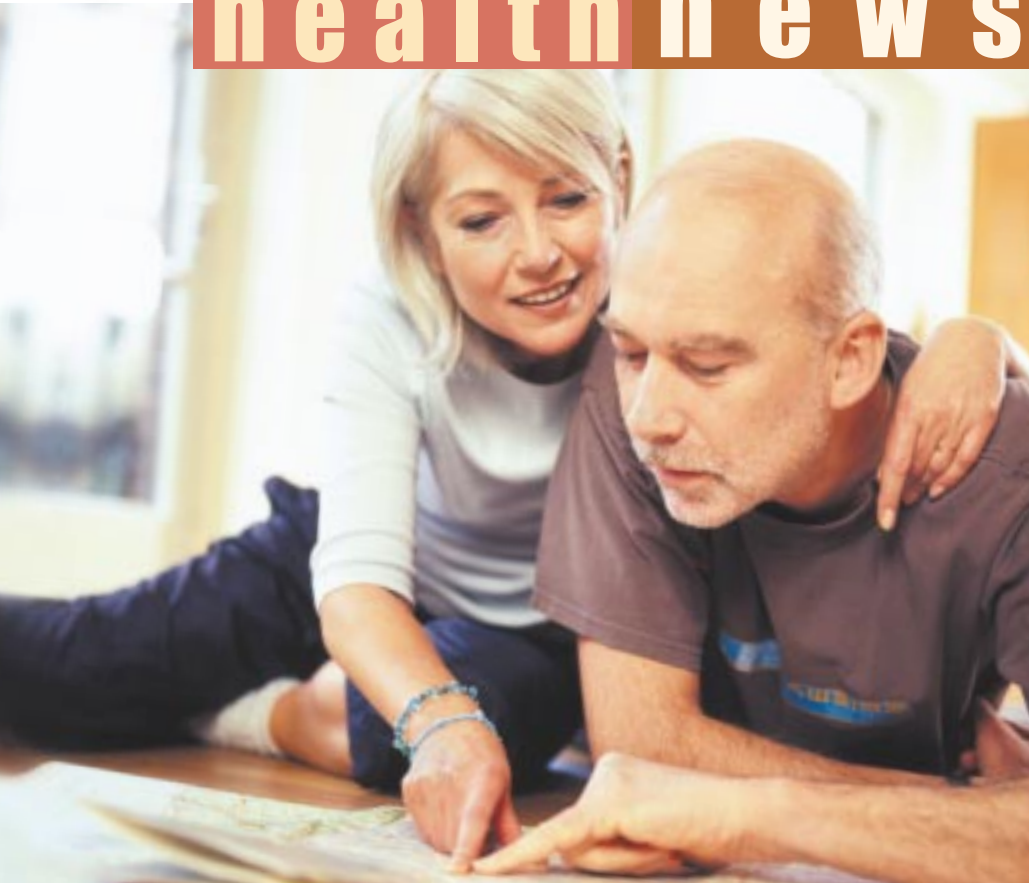


# Heart



Winter 2004

## health news



### Greetings

I am proud to offer you the first edition of the new *HeartHealth News*, brought to you by The Heart Center at St. Rita's. You'll find this quarterly publication packed with valuable information for you and your family.



Mary Reed,  
Administrator

The same high-quality, advanced medical care you've come to expect from St. Rita's is available through our new Heart Center, with an experienced team dedicated to fighting heart disease. Our advanced care begins in our Chest Pain Center for immediate response to symptoms. Advanced diagnostic tools, such as heart catheterization and the area's most powerful MRI, are put to use in conjunction with advanced treatments including drug-coated stents. And our highly skilled heart surgeons are among the region's best in state-of-the-art procedures.

After treatment, St. Rita's helps heart patients get back to their everyday activities with nurse-monitored cardiac rehabilitation programs and home healthcare, if needed.

