

# Heart

## health news



Spring 2004



### St. Rita's kicks off Go Red for Women

St. Rita's Medical Center successfully kicked off its year-long Go Red for Women campaign. Each month, the medical center will hold seminars to raise awareness on women and heart disease. Its first event generated \$1,000 to benefit the local chapter of the American Heart Association with a matching donation from Wal-Mart®.

St. Rita's Healthy Lifestyles Center in the Lima Mall conducted low-cost screenings for cholesterol, triglycerides, glucose, high blood pressure and body mass index. For those participants who wore red, free cardiac scorings and gift baskets were raffled off. The response to the Go Red for Women campaign was tremendous both inside and outside of the medical center.

For more information on upcoming Go Red for Women events sponsored by The Heart Center at St. Rita's, contact St. Rita's Call A Nurse at **(419) 226-9000** or **1-800-437-4827**. ♥

### A one-two punch Beating heart disease with healthy living and medication

While healthy living and modern medicines offer effective heart benefits, it's the combination of the two that's lifesaving for many people. It's well documented that even modest improvements in your habits—eating

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For more information on the comprehensive heart services available through The Heart Center at St. Rita's, call St. Rita's Call A Nurse at **(419) 226-9000** or **1-800-437-4827**.

# CardioCurrents

news and tips for the heart-conscious



## FATIGUE MAY SIGNAL HEART TROUBLE

Women suffering a heart attack often have different symptoms than men do, leading to misdiagnosis and treatment delay. Instead of classic chest pain, women often report indigestion, achiness and back discomfort. Women may want to consider unexplained fatigue or sleep trouble a warning sign as well, says a study reported in *Circulation*, which found 515 women reported these common complaints in the months prior to having a heart attack.

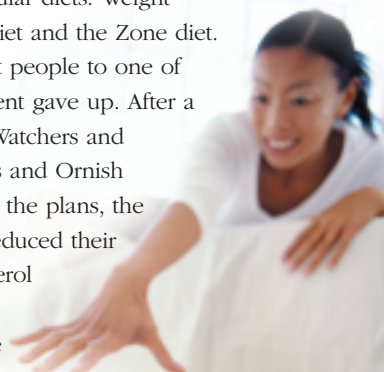
The study asked women about any new or different symptoms experienced in the months before their heart attack. Seventy percent reported unusual fatigue; 48 percent suffered sleep disturbances. Other symptoms included shortness of breath, indigestion and anxiety. Researchers hope women will heed these signals and seek immediate help. ♥



## CHOOSE A DIET, ANY DIET

It doesn't matter which diet you follow: If you eat less and lose weight, you'll reduce your risk of heart disease, say researchers at Tufts University who compared four popular diets: Weight Watchers, Atkins, the vegetarian Ornish diet and the Zone diet.

Researchers assigned 160 overweight people to one of the four diets. After two months, 22 percent gave up. After a year, 35 percent dropped out of Weight Watchers and Zone diets and 50 percent quit the Atkins and Ornish regimens. The closer the dieters followed the plans, the more they lost, but all who lost weight reduced their heart disease risk factors, such as cholesterol levels. While the Ornish diet was best for lowering bad cholesterol, the others were better at raising good cholesterol. Bottom line: No one diet fits all. If you can't lose weight with one, try another, but try, try again. ♥



## WALK YOUR WAY

No doubt you've heard of the "no-pain, no-gain" workout, but when it comes to achieving heart benefits, it's not necessary, says a study that found a brisk, comfortable walking pace is enough to improve cardiovascular fitness. The American Heart Association advises people to take part in moderate-to-vigorous exercise. Researchers studied 84 middle-aged obese adults with below-average aerobic endurance as they walked on a gradually inclining treadmill. They were told to select a "brisk, but comfortable pace." During the self-paced walk, all achieved the recommended level of intensity, with most reaching even higher levels. So you can enjoy your walks—at your own pace—and still benefit from them. ♥



## Did you know?



For every 2.2 pounds of weight you lose, your blood pressure falls about one point, says a study reported in *Hypertension*.

