Hearts of Jersey Chapter #179 The Mended Hearts, Inc.

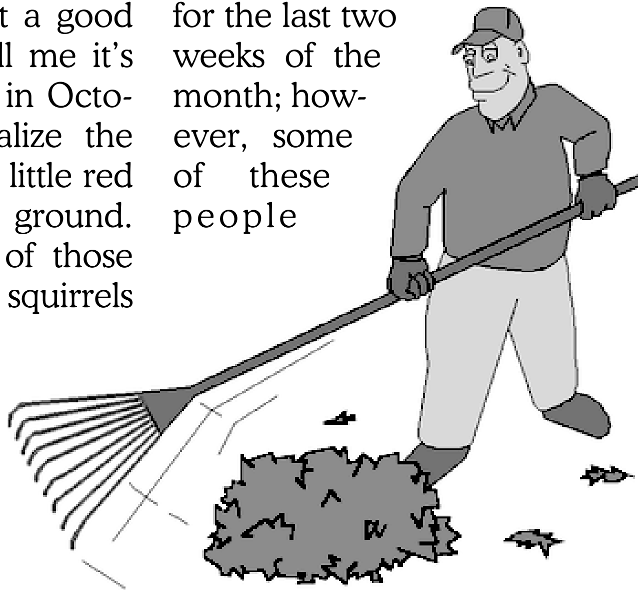
The Jersey Heartbeat

October 2008

Message from the President

I am looking out my window at a tree across the street that has suddenly turned bright red; this is not a good sign. I know, you tell me it's supposed to happen in October but do you realize the next step is for all the little red things to drop to the ground. My backyard is full of those tall things that the squirrels love and I enjoy until October. I wonder why someone doesn't invent a solution that can be injected into the tree that will cause the leaves to evaporate, just disappear into thin air or perhaps cause the leaves to crumble into a powder like material that will be good for the grass. Wishful thinking I suspect, I'd better get the leaf blower out and get ready to go to work.

Of course October means different things to different people. I noticed several houses are decorated to prove to you they believe in Halloween. The ghosts and goblins are very appropriate for the last two weeks of the month; however, some of these people began decorating in September. It kind of takes the spirit out of it for me. Of course, many of these same people will begin their Christmas decorating before Thanksgiving. I am not one of those. Two weeks of a decoration is plenty and then don't overdo it.



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Getting back to those things that fall from the trees I have had pollen allergies for several years. It bothers me when the leaves come out and when they go away. Usually over-the-counter antihistamines are adequate but they put me to sleep. Not bad at night but not good in the early afternoon driving down the highway. I read an article in the Mayo Clinic Healthletter that suggested the allergy may be caused by dust mites. I don't know too much about dust mites except that they're too small to swat. The article pointed out that 98% of the dust mite allergens, the bad things, are inhaled from your bed. In addition to avoiding wool blankets, they suggested

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President's Message

New Members

No new members this month

Birthdays

Name	Date
Daniel M. Savino	Oct 8
Frank Montalvo	Oct 11
Kathleen Roache	Oct 19
Edward Beckenstein	Oct 21
Bruce R. Braender, Sr.	Oct 24
Harry Breckenridge	Oct 28
Walter H. Perkins	Oct 29

Surgiversaries

Name	Date
John E. Mack	Oct 1
Martin Rosen	Oct 1
Allan N. Zucker	Oct 3
Emidio A. Caruso	Oct 7
Arnold Lomita	Oct 8
William N. Germinario	Oct 9
John L. Mauro	Oct 11
Michael Gergel, Jr.	Oct 18
Ron Fiala	Oct 23
Matthew M. Klug	Oct 23

Visiting

September 2008:
147 patients and
69 family members
visited

- *If you want to be listed here*
- *If you want to specify a surgiversary date*
- *If you do not want to be listed*

Please contact the Treasurer.

***Note**: new members are listed only if they say they want to be.*

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you wash your bedcovers in hot water every other week and mentioned vacuuming regularly with a micro filter bag on your vacuum cleaner. I'm not sure I'm going to try all these ideas but the article closed by telling me that it's also a good time to change the furnace filter. Now there is something I can do.

