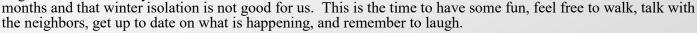


"It's great to be alive - and to help others!"

## **President's Message**

#### HAVE SOME FUN

This is a great time of the year. One of the best areas to spring ahead is with a jump start on your garden or landscape. Take the right approach and plan your work; do not overdo it. Remember this is fun, not a competition and we do not need to get it all done in a few days. The enjoyment comes from watching it all develop and getting outside to a healthy environment. Most of us have been indoors for a few



You may also find out that you will develop healthy eating habits. People who dine in or prepare their own food spend less money and eat healthier. This is the advantage of a garden. It allows you to choose the right ingredi-



ents to put together a nutritious meal with little effort. The key is to keep the salt, sugar, saturated fat and preservatives to a minimum. Try using herbs and spices to add flavor or even lemon juice, lime juice, or vinegar to reduce the need for salt. You can also divide your plate into sections to insure you are getting the right mix of produce, whole grains, and protein. Older people need more protein than younger individuals. It is important to spread that protein throughout the day to help your body use it effectively. If you eat it all at dinner you are not getting the maximum benefit. Train yourself to use smaller plates to insure you are not overdoing your portion size. Remember healthy cooking methods include braising, broiling,

grilling, poaching, sautéing, and steaming. Using nonstick pans or

Continued on Page 11

## Save the Dates!

#### **MENDED HEARTS MONTHLY MEETING**

St. Luke's Cardiac Rehab Conference Rm, 3525 E Louise Dr., Suite 500, Meridian

- MH Chapter Meeting Wednesday, 04/15/2020 3:00-5:00 PM
   <u>Guest Speaker</u>: Sherry Barnes-Macon, LSW with First Choice Home Health and Hospice, Boise, will speak on "Care for the Caregiver."
- MH Chapter Meeting Wednesday, 05/20/2020 3:00-5:00 PM
   Guest Speaker: Dr. Eric Scholten, Sleep Physician at St. Luke's Pulmonology, will speak about "Sleep Apnea and Heart Disease."
- No MH Chapter Meeting in June, Picnic Party planned for Thursday, 06/25/2020

#### CARDIAC REHAB EDUCATION SESSIONS (at St. Luke's Cardiac Rehab Conference Rm):

- Wednesday, April 22, 2020
- ▼ Tuesday, May 19, 2020
- Wednesday, June 24, 2020

### **Other Activities**:

- ▼ American Heart Assoc. Heart Walk: Thursday, 04/30/2020, Kleiner Park, 6:00 PM
- ▼ Scentsy Con Kid's Tech Fair 2020: Friday, 05/01/2020, Scentsy, Inc. 2701 E Pine Ave, Meridian, 5:00-8:00 PM

## **Update on Chapter Member John Dzwilewski**

John Dzwilewski, featured in our Fall 2019 Newsletter, received a heart transplant on February 4, 2020. He writes:

"I received the call for the Heart Transplant on the evening of Feb. 3, and by the time I got packed and ready to go, my good friend James Raff (a heart transplant recipient himself) drove me down to the University of Utah Hospital and we arrived on Feb. 4 at 2:00am. They were waiting for me, and immediately started prepping me for the transplant operation.

There were a number of issues that occurred that day, but the surgery started at 6:00pm and lasted approximately 6 hours.

They removed my heart, my LVAD, as well as my Pacemaker/Defibrillator and replaced it with a healthy heart. I don't know much about my donor or his family, and have started the process of writing them under the directions of the Social Worker. I have been told by my Doctors that my Donor was a 20 year old male. That is all I know right now.



After the operation, I spent 1 week in ICU and another week in CVMU (Cardio Vascular Medical Unit) before being discharged to the University of Utah Patient and Family Housing Hotel. It is for Patients and Families who live out of town and do not have family in Salt Lake City.

I have been eating well, making all of my post transplant appointments, and walking a lot. I start my official Cardio Rehab at the Hospital (36 visits over 12 weeks) on Friday March 6.

I have committed to live down here for up to 6 months to ensure I receive the care I need."

Fellow Mended Hearts Member Dee Hartman visited John in Salt Lake City recently and brought our first news of John's transplant to our February monthly meeting

We all wish John the best of luck in this exciting new chapter of his life. We look forward to seeing him at one of our meetings as soon as he gets back to Boise.

## Healthy Snacking Guaranteed to fill you right up:

- Whole-grain toast with peanut or almond butter.
- Cherry tomatoes with hummus.
- Low-fat or fat-free cheese.
- Plain low-fat or fat-free vogurt (An awesome pairing with fruit!)
- Fruit and veggie smoothie.
- Whole-grain crackers with canned tuna or salmon.



**Mended Hearts Mission Statement:** "To inspire hope and improve the quality of life of heart patients and their families through on-going peer-to-peer support, education, and advocacy."



**Vision Statement:** "To be the premier nationwide resource and peer-to-peer support network for all heart patients and families affected by Heart Disease across the life span."