Secondhand smoke contributes to 35,000 deaths from coronary heart disease each year, according to the American Heart Association. Even if you've kicked the habit, you need to help your partner do the same.

If you take aspirin daily as part of your heart regimen, stopping your therapy can trigger a coronary event. Some people believe you need to stop taking aspirin before minor surgery or dental work to avoid excessive bleeding, but you should check with your cardiologist first, who may advise another plan.



## MAKE TIME FOR BREAKFAST

Here's yet another reason to eat breakfast: People who do are far less likely to be obese and suffer from diabetes than those who skip the morning meal. Researchers studied nearly 3,000 adults and found the rate of obesity and insulin resistance syndrome was 35 percent to 50 percent lower among those who regularly ate breakfast. Insulin resistance syndrome, a metabolic disorder in which the body does not use glucose efficiently, is marked by obesity, high blood pressure, high levels of blood sugar and triglycerides and low levels of good cholesterol.

Experts suggest that eating a morning meal helps prevent overeating later in the day, having a positive effect on appetite, blood sugar levels and energy metabolism. ♥

## A one-two punch

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healthier, losing weight, quitting smoking, monitoring blood sugar and exercising nearly every day—can significantly reduce your heart disease risk. Similarly, patients today have an array of effective medications for controlling cholesterol, blood pressure and diabetes. Using both approaches will help you mount the best attack on heart disease.

### The first defense

Ask your doctor for your personal guidelines, which he or she will base on a healthy lifestyle:

- **Improve your diet.** Eat a variety of foods, including moderate amounts of lean meats and low-fat dairy products and lots of fiber, fish, fresh fruits and vegetables. Other important components include soy, omega-3 fatty acids found in fish and fish oils, antioxidant vitamins, folic acid, vitamins B<sub>6</sub> and B<sub>12</sub> and garlic. Try to keep your sodium intake to no more than 1,500 milligrams daily. That's about one teaspoon of salt.
- **Exercise more.** Check with your doctor first and start slowly, but eventually aim for at least 30 minutes of moderate to vigorous physical activity on most days of the week.
- **Kick the habit.** There's no way around it: Smoking puts a heavy burden on the heart, making it beat faster, constricting blood vessels, decreasing blood flow and raising blood pressure. What's more, it inhibits your ability to exercise and makes the blood more likely to clot. Ask your doctor about resources to help you quit. Certain medications can lessen the urge to smoke, including nicotine supplements in many forms (gum, patch, inhaler and nasal spray) and a non-nicotine prescription drug.

### Your second front

Sometimes these important lifestyle improvements are simply not enough to prevent or reduce heart disease or its risk factors, and your doctor may recommend one or more medications. He or she may prescribe daily aspirin therapy or another blood thinner to reduce the tendency of your blood to clot. If you have been diagnosed with heart disease, nitroglycerine and calcium channel



blockers can relax blood vessels and reduce chest pain (angina). The drug digitalis may help a weak heart contract better and normalize a too-fast rhythm.

Despite improved diet and exercise, your blood pressure or cholesterol may remain dangerously high, warranting drug therapy. If you've been diagnosed with heart disease and your LDL (bad) cholesterol remains higher than 100 mg/dL, your doctor will likely prescribe medication as well as lifestyle changes. In the absence of diagnosed heart disease, your doctor may advise drug therapy if your LDL is greater than 130 mg/dL after lifestyle changes. What's more, the American Heart Association suggests that high-risk women use cholesterol-lowering drugs even if their LDL is lower than 100 mg/dL. Drugs that improve cholesterol, such as resins, fibrates, niacin and statins, work by lowering LDL or raising HDL (good) cholesterol or both.

