



The Jersey Heartbeat

Message from the President

February 2010

Welcome to American Heart Month. February always brings out many articles in newspapers and magazines. There are opportunities for heart patients to have blood pressure checked and in general reminders of all the things that you're supposed to do as a heart patient. It's a good month to organize your own care and to remind yourself that you are responsible for your care. All the doctors and nurses can prescribe, plan routines, and offer suggestions of the things you should do but only you, the patient, can carry out the orders. You're in charge.

Last month the newsletter featured an article detailing the plans for chapter elections. The office of the President, Vice President, Secretary and Treasurer are to be filled. All of the existing officers have been in

office several years. It is indeed time for new blood. Although the date for nomination closing was February 12, I am sure that if you contact Rita or Jack Beerman at 732-714-1040 before February 20, they will be



glad to accept your nomination. Don't depend on another person suggesting your name or nominating you, if you believe you can handle an office, nominate yourself. Chapter 179 has over 120 members; please do your share of the responsibility to keep the chapter active.

In November, I had the opportunity to detail from personal experience a trip to the new JSUMC Northwest Pavilion Emergency Department. At that time, I had nothing but praise for the facility, technology and staff. As would be the case, I had the opportunity in January to repeat that visit and to follow up the next step. This time they didn't release me and send me home; I was admitted to the hospital.

It all started with a severely upset stomach that didn't respond to normal antacid treatment. I tried to sleep and about 4 a.m. I awoke with a left arm tingling, perspiration and modest pressure in the chest. I know if I called 911 they would take me to another hospital. I violated all the rules and asked my wife to drive me to Jersey Shore University Medical Center. The computer database at JSUMC already had all of my information stored so I didn't have to spend hours reconstructing it at another hospital.

My previous assessment of the Emergency Department performance was repeated and improved. Around 9:30 a.m. I mentioned to the nurse assigned to my room that I had missed breakfast and was hungry. Shortly afterwards she brought a tray with a full breakfast: cereal, juice, hot tea. I marvel at the staff not only for their efficiency but their dedication to patient comfort. It might've helped to have the room temperature a little higher but the heated blankets were appreciated. I noticed the many of the staff were wear-

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President's Message

New Members

Ruthjane Robitaille Jan 16
 Frances Mullaney Jan 20

Birthdays

Eugene L. Grubb Feb 2
 Carla Jones Feb 3
 Sharon Barry Feb 4
 Audrey Rivenburg Feb 6
 Matthew Santa Lucia Feb 9
 Lawrence W. White Feb 10
 Peter Q. Lowy Feb 21
 Joseph Johnson Feb 23
 Beverly Baum-Philback Feb 25
 Joseph A. Maldjian Feb 28
 Barbara Neilley Feb 28

Surgiversaries

Harry Hammell Feb 1
 Paul Nekrasov Feb 1
 Baldassarro Ferrera Feb 2
 Morris Foye Feb 11
 Lorraine Lech Feb 23
 Ilse Kelly Feb 24
 Patricia Mutschler Feb 26

Visiting

December 2009
 143 patients and
 78 family members
 visited



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

Please contact the Treasurer.

All illustrations in this column from
 IMSI MasterClips CD © 1997 IMSI

(Continued from page 1)

ing fleece jackets; perhaps the patients should be issued something similar instead of the traditional hospital gown. I looked for a thermostat in the room but didn't find one.

There had been a parade of doctors during the day and the decision was made that although I didn't appear to have had a severe heart attack it was in my best interest to admit me to the hospital for further tests. Now I had a chance to find out how the Northwest Pavilion really worked. My first comment applauds the nursing staff. In my short stay Marian, Charico, Maria and Sandra cared for me. A nurse patient contact no longer depends on a flashing light. I pressed the button on the bedside control and within seconds, the nurse responded over the intercom.

After ultrasound scanning and a chemically induced stress test it was determined that the symptoms, while similar to heart attack, were the result of stomach ailment. It was better to err on the side of caution, thank you JSUMC.

