

The Mended Hearts, Inc.
Chapter 296 Orlando Florida
www.mendedheartsorlando.org

The Central Beat

Mended Hearts Inc., Chapter 296
Volume Eight, Number One
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A Message from the President



Christmas Party - December 9, 2008

Our chapter Christmas party held at the Heathrow C.C, was a complete success and enjoyed by all who attended. Karen Bloom, our cardiac rehab nurse from Florida Hospital entertained us with Christmas music on the piano accompanied by our musically-talented cardiac singers. Dinner was first class and the festivities included a rousing white-elephant exchange. Special thanks to Mary Stender, Toni Philpott, Corine Weber, Irene Hunter, Claire Jones, and Zulma Meneses who contributed to the party's success.

Next Meeting

January 20, 2009 , Tuesday evening 7:00 PM - 8:30 PM at Lucerne Hospital, Lucerne Terrace, classroom #1

Dr. Javier LaFunte, cardiovascular surgeon, will be talking about the heart transplant program at Orlando Health.

Please have a safe and wonderful holiday season. For your New Year's resolution keep up the DIET, maintain the EXERCISE routine, and preserve a positive ATTITUDE and remember that RECOVERY is a journey. Thank you for supporting this unique organization and IT'S GREAT TO BE ALIVE AND TO HELP OTHERS!

MENDED HEARTS NATIONAL CONVENTION

June 6 – 10, 2009 at the Doubletree Hotel across from Universal Studios. Our chapter will be helping host this event and we will need volunteers for various duties. Please contact Mike Weber or me to be first on the volunteer list. Thank you in advance for your help.

Secretary Wanted

If you have a talent for taking notes and being a member of a vibrant energized group, please call Lee Meneses at 407-677-1064. VIPs to be CSIs

Very Inspirational Persons to be Cardiac Survivor Instructors

Our mission is to provide hope and inspiration to patients on their road to recovery. If you have the compassion and empathy to listen to their concerns and questions and share your own experience WE NEED YOU!!! Contact Mike Weber at 407-682-1172.

If you are not a visitor, you are still very important to our chapter. Every day you are a ROLE MODEL for people who have a cardiac condition by showing that there is LIFE.

Good health to you,

Lee Meneses

A Mended Heart Prayer

We ask for Your blessings, Lord.

We ask for strength that we may pass on to others. .

We ask for faith that we may give hope to others. . .

We ask for health that we may encourage others. . . .

We ask, Lord, for wisdom that we may use all Your gifts well.



There Are Some Big Questions!

The relationship between inflammation and the risk of heart disease and stroke is more than casual. However, researchers have not been able to establish a direct cause and effect. It has been well-established that inflammation is the result of the body's response to injury or an infection. And multiple studies suggest that inflammation is important in atherosclerosis. It has been further established that the level of C-Reactive Protein [CRP] does increase during inflammation. Perhaps CRP is an important marker for heart disease.

An increasing number of studies lend support to the relationship between elevated CRP levels and recurrent cardiovascular disease, stroke and death. High levels of CRP consistently predict recurrent coronary events in patients with unstable angina and acute myocardial infarction.

The cause of low grade inflammation include the usual injurious factors such as smoking, hypertension, atherogenic lipoproteins and hyperglycemia. These factors apparently promote the rise of biochemical reactions involved in the inflammatory process. In conclusion, researchers connect inflammation to virtually every step in atherogenesis. It is also well-known that bacteria and virus may cause of inflammation.

The highly sensitive CRP assay may predict heart disease risk. Accordingly, researchers suggest that persistent and unexplained high levels of hs-CRP [10mg/L] should be evaluated with regard to the possible presence of heart disease. For most healthy adults the hs-CRP Assay is normally less than 3 mg/L. Persistently high sensitive CRP levels above 3 mg/L may indicate the presence of other infectious diseases—including cancer and autoimmune disease. *W. Hunter*

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Cats Help Shield Owners from Heart Attacks



