

The Jersey Heartbeat



Message from the President

February 2009

Graphic © Pages Editorial Service, Inc.

By now, I'm sure you have come to realize that February is officially American Heart Month. This is the month that you should pay attention to newspapers and magazines containing articles about heart health.

and that includes in-person, online and by telephone. Want to do yourself a favor? Be a patient visitor.



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As a Mended Hearts member you don't need to be reminded about things like exercise and your diet but let me fill your plate with a few interesting facts about Mended Hearts Inc, the national organization.

Do you know our chapter is one of 256 chapters? There are also 57 satellite chapters across United States and two chapters in Canada. There are 17,830 members and I believe the most important role is visiting patients. In 2007 and there were 212,534 visits to heart patients and families,

Included in the information pack I receive from national are some suggested radio announcements.

Try this, first: read the following paragraph to yourself two or three times:

FEBRUARY IS AMERICAN HEART MONTH ..AND MENDED HEARTS, A NATIONAL AND LOCAL HEART SUPPORT GROUP, REMINDS PATIENTS, THEIR FAMILIES AND CAREGIVERS IN MONMOUTH AND OCEAN COUNTY THAT WE ARE HERE TO HELP. CALL 732-367-3648

Next, take this script, stand in front of a mirror and read the text out loud. Now all you need is a microphone and recorder. You're ready to produce your first public service announcement. If you really want to help take it to the next step, call a local radio or Cable TV station and ask them for airtime and production support to produce this PSA (Public Service Announcement). Incidentally, the message is written as a 10 second spot. The TV public access group will be happy to help you. This could be the begin-

(Continued on page 2)

At the February meeting we will have a **Special Election Meeting** Election of MHI Officers—Members only Candidate profiles are in the national *Heartbeat* newsletter and will be available at the meeting. (Alternatively, you can use the ballot on page 10)

President's Message

New Members

anonymous	Jan 12
Joseph Johnson	Jan 25
Beverly Baum-Philback	Jan 29



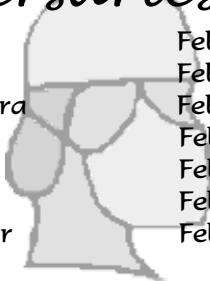
Birthdays

Eugene L. Grubb	Feb 2
Carla Jones	Feb 3
Audrey Rivenburg	Feb 6
Lawrence W. White	Feb 10
Barbara Waage	Feb 18
Peter Q. Lowy	Feb 21
Joseph Johnson	Feb 23
Beverly Baum-Philback	Feb 25
Joseph A. Maldjian	Feb 28



Surgiversaries

Harry Hammell	Feb 1
Paul Nekrasov	Feb 1
Baldassaro Ferrera	Feb 2
Morris Foye	Feb 11
Edmund J. Burke	Feb 23
Lorraine Lech	Feb 23
Patricia Mutschler	Feb 26



Visiting

January 2009:
138 patients and
73 family members
visited



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

(Continued from page 1)
ning of a new career.

February is also a slow month. Despite the fact it's the shortest it sometimes seems the longest. Here are some ideas that you might want to consider as things to do in February since golf and boating are little bit difficult this month. An activity you probably have thought about and kept saying you're going to do it, now is the time. Start with an old photographic album, the one you use to sometimes entertain grandchildren. You point to pictures of different people and identify them. Now is the time to label them. The future generation may not remember uncle Joe and aunt Mary without your help. If you have an album that was traditional, pictures on black paper, you can buy white pencils for the labeling process. Use a permanent marker in the albums that have plastic covering sheets. The important thing is to identify people, places and things. 50 years from now, it might make a real difference to yet to be born family.

Have you ever thought of writing your life history? No, I'm not suggesting you start a 450-page autobiography. There are things in your life that are interesting to you and should be documented. If you wonder how all this is possible

(Continued on page 10)

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, February 26
12:00 noon

Lisa Antonacci, RPh,
PharmD

**Medications: Depression
and Anxiety**

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
March 5, 1:30 PM

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

*Interested members are
invited to attend*

Borders on this page from
IMSI MasterClips CD © 1997 IMSI

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.

