

C A R D I A C

M O N I T O R

For our patients

Fall/Winter 2005

Cardiac Monitor — a resource for you

Cardiac Monitor highlights the latest news in cardiac care and features helpful information about diet and exercise, medication and prescription updates, upcoming educational opportunities, and ongoing profiles of different Mercy services.

Distribution of *Cardiac Monitor* is intended for patients who are active participants in any of the Mercy Heart Institute Cardiovascular Disease Management programs, or who have had a recent hospitalization for a cardiovascular-related condition. The information included in this newsletter is provided as an educational service. If you wish to be removed from the mailing list, please call (916) 733-6966.

To be heart healthier, go slow and change one habit at a time

Unless you've been living in a cave, you know that you can help prevent heart disease by quitting smoking, exercising more, eating healthier foods and losing weight. The problem doesn't seem to be our knowledge of what to do, but our willingness to do it.

Wait, don't stop reading — this isn't a lecture; it's a bit of good news and a modest suggestion: You don't have to turn your life upside down and sacrifice all your pleasures to be heart healthy. Try making one small change, and see how it feels.

"There is always a reluctance to change when someone hasn't done anything healthy before, but once my patients get started, they enjoy their new lifestyle," says Rajendra Sudan, MD, a cardiologist affiliated with Mercy Heart Institute. "Once they lose weight, for example, they get more motivated because they start feeling better and more energetic."

Knowing where you stand

Heart disease risk factors fall into two categories: ones you can change, and ones you can't. The latter group includes family history of the disease, ethnic background and age. Risk factors you can control include smoking, high cholesterol, high blood pressure, diabetes, physical inactivity and being overweight.

Which risk factors are the most pressing? "Smoking is the single most important risk factor to address," says Dr. Sudan. "It sets the stage for atherosclerosis, but once you quit, your risk goes down to a normal level within three years, no matter how much you've smoked." The second most important risk factor, according to Dr. Sudan, is physical inactivity.

Barriers to change

Why do people knowingly continue unhealthy habits — like eating too much red meat or not exercising regularly — that put their health at risk?

A poll commissioned by the American Academy of Family Physicians found that 24 percent of people blamed a lack of willpower or self-control, 17 percent said they didn't have enough time to be healthier and 14 percent blamed a stressful life.

Start with one new habit

Face it, if you eat fast food every day and exercise only with the TV remote, you're not going to switch to healthy habits overnight. But you can start with one

continued on page 3



Heart walkers

More than 750 walkers from Mercy participated in the 2005 American Heart Association Heart Walk at William Land Park on Sept. 24. Employees, former patients, friends and families joined the Mercy team for the annual event, which raises funds to support the AHA's fight against heart disease and stroke.

Cardiac Electrophysiologists

Peter Jurisich, MD
Padraig G. O'Neill, MD
Arjun D. Sharma, MD
Stephen I. Stark, MD
Larry J. Wolff, MD

Cardiac Surgeons

John R. Dein, MD
Richard J. Kaplon, MD
Allen S. Morris, MD
Stephen J. Rossiter, MD
Frank N. Slachman, MD

Cardiologists

Arvin Arthur, MD
Richard Axelrod, MD
Najam A. Awan, MD
Philip M. Bach, MD
Scott B. Baron, MD
Rohit Bhaskar, MD
David A. Bayne, MD
Raye L. Bellinger, MD
Larry E. Berte, MD
Dennis R. Breen, MD
Alan R. Cabrera, MD
Peter R. Callahan, MD
Jack W. Casas, MD
Michael L. Chang, MD
Kenny Charn, MD
John Chin, MD
Michael A. Davis, MD
Mark H. Eaton, MD
Georg Emlein, MD
Daniel C. Fisher, MD
Melvin D. Flamm, Jr., MD
James M. Foerster, MD
Michael Fugit, MD
Ronen Goldkorn, MD
Jonathan A. Hemphill, MD
Stanley C. Henjum, II, MD
Elizabeth Hereford, MD
Mehrhad Jafarzadeh, MD
Roy F. Kaku, MD
Brian Kim, MD
Joseph A. Kozina, MD
Edmond Lee, MD
Timothy Y. Lee, MD
Reginald I. Low, MD
David J. Magorien, MD
Nick Majetich, MD
John A. Mallery, MD
Walt Marquardt, MD
Harvey J. Mattof, MD
Malcolm M. McHenry, MD
Peter Miles, MD
Stephen L. Morrison, MD
Gopal Nemana, MD
M. Michele Penkala, MD
Nayereh Pezeshkian, MD
Jagbir S. Powar, MD
David K. Roberts, MD
Robert Schott, MD
Sailesh N. Shah, MD
Karanjit Singh, MD
Kevin L. Stokke, MD
Rajendra S. Sudan, MD
Patricia A. Takeda, MD
Daniel D. Vanhamersveld, MD
William Vetter, MD
Mark A. Winchester, MD
David E. Woodruff, MD

Mercy/CHW
Cardiovascular Services

Sue Kelman-Harr, RN, BSN,
MS, Vice President



Great grains bring great gains

By Annette Dreith, MS, CDE, Registered Dietitian

Wheat, oats and corn. These grains are basic staples in the American diet. We take the whole grain and process it in unimaginable ways. If you didn't know it, who would guess that corn on the cob and Cheetos brand chips were related? And then there is everything in between — canned corn, creamed corn, cornbread, corn tortillas, tortilla chips and corn chips. This is a gentle reminder to get back to basics — the simple, *whole* grain.