**About Mended Hearts:** "Mended Hearts is a national and community-based non-profit organization that has been offering the gift of hope to heart disease patients, their families and caregivers. To offer this hope Mended Hearts provides a variety of programs."

The Non-Profit number for Mended Hearts Chapter 380 is: 45-4381348



#### PCP at St. Luke's Clinic for Family Health

#### Topic: Listen to Your Body, a Personal Account.

The heart is an amazing organ. It pumps 40-60 beats per minute each day from the time of birth until the time of death. It does not take a break, cannot "take time off". Its job is to pump nutrient and oxygen-rich blood to the body through the arterial system and to return oxygen-depleted blood back to the heart through the venous system. Since the heart is a muscle, it needs its own supply of oxygen-rich blood to function. Also, oxygen-depleted blood must be carried away from this muscle. The coronary arteries wrap around the outside of the heart and small branches dive into the heart muscle to bring it the necessary blood flow to the heart muscle. There are two main coronary arteries: They are the left main and right coronary arteries. 1) The left main coronary artery (LMCA) supplies blood the left side of the heart muscle (the left ventricle and left atrium). 2) Right coronary artery (RCA) supplies blood to the right ventricle, the right atrium, the SA (sinoatrial) and AV (atrioventricular) nodes, which regulate the heart rhythm.

Since coronary arteries deliver blood to the heart muscle, any coronary artery disorder or disease can have serious implications by reducing the flow of oxygen and nutrients to the heart muscle. This can lead to a heart attack and possibly death. Atherosclerosis (a buildup of plaque in the inner lining of an artery causing it to narrow or become blocked) is the most common cause of heart disease. It is called coronary artery disease (CAD). In this disease, plaque is the enemy. At about eighteen years of age, plaque begins to develop, and progresses at different rates as we



age. Plaque is made up of cholesterol deposits in the blood vessels. When plaque ruptures in the vessel, a blood clot is formed and dams off blood flow to that part of the heart muscle. Several factors can cause high cholesterol (hypercholesterolemia) in the arteries: smoking; excessive alcohol consumption;, diet high in saturated fat, cholesterol and trans fat; untreated high blood pressure; untreated high blood sugar levels; obesity; lack of exercise; unresolved stress; and family history of high cholesterol and triglycerides. Work with your doctor to monitor and treat your high cholesterol and triglycerides and modify your life style to minimize the risk factors.

Symptoms of a possible heart attack, called a myocardial infarct (MI): excessive sweating; chest pain such as a squeezing or tightening sensation; radiating pain in jaw and left arm or both arms; nausea; dizziness; a sense of impending doom; an increase in breathing and blood pressure. An MI means the blood flow in a cardiac artery is



being restricted or cut off to the muscle and the muscle is starving for oxygenated blood. There is a 20 minute window to get this problem reversed before there could be permanent damage to that section of the heart muscle. If the area being affected is large, the heart attack can be fatal. This is why it is so important to get medical help quickly after symptoms begin. Calling 911 and getting the paramedics on the scene is your best course of action. The ambulance is equipped with the medicine needed to restore the blood flow to the heart muscle. If more than 20 minutes have passed, it is still worth getting the medical help to minimize the heart damage. Under no circumstances should a person get behind the wheel of the car and drive themselves to the emergency room. Not only are you depriving yourself of the chance of meeting that 20 minute rule, but you are endangering others on the road as you drive in such an unstable condition.

Off and on chest pain (angina) or any of the above mentioned symptoms warrant a visit to your doctor. Dr. Bateman said it is okay to be "worried well". That means that when you are concerned and see the doctor, chances are that 90-95%

of your symptoms are nothing major, are not heart related and you will get better. Still, it is better to see the doctor rather than risk missing the 5-10% of a condition that could be serious. If you are exerting yourself and have angina, then stop to rest and if the pain goes away, it could be heart related.

In the population of individuals experiencing a heart attack, 1/3 of them will die from the episode, 1/3 have heart muscle damage and survive, 1/3 get restored blood flow and have no heart muscle damage.

If you have been diagnosed as being at risk for a heart attack, that probably means plaque is building up in the blood vessels in the heart. Blood tests will register high cholesterol. An angiogram will reveal plaque in the coronary arteries. 1) A stent can be placed in the area at risk. This involves running a line into the heart arteries

## Meet our Guest Speaker- Meridith Campbell

#### Physical Theripist with First Choice Home Health and Hopice, Boise

#### Surviving the Cold Winter Months in a Safe and Healthy Way.

- Cold weather puts a strain on the heart. Low temperatures cause the blood vessels on the surface to constrict to move warm blood deep inside to the vital internal organs. Against this vascular constriction, the heart must pump harder to circulate the blood. As a result, there is an increase in blood pressure and heart rate, especially when paired with outdoor exertion such as shoveling a snowy sidewalk. This can cause serious issues such as chest pain, heart attack or stroke. If you are active outdoors, restrict your activities to 15 minutes before an indoor rest, hydrate and drink something warm. Along the same lines, if a person becomes overheated, the blood vessels will dilate and lead to hypotension (low blood pressure). If you are out in the cold and find yourself sweating, you probably are overheating.
- Venture outside but dress warmly and in layers. to keep your body from losing heat. Don't forget your hat, gloves and scarf. A muffler or scarf around the mouth and nose will warm the air you take into your lungs which will keep your airways open and decrease the strain on the heart. And remember the above warning-if you dress in layers and are becoming overheated, you can remove layers to remain comfortable. Don't wear clothing that's too tight, which may constrict blood flow.