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

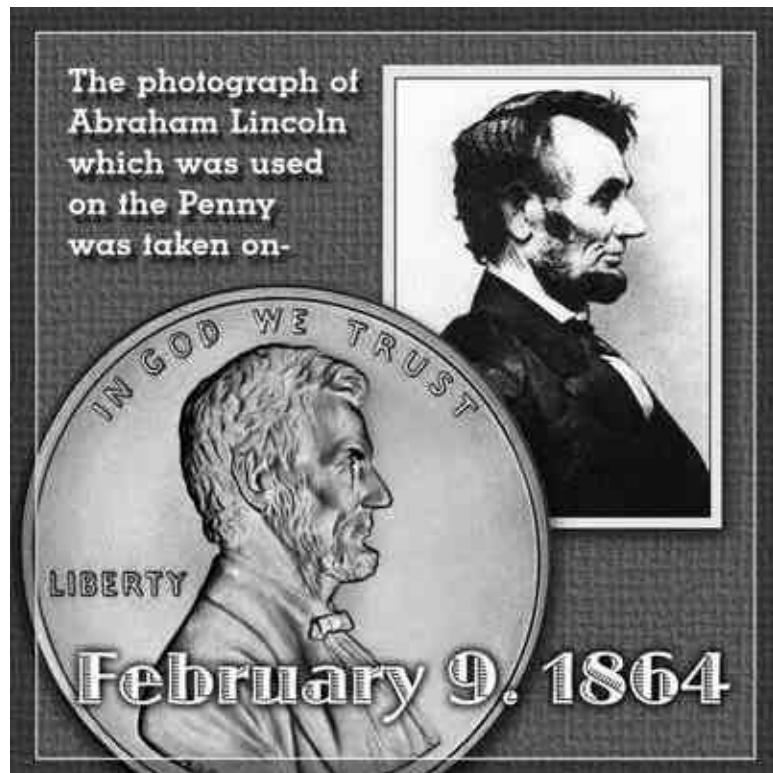
**Central Jersey
Transplant Support
Group**
call 732-450-1271

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.

January Meeting, Riverview

Martin
Brilliant



Dr. Rondeau speaking.

Sheila Turkell opened the meeting with the usual plea for more active participation in the work of Mended Hearts, noting also that Mended Hearts will soon have a new opportunity for patient visiting when Riverview begins doing angioplasties.

Our guest speaker for this meeting was Dr. Jacqueline Rondeau, a clinical neuropsychologist for the rehab center down the hall from the meeting room, working with people who have had strokes and other neurological problems as well as heart patients. Her topic was “Coping with Depression,” not just for people who have had cardiac procedures but for people who are depressed by, as Sheila put it, “a very frightening economy.”

After asking us what we would like to hear her talk about, she started by talking about efforts to improve outcomes after a heart attack. Depression—whatever else is happening—is an added risk factor against recovery and survival, and the more severe the depression, the greater the risk.

In the hospital, after heart attack, major depression is reported in about one out of six patients, and minor depression in one out of three. Studies vary, but generally one out of five experience clinical depression. One month after dis-

charge, 35 to 60 percent of those who had clinical depression remain depressed, with major depression more likely to persist than minor depression.

Depressing statistic: 33 percent of those who have their very first depression after a heart attack die of a cardiovascular event—more than those who were depressed before the attack (22.6 percent) or did not get depression at all (21.5 percent). Maybe if you were depressed before you learned to cope with it. Emotional distress can show up three to six months after discharge, and it can persist after medical treatment ends.

Depression is cardiotoxic. It makes it harder to keep taking medications, exercising and eating healthy, and it lowers quality of life. But who wouldn't be depressed? You're facing mortality, facing loss, facing change. Sometimes that depression goes away, sometimes not.

