

**SPRING
2018**



Mended Hearts™
of Boise Chapter 380

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

SAVE THE DATE

- MH Chapter Meeting
Wednesday, 3/21/18 1:30–3:00 PM

Guest Speaker: Marcos Daccarett, MD, Electrophysiologist and Cardiologist with St Luke's Heart Rhythm Center – "Understanding Atrial Fibrillation, Catheter Ablation, and Cardiac Rhythm Device Therapy – pacemakers and defibrillators."

- 4/14/18 MH Rocky Mountain Regional Meeting 9-4 Scottsdale, AZ Contact Bob Oberfield 408-203-5631 for more information

- MH Chapter Meeting
Wednesday, 4/18/18 1:30-3:00 PM

Guest Speaker: Dale McGar and Dominick Valentine, PA's with Saint Al's CVICU . "Understanding Open Heart Surgery and the After-Care"

- MH Chapter Meeting,
Wednesday, 5/16/18 1:30-3:00 PM

Guest Speaker: Erin Bennett, Government Relations Director, American Heart Association, Idaho Division - "The Power of the Patient Advocate's Voice"

- 5/17/18 Heart and Stroke Walk, 5 PM, Kleiner Park in Meridian
- MH Chapter Meeting,
Wednesday, 6/20/18 1:30-3:00 PM

Guest Speaker: TBA (check for posting on our website www.MHBoise.org)

- July 14-18, 2018 National Education and Training Conference, San Antonio, TX

Outgoing President's Message

Well as they say, "A true friend and family is the greatest of all blessings" and nothing is truer than my pleasure of serving as the President of our award winning Mended Hearts 380 family. The volunteers and members of our chapter are such very special people. They give not only their time, they give their love for others. These beautiful people have become not only true friends they have become a part of my family and are always ready to be there when you need help. Ray Trapp is our new President of the chapter, and under his leadership and dedication, Mended Hearts Chapter 380 will continue to grow and serve heart patients and their families in our ever-growing community. Also elected are: Dennis Shiedlak, Vice President



**Mended Hearts President
Craig Miller**

and Out Reach Coordinator; Pat Toshcoff, Secretary, and returning Treasurer, Becky Newberry. Please join me in congratulating all our 2018-2020 officers!

Craig Miller, Past President



President's Message- Ray Trapp

December 2017 marked the 50th anniversary of the first heart transplant carried out by Christian Bernard in Cape Town. The impact of this operation was as powerful as the moon landing at the time.

Today we are still blessed with innovations and discovery in the field of cardiac health.

TAVR (Transcatheter Aortic Valve Replacement) is one of the latest therapies in heart health. At Mended Hearts we attempt to support our members desire to have access on the current contributions in cardiac advancement.

We invite you to come to a Mended Heart meeting for the opportunity to share your experience and explore the solutions for our future health. Please enjoy our newsletter and come to a meeting.

Mended Hearts is the largest heart patient support network in the world, with 20,000 members and 300 chapters. Recognized for its role in facilitating a positive patient-care experience, Mended Hearts partners with hospitals and cardiac rehab clinics to offer support through visiting programs, group meetings, and educational forums.

Mended Hearts of Boise Chapter was awarded the 2017 Mended Hearts National President's Award for the outstanding medium sized chapter out of 300 chapters nationwide, as measured in number of patients visited, membership growth, hospital recognition, and contribution to the community."

Join us on Facebook - @MHBoise360

Featured Member of the Month– Bill Miller

Dedication to service has always been important to Bill. He became a member of our chapter the end of 2017 and jumped in with both feet. He immediately became a Lifetime Member and wanted to know what he needed to do to become a visitor and/or caller. He is finishing up the shadowing portion of the training and will be accredited at St Luke's Boise and Meridian, Saint Al's Boise and is on board for being part of the team that will open St Luke's and Saint Al's in Nampa this spring. Bill feels if you are going to do something, do it full out. What motivates him most is the opportunity to help others. He describes himself as caring about others more than himself. Unfortunately, the stress can lead to heart disease.