While I'm sure that the new facility is still in the shakedown mode, I have a short list of

(Continued on page 10)

Mended Hearts Chapter # 179

Officers

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Committee Chairs

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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 25
12:00 noon

Dennis Broschart,
Director, Volunteer
Services, JSUMC

The Volunteer Program

Room B-104
Jersey Shore University
Medical Center, Neptune

A light lunch will be served

— Call for information —
— Please register —
I-800-DOCTORS

Executive Meeting

First Thursday
March 4, 1:30 PM

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

*Interested members are
invited to attend*

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Master-Clips CD © 1997 IMSI

Seriously:

We 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

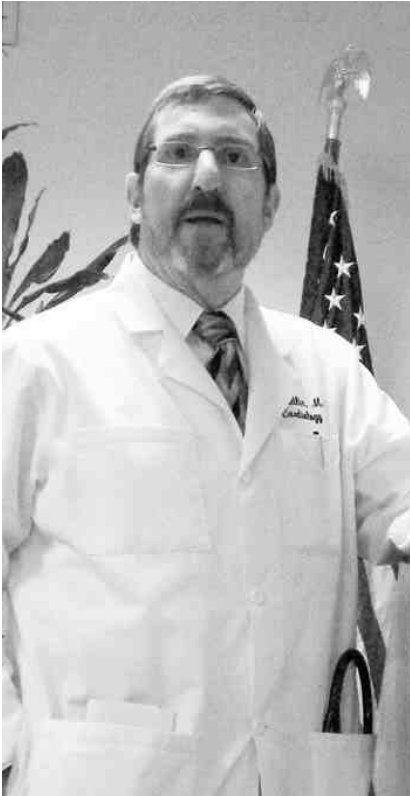
Even Months
(Feb., Apr., June,
Aug., Oct., Dec.)
**Jersey Shore University
Medical Center,
Neptune,**
fourth Thursday

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



January Meeting, Riverview

*Martin
Brilliant*



Dale Edlin, MD, at Riverview Medical Center last month.

While we were eating our heart-healthy wraps, salad and fruit salad, Sheila Turkel introduced our first speaker, CT scanner supervisor Richard Zara, who had a personal story connected with his work.

First Rich told us the software for the scanner at Riverview was recently updated to minimize the radiation exposure. His own story was that he had trouble reading and last August his eye doctor said he needed cataract surgery. Preoperative testing showed that his cholesterol was high and a CAT scan was scheduled. The CAT scan revealed a large aortic aneurysm. He went straight to Jersey Shore for surgery, where he met some reassuring visitors from our Mended Hearts chapter. He credits the scanner for saving his life, and Mended Hearts for helping him through the experience. The cataract surgery is yet to be done.

One of the tests done with the scanner is a “calcium score” screening test for coronary artery disease. No prescription is needed but insurance doesn’t always cover it; the cost to the patient is \$250. Other scans require a prescription from a doctor, not necessarily a cardiologist.

Our main speaker was Dr. Dale Edlin, a cardiologist, who told us a lot more about cardiac CT scanning. It can be used for screening to see if there’s any problem, for risk assessment as a guide to treatment, or for identi-

fying the cause of a patient’s symptoms.

About half of all heart attacks occur in patients with no history of heart disease; about one third of these first heart attacks are fatal. Screening would have helped these patients.

Screening for heart disease risk is ordinarily based on risk factors: age, sex, blood pressure, diabetes, tobacco use, gout, family history, cholesterol. Based on risk factors, about 35 percent are “low” risk, 40 percent are “intermediate” risk, and 25 percent are “high” risk.

As plaque develops in an artery, first little fatty streaks appear, then plaque starts to build up inside it. At first the artery gets bigger, so the lumen, the space inside, is about the same size. There’s no narrowing, but the plaque could rupture and block the artery, causing a heart attack.

The plaque also develops little bits of calcium in it. A CAT scan without any contrast dye can show the calcifications and you can get a number called a *calcium score*. This is a screening test. It doesn’t detect blockages; it detects plaque. It’s a very powerful indicator of how likely a patient is to have a heart attack. If you’ve already had a heart attack or other cardiac event this is not for you. We already know you have heart disease.

When patients who have al-
(Continued on page 6)

January Meeting at Ocean

Diane JanTausch welcomed us and wished us all a Happy New Year. She introduced our guest speaker, Lauren Peters, who is the Fitness Coordinator at Life Fit in Point Pleasant. Lauren is certified by the Arthritis Foundation as an instructor and leader. Among her many classes are Tai Chi and aquatic classes. She is now back in school to get her R.N.

The two most common forms of arthritis are *osteoarthritis* and *rheumatoid arthritis*.

Osteoarthritis is the breaking down of the cartilage at the joints, eventually causing bone to rub on bone. It may occur randomly anywhere in the body. It is manageable but not curable. Most common areas affected are hips, knees, hands, ankles, feet and lower back.