If you or a member of your family needs advanced cardiac care, turn to The Heart Center at St. Rita's, proud to keep hearts healthy in West Central Ohio. ♥

## Should you be screened for heart disease?

4 ■ THE  
LOWDOWN ON  
HIGH BLOOD  
PRESSURE



6 ■ TOO LITTLE  
SLEEP—OR TOO  
MUCH—MAY HURT  
YOUR HEART



Perhaps you already know you're at increased risk for heart disease—there's your family history, you smoke or your blood pressure or cholesterol is higher than optimal. Or, you're simply concerned, realizing that nearly half of all

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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



### BUYER BEWARE

Many herbal weight-loss supplements that contain the natural stimulant ephedra don't disclose the potential adverse effects of the ingredient, which include high blood pressure, too-rapid heart rate, palpitations, anxiety, stroke and psychosis.

Researchers at The Johns Hopkins University School of Medicine evaluated 32 websites that sold ephedra products and found 41 percent did not reveal any adverse effects and 34 percent made incorrect or misleading statements that could harm consumers.

As dietary supplements, these products are not evaluated by the Food and Drug Administration for safety or efficacy. Be sure to check with your doctor before taking any supplements—and face facts: There's no magic herb for weight loss. ♥



### Did you know?



Most coronary heart disease patients have at least one of four major risk factors—diabetes, high cholesterol, high blood pressure or smoking—that can be controlled by lifestyle choices. According to research by the Cleveland Clinic, 80 percent to 90 percent of patients had at least one of these strikes against them, discounting the belief that many with heart disease lack major risk factors.

Every 33 seconds, another person dies from cardiovascular disease. That's 2,600 deaths each day, according to the University of Maryland Medicine.

### FIRSTBORNS AND HEART DISEASE

Being the eldest child in a family may make you more likely to develop coronary disease. Research presented at the American Heart Association's Asia Pacific Scientific Forum suggests that firstborns have a more coronary-prone, type-A personality, often characterized by being competitive, hard-driven, highly motivated and easy to anger.

In the Italian study of 348 people with coronary heart disease, researchers found no significant differences between firstborns and their siblings in terms of family history, high blood pressure, lipid profiles or diabetes. In fact, cigarette smoking was lower among firstborns. Yet, firstborns accounted for 46.7 percent of the heart patients. ♥



### SURVIVAL OF THE FITTEST: WOMEN VS. MEN

Women who are fit enjoy a bigger decrease in their risk of death from heart disease than fit men do, says a study in *Circulation: Journal of the American Heart Association*. Researchers used a treadmill stress test to evaluate the fitness of more than 5,700 women, measuring their exercise capacity in metabolic equivalents (MET). Following the women over the next eight years, they found for every 1-MET increase in fitness level, there was a 17 percent decrease in the risk of death. A similar study of men by the Cooper Aerobics Center/Cooper Clinic found only a 7.9 percent decrease in death for a comparable increase in fitness level. ♥

### DOES YOUR SMILE BETRAY YOUR HEART?

People who lose their teeth may be more likely to develop signs of early heart disease than those who keep their pearly whites, says a study published in *Stroke*. Testing the idea that the same inflammation that causes gum disease and tooth loss is also happening in the arteries from plaque buildup, researchers studied more than 700 participants, all ages 55 and older and without any history of heart disease. Of those missing up to nine teeth, 46 percent had a buildup of carotid artery plaque; among those missing more than 10 teeth, 60 percent had it.

Unfortunately, taking better care of your gums won't affect what's happening to your heart, so if you're losing teeth, see your doctor ... and your dentist. ♥



## Should you be screened for heart disease?

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coronary events occur in people without the traditional risk factors. Many tests can assess where you stand, catch early signs of the disease and maybe even motivate you to improve unhealthy ways. Here's the lowdown on some of the latest:

### Calcium scoring

**What it does** > Calcium scoring uses an ultra-fast computerized tomography (CT) or electron beam CT (EBCT) to scan your heart and arteries for calcium deposits, a sign of artery-clogging plaque.