Feb. 22 (HealthDay News) --Whether it's a frisky kitten or a tubby tabby, a cat at home could cut your heart attack risk by almost a third, a new study suggests. The finding, from a 10-year study of more than 4,300 Americans, suggests that **the stress relief pets provide humans is heart-healthy.** And dog lovers shouldn't feel left out: Although the study found no such benefit from "man's best friend," that's probably because there simply weren't enough dog owners in the study to draw firm conclusions, the researchers said. "For years we have known that psychological stress and anxiety are related to cardiovascular events, particularly heart attacks," noted study senior author Dr. Adnan Qureshi, executive director of the Minnesota Stroke Institute at the University of Minnesota in Minneapolis. According to Qureshi, the new research shows that "essentially there is a benefit in relieving those inciting factors from pets." He was slated to present the findings at the American Stroke Association's International Stroke Conference in New Orleans.

The stress-cardiovascular disease link is well-documented in scientific literature, and the affection and pleasure pets give humans is a known stress-buster. In fact, one study presented in 2005 at an American Heart Association meeting found that a single 12-minute visit with a dog improved the heart and lung function of people with heart failure. In the new study, Qureshi's team analyzed data on 4,435 Americans, aged 30 to 75, who took part in the federal government's second National Health and Nutrition Examination Study, which ran from 1976-1980. According to the data in the survey, 2,435 of the participants either owned a cat or had owned a cat in the past, while the remaining 2,000 had never done so. Qureshi's team then rates from death from all causes, including heart and stroke. Cat owners "appeared to have a lower rate of dying from heart attacks" over 10 years of follow-up compared to feline-free folk, Qureshi said. The magnitude of the effect -- **a 30% reduction in heart attack risk** -- "was a little bit surprising," he added. "We certainly expected an effect, because we thought that there was a biologically plausible mechanism at work. But the magnitude of the effect was hard to predict."

Researchers believe pet ownership should be perceived as a low-cost, low-risk medical intervention that can potentially save or extend lives, especially for the elderly.

SOURCES: Adnan Qureshi, M.D., executive director, Minnesota Stroke Initiative, university of Minnesota, Minneapolis; Kathie Cole, RN, clinical nurse, UCLA Medical Center/School of Nursing, Los Angeles; presentation, Feb.21, 2008, ASA International Stroke Conference, New Orleans

Are Calcium Scans Useful in Diagnosis and Treatment of Coronary Artery Disease?

In coronary artery disease (CAD), atherosclerosis causes the smooth, elastic lining of the coronary arteries to become hardened, stiffened and swollen because of "plaques," which are deposits of calcium, fats and abnormal inflammatory cells. Among other things, this means that if you have calcium deposits in your coronary arteries, you have at least some CAD. For many years, doctors have known that certain sophisticated computerized tomography (CT) scans can detect and measure coronary artery calcium deposits. (The names given to the various kinds of cardiac CT scans can be confusing, but any CT scan used to measure coronary artery calcium is usually referred to simply as a "calcium scan.")

How are calcium scans done?

Having a calcium scans is very much like having any x-ray. You will lie on an x-ray table, wires will be attached to your chest to record an ECG and the table will slide in to the scanner. You will be asked to hold your breath for a minute or so, so that a clear image can be obtained. The resulting computerized x-ray image will be examined for the telltale "white spots" that indicate calcium deposits in the coronary arteries, and the amount of calcium will be quantified into a score.

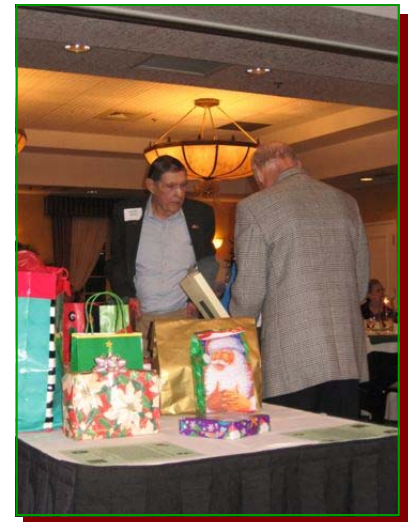
The calcium score

The amount of calcium present in the coronary arteries is scored according to the Agatston scale, as follows:

- 0 - no identifiable disease
- 1 to 99 - mild disease
- 100 to 399 - moderate disease

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Christmas Party



2008

(Continued from p. 3 (Calcium Scans))

- 400 or higher - severe disease

How are calcium scans used?

