

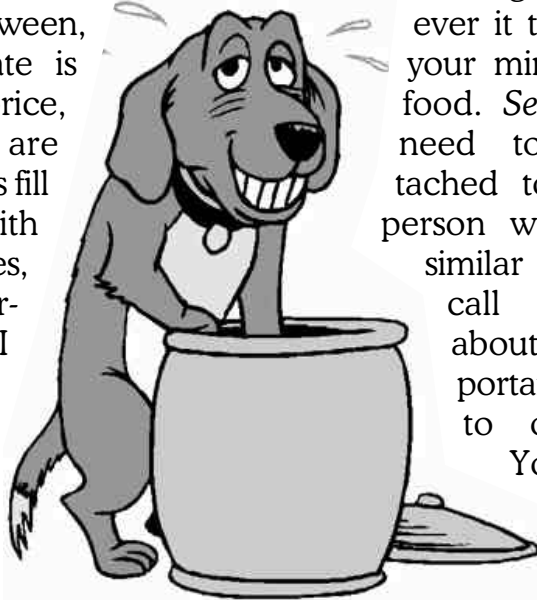


The Jersey Heartbeat

Message from the President

November 2008

I'm not sure where the time has gone but I find myself preparing for the onslaught of the holiday season. Not that I don't like the holiday season you understand, it's just that I have a low resistance level for all the goodies that appear on the table and in the candy dishes all around the house. Of course, she who must be obeyed tells me they are put out for guests. I think it all begins the day after Halloween, all that chocolate is on sale at half price, once they are cleared the stores fill the shelves with Christmas candies, that's when I forget whether I lived there or whether I'm a guest, some like mushrooms, I like chocolate.



It isn't just the candy it's the pies, pumpkin, apple, mincemeat, So much temptation so little time. I guess that goes with the oncoming holiday season. As you read this, if you think to yourself "yes that's true I forget about my diet very eas-

ily." You can't write that off as having a senior moment but you might consider it as a temporary loss of memory, often referred to as the "holiday memory." I have some ideas for you to avoid the agony of January to stimulate your memory. *First* you need to keep your brain engaged, excuse yourself from the table and go read a book or work a crossword puzzle, play some

word games whatever it take to get your mind off the food. *Second*, you need to be attached to another person who has a similar afflictions, call and talk about how important it is not to over eat.

You might even build a circle of friends and called them your "avoid temptation circle." *Third*, you need to eat healthy foods, being careful to observe portion sizes, and have lots of fruits and vegetables; you know the foods containing antioxidants. *Fourth*, you must

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be active physically aerobic exercises, cardiovascular exercises you know the routine. One of the best exercises is to walk away from the table.

We all know that winter is cold and flu season but are you aware that it's also heart attack season? No, it isn't just the food, it's the season. The cold weather causes the body to have an automatic response that causes the blood vessels to narrow. This can put an increased strain on your heart; cardiac patients don't need that additional problem. One of the first things you can do is throw away your snow shovel, if the white stuff comes don't even think about shoveling. If you insist it's only a light snow fall and you do go out in the cold to shovel snow, the number is 911.

(Continued on page 2)

President's Message

New Members

No new members this month



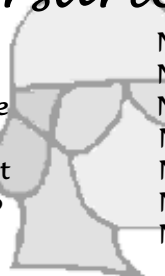
Birthdays

John E. Kutz	Nov	1
Lois T. Landis	Nov	1
Cecilia Matey	Nov	1
Joan Ferraro	Nov	4
A. Paul Painchaud	Nov	5
Mary Ann Turbitt	Nov	5
Allan N. Zucker	Nov	8
Walter Gunn	Nov	10
Paul Nekrasov	Nov	12
Michael Gergel, Jr.	Nov	14
Louis J. Sas	Nov	14
Samuel Sattilaro	Nov	19
William J. Ryan	Nov	21
Margaret De Santa	Nov	24
Robert I. Steinfeld	Nov	24
Otis C. Wright, Jr.	Nov	24
John R. Casagrande	Nov	28