- Be safe on icy surfaces. The company YAKTRAX makes a spike less coil design to easily attach to the bottom of your shoes. These give light duty traction to aid in walking on ice and snow. They are easy to stow in a baggie within a purse or pocket for quick application to get you from Point A to Point B without a fall. A member said he wrapped thin rope around his shoes while trekking on a glacier and got the same non-slip affect. Our advice to him was: "STAY OFF GRACIERS"! There are also spiked tips which can be added to the end of a cane or trekking pole, which punctures and grabs the ice to give you support. Our speaker recommended contacting Norco Medical Equipment locally to obtain the spikes.
- Prepare for cold weather. There might be a stretch of time when a person cannot go to the grocery store because of bad weather. Always have at least three days' supply of water and food on your shelf to get you through these periods of time. Rotate this food and water to keep the supply fresh.
- Keep up on your shots. There is an annual flu shot formulated specifically for seniors (not that any of us are there yet!). It is important to get the pneumonia shot also, unless contraindicated by your doctor.

If you are around someone who appears to be ill or has an active cough, run (or walk very quickly) away from



SORRY, SON...THERE'S NO APP FOR THAT

that person. Frequent and complete hand washing is an important routine. To do a thorough job with hand washing takes about 15-20 seconds (the length of time it takes to sing the Happy Birthday Song twice). Every surface of the hands and fingers need soap and vigorous friction (the palms; each finger, including the thumb; between each finger; backs of hands; fingertips against the palms and rinsing from wrist down towards the finger tips). Dry with a paper towel and then turn off the water with a fresh, dry paper towel. Open the door of the bathroom with yet another fresh, dry towel. A container of hand sanitizer should be carried in your purse or pocket and used after touching public surfaces (doorknobs, menus, etc). Carry a packet of sanitizer wipes in a baggie and use these to wipe down any surface which has been touched by mul-

tiple people. And, above all else, avoid touching your T-zone-that would be mouth, nose, eyes, ears, or even resting your chin of your hand. Bugs enter the body through this zone on the head. If you have to cough or sneeze, carry tissues in your purse or pocket or cough/sneeze away from others and into your bent elbow. If you are ill, please be considerate of others and stay home.

Don't hibernate in the cold weather. Assure that you are safe and then go out and get some exercise. Walk in the mall or up and down the aisles in a large store, swim at an indoor pool, take an exercise class, add movement to your daily life- take the stairs, walk the hallway, or exercise with a DVD or YouTube video. Take your resting heart rate before you exercise. Find your pulse at the wrist on the thumb side of the arm, or over the carotid artery on the front and to the side of your windpipe. Use the tips of your second and third fingers (not your thumb) and don't push hard on the vessel. Once you know how many times your resting heart beats in a minute, remember this number. Your heart rate can increase by 20 to 30 beats over this number while exercising, and still remain in a safe exercise zone. You don't want to push your heart rate too high when exercising. If you develop shortness of breath or chest pains, stop exercising immediately and report this to your

Which Common Foods Have More Salt by Lisa Haney, AARP, February 19, 2020

#### Being aware of hidden salt in prepared meals!



Salt can raise blood pressure, putting stress on the circulatory system and increasing the risk of heart disease and stroke. While blood pressure is determined by many factors, including genetics and environment, one of the most important factors you can control is how much salt you eat, according to Willie Lawrence, a cardiologist in Kansas City, Missouri, and a spokesperson for the American Heart Association. "By limiting salt intake, one can reduce their blood pressure and therefore their risk of developing heart disease or stroke," Lawrence says. The AHA recommends limiting salt intake to 1,500 mg a day. Avoiding the saltshaker isn't enough to reach that goal. You need to know the hidden sources of sodium. Take our quiz and discover eight shocking, hidden sources of salt.

Skinny Pop popcorn (3/4 cup) OR grocery store rotisserie chicken (4 ounces)?

Answer: The chicken. "We don't necessarily think of chicken as salty but rotisserie chicken is often injected with salt water to make the chicken juicy and more flavorful," says Danielle Allen, a registered dietitian in Hopkinton, Massachusetts. "The high salt content also helps preserve the meat." As a result, rotisserie chicken has around 320 mg of sodium compared with 75 mg for the popcorn. "Baking a chicken breast at home with oil, herbs and seasonings other than salt can cut your sodium by more than 200 milligrams," she says. Just avoid buying chicken that's been "enhanced" with broth, which boosts sodium levels.