There has been a lot of controversy about who should have calcium scans and how the results should be used. The controversy arose largely because, originally, doctors tended to use these scans to screen patients for obstructive CAD; that is, for partial blockages in the coronary arteries that may need to be treated by stenting. It turns out, though, that calcium scans are not particularly good for this purpose. Many patients who have high calcium scores, while they, indeed, have a lot of CAD, do not have significant blockages. So early on, calcium scans led many patients to have unnecessary cardiac catheterizations, and when the catheterizations showed no significant blockages, the calcium scans were (wrongly) considered to have been "false positives." Today, doctors realize that the chief benefit of calcium scans is not to find specific areas of blockage, but to instead identify whether or not a patient has CAD, and if so, to estimate its severity. This information can be very useful in deciding how aggressive to be in pursuing risk factor modification.

What are the risks to the calcium scan?

The only risk to a calcium scan is the exposure to radiation, which occurs with any x-ray test. The amount of radiation a person receives with a calcium scan varies quite a bit depending on the equipment used, and before you agree to the test, you should ask the lab how much radiation exposure you will get in that facility. A reasonable amount of radiation with a calcium scan is 2 to 3 mSv (millisievert), which is equivalent to about 8 to 12 months of naturally occurring radiation.

Who should have calcium scans?

The usefulness of calcium scans largely depends on your level of risk for CAD. People in the low risk category have such a low probability of having a positive scan that it is currently recommended that they not have calcium scanning.

People in the high risk category have such a high probability of having a positive calcium scan that very little is gained by actually doing the scan.

It is people in the intermediate risk category who can benefit from calcium scans. These individuals often are apparently quite healthy, except for two or three risk factors that may be only "borderline" abnormal. Deciding whether to engage in aggressive lifestyle changes or to take statins or aspirin prophylactically can be difficult for such individuals. Here, a calcium scan can be quite helpful. If the calcium score is moderate or high, then active CAD is already present and these people should consider themselves to be at high (and not intermediate) risk for heart attacks. Aggressive steps for risk factor modification should be taken, often including statins and aspirin. On the other hand, if the calcium score is low, then little or no CAD is likely to be present and less aggressive risk factor modification (such as improving lifestyle choices) would be reasonable.

The bottom line, as with any test, is that if the results of the calcium scan could be helpful in guiding your treatment or your behavior, then it is good idea to consider having this test. Otherwise, pass it up.

~By Richard N. Fogoros M.D.
About.com., November 11, 2008



THE MENDED HEARTS, INC.

Cardiac Support Group

Chapter 296

Please join us at our monthly meeting and be part of this self-help organization for those who have had any heart problems.

January 20, 2009

Tuesday evening 7:00 PM – 8:30 PM

Orlando Regional Lucerne Hospital, Lucerne Terrace, Classroom #1— Orlando, Florida 32804

Dr. Javier La Funte, Cardiovascular Surgeon

Dr. La Funte specializes in heart transplant surgery, and using the newer minimally invasive techniques and robotics in surgery. He will be talking to us about the heart transplant program that he is developing at Orlando Health.

Directions: From Downtown – heading south on Orange Ave., turn right (west) onto Gore St. Continue on Gore for 2 blocks. Turn right onto Lucerne Terrace. Use parking lot on right hand side of Lucerne Terrace. You can park close to the building.

Directions: From I-4 heading west - Go to Anderson St. exit, turn right on Anderson, go to Division Street, turn left, go to Gore St., turn left, go to Lucerne Terrace (not at light) turn left onto Lucerne Terrace. Turn right into parking lot.

Enter the building through the doors under the Red-Maroon Canopy. Follow signs to Classroom # 1.



Due to possible changes for future meetings **call** the contact person or check our local web site listed below to be assured that no change has occurred before coming to any meeting.

Call the National Organization to locate a chapter near you if you don't live in the Central Florida area.

1-800-AHA-USA1

<http://www.mendedhearts.org>

Our local web address is www.mendedheartsorlando.org

February 2009 meeting – Contact Eileen Krause – 407-303-1526

January 2009 meeting - Contact Joanna Gerry 321-843-1093