Survivorsaries

Margaret Koury	Nov	1
Walter H. Perkins	Nov	1
Lawrence W. White	Nov	1
Peter Q. Lowy	Nov	10
Dennis J. Broschart	Nov	11
Michael D. Fornino	Nov	17
Mark Stewart	Nov	21



Visiting

October 2008:
133 patients and
67 family members
visited



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

(Continued from page 1)

I discussed holiday feasting earlier but didn't mention some of the other problem areas, things like eggnog, particularly if it's been spiked. This is also true for other forms of alcohol and alcoholic beverages; even the traditional pint of Guinness. The best word here is moderation. This is a very stressful season and the last thing you need is the stress of the trip to the emergency room so take good care of yourself, you are in charge. Incidentally, if you haven't had your flu shot yet, do it.

One very good way to begin enjoying the holiday season is to participate in the Celebration of the Heart. Once again, the generosity of the Meridian Health Family invite you to join them at a heart healthy dinner and an evening of camaraderie and pleasure. This year we will have a live band so bring your dancing shoes. Look for the announcement on page 3 and be sure to call the 800 number as soon as possible. Don't wait to the last minute and be disappointed, seating is limited. I have already called.

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

Mended Hearts Chapter # 179

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Frances Grubb

732-462-9750

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Leonard Talalai

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Meeting South

Thursday, November 13
9:30 - 11:00 am

Debra Dobies, R.D., MA
Educator, Meridian Health
Community & Senior Services

Mood & Food

Community Room
Ambulatory Care Center
Ocean Medical
Center, Brick

A light lunch will be served

- Call for information -
- Please register -
- 1-800-560-9990

Meeting North

Thursday, November 20
12:00 - 1:00 pm

Rebecca Graboso
Nurse Practitioner
RMC Stroke Center

**Stroke - know the signs,
act in time!**

Blaisdell 5th floor
Riverview Medical
Center, Red Bank

A light lunch 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
and
Riverview Medical
Center, Red Bank

↑ DATE, TIME & ROOM CHANGE !

Executive Meeting

First Thursday
December 4, 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

Door Prizes Wanted

for the holiday party—the Celebration of the Heart. Many of us have some unwanted gifts hidden away. Bring them out and contribute them so they can provide someone with a few moments of joy, or at least amusement. To donate a door prize, call Len Talalai at 732-935-9825. We'll thank you.

Eighth Annual Celebration of the Heart

Thursday, December 11, 2008
5:00 p.m. To 9:00 p.m.

Lance Auditorium
Jersey Shore University Medical Center
1945 Route 33, Neptune, NJ 08742

*Family, friends and
health professionals
are all welcome*

Please RSVP
by December 4 at
1-800-560-9990

*DJ, dancing and door prizes
(gifts wanted for door prizes—contact Len Talalai)*

Sponsored by Meridian Health
and Mended Hearts Chapter #179

October Meeting at JSUMC

*Martin
Brilliant*



This was an interactive session. Here's Joe listening to a question.

The meeting began with Chapter Vice President Leonard Talalai reminding us of the Celebration of the Heart coming up on December 11, and asking that anyone with gifts to give away should give them to him to give away again as door prizes at the celebration. Chapter President Bill Ryan then introduced our speaker, Joseph P. Fay, of Medtronic Corporation. Joe spoke at the meeting at Riverview in July about implantable cardioverter-defibrillators—ICDs for short—and Bill thought it was worth repeating here.

As Joe said in July at Riverview, he deals with the electrical system of the heart, not the plumbing. When you get a bypass or a stent, that's work on the plumbing that brings blood to the heart muscle. An ICD is there to help the electrical system that controls the heartbeat.

Not to repeat everything Joe said in July (which you can read about in the August newsletter—on the chapter website if you don't have it), ICDs have come a long way since the 1980's. They used to be so big they had to be implanted in the abdomen, it was major surgery to put them in and get the wires up to the heart, and the batteries lasted only about a year and a half. They were used only for patients who had already had

two incidents of potentially fatal arrhythmia—ventricular fibrillation (uncoordinated twitching instead of pumping) or ventricular tachycardia (pumping too fast). Now they're so small they can be implanted with minor surgery, they're used for heart patients who are predisposed that kind of arrhythmia, and they last up to nine years before the battery runs down.

