



Mended Hearts

FROM THE HEART

St Charles County
Mended Hearts
Newsletter
Chapter 369

www.MendedHeartsStCharles.org

Issue No.26

Winter 2017 Newsletter –Jan, Feb, Mar.

Welcome to Mended Hearts, Chapter 369! This chapter became official on August 10th 2010. Mended Hearts began in 1951 in Boston and has been providing support to heart patients and their families for 65 years with the theme that there is life with heart disease. There are over 230 chapters nationwide.

President – Larry Mantle

Vice President – Vacant

Treasurer - Charlotte Mantle

Secretary – Marla Fix

Visiting Chairperson – Neal Fix

Facilitators - Susan Dreckshage RN (BJC), Kathi Richarz RN (SSM), Donna Feuerstine RN (SSM)

Newsletter Editor –Bill Fix

Membership – Neal and Marla Fix

Contact Information Interested in finding out more information about Chapter 369?
Contact Neal Fix @ 636-947-8730.

Message to Recent Heart Patients

We hope you received some comfort and encouragement from our Mended Hearts visitors during your hospital stay. As you become active again, we invite you, your family and friends to attend our meeting as guests. We invite speakers that should interest heart patients and their families. We hope that you will become a member of our organization. Then you, too, can join in sharing the real meaning of our motto. **“It’s great to be alive”- and to help others.**

Winter Heart Event Anniversaries

David Dozier 3/2016, Joe Granicke 1/2015, Grace Jones 1/2016, Jan Michelsen 1/2010, Robert Moellinger 2/2016, Bill Stinson 3/2016, Bill Vehige 2/2003.

Winter Birthdays

Neal Fix 1/18, Marla Fix 2/4, Joe Granicke 1/12, Gayle Horn 1/13, Edmund Michelsen 3/22, Jan Michelsen 3/22, Tracy Powers 1/10, Carol Wittman 1/17

Please consider becoming a visitor it is a rewarding experience, patients are encouraged by your success in overcoming heart disease.

Upcoming Meetings

Mended Hearts Chapter 369 meets on the second Tuesday of the month at 6:30pm alternating between BJC St. Peters and SSM St. Joseph’s in St. Charles. Join us for a light meal before the meeting. The upcoming meetings are:

Jan 10 @: St. Joseph’s St. Charles. In the Doctors Dining Room on the ground floor. Subject: Donna Feuerstine RN (SSM) guest speaker Subject: Cardiac risk factors and Cardiac Rehab.

Feb 14th @: Barnes-Jewish St Peters in the medical building #6 Jungermann Circle. We meet in the Health Wise room. Subject: TBT

Mar 14th @: St. Joseph’s St. Charles. In the Doctors Dining Room on the ground floor. Subject: TBT

Sudden Cardiac Arrest vs Heart attack

People often use these terms interchangeably, but they are not synonyms. A heart attack is when blood flow to the heart is blocked, and sudden cardiac arrest is when the heart malfunctions and suddenly stops beating unexpectedly. A heart attack is a “circulation” problem and sudden cardiac arrest is an “electrical” problem.

What is a heart attack?

A heart attack occurs when a blocked artery prevents oxygen-rich blood from reaching a section of the heart. If the blocked artery is not reopened quickly, the part of the heart normally nourished by that artery begins to die. The longer a person goes without treatment, the greater the damage.

Symptoms of a heart attack may be immediate and intense. More often, though, symptoms start slowly and persist for hours, days or weeks before a heart attack. Unlike with sudden cardiac arrest, the heart usually does not stop beating during a heart attack. The heart attack symptoms in women can be different than men.

What is cardiac arrest?

Sudden cardiac arrest occurs suddenly and often without warning. It is triggered by an electrical malfunction in the heart that causes an irregular heartbeat (arrhythmia). With its pumping action disrupted, the heart cannot pump blood to the brain, lungs and other organs. Seconds later, a person loses consciousness and has no pulse. Death occurs within minutes if the victim does not receive treatment.

What is the link?

