure in the range of 115/76 mm Hg. and that may make your real age as much as 12 years younger. They didn't offer any suggestions for getting 24 years younger. Juan Ponce de León didn't find the fountain of youth either.

One last tip about food. This is a dangerous overeating season; you need to be on your guard at all times. Just when you're ready to grab that last piece of mince pie with ice cream on top, don't do it. Have a glass of water instead. Surprisingly many people confuse hunger with thirst. If you don't drink enough water, your body confuses thirst with hunger. The solution, drink more water.

I came across this story in the November 2009 issue of Reader's Digest in a section called THE ART OF LIVING. The story is "Life is better with a gratitude attitude." David Hochman writes it and it fits so nicely at this time of year. The point of the story is to feel good about doing good things and happy living in general. The author consulted a professor at the University of California whose research indicated that even people pretending to be thankful gained a feeling of pleasure and contentment. The article suggested that people who wrote down

things that they were grateful for felt 25% happier after 10 weeks than those who did not keep a written log.

I decided to make a log for chapter 179 of Mended Hearts reflecting my gratitude attitude.

I'm thankful for being given the opportunity as chapter president to work with the Meridian Health team members.

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President's Message

New Members

No new members last 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
Kenneth Stark	Dec 28
Ron Fiala	Dec 31



Surgiversaries

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 2009:
158 patients and
74 family members
visited



(Continued from page 1)

Our chapter is unique with the support that we received from Meridian. This permits us to concentrate our efforts on heart patient support. Remember this when you read your newsletter or attend a chapter meeting in one of the Meridian hospitals. The meeting space, the heart healthy lunch, many of our guest speakers are provided by Meridian. Thanks team.

That leads me to cheer on the volunteers that regularly visit heart patients and families in the hospital facilities and by telephone and Internet. Great job group.

The Visiting program wouldn't exist without the support of the officers and committee chairpersons that make up our Board of Directors. I couldn't make it work without you.

The board wouldn't be there if it were not for you the members and families of chapter 179. I wish you the best of the holiday season and look forward to welcoming the new officers after the April 2010 elections.

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

Mended Hearts Chapter # 179

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drbillryan86@alum.rpi.edu

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Leonard Talalai

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*If you want to be listed here, or
would rather not be...*

Please contact the Treasurer.

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Celebration of the Heart

Friday, December 11
12:00 noon – 4:00 pm

Midday dinner, music,
door prizes

Entertainment by the
Barbershop Chorus
Matinee Idols

Lance Auditorium
Jersey Shore University
Medical Center, Neptune

Hope you were there!

Executive Meeting

First Thursday
January 7, 1:30 PM

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

Interested members are
invited to attend

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Seriously:

We obviously need a **Program Chairperson** to arrange speakers and programs for the chapter meetings at Jersey Shore University Medical Center. Somebody who can be there regularly might find it easier to be effective. Contact Bill Ryan: 732-367-3648, drbillryan86@alum.rpi.edu.

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

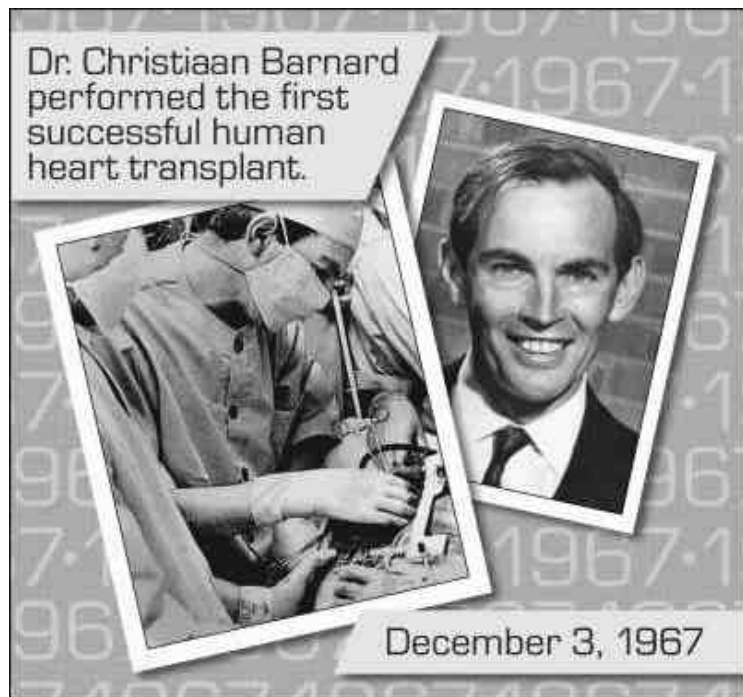
**Central Jersey
Transplant Support
Group**
call 732-450-1271