Joe told us we lose a thousand people a day to sudden cardiac arrest. With ICDs getting easier to implant and maintain, we want to get them to more people who are at risk. Recent studies say most heart failure patients who have had a heart attack and have ejection fraction below 35 percent should get one (an article on page 7 has more about ejection fraction).

An ICD, in case you were wondering, is a device that can be implanted in the chest. It consists of a small box—sometimes called the can—that contains a battery and some electronics, usually implanted under the skin below the collarbone, and one or more wires, called leads (rhymes with seeds), that are threaded through a vein to the heart.

If the heart is not pumping, it can deliver a shock to restart it—that's called defibrillation. A less severe shock, to correct a runaway heart, is called car-

diversion. If the heart is pumping too slowly, it can act as a pacemaker, giving an imperceptible kick to trigger each beat.

Depending on the patient's needs, there could be just one lead down to the right ventricle, or two if the atrium also needs support—one to the ventricle and one to the right atrium. There are also three-lead systems that Joe described later.

The ICD is programmable. The system includes a device called a programmer, which is a laptop computer with a small device (like a computer mouse) that's wired to it and can be held over the can to communicate with the can through the patient's skin. Using the programmer, the doctor can tell the ICD how to decide when to shock, and the ICD can tell the doctor about every event, every heartbeat, since the last time it was interrogated. The ICD never forgets.

Battery life depends on how often the ICD has to shock the heart or act as a pacemaker, and the programmer can tell when the battery is low. At that point the whole can is replaced, not just the battery—it saves surgery time, there's less risk of infection, and the technology has advanced in that time. But the leads are there to stay—they become embedded in the vein.

Joe discussed a problem Medtronic had last year that

got some unfavorable publicity. Medtronic found that one type of leads they produced had a failure rate of about two percent instead of the usual half percent. Lead failure can be serious because the patient's life may depend on the ICD. Medtronic corrected the problem, recalled the unused leads, and instructed doctors to program the ICDs to monitor the leads so that replacement leads could be put in if needed (without removing the old leads).

Medtronic and other companies have developed systems for remote monitoring. Instead of the patient having to go to the doctor's office to use the programmer, the patient has a smaller box connected to the phone line, and the patient can put a mouse-like device over where the can is and push a start button. More recently there are boxes that can be placed by the patient's bedside and the patient doesn't have to do anything. Information from the ICD goes wirelessly to the device and through the phone line to a server site, which then sends information to the patient's doctor. The bedside box also monitors itself and can report any problems with its own operation.

Joe described a technique called *cardiac resynchronization therapy*, or CRT. In some heart failure patients, the left and right ventricles don't

(Continued on page 6)

At this pre-Hallowe'en meeting, we learned about an alien presence that can inhabit your body and has the intelligence to read your heart, shock it into submission if it's racing too fast, prod it into activity if it's going too slowly, and communicate with its masters in the world beyond.

October Meeting at JSUMC

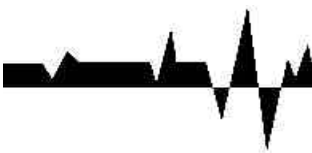
(Continued from page 5)
contract at the same time. As each ventricle contracts it pushes the septum (the wall between the ventricles) toward the opposite side, and less blood is pumped out. Connecting a third lead to the ICD enables it to pace the ventricles so they beat simultaneously and the ejection fraction is increased.

At the July meeting Joe described a new technique that Medtronic calls OptiVol. He gave us a more detailed explanation this time. Heart failure patients tend to accumulate fluid in the lungs (which is why the condition has been called “congestive heart failure,” or CHF). The increased fluid lowers the electrical resistance across the chest. An ICD can be designed to sense the resistance between the can and the other end of the lead and give early warning of accumulating fluid.

Somebody asked about getting an MRI when you have an ICD. The answer is no. There isn't any danger of the magnetic field pulling the device out of your chest. But magnetic fields induce electric currents, and there's a danger that stray currents in the leads could make the ICD operate improperly or even injure the heart. Medtronic is developing an ICD that they expect to be safe for MRI.