Why does depression after MI increase the risk of heart failure? Explanations vary. *Behavioral* mechanisms include failure of the patient to comply with treatment and failure of the provider to offer treatment. *Biological* mechanisms include decreased heart rate variability and increased systemic inflammatory response—both of which are

known risk factors.

The *autonomic nervous system* seems to be involved. It has two sides. The *sympathetic nervous system* arouses a “fight or flight” response to emergencies, which includes the “adrenaline rush” as well as increased heart rate and breathing rate, decreased digestive activity, and other changes that promote strenuous action. The *parasympathetic nervous system* promotes an opposite “rest and digest” state.

Experiments on rats show that MI (heart attack) activates the immune system and triggers an inflammatory response. It also affects the brain, deregulating the cingulate (prefrontal) cortex and affecting the limbic system, generating mood changes and arrhythmias. These changes increase coronary risk.

Putting this together: the anterior cingulate cortex (located above the ears, behind the eyes) is involved in regulating the activity of the autonomic system. It regulates blood pressure and heart rate, and it also affects rational functions like reward anticipation, decision making, empathy and emotion. So, when inflammatory responses after MI disturb the anterior cingulate cortex, you can get mood changes and cardiac arrhythmias.

Depression is not just sadness. It also includes fear and anxiety. Symptoms include feelings of hopelessness, guilt, worthlessness, pessimism, rest-

lessness, agitation, difficulty concentrating and making decisions, insomnia or oversleeping, fatigue, and loss of interest in formerly pleasurable activities (including sex). If symptoms like these persist for two weeks or more you should see a physician or psychiatrist—you’re not crazy, but you need help.

Depression after MI can appear variously as fear, guilt, or acute stress. Here’s a simple screening test: in the past two weeks have you been bothered by (1) little interest or pleasure in doing things, or (2) feeling down, depressed or hopeless? There’s a longer test (which I won’t reprint here) if you answer yes to either of these.

Medications can help with depression. The older antidepressants disturbed the heart rhythm and should not be used by heart patients. The newer SSRIs may be safer and effective. They alleviate the symptoms of depression and they may short-circuit the cascade of symptoms that could cause a repeat heart attack.

Depression is part of your condition, not an added problem. Talk to your healthcare professional, ask about treatment, be active, confide in someone you trust. Build or rebuild a support network. Other strategies: Adopt a pet, learn relaxation techniques, try biofeedback, learn anger management.

You are not at fault and you are not alone. Get help . ❤️

Depression is cardiotoxic



Maybe not.

January Meeting at Ocean

Carla
Jones



Diane welcomed us and we got right to work. As the “light lunch” did not arrive, Diane went to investigate. Due to a communications glitch, the kitchen had never received the order to make us lunch. She did manage to get us coffee and tea. After the holidays most of us could afford to miss a meal.

As we had no newcomers, and (fortunately) no one had any additions to their medical history, we went on to the task at hand: making suggestions for topics to be presented to the group for the year.

Some suggestions were:

- CPR: an update on recent changes made in applying cardiopulmonary resuscitation.
- A pulmonologist, to discuss the close association between lung disease and heart disease. Also, proper breathing technique.
- Skin “ailments” more common to seniors, such as: shingles (why we get it, can it be avoided, treatment, vaccine); skin cancer; common problems (tags: red spots, rosacea); frostbite.
- Depression: follows many illnesses, after heart attack or surgery; diagnosis and treatment.

- Bone density: diagnosis and treatment, stages of osteoporosis.
- Diet and new trends (Debbie Dobies?)
- Cardiologist: cholesterol, lipid profile, C-reactive protein.
- A representative of a natural food supplier: to discuss natural foods and supplements to help control cholesterol, among many other common ailments and problems.
- Endocrinologist: to discuss diabetes.

Have you heard about CoQ10? A supplement that is good for heart health, blood pressure, benefits to the vascular system. Before taking, check with your doctor for any possible interaction with your medications.