Rheumatoid arthritis is a chronic inflammatory disease of the joints. The body's immune system, which protects us from infection, mistakenly attacks the synovium—a membrane that lines the joints—causing deformity of the joints. This disease is bilateral—meaning that if it's in one hand, it will be in the other too. Rheumatoid arthritis can be diagnosed through a blood test

Did you know? There are over 100 forms of arthritis and related diseases. They include lupus, fibromyalgia, osteoporosis, gout, bursitis, Raynaud's

phenomenon, and psoriasis. Raynaud's phenomenon is caused by a circulation blockage and is commonly found in the hands and feet. Fibromyalgia is very difficult to diagnose—often only by touching and feeling pain in specific pressure points. It can be treated but is not curable. Juvenile arthritis is beginning to show up in very young children and seems to be occurring more frequently.

Exercise is very beneficial in helping to ease the pain caused by many types of arthritis as it improves circulation around the joints. In planning an exercise program consider the following:

- Talk to your physician.
- Consult a professional—a therapist or fitness center. They will help you set goals and devise a *safe* program.
- Start out slow, gradually increasing intensity.
- *Make it fun*—we tend to stick with a program doing activities that we enjoy rather than as a chore.

Some benefits of exercise:

- reduces stiffness and pain
- builds stronger muscle
- increases flexibility and range of motion
- increases muscle endurance
- helps sleep and efficiency
- helps control weight
- helps decrease depression
- helps reduce inflammation
- helps prevent other chronic

(Continued on page 10)

Carla Jones



Lauren Peters, Fitness Coordinator, at Ocean Medical Center last month.

Photo by Martin Brilliant

January Meeting, Riverview

Editor's note: A CT scanner, or CAT scanner, is an X-ray with a computer. CAT stands for "Computerized Axial Tomography"; CT scanning is "Computerized Tomography." Know your Greek: a micro-tome makes microscopic slices; tomography is making pictures (graphs) of slices.

(Continued from page 4)
ready been screened based on risk factors are given calcium score screening, about 2 percent of low risk patients are reclassified to higher risk, and 16 percent of high risk patients are reclassified to lower risk, but 53 percent of intermediate risk patients are reclassified to low or high risk. So calcium score screening is most useful for intermediate risk patients.

CT scanning can also be done with injection of a contrast dye that blocks X-rays, and here the scan can detect blockages like a catheterization. It shows the inside of each artery, the lumen, and where the image of the lumen is interrupted or narrowed, there you have a blockage. It's better than catheterization to identify abnormal heart and artery structures.

CT scanning is exciting because it's fairly new and still developing, it's non-invasive, it's almost harmless (the patient does get X-ray dye), it's very accurate, it's diagnostic in most cases, it's fairly simple, and it's almost "healthy" (patients are exposed to radiation). It started with single slice machines, then multislice, now 64 slices in Riverview, more slices and multi-detector systems in development.

The technique involves a single breath-hold for about 10 seconds, the more slices the quicker. Contrast medium is injected in the arm to reach the heart quickly, and the patient needs good kidney function to get rid of it. The radiation dose is about ten

times as much as a cardiac catheterization. The patient may need a beta blocker to get the heart rate below 60 bpm so the computer can track the heart beat to get pictures between beats.

Limitations of the technique are that allergies or kidney disease may limit the use of contrast medium, heart rate must be slow and regular, stents (or lots of calcium) are hard to see through, breath must be held, radiation dose should be limited.

Strengths are that it's a proven screening technique, it's quick and easy, very accurate, unlikely to miss patients with heart disease, very useful to evaluate coronary bypass grafts. It's more predictive than a stress test, because it finds plaque; a stress test looks for blockages, but you can have a heart attack without a blockage. It's useful to identify the cause of chest pain, particularly in the emergency department; to follow up slightly abnormal stress tests, and for pre-operative testing.

Dr. Eichel showed us a lot of pictures that aren't shown here. He finished with a list of the top ten reasons for coronary CT angiography: to find calcium where it doesn't belong, calcium score, anomalous coronary arteries, coronary blockage, assess bypass grafts, congenital abnormalities, cardiac tumors, locate pulmonary veins for ablation, locate cardiac veins for biventricular pacemakers, and valve disease.