Hypertensive drugs can treat high blood pressure. Diuretics reduce excess fluid in your body, leaving a smaller volume of blood and exerting less pressure on your blood vessels. Beta-blockers slow heart rate and reduce its force. Angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARB) can help relax blood vessels. ♥

**Beating heart  
disease starts  
with a healthy  
lifestyle.**



# Heart and sole

## Try these savory fish recipes for a healthier heart

Finally, a food we should eat more of rather than less. High in protein, low in fat and a key source of heart-protecting fatty acids, seafood enjoys a unique place on a healthy menu. It's the omega-3 fatty acids that make fish heart smart because these components have been shown to lower triglyceride levels; slow the growth of plaque in the arteries; and decrease the risk of blood clots, sudden death and arrhythmia. They also lower blood pressure.

All seafood, including shellfish and crustaceans, contains omega-3s, but oily or fatty fish, such as mackerel, lake trout, herring, sardines, albacore tuna and salmon, are particularly good sources. To enjoy the protective effect of omega-3s, the American Heart Association urges people to eat at least two servings of fish a week. With more than 200 species to choose from, adding seafood to your diet is easy, not to mention delicious. Here are some flavorful ways to enjoy this bounty of the sea. ♥

### Grilled salmon oriental

- 1½ lbs. fresh salmon steaks or fillets
  - 1 Tbsp. grated fresh gingerroot
  - 1 Tbsp. light soy sauce
  - 2 medium cloves garlic, minced, or 1 tsp. bottled minced garlic
  - 1 tsp. hot-pepper oil (optional)
  - 1 tsp. vegetable oil
  - Vegetable oil spray
- MARINADE**
- 6 oz. pineapple juice
  - ½ cup finely chopped onion
  - ½ tsp. grated lime zest
  - 2 Tbsp. fresh lime juice (1–2 medium limes)

Rinse fish and pat dry with paper towels. Put fish in an airtight plastic bag. Combine marinade ingredients and pour over fish, turning to coat fish evenly. Seal and refrigerate for 15 minutes to 1 hour, turning bag occasionally. Preheat grill to medium-high or preheat broiler. Lightly spray grill or broiler pan and rack with vegetable oil spray. Remove fish from marinade. Grill fish or broil it 4 to 5 inches from heat. Cook 5 to 7 minutes, turn, and cook another 5 to 7 minutes, or until fish flakes easily when tested with a fork.

*Serves 6. Per serving: 169 calories, 21 g protein, 0 g carbohydrates, 68 mg cholesterol, 9 g total fat (2 g saturated, 2 g polyunsaturated, 4 g monounsaturated), 0 g fiber, 137 mg sodium*

### Scallops and asparagus in wine sauce

- 1 lb. fresh or frozen scallops, thawed
- 8-oz. bottle clam juice
- ½ cup dry white wine, (regular or nonalcoholic)
- 3 Tbsp. all-purpose flour
- ¼ tsp. pepper
- 6 oz. fresh asparagus, trimmed, or 4 oz. frozen asparagus, thawed
- 1 tsp. light margarine
- ¼ cup minced shallots (about 4 large)
- 3 Tbsp. finely snipped fresh parsley
- 1 Tbsp. fresh lemon juice

Rinse scallops and pat dry with paper towels. Cut in quarters if large. Set aside. In large saucepan, whisk together clam juice, wine, flour and pepper. Bring to a boil over medium-high heat; boil for 4 to 5 minutes or until mixture is thickened, stirring occasionally. Set aside. Cut asparagus diagonally into 1-inch pieces. Steam fresh asparagus about 2 minutes or until tender-crisp, and set aside (don't cook frozen asparagus). In a small nonstick skillet, heat margarine over medium-high heat, swirling to coat bottom. Sauté shallots until translucent, 2 to 3 minutes. Stir shallots and scallops into clam sauce. Reduce heat to medium and cook for 5 minutes, stirring frequently. Don't let the mixture come to a boil. Add asparagus, parsley and lemon juice. Cook for 2 to 3 minutes or until scallops are opaque and mixture is heated. Be careful not to overcook.