Did you know? Outdoor temperatures in the teens to below zero could lead to frostbite in as little as ten minutes. Dress warmly, cover up and limit time outdoors.

Dates for OMC meetings in 2009: 3/24, 5/26, 7/28, 9/22, 11/24 (fourth Thursday of odd months), 1:00 - 2:30 pm in the Community Room. Agenda to be announced.

Thanks to all who came and offered suggestions. If you have any other ideas please call Carla at 732-920-2794 . ❣️

Editor's note: An article on mayoclinic.com points out that Coenzyme Q10 is made in the body and is necessary for proper functioning. CoQ10 levels decrease with age and with some chronic disorders, and can be increased by taking a CoQ10 supplement, but it's not clear that raising the level is beneficial. CoQ10 has been tested for many disorders with some promising results but it has not been proved to help.

More Treatment Isn't Better

Jane Brody writes on health topics for *The New York Times*, and last month she wrote two articles on treatments for coronary artery blockages that are worth summarizing here.

The first article began with a story about a man with no heart symptoms, apparently in perfect health, who took an exercise stress test as part of an application for insurance. An abnormality in the EKG led to an angiogram, which eventually led, still without any symptoms, to an angioplasty with a stent.

Citing an interview with cardiologist and author Dr. Michael Ozner, the article goes on to tell what's wrong with this picture. Angioplasty and stents can be lifesaving during a heart attack or when exertion causes chest pain. Absent those conditions, these procedures don't reduce the risk of future heart attack or sudden cardiac death. In some cases, they can make matters worse. Medication, exercise and diet are at least as effective.

Doctors who tell apparently healthy patients that they need to have their arteries opened do so without any basis in fact. Their belief is apparently based on an old mistaken theory of how heart attacks occur—that arteries gradually narrow until they close completely. Opening partly closed arteries would prevent future problems if that

were true. But newer studies show that heart attacks occur when plaque in an artery ruptures and forms a clot, and there is no way of knowing where plaque is likely to rupture.

Most interventional cardiology, Dr. Ozner says, is cosmetic: it makes the artery look nicer, but it doesn't help.

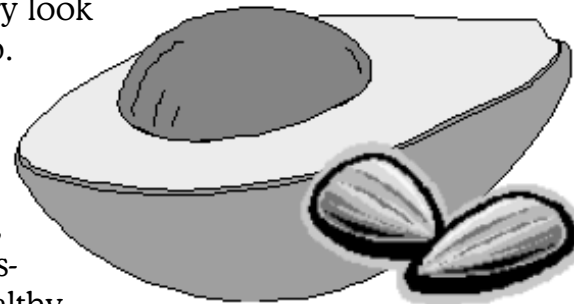
The second article tells what should be done. The old advice about smoking, cholesterol, blood pressure, exercise and healthy weight is still good. But low fat has fallen off the list.

The Seven Countries Study, published in 1970, found that heart disease was rare in Mediterranean and Asian countries where diet centered on fish and vegetables, but common in northern areas where meat and cheese were consumed. The result was a recommendation for a low fat diet. But we now know that the Mediterranean diet is not low in fat, it's just low in saturated fat.

Eat oily fish, cook with vegetable oil, eat nuts. Other advice: thirty minutes of exercise a day can just as well be three minutes at a time; see your dentist to avoid gum disease; reduce chronic stress with relaxation techniques like yoga. And don't bother your arteries unless they bother you. ♡

Martin Brilliant

Information from articles by Jane Brody in *The New York Times* January 6 and 13



Avocados and nuts have a lot of fat but it's the right kind of fat.

Graphic from IMSI MasterClips
CD © 1997 IMSI

Heart News and Notes *Martin Brilliant*

New York City Health Chief Attacks Salt

Information from
The New York Times

High blood pressure is a risk factor for heart disease, and consuming too much salt—at least in some people—raises blood pressure to dangerous heights.