Schweppes club soda (12 ounces) OR Blue Diamond roasted salted almonds (1 ounce, about 23 almonds)? Answer: The club soda. It contains 95 mg sodium versus 85 mg for the nuts. "The club soda contains sodium bicarbonate (baking soda) and sodium chloride (table salt) to enhance taste and to neutralize the acidity," says Jennifer Glockner, a registered dietitian in Los Angeles and creator of the e-book series *Smartee Plate*. If you don't want to drink plain water, try sparkling water such as San Pellegrino, which has only 1 mg sodium per ounce, Glockner suggests.

Campbell's Condensed Chicken Noodle Soup (10.75-ounce can) OR a bag of potato chips (8 ounces)? Answer: The soup. It contains a whopping 2,225 mg of sodium, compared with the chips' hefty 1,300 mg. "People often see the tiny can of Campbell's and assume it is one serving, but there are 2.5 servings per container," Allen says. "A great alternative for those who don't want to make their own soup is Campbell's Low Sodium Chicken With Noodles, which uses potassium chloride as a salt substitute and contains only 120 milligrams of sodium per can."

## Land O'Lakes salted whipped butter (1 Tbsp.) OR Best Foods Real Mayonnaise (1 Tbsp.)?

Answer: The mayo. It checks in at 95 mg of sodium compared with 50 mg for the butter. "They both contain added salt but the mayo also has a preservative that contains sodium," Glockner says. "As an alternative sandwich spread, consider using a mashed-up slice of avocado, which only contains a negligible amount of sodium."

## McDonald's Chicken McNuggets (10 pieces) OR V8 Vegetable Juice (12 ounces)?

Answer: The juice. "The V8 contains three servings of veggies in 12 fluid ounces, which could be considered healthy," Glockner says. "However, it contains 960 milligrams of sodium from added salt — 40 percent of the maximum daily allowance of 2,300 milligrams of sodium." In comparison, the nuggets contain 900 mg of sodium. Try V8's low-sodium option instead (200 mg per 11.5 ounces) or eat your veggies and drink water instead, she recommends.

## Hidden sources of salt in our diet



Prego Basil Pesto Italian Sauce (1/4 cup) or Prego Tomato Basil Garlic Italian Sauce (1/4 cup)?

Answer: The pesto. "Not only does the pesto have more than two times the amount of sodium [590 mg versus 210 mg], it's also higher in saturated fat," says Allison Knott, a registered dietitian in New York City. "If you're looking for a lower-sodium pasta sauce, choose a tomato-based option and compare brands to find the one that is the lowest in sodium per serving. Adding cooked vegetables can also help you 'stretch' the sauce, lowering total sodium per serving."

https://www.aarp.org/health/healthy-living/info-2020/foods-with-hidden-salt.html?rgfld=er&intcmp=DSO-HDR-REG

## **Information about Watchman:**

## **WATCHMAN LAAC Procedure**

There's an alternative to warfarin for people who need one. It's called WATCHMAN. The only FDA-approved implant proven to reduce stroke risk in people with atrial fibrillation not caused by a heart valve problem (also referred to as non-valvular AFib). The WATCHMAN Implant is a minimally invasive, one-time procedure designed to reduce the risk of strokes that originate in the left atrial appendage (LAA).



1 - Using a standard percutaneous technique, a guidewire and vessel dilator are inserted into the femoral vein



**2**—The implant procedure is performed with fluoroscopy and transesophageal echocardiography (TEE). The interatrial septum is crossed using a standard transceptal access system.



3—The access sheath is advanced over the guidewire into the left atrium and then navigated into the distal portion of the LAA over a pigtail catheter.



**4**—WATCHMAN is then deployed and released in the LAA.



5—Heart tissue grows over the WATCHMAN Implant and the LAA is permanently sealed. Patients remain on warfarin for at least 45 days post-procedure.



6—A fully endothelialized device

From: https://www.watchman.com/en-us-hcp/about-the-procedure.html

## **Fred Meyer Donation Reward Program**

You can help Mended Hearts Chapter 380 earn donations just by shopping with your Fred Meyer Rewards Card!

Is your Fred Meyer Rewards Card linked to Mended Hearts? The re-enrollment period for customers who did not relink their card with a nonprofit ended in June and they were dropped from the Community Rewards System. Please visit the <a href="Fred Meyer Community Rewards">Fred Meyer Community Rewards</a> website to link your Rewards Card with Mended Hearts Chapter 380!

Fred Meyer is donating \$2.5 million per year to non-profits in Alaska, Idaho, Oregon and Washington based on where their customers tell them to give. Here's how the program works:

Sign up for the Community Rewards Program by linking your Fred Meyer Rewards Card to Mended Hearts Chapter 380 on the Fred Meyer Community Rewards website You can search for us by name or our non-profit number, MJ804.



Then, every time you shop and use your Rewards Card, you are helping Mended Hearts earn a donation! You still earn your Rewards Points, Fuel Points and Rebates, just as you do today.