You probably have seen the notice about changes in the TV broadcast industry. All stations must convert to broadcasting digital signals. Very confusing if you don't know what they're talking about but if you have a cable box or dish network connected to your TV you don't have a problem. If you're simply attached to the cable, (no box), or get your TV off air with an antenna, you have a problem. You will need a converter box by February 17, 2009. Free TV will be a little less free but once you attach the box, it will convert the new digital signals so that your analog television will understand and give you a picture. The converter boxes cost between $50 and $70, and are available now at Wal-Mart, Radio Shack and others. The government, in its infinite wisdom will help you buy this box with

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Mended Hearts Chapter # 179

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Frances Grubb
732-462-9750

Visiting and Visitor Training
Leonard Talalai
732-935-9825

General Meeting

Thursday, October 23
12:00 noon

Speaker and topic

to be announced

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

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
and
Riverview Medical Center, Red Bank

Executive Meeting

First Thursday
November 6, 1:30 PM

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

Interested members are invited to attend

Heart borders on this page from IMSI MasterClips CD © 1997 IMSI

Graphic © Pages Editorial Service, Inc.

Celebration of the Heart

December 11, 5:00 pm to 9:00 pm
dinner, entertainment, door prizes
If you have any items you can contribute as door prizes, call Len Talalai, 732-935-9825
Save the date!

Help!

If you're a chapter member you may have noticed that you didn't get a postcard announcing the July meetings. Len Talalai, who also does many other things, does that too, but he was unavailable when that job had to be done. As you can see, we have too few people doing what has to be done. You can help. Contact chapter president Bill Ryan: 732-367-3648, drbillryan86@alum.rpi.edu.

September Meeting, Riverview

Martin Brilliant

Sheila Turkel opened the meeting while Russ Seuffert, photographer for Corporate Communications, watched Dr. Kolakowski set up the computer to project slides.

Dr. Stephen Kolakowski

Photos by Martin Brilliant

As we ate our lunch, Sheila Turkel opened the meeting, issued the usual invitation for attendees to become members and for members to become more active, and announced the Heart Walk on October 5. She then introduced the speaker, vascular surgeon Dr. Stephen Kolakowski, and his topic, PVD: peripheral vascular disease.

Dr. Kolakowski told us he grew up in Neptune, left for school, spent eight years in training in Philadelphia, returned about a year ago, and is glad to be back. He trained in general surgery and then specialized in vascular surgery.

Arteries, he told us, carry oxygenated blood from the heart and fan out to the rest of the body; veins bring blood back to the heart to be reoxygenated. When we're born the arteries are clean little pipes with no blockages; PVD (also called PAD, peripheral artery disease) really means blockages in the arteries.

As Dr. Kolakowski described it, PVD is a lot like the coronary artery disease (CAD) that we know and try to avoid. PVD, CAD, and stroke are all different aspects of *atheroscerosis*, hardening of the arteries. They have similar risk factors, and if you have one of these conditions you're at risk for the others. Like heart disease, PVD develops over many years, narrowing the arteries so they can't supply our legs or hands or brain with all the oxygen and nutrients they need.

Question: When a vein is taken from your leg to bypass a coronary artery, how can you get along without it? *Answer*: the leg has two major veins, the *saphenous vein* and the larger *femoral vein*. Taking out the femoral vein would cause problems, but if the saphenous vein is taken out the femoral vein will take over.

Hardening of the arteries, *atherosclerotic disease*, is caused by the accumulation of plaque in the arteries. Plaque consists of cholesterol, platelets, calcium, a combination of stuff that sticks to the inside of the artery wall and narrows the *lumen*, the space inside the artery that the blood flows through.

After the age of 70, about one in three people will have some peripheral vascular disease. That doesn't mean they all have to be treated, but we have to be aware of it.

Prevention: Dr. Kolakowski says everybody over the age of 50 should be taking low-dose "baby" aspirin to

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September Meeting at Ocean

Carla Jones

Diane JanTausch welcomed us at 11:30—last minute change of meeting room also included no provision for lunch. Not to worry: resourceful Diane managed to get us cheese, crackers, grapes and health bars, as well as soda, water, tea and coffee. Thanks, Diane, for thinking of our growling stomachs.