That was a lot of information we got! ❤️

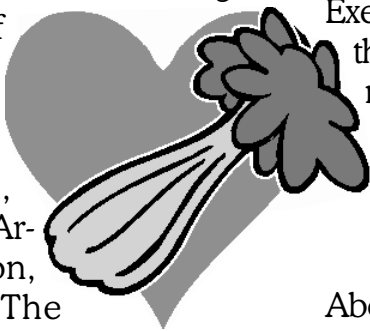
Heart Protection: The Big Three

One expert says real improvement in heart disease risk takes just three steps: *Eat right, be active, and don't smoke.*

Whether you're in the 20s, 40s or well beyond, it's never too late or too early to follow this advice. Cardiovascular disease is the nation's top killer.

EAT RIGHT

- Limit your intake of fats in order to keep your arteries clear. Know your LDL and HDL cholesterol numbers and how to keep them in the proper range, ideally under 100 mg/dL for LDL, and above 50 for good HDL, according to the American Heart Association.
- Too much sugar in the diet can cause weight gain and extra work for the heart. About 65 percent of Americans are overweight. Eat sweets in moderation, advises Dr. Arthur Agatston, author of *The South Beach Diet Supercharged*.
- Too much salt can lead to high blood pressure, a big heart risk. Most of it is in processed foods. Home cooking should be flavored with other seasonings.
- Eat more fruits, vegetables, fish and nuts. If you don't often eat fatty fish, supplement with omega 3s. Many experts say drinking several cups of green



tea per day decreases heart attack risk by lowering inflammation.

BE ACTIVE

Exercise early and regularly, advises Dr. Agatston. Inactivity is one of the top risk factors for heart disease.

- Exercise strengthens your heart, helps keep cholesterol under control and improves circulation and energy.
- It increases endurance, improves muscle tone and strengthens bones.
- Exercise helps reduce stress, tension, anxiety and depression.
- It improves the quality of your sleep and makes you look and feel healthy.

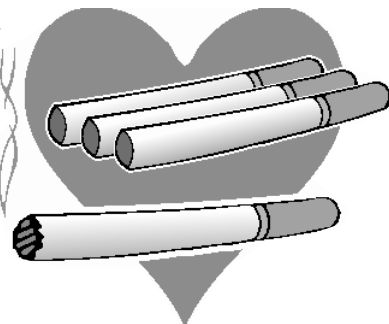
Exercise for 30 minutes at least three times a week is recommended. Exercising more often, or every day, is better.



DON'T SMOKE

About 20 percent of heart disease deaths in the U.S. are directly related to cigarette smoking.

- Heart attack risk increases with the number of cigarettes a person smokes. Pack-a-day smokers have twice the risk of heart attack non-smokers have.
- Smokers' heart attack risk increases according to the number of years they have smoked.



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newsletter editors*

**February is
American
Heart Month**

Last Year's Top Ten Cardiology Stories in Journal Watch

Information from
Journal Watch on the
web.

Here are our summaries of the ten most read articles in Journal Watch Cardiology last year:

1. The JUPITER trial concluded that four out of five Americans over 50 should get statins even with normal cholesterol.
2. Travel increases the risk of blood clots forming in the legs, increasing with duration, according to a meta-analysis.
3. A meta-analysis confirmed that statins save lives in people without known cardiovascular disease.
4. A study confirmed that NSAIDs should not be used by heart failure patients—too many risks.
5. At one hospital the best test to diagnose unconsciousness—blood pressure change on sitting or standing—was less used than
6. An observational study found that taking proton pump inhibitors to lower the risk of stomach bleeding due to Plavix increases the risk of cardiac events.
7. A meta-analysis found no net benefit for aspirin in people without known cardiovascular disease: less heart attack, more hemorrhagic stroke.
8. When warfarin raised INR too much, Vitamin K helped lower INR, but didn't prevent bleeding, in a multi-center study.
9. A trial meant to decide how to treat diabetics with heart disease came to no clear decision.
10. TIPS (The Indian Polycap Study) found that the five-drug pill was effective and convenient for reducing risk factors. ❤️

AHA: Seven Keys to Heart Health

Information from
medpagetoday.com and
medicalnewstoday.com

Last month the American Heart Association issued a list of seven factors that promote “ideal cardiovascular health.” Only about 5 percent of Americans meet these criteria:

1. Never smoked or quit more than a year ago.
 2. Keep BMI under 25.
 3. Physical activity, 150 minutes moderate or 75 minutes vigorous intensity each week.
 4. Eat a healthy diet according to AHA guidelines.
 5. Keep total cholesterol under 200.
 6. Keep blood pressure under 120/80.
 7. Keep fasting blood glucose under 100.
- The American Heart Association guidelines for a healthy diet are:
- 4.5 cups a day of fruits and vegetables,
 - two or more servings of fish per week,
 - less than 450 calories a week of sugar-sweetened drinks,
 - three or more one-ounce servings a day of whole grains, and
 - less than 1500mg of sodium per day. ❤️