These two distinct heart conditions are linked. Sudden cardiac arrest can occur after a heart attack, or during recovery. Heart attacks increase the risk for sudden cardiac arrest. Most heart attacks do not lead to sudden cardiac arrest. But when sudden cardiac arrest occurs, heart attack is a common cause. Other heart conditions may also disrupt the heart's rhythm and lead to sudden cardiac arrest. These include a thickened heart muscle (cardiomyopathy), heart failure, arrhythmias, particularly ventricular fibrillation, and long Q-T syndrome.

Cream of Turkey & Wild Rice Soup

Ingredients 4 servings

1 tablespoon extra-virgin olive oil
2 cups sliced mushrooms, (about 4 ounces)**¾ cup chopped celery****¾ cup chopped carrots**
¼ cup chopped shallots**¼ cup all-purpose flour**
King Arthur Flour All-Purpose Flour
Unbleached \$3.99 Thru 12/31
¼ teaspoon salt**¼ teaspoon freshly ground pepper**
4 cups reduced-sodium chicken broth
1 cup quick-cooking or instant wild rice, (see Ingredient Note)
3 cups shredded cooked chicken, or turkey (12 ounces; see Tip)
½ cup reduced-fat sour cream
2 tablespoons chopped fresh parsley

Heat oil in a large saucepan over medium heat. Add mushrooms, celery, carrots and shallots and cook, stirring, until softened, about 5 minutes. Add flour, salt and pepper and cook, stirring, for 2 minutes more. Add broth and bring to a boil, scraping up any browned bits. Add rice and reduce heat to a simmer. Cover and cook until the rice is tender, 5 to 7 minutes. Stir in turkey (or chicken), sour cream and parsley and cook until heated through, about 2 minutes more.

Ingredient note: Quick-cooking or instant wild rice has been parboiled to reduce the cooking time. Conventional wild rice takes 40 to 50 minutes to cook. Be sure to check the cooking directions when selecting your rice—some brands labeled “quick” take about 30 minutes to cook. If you can't find the quick-cooking variety, just add cooked conventional wild rice along with the turkey at the end of Step 2.

Tip: To poach chicken breasts, place boneless, skinless chicken breasts in a medium skillet or saucepan. Add lightly salted water to cover and bring to a boil. Cover, reduce heat to low and simmer gently until chicken is cooked through and no longer pink in the middle, 10 to 12 minutes.

Nutrition information: Serving size: about 1¾ cups

Per serving: 378 calories 11 g fat(4 g sat); 3 g fiber; 29 g carbohydrates; 37 g protein; 57 mcg folate; 80 mg cholesterol; 3 g sugars; 0 g added sugars; 4518 IU vitamin A; 6 mg vitamin C; 73 mg calcium; 2 mg iron; 364 mg sodium; 748 mg potassium.
Carbohydrate Servings: 2, Exchanges: 1½ starch, 1 vegetable, 3 lean meat, 1 fat

Heart Facts

1. How the human heart functions

Every day, your heart beats about 100,000 times, sending 2,000 gallons of blood surging through your body. Although it's no bigger than your fist, your heart has the mighty job of keeping blood flowing through the 60,000 miles of blood vessels that feed your organs and tissues. Any damage to the heart or its valves can reduce that pumping power forcing the heart to work harder just to keep up with the body's demand for blood.

So how do you make sure your heart is in tip-top shape? "Keeping your body in good health helps keep the heart a more efficient organ," In other words, eat healthy, well-balanced meals and don't skimp on the exercise.

2. Male heart attack symptoms, female heart attack symptoms

When it comes to matters of the heart, men and women definitely aren't created equal. For instance, a man's heart weighs about 10 ounces, while a woman's heart weighs approximately 8 ounces.

Not only is a woman's heart smaller than a man's, but the signs that it's in trouble are a lot less obvious. When women have a heart attack -- and more than a half million do each year -- they're more likely to have nausea, indigestion, and shoulder aches rather than the hallmark chest pain.

Heart disease is the biggest killer of both men and women. And both genders should heed this healthy advice: Don't smoke, keep your blood pressure and cholesterol levels in check, and watch for the obvious and the more subtle warning signs your heart could be in trouble.

3. Laughter: The good heart medicine

Health experts now have proof that laughter is good medicine.