Dr. Thomas R. Frieden, the commissioner of New York City's Department of Health and Mental Hygiene, has won battles against smoking, trans fats and calories. Now he's taking up arms against salt—not the salt in your salt shaker, but the salt in processed foods and restaurant meals, which accounts for about 80 percent of the sodium in the average diet. He hopes to save 150,000 lives a year by reducing that salt by half, and he wants to persuade the U.S. food industry to meet that goal in ten years.

Readers of *The New York Times* asked him some hard questions. They pointed out that most people don't have high blood pressure and aren't sensitive to salt, and that people need salt, some more than others. They also argued that educating the consumers would be better than compelling the suppliers.

Dr. Frieden answered them. Educating consumers won't help because they have no choice. People consume far more salt than they need because it's already in the food they buy. It could be cut in half without harming anybody. If you need more salt, you can add it from your salt shaker, but you can't take it out of the can or off the plate that's put before you. ❤️

Moderate Drinking Helps ... Whom?

Information from
medpagetoday.com
and general-medicine.jwatch.org

Light to moderate consumption of alcohol lowered the risk of physical disability in older adults, but only if they were healthy to begin with, in an analysis of survey data at the University of California, Los Angeles, in which over 4,200 people age 50 or over were followed for five years. Those who rated their health as fair or poor got no benefit. Lead researcher Dr. Arun Karlamangla suggests (among other reasons) that alcohol might interact with their medications.

But when the effect of moderate drinking on the risk of heart disease was examined in an observational study at University Col-

lege, London (UK), in which over 9,600 middle-aged civil servants without heart disease were followed for a median of 17 years, only the people who did not follow a healthy lifestyle gained any benefit, reportedly echoing a similar result in a U.S. study.

Observational studies are often misled by unrecorded factors. But supposing that both studies are correct, one might conclude that moderate use of alcoholic beverages gives the most benefit to healthy people with unhealthy habits. The numbers in the London study even suggest that moderate drinking is a good substitute for healthy habits. ❤️

Plavix (clopidogrel) is prescribed for heart patients, often after stent implantation, to prevent blood clots that could block an artery and cause a heart attack. Preventing blood clots, of course, can lead to excessive bleeding.

Usually only severe bleeding is reported as a side effect. But as many as 85 percent of patients experience “nuisance bleeding”: easy bruising, prolonged bleeding from small cuts, and minor hem-

COGENT 1 was to be a trial of a combination of clopidogrel (Plavix, an antiplatelet drug) and omeprazole (a proton pump inhibitor marketed as Prilosec). Plavix is used to prevent heart attacks due to blood clots, but it can cause gastrointestinal bleeding, which the omeprazole was expected to prevent.

The study was planned as a 4000-subject randomized, double-blind, phase 3 trial—a highly reliable test of effectiveness. But

Many treatments are available for cardiovascular disease, broadly grouped as lifestyle, medication, and revascularization, with many choices in each category (e.g., revascularization could be angioplasty, stenting or bypass). A new guide to treatment, titled “Appropriate Use Criteria for Coronary Revascularization,” was published online last month and in the February 10 *Journal of the American College of Cardiology*.

The guide was developed by a panel of physicians for application to real patients, who can differ

orrhages, according to a study of 2360 stent patients in Washington, DC.

Patients have to live with this nuisance day after day, and more than one-tenth of the patients stopped taking Plavix because of it. Doctors want to prolong their lives, but the patients also want quality of life. (Your editor quit Plavix after two years in spite of his cardiologist’s objections). ♡

while the trial was still listed as in the “recruiting” phase, the sponsor, Congentus Pharmaceuticals, announced that it was filing for bankruptcy and could no longer continue to pay for the study.

Researchers were told to return the combination drug, and some may not even be paid for work they have already done or will do to close down the study. Subjects already enrolled will continue on Plavix alone. ♡

from subjects selected for trials. The choice of treatment depends on symptoms, plaque in the arteries, how much heart muscle is starved for blood, and the patient’s medications, and was selected to offer the best chance for survival and quality of life. Revascularization is not often recommended, but when it is, bypass is often preferred to stenting.

