

The Jersey Heartbeat



March 2009

Message from the President

I have just returned from a 35-minute walk and find it hard to believe this is the end of February. Perhaps if Al Gore is correct we can blame it on global warming, I love it. Of course, I am referring to 65° temperature. I began to think about the environmental conditions that might be causing this unusual temperature. We're hearing about all kinds of environmental factors, from industrial pollution and cars exhaling to cows burping. I wonder what caused the glaciers to melt? There were no factories, no cars, no cows and no Al Gore. Long, long ago, a glacier covered most of New York State and parts of New Jersey. Long Island is technically a terminal moraine, leftover soil, sand and stones from the receding glacier. What caused it to melt? Think about it when you hear some of the current environmental discussions. That's enough Geology for today, don't take notes, we are not having a test. Once a

teacher, always a teacher.

I spent a good deal of time during February, American Heart Month, reading article upon article covering topics such as the best heart healthy foods and the best exercise routine for heart patients. Most of the materials that the newspapers like to publish you have already read in the Mended

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tients benefited from a small handful of nuts, no specific kind mentioned but I assume they mean walnuts. I have been using diced walnuts as an additive to breakfast cereal for several years; it's good with raisin bran. You know what I mean.

The best was a heart related article from the Health Smart column in USA Weekend February 6-8. The author, Dr. Tedd Mitchell writes a weekly column that I read regularly. For Heart Month he wrote an article entitled

"Keep your heart happy" that dealt with medication. Dr. Mitchell wrote about the "three Cs," be clear, be consistent and be careful.

Be clear: By keeping a
(Continued on page 2)



Graphic © Pages Editorial Service, Inc.

Hearts Newsletter. I tried to find new information and there it is a quite a bit out there. I read one report of a yearlong study of people following the Mediterranean-style diet. It seems the pa-

President's Message

New Members

No new members last month



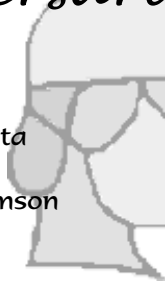
Birthdays

Frederick F. Palumbo	Mar 1
Frederick Steelman	Mar 11
Martin Rosen	Mar 22
Dorothy Borelli	Mar 29
Lucille M. Cardace	Mar 29



Surgiversaries

Jack Beerman	Mar 1
Richard Biolsi	Mar 1
Gloria M. Corbo	Mar 1
Margaret De Santa	Mar 1
William J. Ryan	Mar 1
Florence I. Williamson	Mar 9
John E. Kutz	Mar 18
Carolyn Averell	Mar 25
Martin B. Brilliant	Mar 25



Visiting

February 2009:
148 patients and
63 family members
visited



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

(Continued from page 1)

written, accurate record of the medication that you take. Identify the trade name and generic name if it applies, how often you take the medication and the strength of the dosage. Your list should also include contact phone numbers of the prescribing physicians. You should also identify any over-the-counter drugs that are regularly taken. The list should also contain information on drug allergies.

Be consistent: When taking your medications try to be consistent and take them at the same general time of each day. The doctor suggests you associate a medication with other habits for example breakfast, lunch and dinnertime. He points out a lack of consistency leads to the body having too much or too little of the medication in the system.

Be careful: Particularly when you walk through the pharmacy and look at the over-the-counter medications available. We sometimes assume that because they're over-the-counter they may be harmless. Unfortunately mixing prescribed medication with "harmless" OTC can be very dangerous. Speak with the pharmacist about the possibility of drug interaction, (a good place to have your clear record of medications), before you

(Continued on page 10)

Mended Hearts Chapter # 179

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Meeting North

Thursday, March 26
12:00 – 1:00 pm

Mary Higgins, MS, RD, CDE

**Healthy Eating for
Diabetes and your Heart**

Blaisdell 5th floor
**Riverview Medical
Center, Red Bank**

A light lunch will be served

— **Call for information** —

— **Please register** —
1-800-560-9990

Meeting South

Tuesday, March 24
1:00 – 2:30 pm

Robert Schenk, Clinical
Pharmacist, OMC

**Medications and
Supplements**

Community Room
Ambulatory Care Center
**Ocean Medical
Center, Brick**

Refreshments will be served

— **Call for information** —

— **Please register** —
1-800-560-9990

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

Executive Meeting

First Thursday
April 2, 1:30 PM

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

**Interested members are
invited to attend**

Please note: the April Meeting
will be 4/16, the 3rd Thursday!