Bill is the Past Commander for the State of Idaho Disabled American Veterans, of which he has been part of for the past 26 years. The organization serves VA Hospitals and Veterans homes in Idaho. Providing mobility for those homebound, especially those that don't qualify for some of the benefits, is a huge part of their service. They make sure everyone has the walker, wheelchair or whatever they need to be mobile. They also provide van transportation to out-lying areas reaching west to Burns, John Day, Weiser, etc., and another van going east to Mountain Home, Rupert, etc., to bring vets to the hospital in Boise for appointments. Another van services Eastern Idaho and takes vets to Salt Lake City. Rightfully so, Bill is very proud of his service with the Disabled Vets. He finds it rewarding and an adrenaline rush. He looks forward to that same satisfaction being gained working with Mended Hearts.

But service started way before then for Bill. Born and raised in Oregon, his family moved to Boise when he was in the 5th Grade. While he was in high school at Borah High he decided to join the Idaho Army National Guard. He went to basic training for the Army but got the flying bug from a buddy and thought he wanted to become pilot. It was during the Vietnam War, and really couldn't get his head around jumping out of a perfectly good helicopter, so joined the Navy in May of '72. He retired in February of '92 after 20 years of service, primarily because of medical issues with diabetes. He was the carrier communicator, radioman with the 7th fleet staff out of Japan. His travels took him all over Southeast Asia and Australia.

After retiring, Bill moved to Florida and was a Department of Defense contractor providing IT goods and services to the military. In 1999, the passing of his mother brought him back to Idaho where he got an IT job with the Tax Commission. He was ready to get away from the hurricanes in Florida. Bill has always been and continues to be a sponge for tech education.

Bill's heart story states back in 2000 when he discovered that he had had an undiagnosed heart attack. For several years it was monitored and then felt his care provider indicated it was no longer necessary. In 2013-14 he began having problems walking and breathing and it was diagnosed as pulmonary when in fact it was angina. Bill attributes his faith for getting him through all of the misdiagnoses and his message to others is to be sure to get a second opinion.

On April 27, 2017 he was admitted for a stent. Unfortunately, once they got in there, he had to be transported to Boise for a 3-way bypass. Bill remembers the first 24 hours after surgery feeling he was in the fight of his life and wanted solitude. It was important to make himself the priority and to "heal thy self", he called it full military survival mode.

While in the hospital Bill received a visit from a Mended Hearts visitor and later a follow-up call from Craig Miller. He remembers that because he really enjoyed talking with Craig. Later attending cardiac rehab, he met Ray Trapp where Ray was sharing Mended Hearts as the education piece at cardiac rehab. Bill came to a meeting and saw a wonderful way he could serve and play it forward. Hence, jumping in with both feet.

Bill lost his only daughter from his first marriage to lupus when she was only 17 years old. It happened quickly and was very aggressive. Unfortunately, the chemo treatments failed. With his second marriage came a son and daughter and 8 grandchildren and 1 great-granddaughter on the way. He chuckles saying, "they think I'm an ATM machine."

Something you may not know about Bill is he is a sci-fi freak. Every Tuesday, he goes with a group of vets to the movies.

Bill believes in the philosophy of "do unto others as you would have done unto you". He encourages the members of our chapter, to not be "just" a member, but to be a player. Help where you can. We all have something we can contribute. Welcome Bill to Chapter 380!

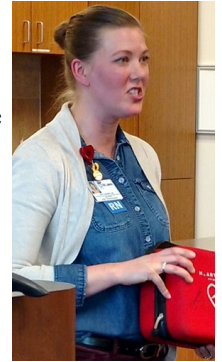
Meet our Guest Speaker– Kate Barnes, R.N.

Heart Attack Program Manager for St. Luke's Hospital

“Dial Don't Drive” Campaign along with Hands Only CPR and AED's”

Kate is the program manager for the St Luke’s Chest Pain Program. Her mission is to promote public recognition of heart attack and stroke symptoms so that patients get help sooner and lives are saved. She discussed the topics of ‘Don’t Drive – Stay Alive’, Hands only CPR and how to use an AED (automated external defibrillator).