*Serves 4. Per serving: 121 calories, 11 g protein, 9 g carbohydrates, 18 mg cholesterol, 2 g total fat (0 g saturated, 1 g polyunsaturated, 1 g monounsaturated), 1 g fiber, 367 mg sodium*

*Recipes reprinted with permission from The New American Heart Association Cookbook, 25th Anniversary Edition, ©2001 Clarkson Potter/Publishers.*



## Broiled marinated fish steaks

- 1½ lbs. fish steaks, such as orange roughy, swordfish, or Atlantic or Pacific halibut, about 1 inch thick
- ⅓ cup tarragon vinegar
- 2 Tbsp. snipped fresh parsley
- 2 tsp. pepper, or to taste
- 2 tsp. vegetable oil
- 1 tsp. very-low-sodium or low-sodium Worcestershire sauce
- 1 bay leaf
- Vegetable oil spray

Rinse fish and pat dry with paper towels. In an airtight plastic bag, combine remaining ingredients except vegetable oil spray. Add fish steaks, turning bag to coat fish. Seal and refrigerate for at least 30 minutes, turning occasionally. Preheat broiler. Lightly spray a broiler pan and rack with vegetable oil spray. Remove steaks from marinade and arrange on rack. Broil about 3 inches from heat for about 5 minutes. Turn carefully and broil for about 5 minutes, or until fish flakes easily when tested with a fork.

*Serves 6. Per serving: 81 calories, 17 g protein, 0 g carbohydrates, 24 mg cholesterol, 1 g total fat (0 g saturated, 0 g polyunsaturated, 1 g monounsaturated), 0 g fiber, 76 mg sodium*

## Baked catfish

- Vegetable oil spray
- 6 catfish fillets (about 4 oz. each)
- ¾ cup nonfat or low-fat buttermilk
- ¼ tsp. salt
- ¼ tsp. red hot-pepper sauce
- 3 oz. fat-free, low-sodium whole-wheat crackers, crushed (about 30)
- 1 Tbsp. light margarine, melted
- 2 Tbsp. snipped fresh parsley
- 6 lemon wedges (optional)

Preheat oven to 400°F. Lightly spray a 13 x 9 x 2-inch baking dish with vegetable oil spray. Rinse fish and pat dry with paper towels. Combine buttermilk, salt and hot-pepper sauce in a small shallow dish. Put cracker crumbs on a plate. Dip fillets in buttermilk mixture, then in crumbs, coating fish evenly. Put fillets in baking dish. Drizzle with margarine and lightly spray with vegetable oil spray. Bake, uncovered, for 15 to 20 minutes or until fish flakes easily when tested with a fork. To serve, sprinkle fish with parsley and garnish with lemon wedges.

*Serves 6. Per serving: 215 calories, 19 g protein, 14 g carbohydrates, 59 mg cholesterol, 9 g total fat (2 g saturated, 2 g polyunsaturated, 4 g monounsaturated), 1 g fiber, 379 mg sodium*

## Heart failure

Heart disease is no longer just a man's disease. Women are equally at risk. In fact, heart failure is the only major cardiovascular disease on the rise and causes more admissions to the hospital than all forms of cancer combined. Unfortunately, millions of Americans are living with heart failure and don't know it.

Both men and women need to recognize the following symptoms that may indicate heart failure:

- shortness of breath from walking stairs or doing simple activities
- trouble breathing while resting
- waking up with shortness of breath
- requiring more than two pillows while sleeping
- swelling of feet, ankles or legs
- general feeling of fatigue
- weight gain of three or more pounds overnight
- frequent coughing

Heart failure is not a heart attack. It is a progressive condition that weakens the heart muscle. Over time, the heart loses its ability to pump enough blood. While there is no cure for heart failure, early diagnosis and proper treatment can offer patients more normal lives and help them live longer.