On a related topic: don't go through the metal detectors at airports; ask for a special inspection without any electrical detectors. You can walk through the gates at stores that deter shoplifters, but don't stand near them—patients have been known to pass out when their pacemakers stop working.

Thanks, Joe, for a very informative talk and some very knowledgeable answers to our questions. ❤️



Graphic from IMSI MasterClips CD © 1997 IMSI

Have a happy and healthy Thanksgiving!



Graphic from IMSI MasterClips CD © 1997 IMSI

More About Ejection Fraction

Martin
Brilliant

Just because the heart is a pump, don't think it's like any other kind of pump you ever saw. At last month's meeting, Joe Fay said he deals with the electrical system of the heart, not the plumbing. In most other pumps, the electrical system carries power to an electric motor, and the plumbing carries the fluid that's being pumped. The heart is different.

The heart's electrical system is a control system. It runs inside the heart from the sinus node, in the right atrium, to the other chambers. The ICD Joe told us about supports that system. Failure of that system can cause "sudden cardiac death."

The plumbing Joe referred to is the coronary arteries, which run down from the aorta and around the heart. They supply fuel and oxygen to the chemical motor in the heart. Failure of that system can cause a heart attack—which can then cause failure of other systems.

The heart also has another plumbing system, which—as in most other pumps—carries the fluid being pumped—in this case, blood. It includes the heart's four chambers and four valves. Failure of that system can cause "heart failure."

One of the measurements used to describe heart failure is the *ejection fraction*. Each time the heart beats, the left ventricle (*m* in the diagram) fills to about half a cup from the left atrium *k*, and

then squeezes out about half of it. (At the same time, the right ventricle *a* fills from the right atrium *d* and squeezes out about half.) If it squeezed out exactly half, the *ejection fraction* would be 50 percent.

The *ejection fraction* is whatever fraction of its contents the left ventricle squeezes out at each beat, expressed as a percentage. One way to determine the *ejection fraction* is from an echocardiogram, which shows an image of the beating heart.

Somebody asked whether the *ejection fraction* could be 100 percent. It can't. The heart is a muscular bag. If you could squeeze it between your hands, you might be able to squeeze out 100 percent. But a bag squeezing itself remains round. It can't squeeze its inside to zero, so it can't empty itself.

Sometimes, as Joe mentioned, the two ventricles don't contract at the same time. Look at the *septum*, the wall between the ventricles, marked *o* in the diagram. If the left ventricle contracts, and

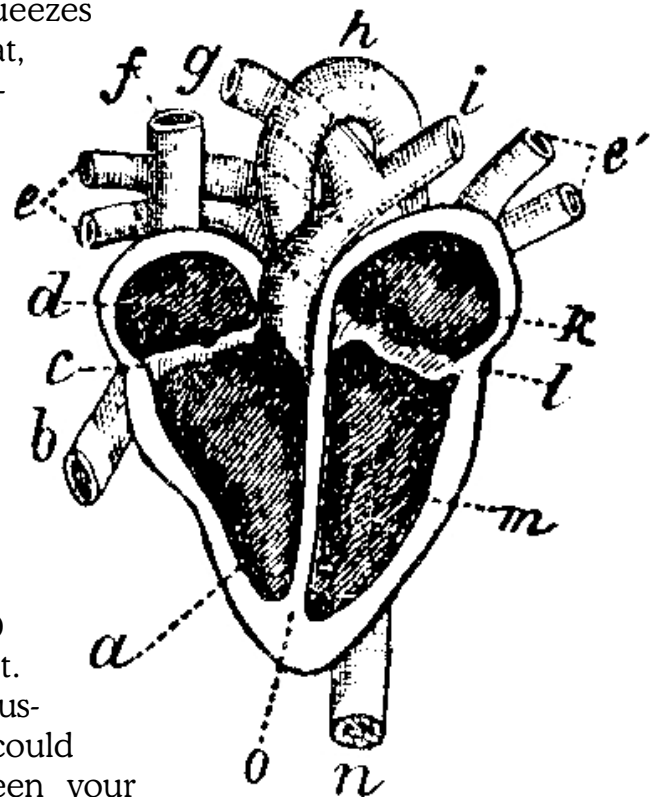


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(Continued on page 10)

AHA Statements on Follow-up Treatment

Information from medicalnewstoday.com and theheart.org

The American Heart Association recently issued a scientific statement recommending that all heart disease patients should be screened regularly for depression. Patients after a heart attack are about three times more likely than the general population to be depressed, and depressed heart patients are about twice as likely to have a second heart attack within two years. The statement is endorsed by the American Psychiatric Association and was praised by Dale Briggs, Executive VP of Mended Hearts, Inc.