**What it means** > A high score indicates lots of calcified plaque, which increases your risk for an artery blockage or a heart attack. However, plaque typically starts out soft and only becomes calcified over time. EBCT won't detect soft deposits, and a negative or low score may give you false reassurance.

**Should you have it?** > Maybe, only after a routine workup, and if you're considered at low-moderate risk: men ages 35–70 and women ages 40–70, with risk factors such as family history, smoking, high cholesterol, diabetes, obesity or high blood pressure.

### CRP test

**What it does** > A CRP test measures the level of C-reactive protein (CRP) in the blood, which the liver produces in response to injury or infection. The test is usually performed twice, two weeks apart.

**What it means** > A CRP level of more than 3 mg/L is considered high and associated with inflammation in the body. Researchers think plaque build-up triggers inflammation in the blood vessels, leading to blood clots, blockages and heart attack or stroke. Some research suggests CRP levels are a better predictor of heart disease than cholesterol. However, other conditions, such as connective tissue diseases or infections such as gingivitis or a urinary tract infection, can cause high CRP levels.

**Should you have it?** > Probably, along with the other usual assessments. This test is best for those at intermediate risk for developing heart disease in the next 10 years. Your CRP test results may help decide if you should be further evaluated or start medication for, say, less than ideal cholesterol.



### PLAC test

**What it does** > The PLAC test measures your level of a blood enzyme called lipoprotein-associated phospholipase A2 (Lp-PLA2).

**What it means** > A high level of this enzyme may indicate increased risk for coronary heart disease, even in people whose cholesterol levels are not considered high.

**Should you have it?** > Maybe, along with the usual assessments. Consider it if your LDL cholesterol is approaching 130—borderline high.

### Aneurysm scan

**What it does** > An aneurysm scan examines your aorta, the largest artery in your body, which runs from your heart, down your chest, into your abdomen. Doctors use ultrasound or a CT to detect an aortic aneurysm, a bulge in weakened artery walls that is highly fatal if ruptured.

**What it means** > Either you have one or you don't. An aneurysm can occur when the artery wall is weakened (often due to atherosclerosis) and blood pushing against it causes it to swell. Until it ruptures, an aortic aneurysm normally has no symptoms. When identified before rupture, surgery to repair it is highly successful.

**Should you have it?** > Possibly. Talk with your doctor to determine if you're at risk, such as if you are older than 55, a male or a smoker or if you have high blood pressure or a family history of aneurysm. ♥



change created a new category called “prehypertension” level, which includes persons with blood pressure readings that fall between 120/80 mm HG and 139/89 mm HG—levels previously considered normal. Normal levels are now defined as below 120 over 80.

What’s going on? In recent years, researchers concluded a few new things about blood pressure. The likelihood of developing hypertension over your lifetime is much higher than previously thought. Even those who do not have high blood pressure by age 55 still have a 90 percent risk for developing the condition, according to one study.

Researchers also found that damage to the arteries begins at a lower pressure once considered optimal. High blood pressure is called a silent killer because it usually shows no symptoms. By identifying people as prehypertensive, doctors can help those who fall in that category to take steps now to prevent developing high blood pressure. While high blood pressure can’t be cured, it can be controlled by lifestyle factors and medication.

Your blood pressure is the force of your

# The lowdown on high blood pressure

## Why your previously normal reading may now be considered a health risk

**Y**ou may be hearing more about high blood pressure, or hypertension, in the news lately. For one thing, it’s a common condition, affecting one in four American adults, and a leading risk factor for heart disease, kidney damage, stroke and impaired vision, including blindness. High blood pressure is more common in African-Americans, who tend to develop it at an earlier age and suffer a more severe condition.