To help, St. Rita's offers patients a Heart Failure Clinic. Specialized cardiac registered nurses work with patients and their physicians to develop individualized treatment plans. A clinical pharmacist is also on staff to assist in the patients' care.

All patients are closely monitored and visit the Heart Failure Clinic on a regular basis. The staff frequently conducts blood pressure checks, draws blood, monitors medication use and conducts comprehensive assessments. Heart failure classes are also offered *free* to all patients, focusing on

the importance of managing diet, medication, lifestyle and the causes of heart failure.

St. Rita's Heart Failure Clinic is located at 850 W. High St. in Lima. It is open Monday through Friday from 8 a.m. to 4:30 p.m. by appointment. A physician's referral is required. For more information, call the clinic at **(419) 996-5069.** ♥

## heart health news

For more  
information or to  
schedule an appointment  
at St. Rita's  
Heart Failure Clinic,  
call (419) 996-5069.

# What your blood pressure means for your kidneys

High blood pressure makes your heart work harder and damages blood vessels throughout your body, including those in your kidneys. This can lead to kidney damage and failure. Each year, high blood pressure causes more than 15,000 new cases of kidney failure in the U.S., according to the National Institutes of Health (NIH).

Damaged kidneys cannot filter wastes and extra fluids from the blood, raising blood pressure even more and creating a dangerous cycle. Unfortunately, both high blood pressure and kidney damage often go unnoticed. To avoid this deadly combination, you first need to learn where you stand: Is your blood pressure normal? Are your kidneys working properly?

To find the answers, your doctor will first check your blood pressure, then take a simple blood test to measure the levels of creatinine and blood urea nitrogen, or BUN. High levels indicate your kidneys are not filtering wastes efficiently, a sign of organ damage. Your doctor will also test your urine to measure its protein levels. Too much protein, a condition called proteinuria, also signals impaired kidney function.

To prevent further damage, you must keep your blood pressure below 130/80 mm HG. (Normal pressure is less than 120/80 mm HG.) The NIH recommends people with signs of kidney damage use whatever therapy needed—lifestyle and diet changes and medication—to achieve this, including:

- maintaining optimal weight
- limiting your daily salt intake to less than 2,000 milligrams
- exercising moderately for at least 30 minutes most days of the week
  - limiting alcohol to two drinks a day for men, one a day for women
  - cutting caffeine

You may also need medication to help you stay below 130/80. Angiotensin-converting enzyme inhibitors and angiotensin II receptor blockers can help lower blood pressure and have a protective effect on the kidneys by reducing protein in your urine and slowing kidney damage. ♥

## Are you heart smart?



If you want to be heart healthy, you have to be heart smart. So test your knowledge by answering true or false to the following statements. Then check the answers below to see how well you did.

1. *You get all of your cholesterol from your diet.*

T ■ F ■

2. *If you've smoked for more than 15 years, it's too late to quit.*

T ■ F ■

3. *Forgetfulness or experiencing "senior moments" may be a sign of heart disease.*

T ■ F ■

4. *In some people, snoring is a risk factor for heart attack.*

T ■ F ■

### Answers

1. *False.* Cholesterol is a necessary substance that every cell in your body requires. Your liver manufactures about 80 percent of the cholesterol in your body. You get the remainder from your diet by eating foods from animal products, such as meat, eggs and dairy.

2. *False.* It's never too late to quit, but the sooner the better. The body begins to restore itself within hours of your last cigarette, lowering blood pressure and carbon monoxide levels. Within 24 hours, your chance of heart attack decreases. After one year, your risk of coronary heart disease is half what it was when you were a smoker.

3. *True.* Memory problems commonly associated with aging can be related to reduced blood flow to the brain caused by high blood pressure.

4. *True.* Snoring is an indication of obstructive sleep apnea, a condition in which the walls of your throat relax to the point where air flow is blocked for 10 to 30 seconds. The risk for high blood pressure and heart attack is significantly higher among snorers.