Two simple questions can exclude depression or can tell whether a longer nine-question

screening is warranted. The authors noted that while untreated depression is known to lead to worse outcomes, there is no direct evidence that treating depression improves outcomes,

Another AHA scientific statement recommended urgent care to reduce the death rate after sudden cardiac arrest. Restoring a pulse is not enough; the heart and brain can be damaged, inflammation can occur, and the underlying disease condition remains. Among the recommendations are 12 to 24 hours of therapeutic hypothermia (lowered body temperature), immediate catheterization after heart attack, and implanting an ICD. ❤️

Two New Drug-Eluting Stents Tested

Information from theheart.org and medicalnewstoday.com, respectively

Drug coated stents avoid the restenosis—growth of tissue inside the stent—that can occur in bare metal stents. But they have another hazard: late stent thrombosis—blood clots forming inside the stent and blocking the artery. To prevent this, patients with these stents need dual antiplatelet therapy—usually Plavix and aspirin—for at least one year.

A new stent coated with a novel polymer—designed to reduce the risk of clotting—might avoid the need for dual antiplatelet therapy. In a test in Italy, 55 patients who received the stent stopped dual antiplatelet therapy after 30 days (as recommended for bare metal stents) with no


thrombosis after one year, and results were otherwise good. The test is too small to be conclusive.

Bioabsorbable stents are drug coated stents made of a non-metallic organic material that is slowly absorbed into the artery wall and ultimately disappears. They don't avoid the need for dual antiplatelet therapy, but they could eventually allow the artery to function as though it had never been stented. A small test with thirty patients showed good results after two years. More patients are scheduled to be enrolled in the trial, but a much larger trial would be needed to get conclusive results. ❤️

Stem cells taken from a patient's own bone marrow and infused into a heart damaged by a heart attack were tested in 13 studies, with a total of 811 patients, examined in a review published last month. Left-ventricle ejection fraction improved by an average of 3 percent—not much, but statistically significant.

There was a lot of variation among the 13 studies. Results appeared to be better with higher doses and when infusion oc-

curred within seven days after the heart attack. Greater improvement was seen in patients who started with a lower ejection fraction. But the few trials that followed up beyond six months showed no evidence of long term benefit.

More detailed studies of how to use stem cells might show better improved outcomes, according to the authors of the review. 


Stem Cells Look As Promising As Ever

Information from theheart.org and medicalnewstoday.com

Bisphenol A is an additive with many applications, including polycarbonate and the epoxy lining of food cans. Polycarbonate is a clear plastic used for baby bottles, sports bottles, glasses (both kinds, eye and drinking), and bullet-resistant windows, among others. It is thought to mimic estrogen and may have other physiological effects.

NHANES (the National Health and Nutrition Examination Survey, 2003-2004) detected bisphenol A in the urine of most partici-

pants. Higher levels were associated with more self-reported disease. A level one standard deviation above the average was associated with 63 percent more heart disease, 40 percent more heart attacks, and 39 percent more diabetes.

Canada calls bisphenol A a “toxic chemical” and is taking steps to limit exposure. Meanwhile, should you avoid canned food, or polycarbonate wine-glasses? Not yet clear. 


Bisphenol A May Be Hazardous to Your Health

Information from theheart.org

Plavix and aspirin are “antiplatelet” agents used, often in combination, to reduce the risk of heart-stopping blood clots. But they carry a risk of gastrointestinal (GI) complications, including ulcers and stomach bleeding.

Three societies—American College of Cardiology, American Heart Association, and American College of Gastroenterology—issued an “expert consensus document” last month recommending proton pump inhibitors (PPI), such

as Prevacid, Prilosec or Nexium, as the best way to minimize the risk.