National
Nutrition
Month®
March
2009



American Dietetic Association www.eatright.org

Borders on this page from
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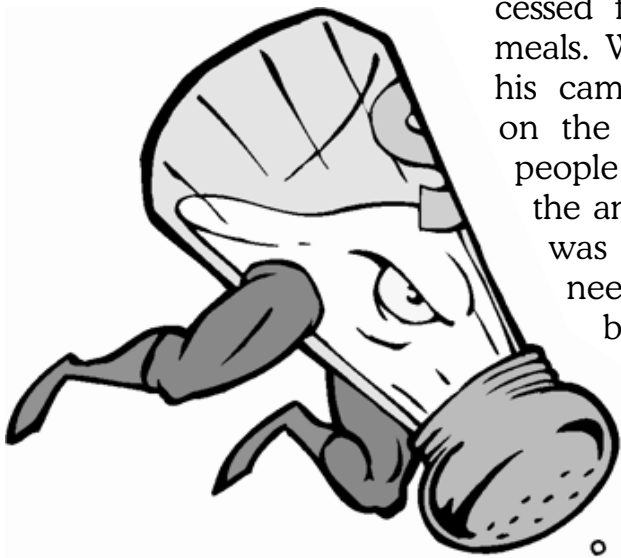
Graphic from IMSI MasterClips CD © 1997 IMSI; text added

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.

Too Much Salt, Too Much Sugar

Martin
Brilliant



Last month we reported that Dr. Thomas R. Frieden, New York City's Commissioner of Health and Mental Hygiene, was on a campaign against excessive salt in processed foods and restaurant meals. We also reported that his campaign was criticized on the grounds that many people needed salt, and that the answer to that criticism was that people who needed salt could add it, but people who were getting too much couldn't take it out.

But that wasn't the end of it. On February 6, the day after our newsletter went to bed, *The New York Times* carried an Op-Ed contribution by Dr. Michael H. Alderman, a professor of medicine and epidemiology at Albert Einstein College of Medicine, arguing that a low salt diet actually increased the risk of death from heart disease.

Setting aside observational studies, which can be distorted by unknown factors, Dr. Alderman claimed that in the only rigorous randomized clinical trial on salt intake reported so far there were more deaths from heart disease and stroke in the group that had the low sodium diet. Without

a specific reference to the study it's hard to evaluate that claim. For one thing, the low salt diet might have been too low in salt.

But one of his arguments stands out. He wrote: "Another bit of evidence to consider is that, over the past generation, while sodium intake in the United States appears to be increasing, deaths from heart attacks and strokes have declined by half." We know that's false reasoning. Many risk factors have increased, including salt consumption, and so has the incidence of heart disease. The death rate has declined in spite of this, probably due to better treatment.

Contrary evidence exists. An article in *BMJ*, April 2007, by N.R. Cook *et al.* followed up on the participants in the TOHP (trials of hypertension prevention). Subjects were randomly assigned to either a low salt diet or a control group. Over the next ten to fifteen years the low salt group had a 25 percent lower risk of a cardiovascular event.

According to sources on the World Wide Web, Dr. Alderman is an unpaid consultant to the Salt Institute. He never received any fees from them, but he once accepted a modest honorarium from them for a presentation.

Reducing salt intake would not necessarily benefit everyone. Some people are salt sensitive: salt intake gives them high blood pressure. Other people aren't. A study led by Dr. Jing Chen of Tulane University, published last month in *The Lancet*, found that people with the cluster of risk factors called metabolic syndrome are more salt-sensitive than others.

To explore the conjecture that insulin resistance affects salt retention, residents of rural China (where salt intake is typically higher than here) were put on a low salt diet for one week and then a high salt diet for another week. Of the 1881 participants, the 283 who had metabolic syndrome (having at least three of these five risk factors: abdominal obesity, high blood pressure, high triglycerides, low HDL and high glucose) averaged wider swings in blood pressure during the trial and were almost twice as likely to have high salt sensitivity.

Dr. Frieden's campaign against salt is matched by an attack on sugar by Jane Brody, a health writer for *The New York Times*, in two articles on February 10 and 17. Excess sugar consumption, she reports, can be blamed for the current epidemic of obesity, diabetes and heart disease.