Kate reported that 50-70% of Idahoans drive themselves or have a family member or friend drive them to the ER rather than call 9-1-1. This delays intervention by medical personnel. It is much better to have EMT intervention from the beginning of the emergency response through medical treatment for heart attack or stroke. Calling 9-1-1 can decrease the overall response time needed by 50%. If you were to walk into ER with a heart attack, it would take about 60 minutes to restore blood flow. However, via ambulance, the EKG can be done in the home, the paramedics call-in a code STEMI, which means the Cath lab is prepared and the Cath lab team is called in and waiting for your arrival. You bypass ER and blood flow can be restored in as little as 30 minutes. Calling 9-1-1 shortens the time! Kate encourages everyone to have a membership to an Emergency Medical Service (EMS). In case of an emergency, you don’t hesitate to call then.



Time is Muscle! Restore blood flow and oxygen to heart to reduce the risks of complications and heart damage from a heart attack. Although not as clear cut as a stroke, signs of a heart attack are HEART – Heaviness in chest; Extreme discomfort, nausea, dizzy; Arm, back and/or jaw pain; Respiratory difficulty; Time to call 911.

Time is Brain! Every stroke is an emergency. Know the signs of a stroke. FAST – Face droop, Arm or leg weakness, Slurred speech, Time to call 9-1-1. New clot busting drugs must be given quickly to prevent death or disability.

Know the steps of Hands-Only CPR. If you see a teen or adult collapse, you must act fast! Call 911; Push hard and fast in the center of the chest; Keep the beat at 100 beats per minute; Keep pushing until help arrives; If an AED is available, turn it on and follow the instructions. CPR is effective if it is a plumbing problem and an AED is effective if it is an electrical problem with the heart. The AED will not shock the person if they don’t need it. Even if a person has recently had open heart surgery, start CPR. If it is a child, use one hand for CPR and just make sure the pads don’t overlap when using the AED machine.

There were a couple of questions from the audience that Kate wanted to check on and get back to us. First, using an AED on someone with an AICD (defibrillator). The reps from the defibrillator devices confirmed, if the implanted device has malfunction and the patient requires defibrillation, it should be used. The pads for the AED should not be placed directly over the device. There is a small risk of affecting the device (apparently the technical term the reps used is “gorking” the device) but it does not outweigh the benefit of saving someone’s life with the AED.

Second, how about doing chest compressions on someone following an open chest procedure (open heart). Again, the benefit of performing CPR when needed outweighs the risk of damaging the sternum. Once the open surgical wound has healed, the risks of causing injury to the sternum decreases and, again CPR should be performed if the patient suffers a cardiac arrest.

We are a Pulse Point Community. Download the smart phone app at www.pulsepoint.org This app alerts trained responders of nearby emergencies, pinpoints the location on a map and shows closest locations of AEDs in public places. It is important when making a 9-1-1 call from your cell phone that you have your GPS location active to assist in finding your location.

Kate urged us all to be a partner with St Luke’s and the AHA to save a life. Recognize the signs of Heart Attack or Stroke. Don’t drive – Stay Alive. Call 9-1-1 for transport. Learn Hands Only CPR and how to use an AED. Download Pulse Point App to your smart phone and stay connected.

Submitted by Becky Newberry

Four Huge Legislative WINS!



While it's not often that we get to share news of major national legislative victories, but thanks to the efforts of amazing advocates, the American Heart Association achieved 4 HUGE legislative wins!

The main takeaway is that this bill will dramatically improve access to treatment and rehabilitation for heart and stroke patients and increase health research funding.

Expanding the Use of Telehealth for Individuals with Stroke (Previously known as the FAST Act):

This provision will greatly expand access for telehealth services for individuals presenting stroke symptoms. There will no longer be artificial geographic barriers blocking access to telehealth services and will allow more and better treatment options for stroke survivors.