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



Graphic © Pages Editorial Service, Inc.

November Meeting, Riverview

Martin
Brilliant



Our featured speaker,
Debra Shar.

Insomnia Is Not Normal

Photo by Martin Brilliant

As the meeting opened, Sheila Turkel pointed out that the chapter needed volunteers and the treasurer was in the room ready to accept membership applications. She also mentioned the upcoming Celebration of the Heart on December 11. The speaker in January, she hoped, would be Dr. Edlin, to tell us about the 64-slice CAT scan machine. Till then, a Happy Thanksgiving and a wonderful holiday to all.

Sheila then introduced the speaker, Debra Shar, a Registered Nurse supervisor for Meridian Health Senior Services, and the topic: sleep deprivation and how to get a better night's sleep. According to the latest news, she said, over fifty percent of us are sleep deprived.

Debra avoided a monotone delivery, talking in a style that went from emphatic challenge to a rushed, hushed throwaway. She held our attention and gave us a lot of interesting and useful information.

Sleep keeps your heart healthy, she said. Blood vessels are most relaxed in the evening, lowering blood pressure. They constrict about three or four o'clock in the morning, raising blood pressure, and that's when heart attacks and strokes are most common. Lack of sleep is associated with increased blood pressure, higher

cholesterol levels, and increased stress, all risk factors for heart disease.

Insomnia—having difficulty getting to sleep and staying asleep—is a big problem. You can't catch up on sleep deprivation. On average, people need about seven to nine hours of sleep each night.

A good night's sleep gives you more energy. It makes you feel more alert and refreshed. It improves your memory. Insomnia is not part of the normal aging process; neither is forgetfulness due to lack of sleep. If you have these conditions see your doctor.

Sleep can decrease inflammation. Too much body fat around your abdomen can increase the risk of heart attack, stroke, diabetes—and inflammation, including gout, arthritis, and other conditions that cause pain and discomfort—and interfere with sleep.

Lack of sleep increases stress hormones. *Adrenaline* is secreted when you have a "fight or flight" reaction: your heart starts thumping, you sweat—that's the effect of adrenaline. Anger, or an emergency that makes you nervous, can have the same effect. *Cortisol* is a hormone that is released when you're always stressed out, and (among other effects) it can make you gain weight. Go on, blame your weight gain on cortisol.

Sleep deprivation can lead to daytime drowsiness. The worst time is about two o'clock in the afternoon, when you could fall asleep in the middle of a program. Mental alertness and motor functions decrease. Weeks of sleep deprivation can cause hallucinations. Don't get behind the wheel of a car when you're sleep deprived. Your reactions are slowed, and you could fall asleep at the wheel.

Mood disturbances include sadness, anxiety and depression. Crankiness and impatience can affect interpersonal relations.

Lack of sleep can lead to weight gain by upsetting the balance of two hormones: *ghrelin* and *leptin*. Ghrelin, the "hunger hormone," stimulates



hunger. People who are apt to be overweight have a higher level of ghrelin, while thin people have a higher level of leptin. People who have had gastric bypass have more leptin.

A short nap—twenty minutes to half an hour—can be refreshing and make you more alert and productive. Longer naps can interfere with night-

time sleep: set an alarm clock if you have to.