Congratulations to Mildred Moran, a loyal member, who was selected by her peers at Life Fit, Point Pleasant, as the Fitness Role Model for 2008. Mildred is ninety-something!

Note: Flu shots will be given at OMC 11:00 am November 19 in Shore Rehab lower level conference rooms. This is a community outreach program and is available to seniors—bring your Medicare card!

Bob Schenk arrived at 11:45 and set up his presentation. He is a clinical pharmacist specialist and helped organize the Meridian Pharmacology Institute.

Bob owned his own pharmacy for 18 years before becoming a consulting pharmacist. This job consists of reviewing charts of patients in health care facilities (such as nursing homes) looking for medication-related problems. Some chronic diseases such as diabetes and heart disease quickly add up the total of medications.

The main thrust of his presentation was medication therapy management. The more medications someone takes the greater the risk of complications. And the risk goes up approximately ten percent for each added medication.

Guest speaker Robert Schenk giving his presentation.

Before this program was developed, the emergency room was getting patients with medication complications. OMC is one of the first in the country to do a community outreach to identify the risks. OMC received funding to support this new program and as a result they recruited a consulting pharmacist.

Patients with multiple chronic diseases and several different doctors can get many different medications. The result can be an "event" that interferes with the health of the patient. The risks can range from harmless to deadly. Twenty-eight percent of hospitalizations of the elderly are due to adverse drug reactions or noncompliance. One-third of seniors have experi-

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Snooping out a drug-related problem can be like a merry-go-round

Photo by Tom VanDyke
edited by Martin Brilliant

September Meeting, Riverview

Editor's note: studies looking at heart disease risk suggest that only patients who already have heart disease should be taking aspirin, because aspirin increases the risk of bleeding and gastrointestinal complications like ulcers. Dr. Kolakowski says everybody over 50 should take aspirin even if they have no sign of disease yet. Does the risk of peripheral vascular disease, combined with the risk of coronary heart disease, outweigh the risks of taking aspirin? We didn't get around to asking him that at the meeting.

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reduce the risk of artery blockages. Everybody over 50 is at risk. Men are more at risk than women, partly because more men smoke than women. That may change over time, but women still have a hormonal advantage.

Some risk factors for atherosclerosis are also risk factor for *aneurysms*. The aorta is the big artery that comes out of the heart and runs down the middle of the chest and belly. Over time the aorta can develop a bulge, called an aneurysm. Once that occurs we have to watch it to make sure it doesn't rupture and bleed. Family history, smoking and high blood pressure are the main risk factors. An aneurysm can be surgically treated, but once it has ruptured the chance of survival is less than ten percent.

Family history, smoking and high blood pressure are also the main risk factors for peripheral vascular disease. Others are high cholesterol, triglycerides (fats carried in the blood, related to cholesterol), homocysteine, overweight (Dr. Kolakowski said Philadelphia, where he got his training, is the fattest city in the world)—these are also the familiar risk factors for coronary artery disease.

The first symptom of PVD is "intermittent claudication," pain in the calf when you walk that goes away when you rest. The arteries are too narrow to supply blood fast enough, and you get cramping, sometimes weakness, tightness, or other symptoms. Typically, every time you walk a certain distance you get the same pain; if you don't, it probably isn't PVD. Over time, the condition can worsen if not treated: the distance you can walk without pain keeps getting shorter.

The next stage of PVD is called "critical limb ischemia." and that's when you're getting pain at rest, and in other parts of the leg. This stage usually requires some kind of intervention. The next stage after that involves ulcers on the feet and toes that don't heal, and you risk losing a toe or a foot. As the disease progresses the skin gets darker and blacker. That's gangrene, and the condition is no longer reversible because the tissue is dead and must be amputated. Unfortunately he still sees people come to his office in that condition.

Diagnosis of PVD starts with a general physical examination, asking the patient a few questions and feeling your arteries.

The next test is the "ankle-brachial index": measure the blood pressure at different levels in the leg, and in the arm, and if the leg readings are much lower that indicates PVD. Another noninvasive test is ultrasound, looking at the arteries, the blood flow in

them and how much plaque is there.

