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Chapter #297  
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**The MENDED HEARTS, Inc  
MESA CHAPTER #297**

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

**Downside to Cholesterol-Cutting Herbal Drug**

Gugulipid has been shown to lower cholesterol but now appears to have some unwanted side effects. Researchers say the over-the-counter herbal drug can break down prescription drugs, such as those used to fight AIDS and cancer.

As a result, researcher Jeff Staudinger, PhD, of the pharmacology and toxicology department at the University of Kansas, and colleagues say people taking prescription medications should use caution when taking gugulipid.

The extracts are steroid-like compounds derived from the myrrh tree. Gugulipid has been used in traditional Indian medicine, called Ayurveda, for nearly 3,000 years. These supplements have been shown to lower cholesterol, stimulate the thyroid, and work as a blood thinner.

But gugulipid apparently doesn't interact well with some modern-day prescription drugs.

**Side Effects**

Staudinger's team performed lab experiments with gugulipid bought at a local health food store, as well as a pure version of the herbal drug's active ingredient, guggulsterone.

They tested guggulsterone's effects on cell receptors taken from mouse and human liver cells.

The researchers already knew that guggulsterone decreases activity at a cell receptor called FXR, which triggers a cholesterol-lowering process.

Guggulsterone also affects other cell receptors, Staudinger's team learned.

They found that guggulsterone stimulates a cell's drug metabolism machinery -- enzymes that break down prescription medicines. This action of the herbal supplement would affect medications such as the AIDS drug AZT, anticancer agents, and cholesterol-lowering statins, according to a news release.

In addition, guggulsterone stimulates two other cell receptors: one for the hormone estrogen and another for the hormone progesterone, according to the researchers.

Gugulipid is not the only herbal drug that can interfere with prescription medications.

For instance, the active ingredient in St. John's Wort, hyperforin, has also been shown to activate this system and cause an herb-drug interaction.

Because herbal and prescription drugs can interact in ways consumers don't expect, it's best to let your health care provider know about any supplements you're taking.

The study recently appeared in *The Journal of Pharmacology and Experimental Therapeutics*.

i

**It's Great to Be Alive and to Help Others.**

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Fighting Heart Disease and Stroke

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

October Birthdays

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# Arthritis Drug Vioxx Pulled Off Market

## Long-Term Vioxx Use Raises Heart Attack, Stroke Risks

Long-term use of the painkiller Vioxx doubles a person's risk of heart attack and stroke, a huge clinical trial shows.

Responding quickly, Vioxx maker Merck & Co. already has pulled the popular drug off the market. It's one of the most widely used drugs ever to be yanked from pharmacy shelves. Worldwide, 2 million people are taking Vioxx. Last year, Merck racked up \$2.5 billion in Vioxx sales. After the announcement, Merck's stock dropped by more than 25% in heavy trading.

Merck and the FDA held separate news conferences to discuss the Vioxx withdrawal.

"We believe this voluntary withdrawal is in the best interests of patients," Merck CEO Raymond V. Gilmartin said at the Merck news conference.

"We think Merck is doing the right thing. Although the risk that an individual patient will have a heart attack or stroke is small, this risk did double [for long-term Vioxx users]," Steven Galson, MD, acting director of the FDA Center for Drug Evaluation and Research, said at the FDA news conference.

## Small Risk Not Worth Taking

Merck's action is the direct result of a huge clinical trial comparing Vioxx to sugar pills. The trial's main goal was to see whether Vioxx could prevent recurrent colon polyps. But the trial was also designed to look at the drug's long-term safety.

For the first 18 months of the trial, patients taking Vioxx every day had no more heart attacks or strokes than those taking placebo pills. But after 18 months on Vioxx, patients' heart attack and stroke risks doubled, Peter S. Kim, PhD, president of Merck Research laboratories, announced at the Merck news conference.

"If you ask after three years of treatment how many patients would have had a [heart attack or stroke], it would be 7.5 out of 1,000 patients on placebo, and

15 out of 1,000 patients on Vioxx," Kim said. "The difference becomes discernable after 18 months and then continues."

If Vioxx were the only drug available for patients experiencing arthritis pain, that risk might be worth taking. But there are plenty of other alternatives. Vioxx belongs to a small class of drugs called Cox-2 inhibitors. One alternative is to switch patients to one of the two other drugs in this class -- Celebrex and Bextra. Another alternative is to switch to one of the drugs in the large group called nonsteroidal anti-inflammatory drugs (NSAIDs), such as naproxen or ibuprofen.