Five stages of sleep have been identified, and we cycle through them about every ninety minutes, in the same order. Most dreaming occurs in the second half of the night when REM sleep lasts longer:



1. Very light sleep, easily awakened.
2. Light sleep, eye movements stop, brain waves get slower.
3. Deeper sleep.
4. Very deep sleep, most restorative.
5. REM (rapid eye movement) sleep, when we dream.

Babies sleep mostly in REM sleep. We lose that as we get older, and our doctor prescribes sleeping pills. You should take them no longer than a couple of weeks. Some people take them for years and they stop working.

Things that keep us from sleeping: frequent urination, (or if you don't drink water at bedtime, dehydration), pain and discomfort (see your doctor), medication (don't take your diuretic at

bedtime!), restless leg syndrome, anxiety and stress (write things down before going to bed so you don't have to think about them).

Drugs can interfere with sleep: Alcohol may help you fall asleep but then it wakes you up with dehydration and frequent urination. Antidepressants, anticonvulsants, bronchodilators, corticosteroids, decongestants, high blood pressure medications, Benadryl, nicotine, caffeine and chocolate can all keep you awake.

Conditions that interfere with sleep include cardiovascular disease (especially athero-



sclerosis—hardening of the arteries—in the legs), arthritis, heart failure, depression, diabetes, chronic lung and kidney disease, neurological conditions like epilepsy, Alzheimer's disease and migraines, heartburn (GERD: gastrointestinal reflux disease), obesity interfering with breathing, the "hot flashes" of menopause, and sleep apnea.

Snoring is more common

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PUFA, MUFA: Choose Your Fats

Pages Magazine

Pages Magazine is an online resource for newsletter editors



Sources of polyunsaturated fatty acids (PUFA)

May be better than olive oil

Studies show polyunsaturated fats are best for heart health

When it comes to calories, all fats are created equal at about 120 calories per tablespoon.

For some time, olive oil, known to be high in monounsaturated fats and highly promoted by its makers, was approved by the U.S. Food and Drug Administration as a heart-healthy substitute for butter, which it certainly is.

New studies, however, show that vegetable oils that are high in polyunsaturated fats are an effective substitute for fighting heart disease. Polyunsaturates may be better for heart health than the monounsaturated fats found in olive oil.

A report that reviews 11 studies totaling more than 340,000 participants was recently published in the American Journal of Clinical Nutrition. The report shows that switching from saturated fat, such as in butter, to polyunsaturated fat reduced the risk of coronary events by 13 percent and the risk of coronary death by 26 percent.

The same study review shows that switching from butter-type fats to olive oil may have actually increased the risk of coronary events. Doctors at Tufts University are awaiting further findings before making a recommendation. Still, polyunsaturated fats appear to be better for the heart.

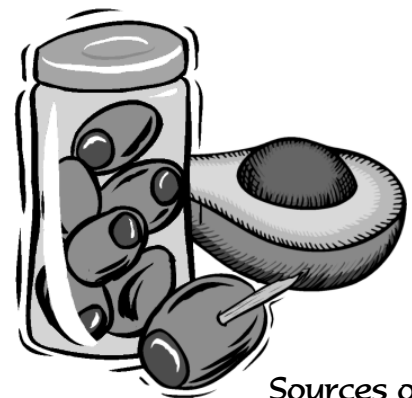
Products that are high in beneficial polyunsaturated fats include soybean oil, safflower oil, sunflower oil, corn oil and peanut oil.

Always avoid products that are described as partially hydrogenated. They contain unhealthy trans fats.

Be sure to check the number of calories in products that are described as low fat. People who are watching their weight, which is almost everyone, may think the low-fat designation makes them a diet food.

Such products usually have just as many calories as the original form, and just what kind of fats they have may be a mystery.

Editor's note: Earlier studies showed that polyunsaturated fats lowered both good (HDL) and bad (LDL) cholesterol, while monounsaturated fats lowered only the bad. But cholesterol isn't everything; the omega-3 fatty acids in the polyunsaturated fats are also beneficial.