The statement also recommended that daily aspirin should not exceed 81mg and noted that all NSAIDS increase the GI risk. Patients with a history of ulcers should be treated for *Helicobacter pylori* (a probable cause of ulcers) if appropriate. Cardiologists should consult other physicians before prescribing antiplatelet drugs. 

Facing the Risks of Plavix and Aspirin

Information from theheart.org

Fact, Truth & Treatment

Martin
Brilliant

No mystery, I remarked as my friend marveled at the difference between fact and truth. Fact is something people observe and can agree they observed. If there are things you don't observe, they don't count as fact, but they count as truth.

Medical testing is a good example. The accepted way to compare different treatments for a disease is a "randomized double-blind clinical trial." Identify a lot of people who have the disease, randomly divide them into equal groups, give each group a different treatment, and measure how much each patient improves. To avoid subjective bias, neither the patient, nor the person who measures the results, knows which treatment each patient received. If one of the treatments is measurably better than the others by a statistically significant difference, then that treatment is factually better than the others.

The truth—which this protocol ignores—is that for every treatment there are patients who improve dramatically and other pa-

tients who don't improve at all. The truth is that the best treatment for each patient is not the same as the treatment that is best on average over a large number of patients. Different patients may need different treatments.

A skilled and knowledgeable physician knows this. Such a doctor will try the most likely treatment with a patient, and if that doesn't seem to be working will try another treatment. But because the doctor's judgment is subjective, and the patient's clinical record is private, that search for truth can't become fact.

That may be why there is so much interest in trying to identify genetic markers that can tell which treatments are best for which patient. A large randomized trial in which treatments are selected on the basis of genetic tests would be fact. But at present, genetic testing is more expensive than the good doctor's trial and error (though it may be quicker and more reliable), and the technology is far into the future. ❤️

Based on knowledge gained during research for articles in this newsletter and on experience as a patient.

Graphic from IMSI MasterClips CD © 1997 IMSI

(Continued from page 7)

the right one doesn't, the septum is pushed toward the right, and the left ventricle can't squeeze out as much if the septum didn't move.

One more comment: why does heart failure cause fluid to accumulate in the lungs? We think of the left ventricle as

pumping blood to the body. But in doing so, it pumps blood from the lungs. If it can't pump blood fast enough from the lungs, the lungs fill up, and you have CHF, *congestive heart failure*. Sometimes the lungs don't fill up, so CHF now stands for *chronic heart failure*. ❤️

*More About
Ejection
Fraction*



The Mended Hearts, Inc.
Hearts of Jersey Chapter #179
NEW MEMBER APPLICATION
 Not for renewals—wait for renewal notice

This is not the approved form. We put the best features of the approved form into our own form. You send us this form, and we fill out the approved form and send it to National.

Membership information: (please print or type)

Name (Mr./Mrs./Ms.) _____ Phone () _____
 FOR FAMILY MEMBERSHIP — other member (one only): Alt Phone () _____
 (Mr./Mrs./Ms.) _____ Email: _____
 Address _____ Preferred Contact: Phone Email Mail
 _____ Would like to visit patients
 City _____ State _____ ZIP _____ Help with other activities
 Preferred meeting time: Day Evening Place: JSUMC, Neptune OMC, Brick RMC, Red Bank

Medical/Demographic Information: (Optional—no application is denied based on information below)