But the condition is making headlines because another 45 million people are now considered at risk for developing hypertension thanks to new guidelines issued last spring by the National Heart, Lung, and Blood Institute. The

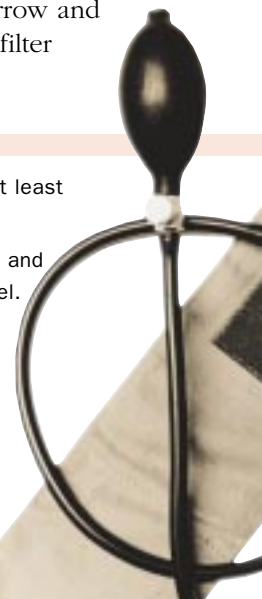
blood against the walls of your arteries as it courses through your body. This force normally rises and falls throughout the day, but when it remains elevated, your blood pressure is considered high. Hypertension causes:

- arteries to stiffen or harden, which makes the heart work harder to pump blood through the body
- weakened vessels to bleed or rupture, such as in the brain or eyes, leading to stroke or blindness
- blood vessels in the kidneys to narrow and thicken, impairing the kidneys’ ability to filter wastes from the blood

### Tips for an accurate reading

- Don’t smoke or drink coffee or other caffeinated beverages at least 30 minutes before having your pressure taken.
- For five minutes before the test, sit with your back supported and feet flat on the ground. Rest your arm on a table at heart level.
- Wear short sleeves.
- Go to the bathroom before the test. A full bladder can change your reading.
- Get two readings at least two minutes apart and average them.

Source: National Heart, Lung, and Blood Institute



## Blood pressure levels in adults

CATEGORY	SYSTOLIC		DIASTOLIC
normal	<120	and	<80
prehypertension	120–139	or	80–89
stage 1 hypertension	140–159	or	90–99
stage 2 hypertension	≥160	or	≥100

### What the numbers mean

When your doctor takes your blood pressure, he or she measures the force of your blood in two ways, hence, the two numbers of your reading. Your systolic pressure refers to the force of the blood in the arteries as the heart beats. (Pressure is calibrated in millimeters of mercury, or mm HG.) The diastolic pressure refers to the force of the blood in the arteries as the heart relaxes *between* beats.

You needn't have both numbers in the high range to be considered hypertensive. For people ages 50 and older, the systolic number, which tends to rise with age, becomes more important. If only your systolic number is high, the condition is called isolated systolic hypertension and leads to the same health problems as with standard hypertension. The diastolic number tends to decrease with age, so for younger people, this reading is more important. If you have diabetes or chronic kidney disease, a pressure of 130/80 or more is considered high.

### What to do?

If you are one of the 45 million Americans who now find themselves in the prehypertensive category, your doctor will likely recommend several lifestyle changes to head off further trouble. Among them:

- Lose weight or maintain a healthy weight.
- Eat healthy foods, including more vegetables, fruits and nonfat dairy products.
- Reduce salt intake.
- Increase physical activity.
- Limit alcohol.
- If you smoke, quit.

If your pressure is high, you'll need to take more aggressive action. In addition to prescribing the lifestyle changes above, your doctor may recommend one or more blood pressure-lowering drugs. These include angiotensin converting enzyme (ACE) inhibitors, angiotensin receptor blockers, beta-blockers, calcium channel blockers, diuretics and vasodilators. ♥

## The Heart Center at St. Rita's offers patients reflexology

The Heart Center at St. Rita's is offering open-heart patients reflexology treatment to help speed recovery and reduce discomfort. Reflexology is a complementary therapy used to strengthen and support the body in its own healing process.

St. Rita's recently conducted a three-month pilot study on open-heart patients who received reflexology. The study confirmed patient's heart rate, blood pressure, anxiety and pain levels decreased significantly. It also helped patients increase the distance they were able to walk, decreased the amount of days they were hospitalized and the amount of medication they were administered during their recovery process in the medical center. Due to the therapy's success, St. Rita's is now permanently offering reflexology treatment to all its open-heart patients.