Sources of monounsaturated fatty acids (MUFA)

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November Meeting at Ocean

Worried that the holiday this week would prevent attendance at our meeting, we had a great crowd of 18. A great tribute to many dedicated members.

Lunch was served and enjoyed by everyone. Tuna and turkey sandwiches and tossed salad were the menu for the day.

Diane JanTausch welcomed everyone and wished us all a Happy Thanksgiving. She then introduced our guest speaker, Lisa Berbig, Supervisor of Crisis Services, OMC E.R. The topic today was depression, a common occurrence in cardiac patients.

Depression, as many know first hand, has a wide range of symptoms, causes and treatments. Many are not aware that they are depressed, some realize that something is “not as usual,” and often a caregiver or family member or friend will mention a change in your personality.

However you become aware of your depression, it needs to be dealt with by a professional. That person may create a path to recovery which may include “talk” therapy or cognitive behavioral therapy and may lead to medication. Because there is still a big concern with the stigma attached to depression and mental health issues, seeking treatment may often be avoided. You may want to consider talking to clergy, family doctor, family or friend or a support group.

Some doctors may advise exercise as part of the treatment, which may be compared to using an antidepressant medication in the case of depression. There is also a school of thought that there may be some possible links to certain foods and interactions with medications. Also, tell your doctor if you take any supplements as they could possibly inhibit the effectiveness of medications.

Some symptoms of depression (and there are *many*) are sadness, hopelessness, fatigue, change in eating habits, withdrawal from normal activities, difficulty concentrating—just to name a few. If you notice any of these symptoms for two weeks or more, seek an evaluation and possible treatment.

Recovery from a heart event is hard enough—physically and emotionally—but the world goes on with all its pressures and they will affect us, for good or bad. In the end, we must be able to take care of ourselves: taking medications, keeping appointments, staying active. Sometimes being unable to resume normal activities is hard to accept and can add to depression.

Not surprisingly, the discussion drifted off to mental health. So many symptoms of mental illness are the same or similar to depression. We had many questions and lively discussions re-

(Continued on page 10)

*Carla
Jones*



Our speaker, Lisa Berbig

**Depression
needs to be
dealt with by
a professional**

Photo by Martin Brilliant

What is Metabolic Syndrome?

Information from
theheart.org

Metabolic syndrome, according to Adult Treatment Panel III criteria, is having any three out of five risk factor: high blood pressure, central obesity, high blood sugar, low HDL and high triglycerides.

In an analysis published last month in *Circulation*, tracking over 3000 people, the prevalence of metabolic syndrome increased by

70 percent over a 12 year period.

But heart disease risk and mortality was significantly higher only for those whose three risk factors were either high blood pressure, central obesity, and high blood sugar, or high blood pressure, low HDL and high triglycerides. No other combination was associated with significantly higher risk. ❤️

Benefit of Joining a Clinical Trial

Information from
medicalnewstoday.com

Doctors at Castle Hill Hospital, Hull, UK, wondered why patients in heart failure studies fared so much better than heart failure patients in their practice. So they asked all the heart failure patients who came into the clinic whether they would be willing to take part in a clinical research project, and analyzed the results.

Out of 19 variables—such as age, severity of heart dysfunction, drug use or other illnesses—the best predictor of survival turned out to be willingness to take part in a clinical trial—even if they didn't actually enroll in a trial! Could it have something to do with "positive attitude"? ❤️

Alcohol Protects the Heart

Information from
medpagetoday.com
and theheart.org

Men who drink two drinks a day or more, even in excess of nine drinks a day, all have about half the heart disease risk of men who never drank, according to a large study in Spain. No significant association was found for women, probably because the women had so few coronary events.

for coronary heart events, not all-cause mortality (which increases with increasing alcohol use).