It's not yet clear whether Celebrex and Bextra have the same heart effects as Vioxx. There's some evidence that Celebrex is more heart friendly than Vioxx, but this is far from proven, says Carl Lavie, MD, medical co-director of cardiac rehabilitation and preventive cardiology at the Ochsner Clinic Foundation in New Orleans.

"Celebrex doesn't raise blood pressure at high doses -- certainly not at the doses we use -- and there seems to be no increase in heart disease events," Lavie tells WebMD. "I would feel very comfortable, if a patient needs a Cox-2 inhibitor, to use Celebrex. This might be the case with Bextra, too, but I am not aware of the same kind of positive findings."

All things being equal, Lavie would rather see his patients take naproxen or ibuprofen. So would Sam Lim, MD, chief of rheumatology at Grady Health Systems and assistant professor of rheumatology at Emory University, Atlanta.

"Cox-2 inhibitors have never been shown to be more effective than traditional NSAIDs for arthritis pain -- and they have no really significant safety advantage," Lim says. "I would recommend stopping Cox-2 inhibitors because we have equally effective drugs that are not conclusively worse: the traditional NSAIDs. If there is concern about gastrointestinal safety, patients can use protective drugs like proton-pump inhibitors to lower their risk even more."

Even so, Lim will prescribe Celebrex or Bextra to patients who want the drugs, provided they are aware of the theoretical risk.

### Taking Vioxx? What to Do

If you're taking Vioxx now, don't panic. The heart attack and stroke risk linked to Vioxx is very small. Before switching to another drug, it is very important to talk with your doctor. NSAIDs and other Cox-2 inhibitors can cause other serious side effects.

"All NSAIDs have risk when taken long term," the FDA's Galson notes. "These drugs should only be used continuously under physician supervision.

Every patient is different, taking different [combinations of] drugs, and has different levels of underlying risk. People really must discuss this with their doctors."

If you're now taking Vioxx, it's important for you to schedule a talk with your doctor. Pharmacies won't be refilling current prescriptions. You don't need to worry about slowly stopping Vioxx. After talking to your doctor, it won't hurt to stop all at once and start taking something else if needed.

What about long-term effects from taking Vioxx?

That's not yet clear. Scientists in charge of the Merck trial will continue to follow study participants to find out the answer.

Merck is making a lot of information available to consumers. The company is planning to take out newspaper ads warning patients to see their doctors. And they're making more information available on the merck.com and vioxx.com web sites, and via a toll-free call to (888) 36VIOXX.

The FDA also has information available on its web site and via a toll-free call to (888) INFO-FDA

By Daniel DeNoon  
WebMD Medical News

## Is Lower Really Better for Cholesterol?

In a study of people with heart disease, results show that high doses of the popular cholesterol-lowering drug Zocor may not prevent heart disease deaths and heart attacks -- and may cause muscle damage. But experts say that the new adage of "lower is better" still holds true when it comes to cholesterol.

The study results were presented last month at the European Society of Cardiology Congress 2004 and appear in the new issue of *The Journal of the American Medical Association*.

High doses of Zocor were associated with increased rates of muscle damage. Nonetheless, study researcher Michael Blazing, MD, said at a news conference at the meeting that doctors should still consider starting treatment at a higher dose and to be more aggressive when prescribing Zocor and other cholesterol-lowering drugs in its class, known as statins. Blazing is with Duke University Medical Center in Durham, N.C.

Asked to clarify that statement, Blazing told WebMD that he and his study colleagues recommend a 40 mg dose, rather than an 80 mg dose of Zocor.

Blazing added that studies of other statins -- notably recent studies of high-dose Lipitor -- suggest that the high-dose statins are both safe and effective.

His study looked at nearly 4,500 patients who had severe chest pain or a heart attack. The researchers were trying to determine if there was any benefit to starting Zocor right away. Half the patients received early aggressive treatment -- 40 mg of Zocor for a month (started within an average of three to four days) followed by 80 mg Zocor -- or conservative treatment with four months of placebo followed by 20 mg of Zocor.

The study did show that early aggressive Zocor treatment appeared to slightly decrease the risk of heart disease death, heart attack, and stroke. However, the study findings were not strong enough to be considered significant. All patients also received other traditional heart disease treatments, including aspirin.

In those treated with placebo first, LDL "bad" cholesterol levels increased by 11% during the initial placebo phase. LDL then decreased 31% from baseline after four months of 20 mg Zocor. However, in those that took Zocor for the entire study, LDL cholesterol decreased by 39% over the first four months. LDL then decreased an additional 6% following the increase to 80 mg of Zocor.