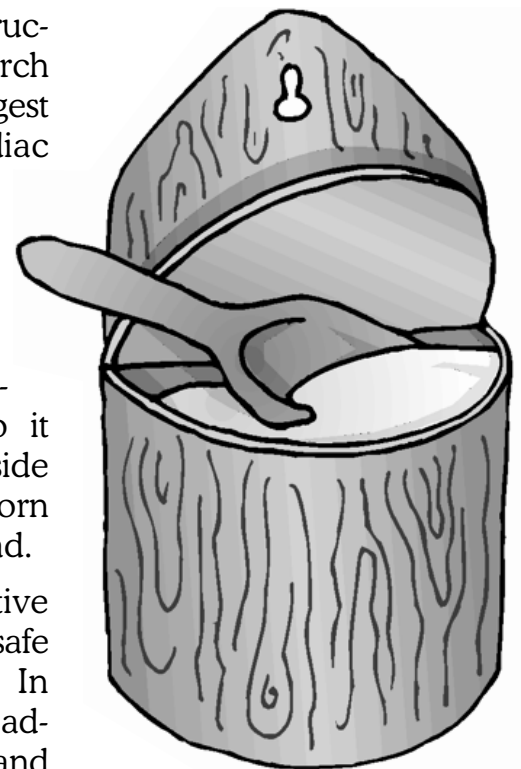
The current recommendation is a maximum of 8 teaspoons of sugars a day. One 12-ounce can of regular soda hits that limit all by itself. Add cookies, fruit yogurt, commercial soup, etc., and the average intake is more than 20 teaspoons.

High-fructose corn syrup, widely used as a sweetener, has come in for extra blame, though some experts say it's safe. Gram for gram, fructose, glucose (the sugar that circulates in the blood) and sucrose (ordinary table sugar) are equally fattening, though not equally sweet.

Natural corn syrup is essentially pure glucose. Fructose is made from the starch in corn. Some studies suggest that fructose raises cardiac risk factors. But ordinary table sugar—a chemical compound (not a simple mixture) of fructose and glucose—is immediately split into fructose and glucose during digestion, so it should have the same side effects as high fructose corn syrup. That is, it's just as bad.

Artificial non-nutritive sweeteners are probably safe and probably effective. In one observational study, adjusted for demographic and other confounding variables, middle school children given noncaloric drinks lost weight compared with those who consumed ordinary sweetened drinks. ♡

**Dr. Frieden
challenges salt,
Jane Brody
attacks sugar.**



February Meeting at JSUMC

*Martin
Brilliant*



Lisa Antonacci, our first speaker



Adriana Fitzsimmons, our second speaker

We had two guest speakers today! Our first speaker was pharmacist Lisa Antonacci, RPh, PharmD. She told us that six out of ten heart attack patients have some degree of clinical depression. The AAFP (American Academy of Family Physicians) gives the following recommendations:

- Patients should be screened for depression after heart attack, during recovery in the hospital and after they go home.
- If depression is diagnosed, it should be treated. It is not a natural progression and it can interfere with recovery.
- Psychotherapy can be beneficial in treating depression after heart attack.
- About medications: the older tricyclic antidepressants (such as Elavil, Pamelor and Tofranil) can interact with heart medications; the newer SSRIs (selective serotonin reuptake inhibitors such as Zoloft, Paxil and Lexapro) are preferred.

She didn't try to describe all the possible interactions between drugs for depression and heart medications. The first thing, she said, is to pick one pharmacy for all your medications, because the pharmacist will be aware of potential interactions.

Then she asked for ques-

tions. One person mentioned that about three months after his heart attack, during rehab, he started to experience symptoms that looked like depression, but he suspected that he had an underactive thyroid gland, and a test confirmed it. The hospital then added a thyroid test to their routine post-MI screening. Lisa pointed out that there are many reasons why patients can seem depressed after heart attack, including the side effects of the heart medications themselves.

Other questions touched on seasonal depression in winter, and the use of multiple drugs to treat anxiety as well as depression.

Our second speaker was Adriana Fitzsimmons, MD, a staff physician in psychiatry. She began by noting that people with depression are at higher risk for cardiac illness, and people with cardiac illness are at higher risk for depression.