Cardiac Rehabilitation (CR): Access to CR services has been greatly expanded under this bill. Under the new provisions physician assistants, nurse practitioners and clinical nurse specialists will be allowed to supervise cardiac and pulmonary rehabilitation programs. Allowing more, well trained medical professionals to supervise the activities will greatly increase access to these safe and effective services. Unfortunately, due to federal budget constraints the CR provisions will not be enacted until 2024, but rest assured, the AHA will continue to work with Congress to improve this timeline.

Medicare Part B Therapy Caps for Stroke Survivors: Provisions in this bill will permanently repeal the annual Medicare payment cap (limit) on outpatient therapy services, including physical therapy, speech pathology and occupation therapy which are medically necessary for survivors of stroke. This allows for far greater access to these critical therapy services.

NIH Research Funding: Congress has committed to an increase of \$1 Billion in each of the next 2 years for NIH research funding, continuing a trend of investment in health research, which could help save countless lives. While this is less than the \$2 Billion yearly increase we sought, we're confident we can get a further increase down the line. After years of having the NIH budget slashed as part of partisan politics AHA has now secured a commitment to increase funding for the third year in a row!

These wins would not have happened without the dedication of patient advocates. Thank you for making your voices heard, but our work doesn't stop there. [Encourage your friends and family to become a heart and stroke advocate by joining *You're the Cure!*](#) We're only as strong as our members, so let's continue our work to make 2018 a great year for heart health.

CONGRATULATIONS!



Congratulations to our Award Winners!



Mended Hearts Chapter 380 members honored two well deserving ladies for their service this last year, during our Heart Month celebration in February. **Ruth McGough** was awarded the *Accredited Visitor/Caller Excellence Award*, and **Elaine Grossaint** the **Mended Heart of the Year Award**. Both Ruth and Elaine have been nominated for their respective Regional Awards. Good luck to both of you!



Meet our Guest Speakers

Brenda Baird- Educator & Clinical Supervisor St. Luke's Echo Lab

Tom Hunt- Manager for St. Luke's Echo Lab

Page 5



“What is an Echo... Echo... Echo... and why is it ordered...ordered...ordered...?”

This program was received very well by our members and guests, many of whom have already experienced at least one echo cardiogram procedure. Brenda Baird has 20 years of experience in echocardiography and the Echo Lab manager, Tom Hunt, reported that he has been associated with Brenda for the past 6 years and finds her exceptionally knowledgeable and professional in her area of expertise.

What is an echo and why is it ordered? An **Echo** Cardiogram (not to be confused with an **Electro** Cardiogram) is ultrasound imaging of the heart. The patient lies on their left side and has several leads attached, similar to other heart monitor leads. There is no radiation and this technique is mobile and can be performed in both inpatient and outpatient situations. As far as diagnostic techniques, an echocardiogram is very cost-effective. An echocardiogram may be ordered by a physician in the event of a heart murmur, heart attack, shortness of breath, chest pain, dizziness, or stroke. The ultrasound imaging will give information on heart size and heart function. It provides information on the heart valves and how they are functioning. Heart and pulmonary pressures can be calculated. Tumor, clot or infection can be seen. AFIB can also be confirmed.

There are 3 different types of echocardiograms: (1) the transthoracic echo is the most common and requires no preparation by the patient in advance; (2) the stress echo adds a treadmill step so images can be obtained of the heart under stress; and (3) the transesophageal Echo (TEE) where the patient is sedated and the transducer (probe) is inserted into the esophagus. Imaging in this way is the most direct approach for best views of the heart, including the left atrial appendage. This technique is in standard use during open heart surgeries to aid the surgeons in their work.

It was very helpful for Brenda to review the basic anatomy of the heart. Blood flows from the right atrium through the tricuspid valve to the right ventricle, through the pulmonary valve to the lungs via the pulmonary artery. After oxygenation, the blood flows back through the pulmonary vein into the left atrium, through the mitral valve and into the left ventricle. From there the left ventricle pumps the blood out through the aortic valve to the body, via the aortic arch. The left ventricle is normally larger in size and has thicker walls to be able to pump blood out to the body.