A good belly laugh can send 20% more blood flowing through your entire body. One study found that when people watched a funny movie, their blood flow increased. That's why laughter might just be the perfect antidote to stress.

When you laugh, the lining of your blood vessel walls relaxes and expands. So have a good giggle. Your heart will thank you.

4. Stress and the Monday morning heart attack

You're more likely to have a heart attack on Monday morning than at any other time of the week. Doctors have long known that morning is prime time for heart attacks. "We call it 'the witching hour. That's because levels of a stress hormone called cortisol peak early in the day. When this happens, cholesterol plaque that has built up in the arteries can rupture and block the flow of blood to the heart. Add in the rise in blood pressure and increased heart rate from the stress of returning to work after the weekend, and you have the perfect recipe for a Monday morning heart attack.

That's why it's important to reduce your stress levels as much as you can. Practice yoga, meditate, exercise, laugh (see tip No. 3), or spend more quality time with your family -- whatever works best for you.

5. How sex helps the heart

Having an active sex life could cut a man's risk of dying from heart disease in half. For men, having an orgasm three or four times a week might offer potent protection against a heart attack or stroke, according to one British study.

Whether sex works as well for women's hearts is unclear, but a healthy love life seems to equate to good overall health. For one thing, sexual activity is an excellent stress buster. It's also great exercise -- burning about 85 calories per half-hour session.

If you find it difficult to have sex, that could be a big red flag that something is wrong with your heart. For example, some researchers think erectile dysfunction might warn of a heart attack up to five years in advance.

Lower Cholesterol From a Twice-a-Year Shot?

Injectable drugs could provide major advance in heart-disease prevention, researchers say.

By Dennis Thompson
HealthDay Reporter

TUESDAY, Nov. 15, 2016 (HealthDay News) -- Instead of popping a pill every day, people might soon control "bad" LDL cholesterol by getting an injection at their doctor's office two or three times a year.

Researchers testing a new injectable drug called Inclisiran found it cut LDL cholesterol by half or more. According to early clinical trial data, the effect could last for four to six months.

Inclisiran produced "significant and durable reductions in LDL cholesterol, and thus could potentially impact cardiovascular events," said study presenter Dr. Kausik Ray, a professor of public health at Imperial College London in England.

Such long-lasting effects could provide a major advance in preventing heart disease, heart attack and stroke, by helping reduce hardening of the arteries, the researchers said.

The trial results were presented Tuesday at the American Heart Association annual meeting in New Orleans. Another phase of research is needed before Inclisiran can receive U.S. Food and Drug Administration approval.

Statin pills like Lipitor (atorvastatin) and Crestor (rosuvastatin) are the current gold standard for treating high cholesterol, but have their limits, heart doctors say.

However, another clinical trial presented at Tuesday's meeting showed that combining statins with Inclisiran's class of cholesterol-lowering drugs -- PCSK9 inhibitors -- can help drive LDL cholesterol levels down to previously unseen levels.

When paired with a statin, a PCSK9 inhibitor called Repatha (evolocumab) reduced LDL cholesterol levels by nearly 60 percent more than statins alone, said lead researcher Dr. Steven Nissen. He's chair of cardiovascular medicine at the Cleveland Clinic in Ohio.

Ultrasound scans showed that bringing cholesterol levels that low prompted hardening of the arteries to reverse in four out of five patients, Nissen said.

The Repatha study involved 846 patients with coronary artery disease. Half received statins alone, and others received the PCSK9 inhibitor and statins.

About 81 percent of patients taking Repatha and statins showed a reduction in arterial plaque volume, the results showed.

"We have never seen levels of regression at that magnitude in any study previously," Nissen said. "It's really quite extraordinary."

Nissen's study results were also published online Nov. 15 in the Journal of the American Medical Association.

Drugs such as Repatha and Inclisiran spur the liver to flush more LDL cholesterol out of the bloodstream by blocking a protein called PCSK9.

Unfortunately, first-generation PCSK9 inhibitors like Repatha require patients to receive 12 to 24 injections a year, making them inconvenient and expensive, Ray said.

Inclisiran is a next-level PCSK9 inhibitor, which works on a genetic level to prevent cells from producing PCSK9 in the first place, Ray said.