Christopher P. Cannon, MD, associate professor at Harvard Medical School, tells WebMD that "the real message of this study is that it confirms the 'lower is better' message" when it comes to cholesterol.

Cannon, who did not participate in the current study, was principle researcher of a previous study that showed high-dose Lipitor was associated with an approximately 50% reduction in LDL "bad" cholesterol, reducing LDL down to approximately 62 mg/dL. Moreover, aggressive Lipitor treatment reduced the risk of death, heart attack, severe chest pain, or stroke by 16%.

Cannon's findings were closely followed by a change in cholesterol guidelines for patients at highest risk of dying from heart attacks and strokes. The National Cholesterol Education Program (NCEP) reduced target LDL levels from 100 mg/dL to 70 mg/dL for those at the very highest risk of heart disease. This includes people who already have heart disease in addition to diabetes, poorly controlled high blood pressure, or metabolic risk factors including obesity, high triglycerides, and low HDL "good" cholesterol. Smokers with heart disease also fall into this category.

The lead researcher of the current study, James de Lemos, MD, tells WebMD he does not doubt that the high-dose Zocor regimen is beneficial. Nonetheless, de Lemos says his study does support new guidelines that contend lower is better. He is assistant professor at the University of Texas Southwestern Medical Center in Dallas.

Asked if doctors will be reluctant to prescribe high doses of Zocor because of the reported safety concerns, both Cannon and de Lemos declined to speculate.

But not everyone is so reluctant. In a *JAMA* editorial that accompanies the study, Steven Nissen, MD, of The Cleveland Clinic in Ohio, points out that high-dose Lipitor packs a double punch. Studies indicate that it not only reduces LDL "bad" cholesterol, but also sharply decreases blood levels of an inflammatory marker called C-reactive protein (CRP). Research has shown that signs of inflamma-

tion, such as a high CRP, are associated with an increased risk of heart disease.

Patients in the current study treated with high-dose Zocor did not have similar declines in CRP. In the previous study, high-dose Lipitor decreased CRP by 38%, while high-dose Zocor reduced CRP by just 17% in the current study. More research is needed to determine if these differing CRP results stand true.

#### **Zocor and Muscle Damage**

As for the increased risk of muscle damage, Nissen, who was lead researcher for another favorable high-dose Lipitor study, writes that the increased risk of muscle damage applies only to a specific dose of a single drug and should not tarnish this remarkable class of drugs. It must also be emphasized that Zocor in doses up to 40 mg per day has shown excellent safety and effectiveness in a series of clinical trials, he adds. For now, though, he says, the 80 mg daily dose of Zocor should be used with caution, particularly because other effective drugs are available.

But David Faxon, MD, professor of medicine at the University of Chicago and former president of the American Heart Association, tells WebMD that the safety concerns of the high-dose Zocor are not surprising. "I think muscle pain with statin therapy is more common than the studies indicate." Moreover, Faxon, who was not involved in the study, agrees that the take-home message from the current study "does support our 'lower is better' message."

In June 2004, the FDA advised doctors to be careful about how they prescribe the statin Crestor. This was in response to reports of serious toxicity in some patients taking the drug. The FDA and the drug's manufacturer say Crestor is safe when given to the right patients at the right dose. Patients should promptly call their doctor if they have signs of muscle damage: muscle pain or weakness, feeling weak or sick, fever, dark urine, nausea, or vomiting.

*By Peggy Peck  
WebMD Medical News*





**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:

- |   |  |
|---|--|
| <input type="checkbox"/> Visiting Hospital Patients     | <input type="checkbox"/> Coordinating Special Events             |
| <input type="checkbox"/> Chairing a committee           | <input type="checkbox"/> Driving others to meeting               |
| <input type="checkbox"/> Serving on a committee         | <input type="checkbox"/> Any activities                          |
| <input type="checkbox"/> Word Processing - Data Entry   | <input type="checkbox"/> Fundraising                             |
| <input type="checkbox"/> Telephoning                    | <input type="checkbox"/> Volunteering at Lutheran Heart Hospital |
| <input type="checkbox"/> I need a ride, I do not drive. | <input type="checkbox"/> Help with Newsletter                    |
| <input type="checkbox"/> Other _____                    |  |

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

	<i>Individual</i>	<i>Family</i>
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  
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 Fighting Heart Disease  
 and Stroke



Thanks to the American Heart Association  
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 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 Mesa Chapter 297 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.

Desert Hearts 

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

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