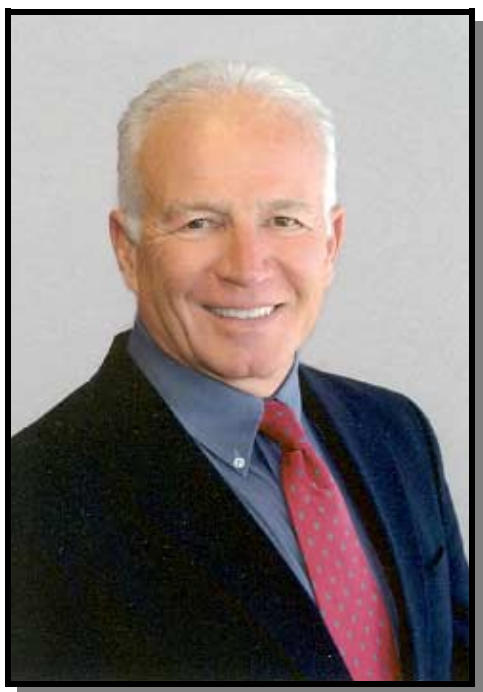


National Heart Month



February is National Heart month national wide.

To acknowledge the months events we are extremely pleased to have one of the most renowned surgeons in the Southwest, Dr Dwight Lundell M.D. to be our guest speaker.

Dr. Lundell will be discussing **“SURGICAL TREATMENT of ATRIAL FIBRILLATION”**. This is a must attend meeting, so make your plans early so you may learn from this outstanding presentation.

Dr. Lundell practices Cardiac, Thoracic and Vascular Surgery with offices in Banner Baywood Hospital, 5th floor.

You are cordially invited to the NEXT Chapter 297 meeting of MENDED HEARTS at the Banner Baywood HEART HOSPITAL on **Wednesday the 18th at 7PM, bring a Friend!**

WHO: All heart patients, families, friends, interested persons

WHAT: MENDED HEARTS Monthly Meeting

WHEN: *Wednesday 7:00 PM* *February 18, 2004*
Snacks begin at 6:30PM come early for a good seat

WHERE: Banner Baywood Heart Hospital
 (4th Floor Primrose Room)
 6750 E. Baywood,. Mesa

(Visit Our Website at www.mendedhearts.info)

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Dedicated to inspiring hope in heart disease patients and their families.

**The Mended Hearts
EAST VALLEY
Chapter #297
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**The MENDED HEARTS , Inc
EAST VALLEY CHAPTER**

**FOUNDED February 2001 by
Dr. Edward Perlstein, M.D.**



The President's Message



It does happen!

Our speaker for last month had an extreme emergency minutes before the meeting, so was unable to attend and give us one of his much heralded talks. Dr. David Hoffman PhD was sorry he could not make it but has rescheduled for a upcoming meeting.

The American Heart Association sponsored a special event on February 6, by calling attention to women and Heart disease. They had national promotion in the media and asked all women to wear red on February 6th to make everyone aware of the special needs of women when it comes to heart problems. I sure hope everyone got the message. We gave out special pins for women to wear at our last meeting.

As most you of know, February is National Heart month and this is the time we have our largest meeting of the year.

What ever your plans this month on the 18th, make sure you include our regular meeting, the special guest speaker is the renowned surgeon, Dr. Dwight Lundell. His topic will be "SURGICAL TREATMENT OF ATRIAL FIBRILLATION". Remember what I always say, "knowledge is power", well now is the time for you to come and hear about techniques used by one of the top surgeons in the southwest.

We are expecting a very large attendance, so make your plans now and get there early so you can have a good seat.

See you at the meeting.

Bob Switzer

It's Great to be Alive and to Help Others.

Accredited Hospital Visitors

BANNER BAYWOOD HEART HOSPITAL
ACCREDITED PATIENT VISITORS who offer
hope and encouragement:

- | | |
|-------------------|-----------------|
| Gloria Brinton | Paul Hebert |
| Harold Carr | Sharon Knight |
| Ron Cooley | Ed Matlock |
| Mike Darr | Dorothy Matlock |
| Lorraine' Dickson | Bernice Nagel |
| Carol Easley | Adeline Opheen |
| Jack Fisher | Edna Perry |
| Virginia Gasey | Greg Pasternak |
| Tony Guido | Bob Switzer |
| Harry Gustafson | Tommy Thompson |
| Betty Hebert | Arlene Weber |
| Bob Larsh | Jim Weber |
| Mary Haggberg | |



American Heart Association
Fighting Heart Disease and Stroke
We thank the American Heart Association
for their help, support and
printing of our Newsletter

February Mendiversey

- Elaine Aney
Harold Levine
Ed Matlock
Margaret Weesling**

February Birthdays

- Wilfred Crabb
Susan Anne Jensen**



Chapter 297 had a fun time
for Christmas 2003

Blood Pressure Meds: Pricy Isn't Better Older Drugs Equally Effective for Initial High Blood Pressure Treatment

By [Jeanie Lerche Davis](#)
WebMD Medical News

Doctors favor the pricey high blood pressure drugs -- despite evidence that less-expensive drugs are equally effective.