Grains can be included in any meal of the day. Oatmeal is a standard breakfast meal. Consider cornmeal mush or rye grits, buckwheat or Amaranth porridge, nine-grain cereal or brown rice pudding. Lunchtime meals often include meat sandwiches. Instead, try a corn/rice/bean burrito or taco, a hearty bowl of vegetable barley soup with whole grain bread or Southwest Bean Salad (see recipe). For dinner, ditch the straight rice, noodles or potato. Invent your own unique pilaf with a mix of any number of great grains including amaranth, barley, buckwheat or kasha, bulgur, corn, millet, quinoa or wild rice.

Include nuts, seeds, greens, fresh herbs, raisins or currants for a new, healthy and different side dish.

Plan to include great grains at least several times weekly for your health and your heart.

Recipe

Southwest Bean Salad

1 15-oz can kidney beans
½ can whole kernel sweet corn
½ cup sliced jicama
½ cup chopped bell pepper
1 cup halved cherry tomatoes
½ cup vinaigrette dressing

Combine, mix well and serve with fresh tortilla chips and torn lettuce greens.



No need to stress about this test

By Kenneth Rogaski, MS, Exercise Physiologist

A treadmill stress test is an effective tool for many reasons — diagnostic, prognostic and therapeutic. This non-invasive test, along with an accurate medical history and physical examination, can accurately detect the presence or absence of heart disease in about two-thirds of the patients tested.

For most of us, the term “treadmill stress test” drums up visions of agonizing work while connected to a mass of wires and equipment. In reality, most treadmill stress tests last 10 to 15 minutes and usually only involve a treadmill, 12-lead EKG and blood pressure cuff. The test is designed to place a gradual increase on your body to assess the response of the cardiovascular system. The test ends when you can no longer continue due to fatigue, when you have reached a predetermined heart rate or when you show unexpected symptoms.

The information obtained from the test is not only valuable to help determine the presence of heart disease, but it also provides an assessment of your ability to safely exert yourself and determines functional capacity, which can be used to design an individualized exercise program. This information is valuable in answering the question, “What is a safe and appropriate level of activity for me?”

In most cases, you can expect to walk out of the doctor's office with preliminary results. In some cases the results of the treadmill stress test will lead to more diagnostic tests to help validate the results of the stress test, or your physician may choose to perform a baseline echocardiogram before the stress test and repeat it directly following the test for further diagnostic purposes. The echocardiogram is a non-invasive procedure that causes no discomfort and only adds a small amount of time to the stress test.

Don't delay! New nitroglycerin recommendations for angina

By Seung Chun, Pharmacy Student, University of the Pacific

In the United States, heart disease is a leading cause of death. More than 1 million Americans are expected to suffer a heart attack this year, which will lead to 460,000 deaths. The biggest impact on the outcome of a heart attack is a delay in seeking medical attention. Disability and death can be reduced by seeking medical attention within the first hour of heart attack symptoms. However, the average patient waits 4.7 hours from the first symptoms to seek medical care.

To address the need for a quicker response, the American Heart Association and American College of Cardiologists have revised their guidelines for nitroglycerin use in treating pain from angina. Nitroglycerin relaxes blood vessels, which increases blood and oxygen supply to the heart. If you experience angina symptoms, you should take only one dose of nitroglycerin sublingually (under the tongue). If after five minutes symptoms remain or worsen, you should dial 911 immediately. To avoid delay, aspirin (one-half to one 325mg tablet) should be taken only after you call 911.

Before you can treat symptoms from a possible heart attack, you must first recognize them. Symptoms may include chest discomfort, possibly extending to the arm(s), back, neck, jaw or abdomen; shortness of breath; tiredness; profuse sweating; nausea and lightheadedness. Chest discomfort may include pressure, squeezing, fullness or pain in the center of the chest. Although any symptoms may be present, many heart attacks begin with only mild chest pain or distress.

Nitroglycerin tablets should be dissolved under a moist tongue for quick absorption. With dry mouth, a small sip of water before administration is helpful to dissolve the medication. However, you should not eat, drink, smoke or chew tobacco while the tablet is dissolving. To ensure that the nitroglycerin maintains its potency, the medication should be kept in an airtight and light-resistant container, and should be replaced if nearing its expiration date. Side effects may include dizziness or fainting, flushed face or neck, sudden headache, palpitations, nausea and vomiting, which may be easily confused with heart attack symptoms. If you don't feel better after five minutes, be safe and call 911.