At least 20 percent of patients with various heart ailments have major depression, two or three times as many as in the general population. They have poor sleep, poor appetite, low motivation, and difficulty keeping up with exercise and medications. They have a sense of hopelessness, they don't take pleasure from formerly pleasurable activities, and some become suicidal.

Mild depression can appear as sadness, crying more, feeling less motivated, negative outlook about recovery, less appetite, not sleeping so well, or feeling anxious.

Major depression is a big risk factor for cardiac morbidity and mortality. If untreated it can affect the physical outcome. Recovery can be delayed, and the risk of cardiac events like arrhythmias, strokes, and heart attacks increases.

Whether you have depression, and how severe it is, can be measured by a depression score, derived from a questionnaire that the patient fills out. Dr. Fitzsimmons showed a graph of five year cardiac mortality vs. depression score, and the more severe the depression, the greater the mortality, ranging from about 7 percent for the lowest depression scores to over 26 percent for the highest. Another graph showed decreased one-year survival after unstable angina for patients with higher depression scores.

How does depression increase cardiac risk? People with depression have increased platelet functioning, so they are more apt to form blood clots that clog arteries. Their inflammatory factors are higher. But they also are harmed by failure to keep up with exercise, diet and medications.

A lot of work still has to be done. Less than 25 percent of cardiac patients with major depression are correctly diagnosed, and of those only about half get treatment. Cost-effective methods of screening and treatment are still being worked out.

Quick definitions:

Morbidity: being sick

Mortality: being dead

One problem is that medications for depression take weeks to take effect, so they must be taken even if they don't seem to be helping, and when stopped they take weeks to lose effect, so the patient may think the medication isn't needed any more when in fact it still is.

Dennis Broschart, who is the Volunteer Coordinator at Jersey Shore and a past acting co-president of our chapter, had some comments to make. When a patient is taking medication, and the medication is working, the patient isn't aware that the medication is needed. And people sometimes refuse to admit they're depressed because they know they ought to feel glad they've survived a cardiac event, and being depressed would be ungrateful. There's that conflict between being a heart patient and being depressed.

Chapter President Bill Ryan had some further comments. Different doctors prescribe dif-

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Dennis Broschart commented ...



... and so did Bill Ryan

Photos by Martin Brilliant

Heart News and Notes *Martin Brilliant*

Why Are We Doing This?

Information from medpagetoday.com

Recent research finds that cardiac care guidelines, issued by the American College of Cardiology and the American Heart Association, are largely based on weak evidence. Nearly half rely on “expert opinion, case studies or clinical practice.” Less than 12

percent are backed by “multiple randomized trials or meta-analyses.”

That doesn't mean they shouldn't be used. They're the best we have so far, but better focused studies are needed. ❤️

Puzzling Statin Statistics

Information from medpagetoday.com

A study presented as an abstract at a meeting of the Society of Critical Care Medicine reported that hospitalized patients with sepsis (commonly known as blood poisoning) had a higher survival rate if they were taking statins when admitted. Another, pre-

sented to the Society of Thoracic Surgeons, reported that valve repair patients who were taking statins had a lower survival rate.

These are not peer-reviewed studies, and because they're observational studies they don't prove cause and effect. ❤️

Severity of First MI is Declining

Information from medicalnewstoday.com

How severe a heart attack is can be classified by chest pain, EKG evidence, and cardiac enzymes in the blood. A recent study of heart attacks from 1987 to 2002, in patients with no previous heart attack, found that their severity has been decreasing.

The declining death rate from heart attack has been attributed to better treatment. These results suggest that it might also be attributed to less severe heart attacks due to better preventive care. ❤️

CPR: Don't Stop Chest Compressions

Information from medicalnewstoday.com

Research published in *BMC Medicine* shows that for every second of pause in chest compressions during CPR there is a 1 percent reduction in the probability that heartbeat will be restored

after defibrillation. This result supports the recommendation that compressions should not be interrupted for mouth to mouth breathing. ❤️

Which BP Number?