Previous studies suggest that two drinks a day (one for women) is associated with better survival than drinking either more or less. Alcohol in any amount protects the heart, but too much can cause other problems. ❤️

The study was observational, not randomized, and it looked only

Biventricular Pacing

Information from
medpagetoday.com
and theheart.org

We've heard in some of our meetings about biventricular pacing for heart failure patients—a pacemaker pulsing both sides of the heart at the same time. In patients with a slow heartbeat, but no heart failure, a pacemaker often sends pulses only to the right atrium or the right ventricle.

Evidence is accumulating that in some patients, pacing only the right ventricle causes asynchrony, left ventricle dysfunction, and heart failure. Newly implanted pacemakers should be biventricular; patients with right ventricular pacing should be switched to biventricular pacing if they need it. ❤️

Cooling cardiac arrest patients reduces the risk of brain damage after the patient is resuscitated, and the sooner cooling is begun the better. A new portable device called Rhino-Chill introduces a volatile coolant into the nose through nasal prongs like those used for oxygen, and the brain is cooled via blood vessels close to the nasal passages. A small trial called PRINCE (Pre-Resuscitation Intra-Nasal Cooling Effectiveness) tested the device in European countries where it has been approved for marketing.

In the trial, 83 patients were ran-

If you've ever had heart surgery for bypass or valve work you might remember the lasting chest discomfort that made many ordinary tasks (including breathing) difficult. Surgeons get access to the heart by splitting the sternum (a.k.a. breastbone) so they can pull the rib cage open, and it takes time for the sternum to heal after it's wired together.

Kryptonite™ bone cement, made in Connecticut, is already approved for bone repair. Doctors in

Few arteries are close enough to the skin to get a catheter into them for coronary catheterization, angioplasty or stenting. The usual access site is the femoral artery at the groin.

Radial access—inserting the catheter in the radial artery at the wrist—is used in about 50 percent of procedures in some European and Asian countries, but only in about 5 percent in the U.S.

domly assigned to test the device and 99 received standard care. Survival to hospital discharge was 47 percent in the test group and 31 percent in the control group. Survival without neurological damage was 37 percent in the test group and 21 percent in the control group. The difference is not statistically significant, but significant results were seen when cooling began within 10 minutes of cardiac arrest.

The device is expected to be available in Europe early next year, and the manufacturer plans to seek FDA approval here. ❤️

Calgary, AB, Canada, tried it to repair the sternum of a patient whose sternum opened after the wires broke, and it was a resounding success.

They found in a pilot study that using it routinely after heart surgery enables patients to resume normal activities in days instead of months. Their next step will be STICK (STernal Innovative Closure with Kryptonite), a worldwide trial on over 500 patients. ❤️

The RAPTOR trial, presented last month at an American Heart Association conference, was designed to see whether experienced cardiologists can switch safely from femoral to radial access. It found that radial access takes less time because, although puncturing the artery can take longer, closing it is easier. It's also easier on the patient and there are fewer bleeding complications. ❤️

Pre-Hospital Cooling for Cardiac Arrest

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

Gluing Your Breastbone After Heart Surgery

Information from
medicalnewstoday.com
and kryptoniteusa.com

The Other Way In for the Catheter

Information from
medicalnewstoday.com
and theheart.org

November Meeting at Riverview Medical Center

(Continued from page 5)

among middle-aged and older people and overweight people. When snoring gets very loud and suddenly stops, and then starts again with gasping, that's sleep apnea. Blood oxygen level drops—that's dangerous. You won't know you have it unless somebody is listening next to you. It can be treated: CPAP (constant positive airway pressure) machines, surgery, sometimes just losing weight.

“Older adults” get less deep sleep. Falling asleep takes longer. They go to bed and wake up earlier, wake up more often and tend to nap. Including naps, they still get the seven to nine hours a day they need.

How to sleep better: Get to bed and get up the same time, even on weekends. Exercise early in the day, never within three or four hours of bedtime.

Use relaxing bedtime rituals: warm bath or shower, reading, light music. Avoid stress before bedtime (don't answer the phone, pay bills or watch exciting TV shows). Create a sleep-promoting environment: not too hot or cold, quiet, dark uncluttered bedroom, comfortable mattress and pillow, light pastel colors. Turn the alarm clock so you can't watch the time. If you're still awake after about 20 minutes, go to another room and do something boring. Bed is for two things: sleeping and you know what.