Next could be an angiogram, a minimally invasive test like cardiac catheterization, that can tell exactly where an artery is blocked. A CAT scan or MRA (like an MRI but for arteries) can be useful, and he showed us a couple of images—one showing an aneurysm!

Treatment is, first of all, good health: good diet (to control sugars and cholesterol) and exercise (to control blood pressure and develop collateral circulation). No smoking. Medications for cholesterol and blood pressure can help. Aspirin and Plavix make blood platelets less sticky. Pletal can reduce the symptoms but does not treat the problem.

If intervention is needed, various things can be done with a catheter inserted through a needle puncture in the groin to reach the blocked artery. Angioplasty and stenting involve inflating a balloon inside the artery and expanding a stent in it to keep the artery open—like opening coronary arteries, but the stents are bigger. Cryoplasty involves freezing the artery. Atherectomy consists of scraping away the plaque.

A blocked artery can be bypassed with another blood vessel or a piece of tubing, but this is more invasive and recovery takes much longer. Another approach is *endarterectomy*, often used for the carotid artery that supplies the brain: surgically opening the artery and scooping out the plaque.

The final treatment, if part of the leg has died (that's gangrene) is amputation. It gets the patient healthy again.

Now we know that avoiding peripheral vascular disease is one more reason to live right.

Graphic from IMSI MasterClips CD © 1997 IMSI

President's Message

(Continued from page 2)

a $40 saving coupon. You must call 888-388-2009 or online at www.dtv2009.gov to obtain this card. It will expire three month after issue. Try this simple test, go to the Sci Fi channel (73 in Howell). If you get a picture you should not have a problem. Don't wait until Feb. 16 to try it.

New topic: October meeting. Those of you who remember the June 2007 meeting of Mended Hearts chapter 179 will remember our speaker Dr. Drew Greeley. He was only able to complete part on his topic list. At the time, he promised he would return and give us part two. That time has arrived. He spoke about things like crazy glue for suturing, heart lung machine, pacemaker technology, atrial fibrillation and his starting out as an electrical engineering graduate of Notre Dame University. Paul Harvey will not be at our meeting but Dr. Greeley is coming back to give you "the rest of the story." Mark your calendar and note the time. Don't forget to call the 800-number listed on page 3.

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

Editor's note: just before press time we learned that Dr. Greeley will not be available, and a search began for another speaker for this month's meeting. We hope Dr. Greeley can come to a future meeting.

Heart News and Notes

Martin Brilliant

Is Chocolate the New Alcohol?

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

Moderate alcohol consumption, about two drinks a day, no more, no less, has been associated with better health outcomes, especially less heart disease. A recent study helps explain why. It found that when heart attacks are induced in rats, a toxic byproduct is produced that is neutralized by an enzyme called aldehyde dehydrogenase 2 (ALDH2). This enzyme is already known to eliminate a toxic byproduct of the breakdown of alcohol in your body. Moderate drinkers apparently have more ALDH2. The same study also identified a "small molecule" that enhances the activity of ALDH2.

Chocolate was the subject of another study published last month. Researchers asked people how much dark chocolate they ate and measured the CRP (C-reactive protein) in their blood. People who ate one 20-gram serving every three days, about half a bar a week, no more, no less, had the least CRP. Note that CRP is a marker of inflammation and a predictor of heart disease but is not itself a health outcome.

Results of this study do not apply to milk chocolate. Milk chocolate was not considered because milk is known to interfere with the absorption of polyphenols.

Blood Tests: Is It an MI?

Information from theheart.org and medicalnewstoday.com

Let's say you arrive at the emergency room with a suspected heart attack. Two questions have to be answered: are you losing heart muscle, and do you have an obstructed coronary artery?

A recent press release from the European Society of Cardiology points out some of the difficulties. The only sure indication that heart muscle is breaking down is the presence of troponins in the blood; other enzymes can come from other sources. But troponins take three to four hours to become detectable, and you don't want to wait that long to treat a heart attack. Another problem is that there is no sure test for coronary obstruction.