If you do not have a Rewards Card, they are available at the Customer Service desk of any Fred Meyer store

CORONAVIRUS DISEASE 201

Jim James Robb, MD FCAP, Professor of Pathology, UC San Diego, Retired

### Some good common sense recommendations for self care:

Dear Colleagues, when I was a professor of pathology at the University of California San Diego, I was one of the first molecular virologists in the world to work on coronaviruses (the 1970s). I was the first to demonstrate the number of genes the virus contained. Since then, I have kept up with the coronavirus field and its multiple clinical

transfers into the human population (e.g., SARS, MERS), from different animal sources

The current projections for its expansion in the US are only probable, due to continued insufficient worldwide data, but it is most likely to be widespread in the US by mid to late March and April.

NOTE: This virus is spread in large droplets by coughing and sneezing. This means that the air will not infect you! BUT all the surfaces where these droplets land are infectious for about a week on average - every-

thing that is associated with infected people will be contaminated and potentially infectious. The virus is on surfaces and you will not be infected unless your unprotected face is directly coughed or sneezed upon. This virus only has cell receptors for lung cells (it only infects your lungs) The only way for the virus to infect you is through your nose or mouth via your hands or an infected cough or sneeze onto/into your nose or mouth.

Here is what I have done and the precautions that I take and will take. These are the same precautions I currently use during our influenza seasons:

- NO HANDSHAKING! Use a fist bump, slight bow, elbow bump, etc.
- Use ONLY your knuckle to touch light switches. elevator buttons, etc.. Lift the gasoline dispenser with a paper towel or use a disposable glove.
- Open doors with your closed fist or hip do not grasp the handle with your hand, unless there is no other way to open the door. Especially important on bathroom and post office/commercial doors.
- Use disinfectant wipes at the stores when they are available, including wiping the handle on grocery carts.
- Wash your hands with soap for 10-20 seconds and/or use a greater than 60% alcohol-based hand sanitizer whenever you return home from ANY activity that involves locations where other people have been.
- Keep a bottle of sanitizer available at each of your home's entrances. AND in your car for use after getting gas or touching other contaminated objects when you can't immediately wash your hands.
- If possible, cough or sneeze into a disposable tissue and discard. Use your elbow only if you have to. The clothing on your elbow will contain infectious virus that can be passed on for up to a week or more!

Consider stocking in preparation for a potential pandemic spread:

- If you choose to stock up with disposable surgical masks do it only to prevent YOU from touching your nose and/or mouth (We touch our nose/mouth 90X/day without knowing it!). This is the only way this virus can infect you it is lung-specific. The mask will not prevent the virus in a direct sneeze from getting into your nose or mouth it is only to keep you from touching your nose or mouth.
- Hand sanitizers. The hand sanitizers must be alcohol-based and greater than 60% alcohol to be effective.
- Zinc lozenges. These lozenges have been proven to be effective in blocking coronavirus (and most other viruses) from multiplying in your throat and nasopharynx. Use as directed several times each day when you begin to feel ANY "cold-like" symptoms beginning. It is best to lie down and let the lozenge dissolve in the back of your throat and nasopharynx. Cold-Eeze lozenges is one brand available, but there are other brands available.

I hope that this pandemic will be reasonably contained, BUT I personally do not think it will be. Humans have never seen this snake-associated virus before and have no internal defense against it. Tremendous worldwide efforts are being made to understand the molecular and clinical virology of this virus. Unbelievable molecular knowledge about the genomics, structure, and virulence of this virus has already been achieved. BUT, there will be NO drugs or vaccines available this year to protect us or limit the infection within us. Only symptomatic support is available.

I hope these personal thoughts will be helpful during this potentially catastrophic pandemic. You are welcome to share this email.

Good luck to all of us! Jim James Robb, MD FCAP"

## Members' Recipes and Food Suggestions

#### Pat Toshcoff's Creamy Tomato Soup

### Creamy Tomato Soup that Tastes Like Campbell's

Modified by Chapter Member, Pat Toshcoff, from a recipe by Kathleen Henry @ Produce On Parade Be sure to buy quality canned tomatoes. A good choice is Organic Muir Glen brand that was rated highest by Cook's Illustrated.



#### **Ingredients**

- ♦2 28-oz. cans of whole peeled tomatoes
- ♥½ cup water
- ▶1 Tbsp brown sugar (Pat omits this as it makes soup too sweet)
- ♥1 Tbsp. tomato paste
- **♥**1 tsp seasoning salt
- **♥**1 tsp xanthan gum
- **♥**2 dried bay leaves
- ◆Dash ground black pepper
- ▼1 ½ quarts milk (for creaminess and thickness)

#### **Instructions**

- 1. In a blender, combine all ingredients except for the bay leaves and milk. Blend on high for several minutes, until very smooth and creamy.
- 2. The xanthan gum will make the soup sort of frothy. Never fear though, it will clear when heated.
- 3. Transfer to a medium saucepan, add the bay leaves, and heat over medium-low for about 10 minutes, until the soup turns a dark red and the froth goes away
- 4. Add milk on a one-to-one ratio to thin the soup and add creaminess (see note below).
- 5. Serve hot!