Heart healthier

continued from page 1

small, easy change. If you're overweight, perhaps the most important change is to incorporate 20 to 30 minutes of exercise into your day. If your cholesterol is high, you should focus on choosing leaner cuts of meat or eating more fruits and vegetables. If your issue is high blood pressure, you need to eat foods with less salt.

Talk to your doctor about how to focus your efforts, then weigh the benefits and drawbacks of making the change — you need to understand the importance of your new habit, or you won't stick with it. Once you get started with healthier eating or exercise, remember that things might not go smoothly at first. Don't be discouraged — turning a new behavior into a habit takes time and commitment, but the effort is worthwhile, and your heart will thank you.

February is Heart Month

Here are a few upcoming community events planned to help you learn how to lead a heart healthy life:

Heart to Heart

A Healthy Living Event for Women
Mercy General Hospital, Feb. 16, 2006

Ask the Experts

Panel of Cardiac Healthcare Professionals
Mercy San Juan Medical Center, Feb. 22, 2006

Mercy receives quality designations

Mercy General's Cardiac Conditioning program has received certification from the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR). Certification means Mercy General's cardiac conditioning program is providing the highest quality patient care. AACVPR also praised Mercy General's program, recognizing it as a "Best Practice," which could be emulated at other hospitals and facilities around the country.

At the same time, Mercy General Hospital has been successful in meeting the high quality standards for cardiac care set forth by both Blue Shield of California and Blue Cross of California. Mercy General is among an elite group of California hospitals to meet the quality criteria of both organizations.

Mercy San Juan Medical Center also has received "Best Practice" recognition from Blue Shield of California for high quality cardiac care.

Mercy General and Mercy San Juan offer around-the-clock comprehensive cardiac care that includes rapid chest pain assessment and treatment, state-of-the-art cardiac catheterization labs, cardiac surgery, cardiac rehabilitation and trademarked disease management programs such as CHAMP® for congestive heart failure patients.

MARK YOUR
CALENDAR 

**Mercy Heart
Institute**

**Cardiovascular Disease
Management Programs**

Heart Smart and CHAMP®:
(916) 564-2880

Cardiac Conditioning:
Mercy General Hospital
(916) 453-4521

Mercy San Juan
Medical Center
(916) 537-5296

Smoking Cessation:
(916) 453-4927

Mercy Mall Walk Program:
(916) 564-2880

Healthy Heart Series — free

Mercy General Hospital

All classes are held on Thursdays from 1:30–3 p.m.
Call 453-4521 for dates and location.

Topics include: Diabetes Nutrition and Low-Fat
Cardiac Diet

Mercy San Juan Medical Center

All classes are held on Tuesdays from 11:15 a.m.–12:15
p.m. Call (916) 537-5296 for dates and location.

Topics include: Emotions and Heart Disease, Diabetes
Management, Diabetes Nutrition, Low-Fat Cardiac Diet,
Managing Your Response to Stress, Your Heart and Your
Cardiac Procedures, What's in Your Medicine Cabinet?,
Exercise Guidelines, Cardiovascular Risk Factors

**Congestive Heart Active
Management Program (CHAMP®)**

All classes are held from 8:30 a.m.–12 p.m. For schedule
and locations, call (916) 564-2880. Pre-registration is
required.

Topics include: Congestive Heart Failure, Medications,
Low-Sodium Diet, Social Issues, Exercise and Activities.

Heart Smart

All classes are held on alternating Tuesdays
from 9:30–11:30 a.m. and alternating Thursdays
from 1:30–3:30 p.m. For times and locations call
(916) 564-2880. Pre-registration is required.

Cholesterol Screenings

First Thursday of every month. Fees are \$25 for Lipid Panel;
\$30 for Lipid plus Glucose. Twelve-hour fasting is required.

For an appointment or information, call:

Mercy General Hospital (916) 453-4521
Mercy San Juan Medical Center (916) 537-5296

Mended Hearts Support Group

Meetings are held on the second Thursday of every
month from 7–8:30 p.m. For more information call
(916) 773-5263.

AICD Support Group (Defibrillator patients)

Meetings held every other month.
For information, call (916) 733-6966.

Mercy Mall Walk Program — free

Country Club Plaza, Florin Mall, Sunrise Mall
Monday-Saturday, 8–10 a.m.
For more information, call (916) 564-2880

Mercy Heart Institute

1-877-9HEART9

[www.CHWhealth.org/
MercyHeart](http://www.CHWhealth.org/MercyHeart)



Mercy Heart Institute
3939 J Street
Suite 220
Sacramento, CA
95819-3633

NON-PROFIT
ORGANIZATION
US POSTAGE
PERMIT #1972
SACRAMENTO