# A new tool to check your heart disease risk

If you're like most heart-conscious people, you probably know your blood pressure and cholesterol readings. You know whether you need to lose weight—and how much.

You may now want to add a new vital statistic to your dossier—your C-reactive protein level (CRP), a protein found in the blood that's associated with increased risk for coronary heart disease.

C-reactive protein is normally produced by your liver when your immune system responds to an injury or infection. It's a sign of inflammation, in the same way a fever means the body is fighting an infection. Researchers believe that when cholesterol and fatty deposits build up in blood vessels and form plaque, vessels become inflamed. As inflammation increases, the plaque can rupture, leading to blood clots and blockages, which cause heart attack or stroke.

Your healthcare provider can check your CRP with a simple blood test. A CRP level higher than 3 mg/L is considered high risk. If your CRP level is less than 1 mg/L, you're at low risk, and a level between 1 and 3 signals average risk.

Studies show that patients in the upper third of CRP levels have twice the risk for heart disease as

**This simple blood test to measure C-reactive protein may reveal your heart's health.**

those whose levels fall in the lower third. One study found that the CRP test was a better predictor of heart disease than LDL (bad) cholesterol levels.

By considering your CRP level with your cholesterol and blood pressure levels, your risk for heart disease may alert your doctor to a problem before your heart health reaches a danger zone. If you have other borderline risk factors, your CRP test might help your doctor decide whether to prescribe medication. You can lower your CRP with lifestyle changes like increasing exercise, losing weight and improving your diet. Anti-clotting drugs such as aspirin and clopidogrel, cholesterol-lowering statin drugs and ACE inhibitors may help as well. Always check with your doctor before starting any medication.

## Who should have the test?

The American Heart Association and the Centers for Disease Control and Prevention recommend the test only for those at intermediate risk of developing coronary heart disease in the next 10 years and only in addition to traditional lipid profiles and blood pressure readings. Because of the test's simple nature and low cost, however, chances are good that other patients and doctors will seek CRP testing, too. ♥

## Know the signs of peripheral vascular disease (PVD)

A common problem for patients suffering from heart disease is a condition called peripheral vascular disease (PVD). PVD is the result of plaque buildup in the arteries outside of the heart, usually in the arms and legs.

The severity of the symptoms depends on the artery affected and how much the blood flow to that artery has been decreased.

Common symptoms of PVD include:

- numbness or tingling in the legs, feet or toes
- loss of hair on the affected extremity
- changes in skin color (pale, bluish or reddish color)
- sores that become infected and do not heal
- changes in skin temperature (cool to the touch)
- leg discomfort caused by walking that goes away during rest

Certain factors that increase the risk of PVD include:

- diabetes
- stroke
- high blood pressure
- smoking
- overweight
- inactive lifestyle
- high cholesterol

PVD can be diagnosed in several ways at St. Rita's new Peripheral Vascular Disease Center. The staff conducts an ankle brachial index (ABI), an ultrasound or a peripheral angiogram. If you think you may have PVD, talk with your doctor about schedul-

ing an appointment at St. Rita's PVD Center. Together the staff, the physician and you will develop a personalized treatment plan. Treatment options include medication, exercise, surgery, minimally invasive interventional procedures or a combination of treatments.

St. Rita's PVD Center is located at 850 W. High St. in Lima. Appointments are available Monday through Friday between 8 a.m. and 4:30 p.m. Walk-in patients are also welcome. Patient evaluations are offered every Wednesday by a registered nurse and an interventional radiologist or interventional cardiologist. Call **(419) 996-5690** for more information. ♥

### Preventing PVD

**T**ake these steps to decrease your risk of peripheral vascular disease:

- Get regular exercise.
- Change your diet.
- Stop smoking.
- Lower your cholesterol.
- Lower your blood pressure.
- Control your diabetes.

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