Beta-blockers and diuretics are inexpensive, effective, and well-tolerated drugs for high blood pressure. In fact, they are recommended as first-line treatment by the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure, writes researcher Peter A. Ubel, MD, with the VA Ann Arbor Healthcare System.

His study appears in the current issue of the *Journal of General Internal Medicine*.

Numerous studies show that these older drugs are just as effective as newer, more expensive ones such as ACE inhibitors and calcium channel blockers, he explains.

"Yet the use of beta-blockers and diuretics has declined steadily in the past 15 years in favor of these newer and more expensive medicines," writes Ubel.

What's Going On?

Doctors may be less inclined to prescribe older drugs because they believe -- contrary to published reports -- that the older medications are either less effective or less tolerated than newer, more expensive medications for high blood pressure, Ubel says. Also, doctors may be prescribing the newer drugs because drug company heavily promote these newer drugs and this may influence how people perceive these new medications -- and because they provide free drug samples, he explains.

Ubel surveyed 647 primary care doctors in 1997 and 2000. Each doctor was given a hypothetical case of a patient who's medical history included only hypertension, then asked what drug he or she would initially prescribe for high blood pressure. Doctors were asked about factors that affected their drug choices, such as side effects, stroke or heart attack prevention, or

availability of free samples. Also, Ubel asked if they ever provided patients with free sample medications.

He found that their prescription practices did not change much over the three-year period, nor did the advice they gave their patients.

Overall, doctors favored newer, more expensive drugs, such as ACE inhibitors and calcium channel blockers, over the older drugs, reports Ubel:

- 1 **Most effective drug:** Physicians perceived diuretics as being less effective at lowering blood pressure than other drug choices. The majority of doctors surveyed choose newer more expensive drugs, such as beta-blockers or ACE inhibitors, as being more effective.
- 2 **Drug with most side effects:** Here more physicians chose older medications as being less tolerable than newer ones. In fact, according to the authors, ACE inhibitors tend to have more side effects than diuretics or beta-blockers.
- 3 **Drug most preferred as initial therapy:** Most physicians surveyed chose newer more expensive drugs over older less expensive ones.

Most doctors "believed that diuretics were less effective and beta-blockers were less tolerated than other medications," writes Ubel. Moreover, the drugs they prescribed were directly related to free samples from pharmaceutical companies, he explains. Overall, 86% of doctors said they offered samples to their patients. Those who recommended beta-blockers or diuretics were significantly less likely to offer free samples -- probably because samples of these less-expensive drugs are not available, Ubel says.

With so many high blood pressure drugs available, small differences may be all it takes for doctors to favor one drug over another, he concludes.

Moderate-Fat Diet Beats Low-Fat Diet

By Daniel DeNoon
WebMD Medical News

Study: Moderate-Fat Diet Reduces Heart Risks More Than Low-Fat Diet

Good news for dieters: A little fat in the diet isn't so bad.

A little *unsaturated* fat, that is. So don't upsize those fries just yet. Better still, have a salad: And yes, you can put a little salad oil on it.

The findings come from University of Buffalo researcher Christine L. Pelkman, PhD, and colleagues. Pelkman's team put 53 healthy, but overweight or obese, men and women on a six-week weight-loss diet, followed by a four-week weight-maintenance period.

Half the subjects got a low-fat diet, meaning that only 18% of their total calories could come from fat. The other half got a moderate-fat diet, with 33% calories from fat. Both groups got the same number of calories.

The average person in each group lost about 15 pounds during the first six weeks of the study. And both groups lowered their levels of bad LDL cholesterol.

But those in the low-fat group had a drop in their good HDL cholesterol levels at the end of the 10-week study. And during the weight-maintenance period, the low-fat group had a rise in triglyceride levels. The moderate-fat dieters maintained their good HDL cholesterol levels and did not have a rise in triglycerides.

"These results show that although weight loss does improve the lipid profile, a moderate-fat weight-loss diet reduces risk more than a low-fat weight-loss diet," Pelkman said in a news release. "Dieters don't need to cut out all the fat to improve their risk profile."

