



Mended Hearts

## FROM THE HEART

St Charles County  
Mended Hearts  
Newsletter  
Chapter 369

[www.MendedHeartsStCharles.org](http://www.MendedHeartsStCharles.org)

Issue No.41

Fall 2020 Newsletter – Oct, Nov, Dec

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 66 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), (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.

### Fall Birthdays

**Larry Mantle 11/8, John Hillman 11/9, Jackie Fix 12/8, Charlotte Mantle 12/23, Susan Zimmer 12/31.**

### Fall Event Anniversaries

**Rod Mckenzie 10/2010, Susan Zimmer 12/2016**

**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 alternating between BJC St. Peters and SSM St. Joseph's in St. Charles. Join us for a light meal before the meeting**

**Meetings at St Josephs will be at 5:00 pm. All other meetings will be at 6:30 pm.**

**The upcoming meetings are tentative depending on the restrictions in place because of the Covid 19 virus:**

**Oct 13th. Check your Email for announcements.**

**Nov 10th. Check your Email for announcements.**

**Dec 8th. Check your Email for announcements.**

## New treatment for Coronary and Peripheral Artery Disease

By Paula Felps

An estimated 16.5 million Americans live with chronic coronary artery disease (CAD) and another 10 million live with peripheral artery disease (PAD). In fact, some studies suggest that about 20 percent of adults over the age of 55 have some evidence of PAD. Despite this prevalence, only about 13 million of the 26.5 million Americans living with CAD and PAD are currently diagnosed.

"It is one of the most woefully under-diagnosed and under-treated conditions," says Dr. Kelley Branch, associate professor in cardiology at University of Washington, Seattle.

"There's a lot of education that needs to be done, and patients who are diagnosed with PAD are at much greater risk for chronic cardiovascular artery

disease and heart attacks. Building more awareness and beginning treatment is critical to a positive outcome.”

## The Conditions

In both CAD and PAD, patients experience a buildup of plaque and cholesterol that causes their arteries to become hardened or narrow. While CAD affects the walls of the coronary artery, PAD affects the arteries serving the peripheral areas away from the heart, such as the legs, arms, stomach and head.

While this narrowing of the arteries, known as atherosclerosis, isn't necessarily fatal, it often limits the way that blood flows to parts of the body. And, if left undiagnosed and untreated, it can lead to such serious health problems as heart attack, stroke, limb amputation and even death.

Patients have a variety of treatment options to choose from and, as always, you should consult with your doctor to determine the plan that works best for you. One newsworthy recent study added a new option that may be worth considering for some CAD and PAD patients and their doctors.

## The Study

“Most people with stable CAD and PAD are [currently] treated with aspirin and a small percentage receive P2Y12 monotherapy,” says Dr. Paul Burton, vice president of medical affairs for Janssen, which conducted the trial with Bayer and the Population Health Research Institute. “Yet despite the use of preventative guideline-directed medicines, up to 5% of people with stable CAD or PAD will still experience a debilitating or fatal cardiovascular event each year.”

Because of these statistics, researchers set out to determine whether combining Xarelto with aspirin would reduce cardiovascular events and related outcomes in these patients when compared to either option on its own.

The trial, called COMPASS (Cardiovascular Outcomes for People Using Anticoagulation Strategies), was a Phase 3 clinical study that involved 27,395 patients from 33 countries. It was halted several months early by an Independent Data Monitoring Committee after the combination — aspirin plus Xarelto (rivaroxaban) as a daily regimen — indicated a 24% reduction in the risk of major cardiovascular events.

“It is rare for a clinical trial to be stopped early for overwhelming efficacy as was recommended for the COMPASS Trial,” says Burton.

## The Results

Branch says the biggest surprise for those participating in the study was how quickly they saw a reduction in

cardiovascular events. “It was a shock, because the results were even more robust than expected,” Branch says. “One of the things we saw was that the risk for two of the worst outcomes — stroke and amputation — both were significantly reduced.”

Trial participants saw a 43% risk reduction in stroke and a 60% risk reduction in amputation.

In a review for the American College of Cardiology, Dr. Subhash Banerjee, professor in the UT Southwestern Department of Internal Medicine, notes that the COMPASS trial provided “an important milestone in our search for an effective secondary prevention strategy for patients with cardiovascular disease.”

Branch adds, “This is an exciting time, with new medications and a new way of treating patients more effectively. We finally have a medication that is not too much and not too little when it comes to treating thrombosis events. And it's something that is improving not just the quality of life for patients but can improve the quantity of life as well.”

## Next Steps

In October, Janssen Pharmaceutical Companies of Johnson & Johnson announced that it had received FDA approval on Xarelto for the reduction of myocardial infarction and stroke in people living with chronic CAD and PAD. Outreach is underway to major medical facilities and organizations to increase doctors' knowledge of the study's results.

“Like many treatments, it will take a while for people to become aware of it and know when to use it,” says Branch. “We expect to see it being used for PAD patients first; they're most in need and have been waiting a couple of decades for something like this.”

CAD and PAD patients may want to consider discussing this new treatment option with their doctors to find out if it could benefit them.

## Medical Humor

My favorite is a true story. During residency, I got paged at 3AM to the SICU. I called them, a bit curious as to what was going on, as 3AM calls to the neurologist rarely come from the SICU. When I introduced myself as the on-call neurologist, the very southern-sounding nurse loudly exclaimed: “Neurology? I wanted Urology. I got the wrong end!”

A proctologist had been in practice for 20 years and had settled into a very comfortable life with his future very secure. So he decided to fulfill his REAL dream and become an auto mechanic.

Having entered mechanic school, the former physician received the results of his first test back with a score of 200%. Confused, he asked the teacher why his score was so high.

“Well”, said the teacher, “The first part was taking the engine apart and you did that perfectly, so you got 50%. The second was to put it back together again and you did it perfectly and got another 50%. The other 100% was for doing it through the tailpipe.”

This is a collection of funny one-liners, exactly as typed by medical secretaries:

Patient has left her white blood cells at another hospital.

Patient has chest pain if she lies on her left side for over a year.

On the second day the knee was better and on the third day it disappeared.

The patient has been depressed since she began seeing me in 1993.

Discharge status: Alive, but without my permission.

Patient had waffles for breakfast and anorexia for lunch.

While in ER, Eva was examined, x-rated and sent home.

Skin: somewhat pale, but present.

Patient has two teenage children, but no other abnormalities.

The patient was in his usual state of good health until his airplane ran out of fuel and crashed.

### **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.