### How does reflexology work?

Reflexology applies the principle that there are reflex areas in the feet and hands that correspond to all parts of the body, including glands, organs and total body systems. Stimulating these reflex areas can help alleviate many health problems in a natural way. Reflexology uses the thumb and fingers to apply pressure and touch to the body. Applying pressure to reflex areas results in the reduction of stress, which promotes positive changes in the body and can help restore and maintain the body's natural equilibrium and encourage healing. St. Rita's reflexologists can restore the free flow of energy to the entire body. Gentle strokes help ease patients' tension, improve circulation and oftentimes,

helps patients recover more rapidly and improve their mood. It is an acknowledged and safe noninvasive health practice.

For more information on reflexology or other 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. ♥

## heart health news

In February,  
St. Rita's Medical Center  
will kick off a series of  
events designed to educate  
women on the prevention  
of heart disease—  
Get Ready to  
Go Red for Women!

# Too little sleep— or too much— may hurt your heart

It's a no-brainer that we're not at our best when we haven't gotten our zzz's, but irritability and daytime sleepiness may be just the beginning, say researchers who have linked chronic sleep deprivation to coronary heart disease (CHD). Interestingly, too much sleep seems to be unhealthy as well.

In the landmark Nurses Health Study at Brigham and Women's Hospital, researchers found that:

- women who slept only five hours or less a night had a 30 percent increased risk for coronary heart disease
- women who managed six hours a night still suffered an 18 percent increased risk
- women who slept nine or more hours a night were 38 percent more likely to suffer heart disease

Other ill effects of short-term sleep deprivation include higher blood pressure, increased levels of cortisol (a stress hormone) and slower cognitive function. Unfortunately, chronic lack of sleep is a pervasive problem. According to the National Sleep Foundation, more than two thirds of adults get less than eight hours of sleep a night.

As for the women who got more than eight hours of shut-eye each night, researchers were unable to pinpoint exactly why their heart disease risk increased. However, they suspect the women may have slept longer

because of an underlying disease that puts stress on the body.

So what's the magic number? The standard eight hours of rest seems to be best. Aim for seven to nine hours, which means if you set your alarm for 7 a.m., you need lights-out by the 11 p.m. news. Forget that notion of needing your "beauty rest" and think of adequate sleep as part of a heart-smart lifestyle along with eating right and exercising. ♥

## 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. *Carrying too much weight around the waist puts men and women at risk for heart disease.*

T ■ F ■

2. *LDL (bad) cholesterol is the ultimate marker of heart disease.*

T ■ F ■

3. *Americans' fatty diets provide more than adequate amounts of vitamin E.*

T ■ F ■

4. *Trans fatty acids are natural substances in food that can promote good health when consumed in moderation.*

T ■ F ■

### Answers

1. *True.* New guidelines recommend a waist measurement of less than 35 inches for women who are 5 feet tall and over and less than 40 inches for men 5 feet and over.

2. *False.* Lowering LDL cholesterol is still important, but new research suggests that a cholesterol component called apolipoprotein B (ApoB)—which points to metabolic syndrome and high insulin levels—may be a better indicator of cardiovascular disease risk.

3. *False.* Three out of four adults may not be getting the recommended daily amount of 15 milligrams of vitamin E, which can be found in nuts; seeds; vegetable oils; wheat germ; and dark-green, leafy vegetables.

4. *False.* A manufacturing process called hydrogenation artificially changes the chemical structure of unsaturated fats, resulting in trans fatty acids. The American Heart Association recommends that people avoid trans fats, which can contribute to heart disease by lowering good (HDL) cholesterol and raising bad (LDL) cholesterol.

## Pump up the volume

# Make the most of your fitness time with interval training

When it comes to exercise, the rule is simple: the more, the better. While many experts recommend at least 30 minutes of physical activity most days of the week to maintain your weight and reduce your risk for many diseases, a recent study doubles that advice to 60 minutes of moderate activity—or 20 to 30 minutes of a high-intensity activity—*every day*. This latest report, by the Institute of Medicine, is based on evidence showing the lower guideline is simply not enough for many Americans who are consuming more calories and getting heavier each year.