Clyde W. Yancy, M.D., president of the American Heart Association, identified last year's ten most important research results, listing them in no particular order. Here are our summaries:

1. Weight loss was equally successful with low-carbohydrate, low-fat, and other diets, as long as the calorie count was the same.
2. Laws against public smoking led to substantially fewer heart attacks, and one factor was second hand smoke.
3. Quality saves lives: hospitals with "Get With the Guidelines" awards had lower mortality.
4. Ticagrelor, a new anti-clotting drug, worked better than clopidogrel (Plavix) to prevent cardiovascular events.
5. Treatment of Marfan syndrome (an inherited disorder with cardiac complications) can be monitored by measuring circulating transforming growth factor- β (TGF- β).
6. Dabigatran, a new oral blood thinner, worked better than warfarin to prevent stroke in atrial fibrillation patients.
7. Scientists grew beating heart muscle from mouse embryo stem cells—perhaps leading to repair of damaged hearts.
8. Studies identified eight genes associated with blood pressure—possibly helping to understand hypertension.
9. Risk factors in younger people were shown to affect their risk of heart disease later in life.
10. Active heart muscle cells were produced from induced pluripotent stem (IPS) cells in humans—suggesting that a heart might be repaired with a patient's own tissue. ❤️

As reported above, the American Heart Association wants you to keep your BMI below 25—that's about 128 pounds at a height of 5'0", 155 at 5'6", and 184 at 6'0". Below that your weight is normal; above it you're overweight, and above a BMI of 30 you're obese.

Some studies have found that while overweight people have more heart attacks than normal weight people, they have better survival once they have a heart attack.

Now an analysis of two Australian studies of older people has found that overweight is safest. More than 9000 people age 75 to 80, about half men, half women,

gave data on their height, weight, and lifestyle. During a ten year followup, the overweight oldsters had about 13 percent less mortality than either the normal weight or the obese groups.

The researchers point out that the BMI classifications were based on studies of young and middle-aged people. They also found that a sedentary lifestyle doubled the death rate of women but only raised the mortality of men by about one-quarter.

Maybe the message for slightly tubby oldsters is: move it around, but don't lose it! ❤️

American Heart Association's Top Ten Studies of 2009

Information from americanheart.org

What Should You Weigh?

Information from medpagetoday.com

January Meeting at Ocean

(Continued from page 5)

diseases such as heart disease.

Some choices of exercise program:

- Aquatic exercises—have been found to be very beneficial.
- Water walking—helps stability and balance.
- Flexibility training—stretching first thing in the morning helps get circulation going around the joints.
- Gentle fitness—some classes are done with the aid of a chair.
- Yoga—all classes are not the difficult moves you normally envision. Some include the use of a chair for balance. Helps breathing and relaxation.
- Tai Chi—involves very slow movements. Some describe it as meditation in motion. Some classes combine using

a chair with some standing work. The very slow movements help to slow your breathing and increase relaxation.

You can join a water exercise class at Life Fit in Point Pleasant. The Arthritis Foundation class involves a fee.

This was certainly an extremely informative presentation. Lauren was well prepared to answer all our questions during the Q and A period at the end of the meeting. There were many comments after the meeting about Lauren's presentation and all the information we heard. Personally I learned more about arthritis in that hour than I had gathered all my life—an exceptional meeting.

Thank you Lauren for your excellent presentation—very professional and extremely informative. 🍷



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President's Message

(Continued from page 2)

suggestions. There need to be specific yet simplified instructions for using the television and intercom systems. That should include a channel listing. I discovered a real nice keyboard in a drawer but found there is no way to connect it to the Internet. That may be a future addition. It would be nice

if the lights in the hallway could be reduced after 11 p.m. to make sleeping easier.

The Northwest Pavilion is truly the hospital of the future and it's here now.

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



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

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

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

General Meeting

February 25, JSUMC

Executive Meeting

Thursday, March 4, 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

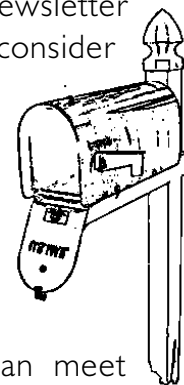
Your Last Issue?

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