The echo transducer (probe) ‘slices’ the heart for viewing in cross-section in different planes. There is now a 3-D version of echocardiography available also. All of the ultrasound images collectively ‘tell the story’ of how the heart is functioning.

In the training of sonographers, it is important to strive for consistent and repeatable imaging. There are three echocardiographic views. (1) the apical 4-chamber view aids in determining the ejection fraction, which is one measure of the heart’s pumping efficiency (55-70% is the normal range), the mitral and tricuspid valves are easily seen in this view, with color Doppler identifying abnormalities in flow. The color shows direction and velocity of blood, *not* whether it is oxygenated or not; (2) the long axis or apical 2-chamber view can help diagnose cardiomyopathy, shows effects of a myocardial infarction (heart attack) and can image pacemaker leads. This view also shows the aortic valve and its three leaflets; (3) the short axis view is used for imaging the left ventricle for contraction and thickness and can measure the opening of the mitral valve.

Our President, Craig Miller, voiced the feelings of the audience when he thanked our presenters by saying that this talk will help patients feel more confident the next time they have an echocardiogram themselves.

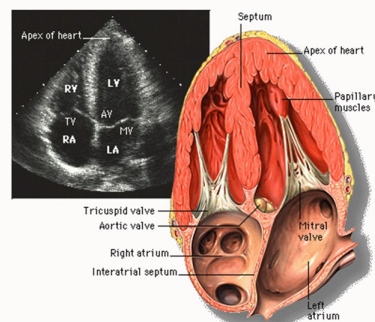
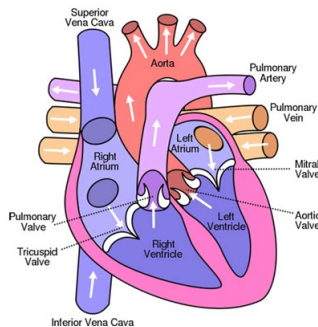
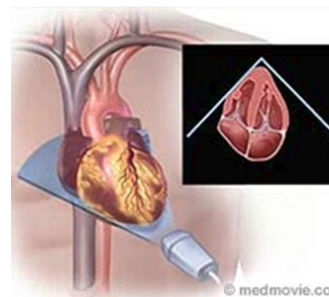


Image by Patrick J Lynch and C. Carl Jaffe.



Stent Patients Should Beware of Sleep Apnea, Study Warns

Obstructive sleep apnea, the most common type of sleep problem, has long been linked to coronary artery disease, stroke and other heart-related problems.

A new study takes these findings further, linking OSA to blood clot formation in stents in heart patients.

The condition, called stent thrombosis, is a life-threatening problem.

Writing in the August 2017 issue of BMC Cardiovascular Disorders, researchers found that patients with OSA had a 7.34 times greater risk of stent thrombosis than patients without OSA.

People with OSA frequently snore and gasp for breath during sleep. They can be excessively sleepy during the daytime and have insomnia at night. They also have frequent incidents of nightmares.

OSA affects the cardiovascular system by disrupting the balance of clotting and anticlotting factors, leaving the person predisposed to blood clotting, according to Duke Medicine.

OSA increases the risk of stroke for both men and women, but men with OSA have double or triple the risk.

OSA is a treatable condition. Continuous Positive Airway Pressure (CPAP) is one treatment.

The new study also suggests that in stent surgery on OSA patients, cleaning out plaque before inserting a stent might reduce rates of later thrombosis. The researchers also advised using the largest stent possible and following up with the most potent antiplatelet drugs to inhibit clots.



Mended Hearts has been formally accepted into the National Health Council's Standard of Excellence Program

Mended Hearts is proud to announce that we have been accepted for full membership in the National Health Council's Standard of Excellence Program. As the leader in cardiovascular peer-to-peer support, Mended Hearts continues to strive to be the patient voice of all heart patients and their families. As a member of the National Health Council, Mended Hearts can assure that the patient voice is fully represented in a wide spectrum of health care discussions that directly affect patient care.