The Inclisiran clinical trial involved 500 people who were assigned to either a "control" group or one of four groups that received different doses of the drug.

One dose of Inclisiran at 300 milligrams or greater caused a 51 percent drop in LDL cholesterol that lasted at least 90 days, while two doses caused a 57

percent reduction that lasted up to six months, Ray reported.

Based on these results, Ray and his colleagues estimate patients would only need an Inclisiran injection two or three times a year to control their cholesterol. However, Dr. Borge Nordestgaard noted that these are early results.

"The key question is, will the LDL cholesterol reduction, which is very impressive, be sustainable over time," said Nordestgaard, a clinical professor with Herlev-Gentofte Hospital in Herlev, Denmark.

There are similar questions regarding the reduction of arterial plaque related to PCSK9 inhibitors, said Dr. Robert Eckel, a professor of cardiology at the University of Colorado Anschutz Medical Campus.

While drastically lowering LDL cholesterol does reduce arterial plaques, Eckel said he is waiting for the clinical trials to show whether this will actually reduce heart attacks and strokes in these patients.

If the remaining arterial plaques are softer and less dense, they might actually pose an increased risk because they are more likely to break free and block an artery, Eckel explained.

"We have to wait to see if this will impact patient outcomes," Eckel said.

Both clinical trials showed side effects from the drugs similar to those reported by people taking either statins or placebos, the researchers reported. Muscle aches, headache, fatigue, back pain, high blood pressure, diarrhea and dizziness were the most common side effects.

Both trials are funded by the drug's manufacturers, The Medicines Company for Inclisiran and Amgen Inc. for Repatha.

Data and conclusions presented at meetings should be considered preliminary until published in a peer-reviewed medical journal.

Mended Hearts Prayer

We ask for your blessing, Lord,
we ask for strength
that we may pass it on to others...
We ask for faith
that we may give hope to others...
We ask for health
that we may encourage others...
We ask, Lord, for wisdom
that we may use all your gifts well.
Amen.

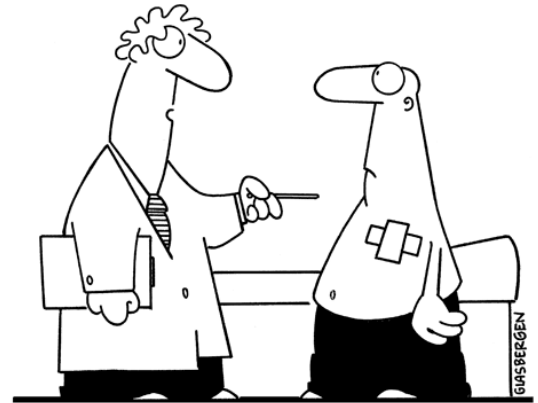
Heart Humor

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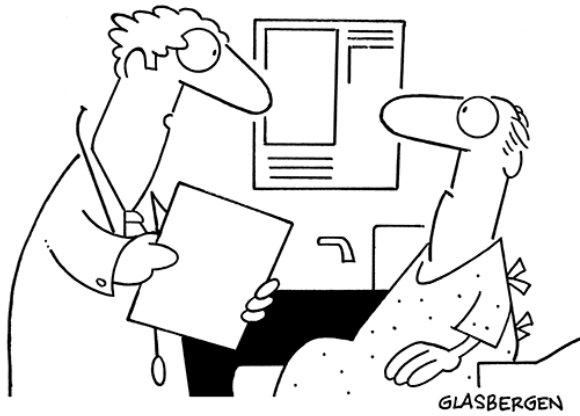


"If you can finish the entire 60-ounce steak, we'll put your name on a special plaque next to the defibrillator."



"It's a pacemaker for your heart, plus you can download apps for your liver, kidneys, lungs, and pancreas!"

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"You have a song in your heart. We need to operate to replace it with a digitally remastered version."



"Your new pacemaker includes a Pac-Man game that gobbles up the cholesterol in your arteries!"

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"My hamster ran on his wheel every day and died when he was 6 months old. Explain to me again how cardio is going to help me live longer."

Happy New Year!

New year resolution:
Laugh a little louder, smile a little bigger, love a little deeper, and walk through life a little slower.



Little 2013