If the idea of stepping up your workouts makes you want to slink toward the couch, relax. You needn't push yourself to the brink or devote extra time. Try interval training, which combines short bursts of intense activity with periods of less intense activity during which you have a chance to recover. You can reap greater rewards in terms of heart health, muscle strength, endurance and weight loss—and it's an invigorating way to combat boredom.

### Simple steps to intervals

Say you normally stroll for 30 minutes a day. On your next walk, increase your pace to a brisker stride or jog for a brief period. You can time yourself for perhaps three to five minutes or choose to go harder for the next 10 telephone poles or houses. Then, slow to a moderate pace for the next three to five minutes, 10 telephone poles and so on. After this slower recovery period, or interval, go hard again. You may do several short-duration hard/easy cycles or fewer, longer cycles.

### How hard or easy?

The best way to gauge your exercise intensity is to think of it in terms of rate of perceived exertion (RPE), or how hard you feel you are working. Try using the American Council on Exercise's scale of 0 to 10 where 0 is at complete rest, such as sitting in a chair, and 10 is maximum exertion, such as running all out to catch a bus. Walking at a pace that *you* feel is moderate would be rated at 3. For your vigorous sessions, you needn't go full throttle, but aim for an RPE of about 8. For the recovery interval, you may slow down, but not stop. The key to this "active" recovery period is to continue exercising at a clip where you can still talk in short sentences to a friend, but not carry on a full-blown conversation.

Try other ways to vary your intensity. If you walk or ride over terrain, make going uphill your tough interval and recover on the downhills or flat surfaces. ♥



## St. Rita's introduces The Heart Center at St. Rita's

**H**ear patients who choose St. Rita's Medical Center for their healthcare will continue to see positive changes—the most recent being a new center and new leadership.

The program will now be called The Heart Center at St. Rita's. Like all healthcare services at the medical center, The Heart Center will attract residents from a 10-county region. The announcement follows the dissolution of the Heart Center of West Central Ohio in December.

St. Rita's will continue to provide heart patients with the most advanced technology and high-quality care. From the Chest Pain Center for emergency care to St. Rita's Cardiac Catheterization Laboratory, our experienced staff uses cutting-edge technologies to diagnose the cause of medical problems. If open-heart surgery is needed, our highly skilled team of surgeons, nurses and technicians will care for you. Your personalized care will continue with nurse-monitored Cardiac

Rehabilitation programs to help you return to your everyday activities.

St. Rita's is also pleased to announce that long-time St. Rita's employee Mary Reed has been named administrator of The Heart Center at St. Rita's. She came to St. Rita's in 1976, enrolled in the first respiratory care program at Rhodes State College and became a therapist in St. Rita's Respiratory department. Reed was later promoted to supervisor of Respiratory, director of Pulmonary Services, then administrative director of Cardiopulmonary Services. Over time, she opened the doors to the region's first accredited sleep lab, Audiology Services, Disease Management Center and most recently St. Rita's Center for Peripheral Vascular Disease.

“Over the past 27 years, Mary has demonstrated great enthusiasm and leadership skills. She has taken on great responsibility, proven herself to be a visionary leader, is respected and has broken new ground in her field. We are lucky to have someone the

caliber of Mary Reed leading our progressive heart services,” says Brian Smith, executive vice president and chief operating officer, St. Rita's Medical Center.

Reed serves on a number of boards, including serving as president of the Ohio Society for Respiratory Care, chairman of the Advisory Board at Rhodes State College, member of the state Lung Association's board of directors, board member of the Regional Lung Association, past president of the West Central Ohio Lung Association and member of the board of directors of the newly created Exploring/Venturing program with Rhodes State College and the Boy Scouts.

Reed was born and raised in Wapakoneta; is married to John Reed, administrative director, St. Rita's Homecare Services; and is the mother of four children.

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**. ♥

# Heart

healthnews®

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