Let’s hope that not only your physician, but also your health insurer, learns to use the new criteria as quickly as possible. ♡

Why Patients Quit Plavix

*Information from
theheart.org*

Economy Kills a Drug Trial

*Information from
theheart.org*

New Criteria for Appropriate Treatment

*Information from
medpagetoday.com and
medicalnewstoday.com*

President's Message

(Continued from page 2)
 and you're not a *Reader's Digest* subscriber go to a library and get the January 2009 issue of *Reader's Digest* and read "The Story of Your Life" on page 142.

As I read it I began to think, "my children have no idea of all the places that I have lived." I started writing and have completed a list of houses and apartments lived in over my 70 plus years. Each location had a different story that was significant to me. I think in the future my family will read and enjoy it.

This list is currently still a work in progress, I have memories of each location and find myself re-editing. I am thankful for spell check, the dictionary works but it's slower. You could use a typewriter if you're so inclined or if you're not a computer user. I am sure your local library would be glad to help. It's time to reveal your hidden writing skills.

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



Graphic from IMSI MasterClips CD © 1997 IMSI

NORTHEAST REGION BALLOT

Election of MHI Board of Directors
 2009-2011 Term

President:

- Cal Daetwyler.....
- Raul Fernandes.....

Executive Vice President:

- Gordon (Gus) Littlefield

Vice President:

- Sue Borum.....
- Wayne Lawson.....
- Seymour Miller.....

Treasurer:

- Donnette Smith.....

Northeast Regional Director:

- Priscilla Soucy.....

I affirm that I am a member of Chapter #179 of The Mended Hearts:

Signature: _____

Print name: _____

Check one box for each position. Vote is void if more than one box is checked or ballot is not signed.

Vote at the meeting, or return this ballot (or a copy) **before February 28, 2009** to the Chapter President:

William J. Ryan
 72 Newbury Road
 Howell, N J 07731



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

	<u>Annual Dues Payment</u>		<u>National Life Membership</u>	
	First Year	Renewal*	First Year	Renewal*
Individual:	\$ 22.00 <input type="checkbox"/>	\$ 17.00	\$ 155.00 <input type="checkbox"/>	\$ 5.00
Family:	\$ 29.00 <input type="checkbox"/>	\$ 22.00	\$ 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).

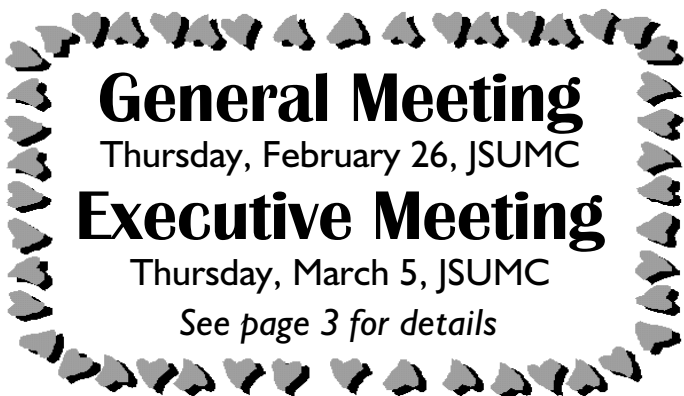
* Current members will receive a renewal notice in the mail from the national office each year three months before the renewal date. National Life Members pay chapter dues annually but will not pay any further national dues.

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, February 26, JSUMC

Executive Meeting

Thursday, March 5, 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.

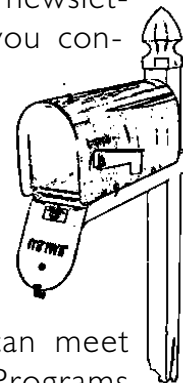
Your Last Issue?

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.