Information from medicalnewstoday.com

Which number is a better predictor of heart risk, systolic or diastolic blood pressure? Recent research says both together are better than either alone. *Pulse*

pressure (the difference) is related to arterial stiffness, while *mean arterial pressure* (the average) is related to peripheral resistance to blood flow. ❤️

I've long been amused by diners who choose a dessert like apple pie a la mode, at about 600 calories a serving, and sprinkle artificial sweetener in their coffee or tea to replace the 16 calories in a teaspoon of sugar. *Jane Brody*

It should come as no surprise that injured tissues bleed. Now for the first time images have been captured by MRI, by using the magnetic properties of the iron in blood, that show bleeding inside the heart after a heart attack.

Recent research shows that such bleeding occurs in some pa-

Cardiogenic shock (CS), a complication of heart attack that occurs when the heart can't supply enough blood to the organs, is the major cause of death in heart attack patients over 75. A study reported last month that even elderly patients with CS can benefit from prompt treatment with angioplasty and stents.

Another study confirmed that if treatment is delayed more than 12 hours after a heart attack begins, drugs are not only as effec-

Late in January the FDA (the Federal Food and Drug Administration) announced that it is working with the makers of Plavix (clopidogrel) to investigate why it fails to inhibit blood clotting in an estimated 5 to 15 percent of patients. This "clopidogrel resistance" can lead to repeat heart attacks.

Recent studies, including one published last month, found a genetic variation in some people that prevents the conversion of clopidogrel (which does not itself affect clotting) to the active metabolite

tients after an artery is unblocked, when blood starts to flow again to injured heart tissue.

The amount of bleeding depends on the amount of damage, and patients who develop bleeding have a poorer chance of recovery. ❤️

tive as stenting, but cheaper.

For complex coronary artery blockages, CABG (coronary artery bypass grafting) was the "standard of care" when the alternative was bare metal stents. Early results from the SYNTAX study confirm that this is still true. Drug-coated stents give good results in low and intermediate risk cases, but in high-risk cases there are fewer problems after bypass surgery than after stenting. ❤️

that inhibits platelet aggregation. Another study, in Canada, found that conversion to the active form can also be inhibited by PPIs (proton pump inhibitors, such as Nexium and Prevacid), which are often prescribed to prevent stomach irritation due to Plavix.

The FDA investigation aims not only to better quantify the effect but also to find better treatments, including antiplatelet drugs that don't need to be converted and PPIs that don't interfere with conversion. ❤️

Bleeding Hearts After Heart Attack

*Information from
medicalnewstoday.com*

Much Ado About Stents

*Information from
medicalnewstoday.com*

Probing the Puzzle of Plavix Resistance

*Information from
medpagetoday.com
and theheart.org*

President's Message

(Continued from page 2)
purchase. This also applies to items such as nasal sprays, cough syrup and antihistamines. Always remember the golden rule of medications—don't stop taking any prescribed medication without discussing it with the prescribing doctor.


Since this is written before March comes in, I'm not sure if it's a lamb or a lion but with a nice weather we've had so far,

spring is on the way. Three dates to remember, March 8, Daylight Savings Time begins and March 20 is the first day of spring. And in case you forget March 17th is St. Patrick's Day, a fine day for a pint of Guinness, for medicinal purposes of course.

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



Graphic from IMSI MasterClips CD © 1997 IMSI



February Meeting at JSUMC

(Continued from page 7)
ferent medications and they don't always give correct advice on how to get off them; there can be a rebound effect if you stop abruptly. Patients need to get information from the library at Jersey Shore or their public library, they should not hesitate to go for a second opinion, they need as much information as they can get

The final business at the meeting was the elections for Mended Hearts national offices. Last month's newsletter announced that this was a special election meeting and included a mail-

in ballot. Ballots were handed out to members at the meeting and votes were collected. The chapter has one vote, based on the results of the voting within the chapter. I won't tell you what the chapter result was because it's just one vote out of many. The final result will appear in *Heartbeat*, the national Mended Hearts newsletter.

Meanwhile, Bill announced that his wife works at Fort Monmouth, and if it closes, which is scheduled to happen in 2011, he will move to Maryland and we will need a new chapter president. ♡



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 Meetings
March 24, OMC; March 26, RMC
Executive Meeting
Thursday, April 2, 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.

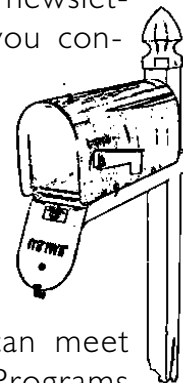
Your Last Issue?

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.