For questions, please email Andrea Bear at:
Andrea.Bear@mendedhearts.org.

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 [Fred Meyer Community Rewards](#) 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, 94041.

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.

For more information, please visit the [Fred Meyer Community Rewards](#)

“A Story of Miracles”

Joe Venneman has had a series of heart events, and thankfully is still here to talk about them! He spoke as our inspiration for February Heart Month.

In 1998 he and his wife, Debi, were celebrating their honeymoon in Cannon Beach, Oregon. Joe began to have crushing chest and jaw pain. He went to Providence Hospital, and upon arrival had low blood pressure of 74/47. Upon discovery of five blockages, he had five-way bypass surgery.



Joe was working in Code Enforcement for the City of Meridian. His second heart event occurred when he left his cell phone at a credit union. He ate an apple and went back to get the phone, when he suffered severe esophageal pain and became sick to his stomach. He went to St. Luke's and entered the E.R. on all fours. They did some tests but did not attach him to heart monitors. A few minutes later he began suffering from heart defibrillation or quivering, and suffered a “Code Blue” three times. Instead of finding a tunnel with light at the end, he went to a dark place, detached from everything, feeling very lonely. After he was feeling better, he attempted to find out what this meant. One pastor told him that perhaps he had a “glimpse of hell.” This event remains a mystery.

Dennis Shiedlak, our chapter Vice President, shared that he had coded 11 times in one day, and remembers “floating in a white place.” These near-death experiences appear to be different for everyone.

Nearly two years ago Joe had a total cardiac arrest when he was working in Code Enforcement for the City of Boise. The arrest occurred when he was pulling his car out of its parking place at Fire Station 8. As his car rolled into Overland Road, it was hit by two cars from oncoming traffic. Firemen used an extrication device to break his window and cut his seat belt. They performed CPR, but his heart wouldn't keep going. They used a Lucas Device which performs 110 compressions a minute and took him to St. Al's Hospital.

“News of my death spread,” Joe said, “and it was hard to undo that news.” The survival rate for episodes like this is only 8%. Joe was put into a medically-induced coma for 36 hours to save his neurological function. They estimated that he had had no oxygen for three to six minutes. They used an ICD (implantable cardioverter/defibrillator) and inserted a defibrillator and pacemaker. Part of his recovery program was entering the STARS program at St. Al's to rehab his neurological issues. Other than some minor memory issues, he is good now, and could return to work on Day 72 after his arrest.

Atrial fibrillation has begun to develop, and Joe has had various treatments, including Tikosyn medication, cardioversion and a six-hour ablation procedure. Joe and his wife Debi are amazed that doctors and medical devices have done so much to save lives. They both expressed their hope that as medicine keeps progressing, more lives will be saved. “Medical personnel should get what a professional football player makes,” Joe said. He had a “reunion” with the firemen who helped save him, and it was rewarding all around, as firemen hardly ever see the victims they help. -Submitted by Mary Ellen Voshell

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 call:
Mended Hearts
(208) 706-7056

Treasure Valley Healthy for Good Heart and Stroke Walk



Chair: Dave Dufault of Simplot

Thursday, May 17, 2018

Kleiner Park in Meridian

Celebration begins at 5pm

Walk Starts at 6:30 pm

- Family Friendly Activities
- Educational Booths
- Hands-Only CPR
- Silent Auction
- Dogs Welcome



Move More



Eat Smart



Be Well



Add Color



You may have heard of the CHIP program being offered through St Luke's Cardiac Rehab. The food portion of the program is a Whole Food Plant Based diet, which for many of us is a big change. Jim and Marilyn Pettingill are members of our chapter who have decided to make that change. Considering that the CHIP program has shown to significantly reduce cholesterol, improve overall well-being including in such diseases as diabetes, hypertension, and kidney disease and in some cases reversing heart disease, would you be willing to make the change?