#### **Notes:**

- ▼ Xanthan gum is a natural product used in many foods to give a slight thickening quality. It can be found in the bulk food section. I get mine at Winco. You will have to ask the store attendant because this is something not commonly in our pantry. It is expensive per pound but you only have to purchase a small scoop, so the price is reasonable that way.
- Original recipe calls for heaping ½ cup brown sugar. I found this way too sweet so cut it way down or it simply can be omitted.
- The soup is very concentrated when finished. I find it tastes much better if I half it with milk. For example, I add one cup of the concentrated tomato soup to one cup of milk and heat for a delicious bowl of creamy tomato. If a person does not like milk I imagine you could add one cup of water. Either way, it needs to be thinned out.

Pat also has found a great online source for low sodium, very low sodium or no sodium food. It is Healthy Heart Market .com. To order a catalog, place an order by phone, or for questions call: (320) 532-9000 or visit them online at <a href="https://healthyheartmarket.com/">https://healthyheartmarket.com/</a> Pat has ordered from them and has been pleased with what they have to offer.

Original recipe at: https://www.produceonparade.com/search?q=tomato%20soup

## **Roasted garlic white bean dip** — Submitted by Ray Trapp

#### **Ingredients**

- ▼ 1 garlic head
- **♥** 2 teaspoons olive oil
- ▼ 2 cans no-salt-added cannellini beans, drained
- **▼** 1 1/2 teaspoons rosemary
- **▼** 1 1/2 tablespoons balsamic vinegar

#### Instructions

Preheat oven to 425°F. Slice off the top of the garlic head and place bulb in foil. Drizzle with olive oil and wrap foil around the garlic. Place in an ovenproof bowl and roast in oven for 45 minutes or until tender and golden brown. When the garlic has cooled enough to handle, squeeze the garlic pulp into a food processor or blender.

Add the beans, rosemary, vinegar and seasoning to the garlic. Blend until smooth.

Serve with toasted whole-grain bread or fresh vegetables.

Serves 11.

From: https://diet.mayoclinic.org/diet/recipe/roasted-garlic-white-bean-dip



#### Vietnamese Marinated Grilled Chicken with Corn-and-Avocado Salad

#### Servings: 6

1 1/2 lbs boneless, skinless chicken thighs (all visible fat discarded)

#### **Ingredients**

- 3 tablespoons honey
- 3 tablespoons fresh lime juice
- 3 tablespoons soy sauce (lowest sodium available)
- 2 tablespoons canola or corn oil
- 2 teaspoons minced garlic
- l teaspoon ground ginger
- 1/2 teaspoon crushed red pepper flakes (optional)

#### **Salad Ingredients**

- 6 large ears of corn, husks and silk discarded
- 2 medium avocados (halved, pitted, diced)
- 2 medium tomatoes, chopped (about 2 cups)
- 3/4 cup finely chopped, fresh basil
- 2 tablespoons chopped red onion
- l tablespoon canola or corn oil
- l tablespoon plain rice vinegar or white vinegar
- 1/4 teaspoon salt
- 1/8 teaspoon Black pepper



- 1. In a shallow glass dish, whisk together the marinade ingredients. Add the chicken, turning to coat. Cover and refrigerate for 4 to 24 hours, turning occasionally.
- 2. When the chicken has marinated, preheat the grill on medium high. Drain the chicken, discarding the marinade. Let the chicken stand at room temperature for 15 minutes.
- 3. Meanwhile, wrap each ear of corn in heavy-duty aluminum foil.
- 4. Grill the corn for 15 to 20 minutes, or until tender, turning occasionally. Remove from the grill. Let cool. Using potholders, carefully remove the corn from the foil.
- Meanwhile, grill the chicken for 5 minutes on each side, or until it registers 165°F on an instant-read thermometer.
- When the corn is cool enough to handle, using a knife, cut off the kernels from each cob. Transfer to a large bowl
- 7. Stir in the remaining salad ingredients, tossing gently to combine.
- 8. Serve the salad with the chicken.

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## Take a selfie for your health?

- Imagine taking a selfie and using it for your health. New technology may allow for just such a use.
- ▼ A recent study tested a smartphone-based technology that takes a short video of your face and then provides a blood pressure reading.
- According to Harvard Health, researchers took two-minute videos of 1,328 Chinese and Canadian adults. Using an iPhone equipped with transdermal optical imaging, the software measures blood pressure by detecting blood flow changes in a person's face.
- When compared to readings taken using a traditional blood pressure cuff, the video blood pressure readings were about 95 percent accurate.
- Researchers made the videos in a controlled environment with good lighting, so it's unclear how the technology will perform in the real world. Additionally, although the study volunteers had a variety of skin tones, none had extremely fair or extremely dark skin, and most had normal blood pressure.