Discussed during the question and answer period: soothing sounds and guided imagery can help. Melatonin supplements *might* help. Don't treat retirement like a perpetual weekend: start your activities early in the day, and stop stressful activities at about five in the afternoon, as though you were still working. ♡

Graphic from IMSI MasterClips CD © 1997 IMSI



November Meeting at Ocean Medical Center

(Continued from page 7)

garding mental illness. Lisa was more than capable in fielding our questions without hesitation. Did you know? a psychiatric evaluation can be done while in the ER or hospital. Social workers are often on staff to answer questions.

Thank you, Lisa, for such a thorough and informative presentation. As you noted, depres-

sion is close to the “hearts” of those who have had a cardiac event. Thank you also for such an informative handout.

In case you would like more information, Lisa gave us permission to include her hospital phone number: Lisa Berbig, 732-836-4140.

The next meeting at OMC is Tuesday, January 26, 2010, 1:00 – 2:30 pm. Happy Holidays to all! ♡



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

Date of Birth _____ Retired Yes No
 Vocation _____
 Interests _____
 Are you a: Physician RN Health Admin
 Other health professional Caregiver (not professional)
 Heart patient? Date of Surgery/Treatment _____

Please enter one date (month/day/year) and initial here _____ to let us list your name and dates on page 2.

PTCA Atrial Septal Defect VALVE:
 MI Pacemaker Aortic
 Aneurysm Transplant Mitral
 Bypass (how many _____) Other _____ Pulmonary
 Tricuspid

THE OTHER MEMBER

Date of Birth _____ Retired Yes No
 Vocation _____
 Interests _____
 Are you a: Physician RN Health Admin
 Other health professional Caregiver (not professional)
 Heart patient? Date of Surgery/Treatment _____

Please enter one date (month/day/year) and initial here _____ to let us list your name and dates on page 2.

PTCA Atrial Septal Defect VALVE:
 MI Pacemaker Aortic
 Aneurysm Transplant Mitral
 Bypass (how many _____) Other _____ Pulmonary
 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 and Renewal*

Individual: \$ 22.00
 Family: \$ 29.00

National Life Membership

First Year Renewal*

\$ 155.00 \$ 5.00
 \$ 215.00 \$ 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 six weeks before the renewal date. National Life Members pay chapter dues annually but will not pay any further national dues.

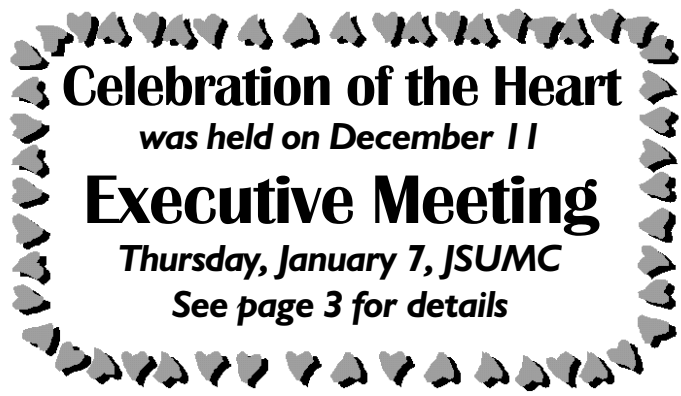
Please write check for the TOTAL to:
The Mended Hearts, Inc.

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



Celebration of the Heart

was held on December 11

Executive Meeting

Thursday, January 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.

Graphic from IMSI Masterclips CD © 1996 IMSI

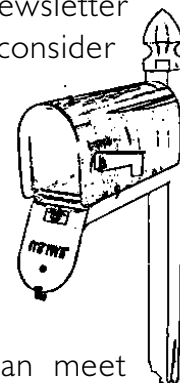
Your Last Issue?

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.

Graphic from a photo by Martin Brilliant