Help for the first question is on the way. *Hypertrophic cardiomyopathy* is a condition in which the septum between the left and right ventricles becomes so thickened as to obstruct blood flow. It can be treated with a procedure called septal ablation, which destroys the excess tissue, releasing into the blood the same enzymes as when heart tissue is destroyed in a heart attack.

In a study released online before publication in the October *Journal of Clinical Investigation*, blood samples were taken from 36 patients before and after septal ablation. Using mass spectrometry, researchers sifted through many substances and identified four that look promising as markers of heart attack. Their hope is that this can eventually lead to a technique that can confirm the occurrence of a heart attack in as little as ten minutes.

Omega-3 Better Than Statins for CHF Survival

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

Paired trials in a study called GISSI-HF compared PUFA (polyunsaturated fatty acids) and a statin against placebo for heart failure patients getting otherwise standard treatment. Both were randomized trials, the "gold standard" of medical research.

After nearly four years of treatment, the capsule improved survival slightly; the statin didn't help at all. In one trial, patients given a daily capsule containing one gram of omega-3 fatty acids had 9 percent lower mortality than the control group. In the other trial, patients who got 10 mg of rosuvastatin (Crestor) daily had no improvement in survival. Apparently statins do not address the risks faced by patients with heart failure—and statins cost more than fish oil.

An earlier study by the same group showed a substantial survival advantage for heart attack patients taking omega-3 fatty acids.

Low Tech Assessment of Heart Failure

Information from medpagetoday.com and medicalnewstoday.com

Patient history and a physical examination are as good as an invasive right-heart catheterization via the pulmonary artery for estimating how well a heart failure patient is doing, according to a report of the ESCAPE study published last month.

Of 388 patients who got a low-tech assessment, about half also had a right-heart catheterization. The invasive exam did not give a better assessment of outcome over the next six months. It also verified the estimates of fluid accumulation from the low-tech exam.

One reviewer warned that this was a controlled study and might not correspond to actual practice. The lead author in fact noted that physicians might need to become more adept at performing histories and physicals.

Blood Sugar Is Bad for CHF Patients

Information from cardiology.jwatch.org, archinte.ama-assn.org, and general info on HbA_{1c} from medicinenet.com

We've been told at our meetings that glycosylated hemoglobin, also called hemoglobin A1c or HbA_{1c}, is a good measure of blood sugar control for diabetics. Glucose attaches to hemoglobin gradually, so the amount of HbA_{1c} in the blood shows the level of blood glucose over the past two or three months.

Studies have observed, even in patients without diabetes, that higher levels of HbA_{1c} consistently predict greater likelihood of cardiovascular (CV) events. An analysis of data from the CHARM study, published last month in *Archives of Internal Medicine*, shows that this is true for patients with heart failure.

Among 2412 CHF patients (907 with prior diabetes), with HbA_{1c} levels ranging from below 5.8 percent to over 8.6 percent, each 1 percent increase in HbA_{1c} was associated with about a 25 percent increase in total mortality, CV mortality, and hospitalization for worsened heart failure.

September Meeting at Ocean

(Continued from page 5)

enced drug-related problems. Medication complications cause 106,000 deaths annually.

Reasons most likely to cause problems:

- adding a new drug
- changing the dosage of a drug
- stopping a drug
- food interactions
- alcohol or illicit drugs
- multiple sedating drugs
- taking over-the-counter drugs or herbs without telling the doctor or pharmacist

Problems or reactions can occur at any time. Side effects—read the inserts!!—can include, among a very long list:

confusion, depression, delirium, Parkinson's-like symptoms, incontinence, weakness or lethargy, loss of appetite, falls, changes in speech....

Sometimes discovering the cause of a symptom can be like a merry-go-round. Start with a complaint. Go to a doctor. Get more medications, which don't work. Get referred to a specialist for tests, scans, and more meds, which may help but don't resolve the original complaint. Now the consulting pharmacist works his way backward through it all and eventually finds the culprit, which may be the first drug prescribed for the original complaint.

The risk of developing medication-related problems can increase with age. Body changes (perhaps in the kidneys or liver) can alter the natural elimination of the drug. You are likely to be taking more drugs. And ailments like arthritis and poor vision can cause trouble taking drugs.