-PagesMage0220

#### You can only laugh . . . Natural laws

Repairs: After your hands get coated with grease, your nose will itch.

Phone: When you pocket dial, you never get a busy signal.

Traffic: As soon as you change lanes, the other lane will go faster.

Shopping: When you find a product you really like, they stop making it.

Results: When you try to prove a car doesn't work, it will.

Silence: A closed mouth gathers no feet.



## AFib Explained by Local Cardiac Electrophysiologist,

By Margot Vloka, M.D. Saint Alphonsus Regional Medical Center

## Atrial fibrillation - what is it and how can it impact your heart?

Atrial fibrillation, or AFib, is a dangerous, chronic, progressive, multifactorial disease that leads to a shorter, less satisfactory and frequently disabling life. It is also the most commonly diagnosed heart arrhythmia, or irregular heartbeat, condition in the United States.

In a normal heartbeat, the four chambers of the heart work together to fill and empty blood from the upper chambers to the lower ones. In AFib cases, electrical signals that control the heart can misfire, causing too fast or too slow a heartbeat. As a result, blood pools in the heart chambers, leading to potential heart problems.

Atrial fibrillation is diagnosed when the particular arrhythmia associated with this disease is first found using an electrocardiogram, or ECG. It's a test that measures the electrical activity of the heart. While 15% of patients with AFib won't experience ar-

rhythmia in their lifetime, the majority of patients will progress from occasional episodes to a regular or permanent stage of AFib.



#### What are the symptoms?

Although many patients have no symptoms while having an irregular heartbeat caused by atrial fibrillation, many patients experience tiredness, palpitations, difficulty breathing, hypotension and/or fainting. Even in those with no symptoms atrial fibrillation is a progressive disease that can lead to serious complications.



#### What are the consequences?

Patients with atrial fibrillation have two times higher death rate, three to five times higher chance of developing heart failure and five to seven times higher stroke rate, as well as increased rates of cognitive impairment/dementia and a lower quality of life when compared to those without atrial fibrillation.

#### Can we do anything about atrial fibrillation?

Yes. We know some of the risk factors for atrial fibrillation. Therefore, prevention is essential in the management of this disease.

Primary prevention is the management of the risk factors that can cause atrial fibrillation. For example, managing high blood pressure, coronary artery disease, heart failure, valvular heart disease, reduced physical activity, obesity, diabetes, hyperactive thyroid, sleep apnea, lung disease, smoking, excessive alcohol intake, and drug abuse can all positively impact overall health and reduce the chances of developing AFib.

Secondary prevention is the management of risk factors that can cause existing AFib to progress or worsen. The longer that a heart experiences irregular beating, it can lead to changes in the heart that in return cause further episodes of AFib and progression to a permanent form of arrhythmia. Therefore, antiarrhythmic medications and electrical cardioversion are used to restore the heart's rhythm. In some instances, a minimally-invasive procedure might be necessary to stop or slow down the progression of the disease.

Many patients with atrial fibrillation require blood thinners to decrease the risk of a blood clot. Patients who cannot take blood thinners may benefit from a procedure that can help reduce the risk of blood clots and decrease the risk of stroke.

Since atrial fibrillation is a complex and chronic disease, its management requires a partnership among healthcare providers, patients and their families. This collaboration helps ensure that patients' wants, needs and preferences are respected, and that patients have the education and support they need to make decisions and participate in their own care.

Dr. Margot Vloka, M.D., is a cardiac electrophysiologist at Saint Alphonsus Regional Medical Center in Boise, and the first female physician in the world to complete 1,000 robotic heart procedures using the Stereotaxis Robotic Magnetic Navigation System.

This article is from the Idaho Press Tribune on March 3, 2020: <a href="https://www.idahopress.com/community/health/atrial-fibrillation-what-is-it-and-how-can-it-impact/article-b2c5f3c4-7f7a-58c9-bbcc-81039a38281c.amp.html">https://www.idahopress.com/community/health/atrial-fibrillation-what-is-it-and-how-can-it-impact/article-b2c5f3c4-7f7a-58c9-bbcc-81039a38281c.amp.html</a>

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spraying pans with nonfat spray will further reduce the amount of fat and calories you may add to your meals. If you want to have fun, try something different like treating yourself to a collective alternative life style wellness clinic and enjoy a massage or facial. If you want to try something for free come to a Mended Hearts meeting. Yes, they are free and have outstanding professionals every month that focus on various heart issues and the ability to improve our health. If you look on the front page of this newsletter you can see the schedule of future speakers. The additional advantage of Mended Hearts is that it gives you the ability to talk and interface with other heart patients and gain their insight on how to improve your quality of life.

Oh yes, I forgot, we do laugh a lot. Come to a meeting bring a friend and get some fun back into your life.