Many of the unsaturated fats eaten by the moderate-fat dieters came from peanuts and peanut butter.

Why? Well, when eaten in recommended portions, peanuts *are* good for you. And the Peanut Institute helped pay for the study.

The findings appear in the February issue of the *American Journal of Clinical Nutrition*.

Protecting Women's Hearts Gets Personal

New Guidelines Issued for Preventing Heart Disease and Stroke in Women

Protecting women from their No. 1 killer is about to get personal.

New guidelines issued today by the American Heart Association (AHA) and endorsed by more than 30 other organizations call for women and their doctors to adopt a more personal approach to reducing their risk of heart disease and stroke.

"Less than 50% of women recognize that heart disease is their leading killer," says Lori Mosca, MD, MPH, PhD, director of preventive cardiology at New York-Presbyterian Hospital/Columbia University Medical Center in New York City and chairwoman of the collaborative group that compiled the guidelines. "The first step to reducing risk is to know that you are at risk."

According to the AHA, heart disease claims the lives of nearly 500,000 women in the U.S. each year, which is more than the next seven leading causes of death combined, including cancer.

Mosca presented the guidelines as well as the results of a 2003 survey of women's awareness about heart disease at a news conference today in New York. The complete guidelines and survey results appear in the current issue of *Circulation: Journal of the American Heart Association*.

Women's Risks Determine Treatment

Rather than using a one-size-fits-all approach to preventing heart disease in women, the guidelines link the aggressiveness of treatment to whether a woman has a low, intermediate, or high risk of having a heart attack in the next 10 years, based on a standardized heart risk scoring method developed by the

Framingham Heart Study.

Risk is based on several factors, including:

- 1 Age
- 2 Smoking status
- 3 Cholesterol levels
- 4 Blood pressure

Low-risk women are defined as those who have a less than 10% chance of having a heart attack within the next 10 years. Intermediate risk women have a 10%-20% chance, and high-risk women have a 20% or higher chance.

Women who have had a heart attack, have diabetes, or have other vascular diseases are also considered high risk.

Once a woman's risk is determined by her health care provider, researchers say that risk level should help define her best personal strategy for heart disease prevention.

Women are encouraged to adopt lifestyle factors known to reduce the risk of heart disease, such as smoking cessation; regular physical activity of at least 30 minutes several times per week; a heart-healthy diet that includes plenty of fruits, vegetables, and whole grains and limits saturated fats; and maintaining a healthy weight.

In addition, the guidelines also advise against using hormone therapy or antioxidant vitamin supplements for heart disease prevention in women at any level of risk due to a lack of research supporting their effectiveness in heart disease prevention.

But beyond that, the recommended strategy varies according to the woman's personal risk of heart disease. For example, aspirin therapy is recommended for prevention in all high-risk women but is not recommended for low-risk women due to the risk of potential side effects. In particular, the guidelines call for the following treatments at each level:

- 1 **High-risk:** ACE inhibitors, beta-blockers, and statins for all, even if their "bad" LDL cholesterol levels are below 100. Niacin and

fibrate therapies are recommended if there are specific cholesterol issues such as a low level of "good" HDL cholesterol or high triglycerides. Women with existing heart disease should also be evaluated for depression and treated when necessary. Aspirin therapy is recommended. Supplementation with omega-3 fatty acids and folic acid may also be considered.

- 2 **Intermediate-risk:** Aspirin therapy can be considered as long as blood pressure is controlled and the benefit is likely to outweigh the risks of side effects such as gastrointestinal bleeding or hemorrhagic stroke.
- 3 **Any level of risk:** Blood pressure lowering-drugs are recommended when blood pressure is greater than 140/90. Women with diabetes should have their blood sugar carefully controlled.

Women Still Don't Know Their Risks

The results of the American Heart Association's latest nationwide survey of women's attitudes about heart disease show there's a gap between what women know about heart disease risk factors in general and what they do about their own.

For example, 90%-100% of those surveyed recognized that exercise, losing weight, quitting smoking, avoiding foods high in cholesterol, and reducing salt intake can reduce the risk of heart disease. But 70% did not know their own cholesterol levels, either the "bad" low-density lipoprotein (LDL) or "good" high-density lipoprotein (HDL) levels that make up a person's cholesterol profile.

"What we are telling women is that you must know your individual risk," says Nanette K. Wenger, MD, professor of medicine in the department of cardiology at Emory University in Atlanta, who also spoke at the briefing. "Know your numbers because these are factors that can save your life."