YOURSELF	THE OTHER MEMBER
Date of Birth _____ Retired <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth _____ Retired <input type="checkbox"/> Yes <input type="checkbox"/> No
Vocation _____	Vocation _____
Interests _____	Interests _____
Are you a: <input type="checkbox"/> Physician <input type="checkbox"/> RN <input type="checkbox"/> Health Admin	Are you a: <input type="checkbox"/> Physician <input type="checkbox"/> RN <input type="checkbox"/> Health Admin
<input type="checkbox"/> Other health professional <input type="checkbox"/> Caregiver (not professional)	<input type="checkbox"/> Other health professional <input type="checkbox"/> Caregiver (not professional)
Heart patient? Date of Surgery/Treatment _____	Heart patient? Date of Surgery/Treatment _____
Please enter one date (month/day/year) so we can list your surgiversary on page 2. Don't want to be listed? Check here: <input type="checkbox"/>	Please enter one date (month/day/year) so we can list your surgiversary on page 2. Don't want to be listed? Check here: <input type="checkbox"/>
<input type="checkbox"/> PTCA <input type="checkbox"/> Atrial Septal Defect VALVE:	<input type="checkbox"/> PTCA <input type="checkbox"/> Atrial Septal Defect VALVE:
<input type="checkbox"/> MI <input type="checkbox"/> Pacemaker <input type="checkbox"/> Aortic	<input type="checkbox"/> MI <input type="checkbox"/> Pacemaker <input type="checkbox"/> Aortic
<input type="checkbox"/> Aneurysm <input type="checkbox"/> Transplant <input type="checkbox"/> Mitral	<input type="checkbox"/> Aneurysm <input type="checkbox"/> Transplant <input type="checkbox"/> Mitral
<input type="checkbox"/> Bypass (how many _____) <input type="checkbox"/> Other _____ <input type="checkbox"/> Pulmonary	<input type="checkbox"/> Bypass (how many _____) <input type="checkbox"/> Other _____ <input type="checkbox"/> Pulmonary
<input type="checkbox"/> Tricuspid	<input type="checkbox"/> Tricuspid

Membership Dues: includes national dues and \$5.00 annual chapter dues. National membership includes subscription to *Heartbeat* and one insignia pin for an individual or two for a family membership. Chapter membership includes subscription to *The Jersey Heartbeat*. Dues less \$10.00 are tax deductible.

Annual Dues Payment

	First Year	Renewal*
Individual:	\$ 22.00 <input type="checkbox"/>	\$ 17.00
Family:	\$ 29.00 <input type="checkbox"/>	\$ 22.00

National Life Membership

	First Year	Renewal*
	\$ 155.00 <input type="checkbox"/>	\$ 5.00
	\$ 215.00 <input type="checkbox"/>	\$ 5.00

Dues Summary:

First Year Dues \$ _____ (check one box in table above)
 Contribution \$ _____ (optional—tax deductible)
TOTAL \$ _____ (enter total here).

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

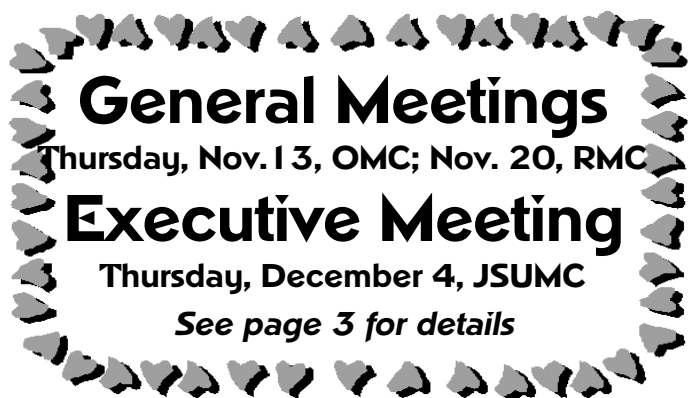
Please write check
 for the TOTAL to:
The Mended Hearts, Inc.

Send to Chapter Treasurer:

Martin B. Brilliant
39 McCampbell Road
Holmdel, NJ 07733-2232

Hearts of Jersey Chapter #179
The Mended Hearts, Inc.
72 Newbury Road
Howell, NJ 07731

First Class Mail



The Mended Hearts

is a support organization consisting of heart patients, their families, health professionals, and other interested persons. The focus of

the organization is members visiting heart patients in hospitals as living examples of survival and recovery.



Not all members visit. Many contribute in other ways. YOU are invited to scan the list of officers and committees and let one of us know how you can help.

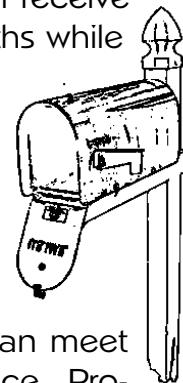
Your Last Issue?

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