Ray Trapp, President

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and deploying the stent. Dr. Bateman described a stent as looking like the spring out of a ball point pen. When the stent is placed in the artery, the cells in the wall of the artery will, in time, grow into the stent and it becomes a part of the artery wall. 2) Open heart surgery can be done in which an artery or arteries from other parts of the body can be used to bypass the blocked artery in the heart. 3) The doctor will outline aggressive risk factor management to reinforce a healthy life style, through exercises, diet and medications.

Dr. Bateman shared his personal health experience with us. He had experienced off and on chest discomfort for some time but assumed he was experiencing problems with allergies or asthma attacks. As is the case with most of us, he tended to dismiss the seriousness of the situation. Dr. Bateman had felt these symptoms while hunting in the back country, while hiking, and while practicing archery. Fortunately for him, the serious heart attack took place while he was in his office and in the presence of medical staff. Within minutes, paramedics were called and arrived to offer help. He told us that even as patients had described chest pain to him, he had no idea how intense and debilitating this pain could be. Fortunately, Dr. Bateman survived his heart attack and is back to work and enjoying life again.

Our thanks to Dr. Bateman for sharing his personal tale and for educating us further regarding heart attacks.

Contributed by Pat Toshcoff

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doctor. Also remember that there can be poor walking surfaces outside-for example broken sidewalks can cause a fall and this risk increases if the broken surfaces are covered by ice or snow.

- Stress and anxiety increase blood pressure. Make time to relax and de-stress.
- ▶ Most cold medications and antidepressants increase blood pressure. Coricidin brand cold medication has an HBP (high blood pressure) formula to decrease the chance of increased hypertension when ill with a cold.

So we learned a number of ways to stay healthy, safe, and happy as we go through the cold winter months. Our thanks to Meredith for sharing her time and knowledge.

Contributed by Pat Toshcoff

# HeartGuides Patient and Family Education The Journey to a Healthy Heart Starts Here

The Mended Hearts *HeartGuides* is an innovative, informative resource for heart patients and their families, friends, and caregivers. The Mended Hearts *HeartGuides* provides comprehensive detail on all aspects of heart disease in an attractive, modern format, and serves as a trusted companion for readers along the journey to heart health. The digital *HeartGuides* can be viewed on a wide range of devices and features integrated search and handy topic dividers to allow quick reference to precise topics of interest.

The Mended Hearts *HeartGuide* is available to view online by following this link. <a href="http://myheartguide.org/">http://myheartguide.org/</a>

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<u>Mended Hearts Web Pages</u>: Local – <u>www.MHBoise.org</u> National – <u>www.mendedhearts.org</u>

We welcome new visitors who want to find out more about becoming a Mended Hearts or Mended Little Hearts member. Our volunteers make a difference in providing cardiac patients & caregivers, peer to peer support, education, and most of all hope as we have all experienced a cardiac event.

Have you or someone in your family had a recent heart surgery or another heart event during the last few months? If so, Mended Hearts, a support group for heart patients and **their families is available to provide support and encouragement**. Mended Hearts members are patients like you who have recovered from a heart event and have chosen to give back. Most of the members in our chapter have had a heart event of some type or are caregivers. If you just want to talk, give us a call on our voice mail, 208-706-7056 and we will get together. If you have a question about Mended Hearts or would like to speak to a member, please leave your name, phone number and a brief message. A member from this chapter will call you as soon as possible.

#### **VISITOR and CALLER'S CORNER**

	<b>Jan-Feb</b> , 2020	Year to Date
Hospital Visits:	339	339
Patients	270	270
Follow-up Calls:	145	145

#### Welcome our newest Mended Hearts Member: Kyrel "K" Morgan

We are now serving four (4) hospitals in the Treasure Valley: St. Luke's in Boise, Meridian and Nampa, and Saint Al's in Boise (Saint Al's in Nampa is on hold as their census is low). If you are interested in becoming an accredited visitor or caller, please call or email Jack Marr, the training coordinator of our visiting program, at 229.269.8161 jack marr@hotmail.com.

#### **Accredited Visitors:**

Fred Bernier	Becky Newberry
Chris Catherman	Tom & Evalyn Nichols
Kelly Clifton	Bruce Parks
Bob Courval	Jim & Marilyn Pettingill
Odee Gordon	Dennis & Adrienne Shiedlak
Bill Hielscher	Pat Toshcoff
Chris Hill	Ray & Wini Trapp
Jack Marr	

#### **Accredited Callers:**

Chris Toshcoff

Cynthia Guarino Marcia Warne

## **To New Heart Patients**

We hope that your recovery is progressing well and would like to invite you and your family to visit our monthly meetings. We have speakers and programs designed to be of interest to heart patients. As heart patients we know what you are experiencing and are available to answer non-medical questions.

For more information check out our web site: www.MHBoise.org or call: (208) 706-7056

#### Newsletter by email Renewal Policy

Mended Hearts Chapter 380 will send the newsletter to subscribers for two (2) years. Those wishing to continue may request to do so by emailing *mendedheartsofboise@gmail.com*. This is a free subscription and subscribers may *unsubscribe* at any time. NO response from a subscriber after the 2-year limit has passed, signifies cancellation.