Researchers say the risks associated with uncontrolled cholesterol, blood pressure, and other risk factors increase with age, but the benefits of treatment are almost immediately apparent for every age group, including older women.



THE MENDED HEARTS, INC.
East Valley Chapter
Membership Application



(PLEASE PRINT)

- Having experienced heart trauma or surgery, I wish to apply as an active member.
- As an interested person, I wish to apply as an associate member.
- I'd like to TRANSFER my membership from another Chapter.

CHECK ONE:

- Individual Membership (One member - 1 lapel pin)
- Family Membership (Two or more family members - 2 lapel pins)

Date _____

Mr. _____ E-Mail Address _____

Mrs. _____ Home Phone _____

Miss _____ Date of Birth _____

Street _____ City _____ State _____ Zip _____

My Profession has been _____

Hospital _____ Surgeon _____

Date of operation _____

Type of surgery or trauma _____

My hobbies & interests _____

Name of spouse (if Family Membership) _____ Date of Birth _____

I want to use my talents and skill to help out at Mended Hearts Yes

I would like to help with:

- Visiting Hospital Patients
- Chairing a committee
- Serving on a committee
- Word Processing - Data Entry
- Telephoning
- I need a ride, I do not drive.
- Coordinating Special Events
- Driving others to meeting
- Any activities
- Fundraising
- Volunteering at Lutheran Heart Hospital
- Help with Newsletter

Check Box below: (As you join our Local Chapter, you become a National Member also)

	Individual	Family
NEW Member National and Chapter Dues	<input type="checkbox"/> \$ 27.00 (1 Pin)	<input type="checkbox"/> \$ 39.00 (2 Pins)
RENEWAL Annual National and Chapter Dues	<input type="checkbox"/> \$ 22.00	<input type="checkbox"/> \$ 32.00
LIFETIME NATIONAL MEMBERSHIP** - One time only	<input type="checkbox"/> \$150.00	<input type="checkbox"/> \$210.00
** (Lifetime members continue to pay annual Chapter Dues)	<input type="checkbox"/> \$ 10.00	<input type="checkbox"/> \$ 15.00
I wish to donate to defray Newsletter Expense	<input type="checkbox"/> \$ _____	

If you are interested in joining Mended Hearts Inc., send this application with check to:

The Mended Hearts, Inc.
Mr. Robert Switzer
1515 East Beacon Drive
Gilbert, Arizona 85234
Telephone 480-497-4552
Dues, Donations & Memorials are Tax Deductible, IRS 501 (c) (3)

The Mended Hearts, Inc.
an affiliate of the
American Heart
AssociationSM
*Fighting Heart Disease
and Stroke*



American Heart
AssociationSM
*Fighting Heart Disease
and Stroke*
Southwest Affiliate - 2929 S. 48th Street
Tempe, Arizona - 602-414-5353



**TO OUR NEWLY
MENDEDED HEARTS**

You will receive a copy of the **DESERT HEARTS** Newsletter for three issues. This is our way of keeping in touch while you continue to recover. We hope that you received both comfort and encouragement from our Mended Heart visitor during your hospital stay. While we are not professionals in the field of medicine, our visitors are special people because they take time from their personal lives to help others.

As you become active again, we invite you and your family or friends to attend our meetings and programs which are informative and of interest to heart patients and guests. We are always willing to offer you support. We hope you will return and be a part of our organization so that you too can share the meaning of our motto, *"It's great to be alive and to help others!"*

THE MENDEDED HEARTS, INC.

Your membership makes possible the programs of Mended Hearts East Valley Chapter and their help, support, and encouragement to heart disease patients and their families.

To visit, with physician approval, and to offer encouragement to heart disease patients and their families.

To distribute information of specific educational value to members of the Mended Hearts, Inc., and to heart disease patients and their families.

To establish and maintain a program of assistance to physicians, nurses, medical professionals, and health organizations in their work with heart disease.

To cooperate with other organizations in education and research activities pertaining to heart disease.

To establish and assist heart disease rehabilitation programs for members and their families.

To plan and conduct suitable programs of social and educational interest for members, and for heart disease patients and their families.



The Mended Hearts, Inc.
Phoenix East Valley Chapter #297
c/o Banner Baywood Heart Hospital
6750 E. Baywood Avenue
Mesa, Arizona 85206

MALL WALKING CONTINUES.....

MON - WED - FRI 9am

At Superstition Mall - Power Road and I-60 (We meet on the second floor in the Food Court and start out from there)

Just show up and Join Us!
WEAR YOUR MH TEESHIRT!
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WANT TO OFFER A RIDE?

Call Carol Easley 480-357-9638



WEBSITE - www.mendedhearts.info