Who watches over us? Your pharmacist—but there are fewer of them, with more techs and more prescriptions filled through mail-order. Next, your primary care doctor.

Avoiding medication-related problems:

- Know your meds and why you take them.
- Keep an up-to-date list of meds.
- Take your list to *all* your doctors.
- Talk to your doctor and pharmacist about your meds.
- Use one pharmacy.
- Take medications as directed.
- Know your body—you are the best judge.
- Consult with a senior-care pharmacist.

What your pharmacist can do for you:

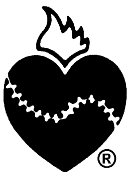
- Assess patient drug regimen.
- Is drug therapy appropriate, effective, safe and used correctly.
- Decide whether a symptom, sign or syndrome is drug-related.
- Advise the correct way to administer the drug.
- Provide guidance to patients and caregivers.

Included in our packet of information was a medication review form. You list your medications and information about them and mail it to the Pharmacology Institute and it will be evaluated free of charge. You can also have a private consultation with the pharmacist.

Bob also deals with diabetic evaluations in which a computer does a complete evaluation of tests, blood work, etc., which can really help to control blood sugar.

Thanks, Bob—this was one of the best presentations we ever had—thorough and to the point, some great stories, direct and complete answers to our questions, and presented with a wonderful sense of humor.

Change of schedule: *the next meeting at Ocean Medical Center will be November 13, 9:30–11:00 am in the Community Room, featuring dietitian Debbie Dobies (Debbie couldn't come on November 20).*



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. The approved form is not appropriate for this chapter, but we are not allowed to modify it, so all we did was put its best features into our own form.

Membership information: (please print or type)

Name (Mr./Mrs./Ms.)_________________ _________________ ______

FOR FAMILY MEMBERSHIP — other member (one only):

(Mr./Mrs./Ms.)_________________ _________________ ______

Address_________________ _________________ _________________

_________________ _________________ _________________

City _______________________________State_______ZIP__________

Phone (   ) _________________________

Alt Phone (   )________________________

Email:__________________________________

Preferred Contact: ☐ Phone ☐ Email ☐ Mail

☐ Would like to visit patients

☐ Help with other activities

Preferred meeting time: ☐ Day ☐ Evening   Place: ☐ JSUMC, Neptune ☐ OMC, Brick ☐ RMC, Red Bank

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

YOURSELF

Date of Birth_________________ Retired ☐ Yes ☐ No

Vocation____

Interests____

Are you a: ☐ Physician ☐ RN ☐ Health Admin

☐ Other health professional ☐ Caregiver (not professional)

Heart patient? Date of Surgery/Treatment_________________

Please enter one date (month/day/year) so we can list your surgiversary on page 2. Don't want to be listed? Check 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 enter one date (month/day/year) so we can list your surgiversary on page 2. Don't want to be listed? Check 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		National Life Membership	
	First Year	Renewal*	First Year	Renewal*
Individual:	$ 22.00 ☐	$ 17.00	$ 155.00 ☐	$ 5.00
Family:	$ 29.00 ☐	$ 22.00	$ 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 three months before the renewal date. National Life Members pay chapter dues annually but will not pay any further national dues.*

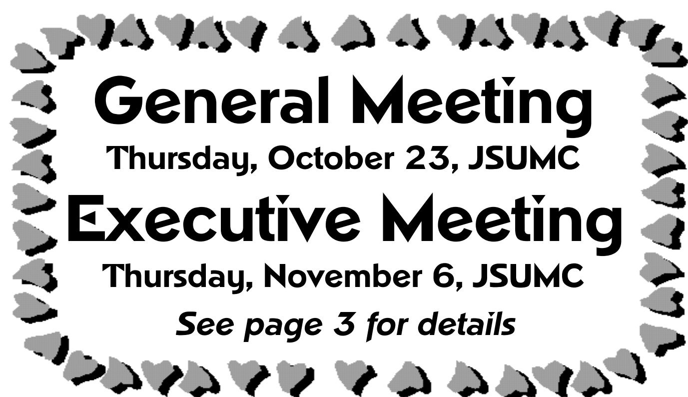
Please write check for the TOTAL to: *The Mended Hearts, Inc.*

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.