Butternut Squash Tagine (A CHIP class favorite)

Preparation time: 20-30 minutes **Cooking time:** 35 minutes **Serves:** 6

Ingredients:

3 tablespoons water	1 tablespoons no-add-salt tomato paste
1 onion, finely chopped	¼ cup flat leaf parsley, chopped
3 garlic cloves, crushed	¼ cup cilantro/coriander leaves, chopped
1 teaspoon ground cumin	1 can brown lentils, drained and rinsed or 1 ¾ cups cooked brown lentils
1 teaspoon curry powder	1.5 lb butternut squash/pumpkin, seeded and chopped into 1 inch pieces
1 teaspoon ground coriander	1 tablespoons raisins/currants (optional)
¼ teaspoon chili powder	1 tablespoons sliced almonds (optional)
15 oz can low-sodium diced tomatoes (or 5 fresh tomatoes, diced)	

Directions:

- Heat water in a large saucepan, and the onion, and cook over low heat until soft and starting to brown (about 8-10 min). Add the garlic and cook for a few seconds, then stir in the ground spices. Cook for 30 seconds, add the tomatoes, tomato paste, and half the parsley and cilantro.
- Add the lentils and chopped squash/pumpkin. Stir well, then cover and simmer for 20-25 minutes or until the squash is tender.
- Sprinkle with remaining parsley and cilantro to serve. Top with raisins/currants and almonds (optional)

Per Serving: 135 cal; Protein 8 g; Total Fat 2 g; Carbohydrate 18 g; Total Sugars 12 g; Fiber 7 g; Sodium 24 mg

Serving Suggestion: Serve with brown rice, couscous or quinoa and baby spinach

Plant Based Proteins Put the Pulse in Your Diet

Pulses are in the nutritional spotlight, and we aren't talking heart beats.

Pulses, a branch of the legume or pea family, are harvested for their seeds. Pulses include chickpeas (also called garbanzo beans), lentils, and dried peas and beans like kidney, navy, black and lima. Some legumes are not pulses: soybeans, peanuts, peapods and green beans, for example.

What makes pulses important are their protein and fiber content, important qualities especially for those on meatless diets.

Besides being inexpensive, pulses also have a low glycemic index, so they raise blood sugar levels less than other carbohydrates, according to the Harvard Health Letter.

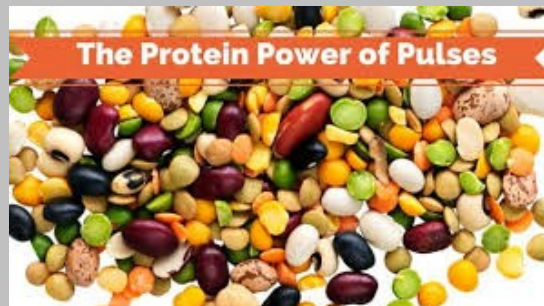
Pulses are easily added to salads and stews to increase the protein punch, but food makers are increasingly providing new products that make it easy to add pulses to the diet. Among the new products are flours used in mixes for brownies and pancakes. Pulse flour made from garbanzo beans or peas can be used as a coating for food you would typically drench in white flour before sautéing.

Pulse pastas made from red lentils or black beans are also new, replacing semolina or durum wheat.

There are even new pulse-based snacks such as crackers and chips made with black beans, safflower oil and sea salt.

You can also add pulses to your diet through soups. White bean, lentil chili and pea soup are just a few.

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What's new...One shot could someday reduce heart attack risk

Gene therapy might lead to a one-time vaccine-like treatment that would permanently lower bad cholesterol and reduce the risk of heart attack by as much as 88 percent.

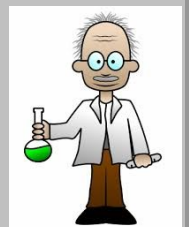
Heart disease is currently responsible for about one in every four deaths in the United States.

According to the Harvard Stem Cell Institute, however, new genome research shows greater promise of permanently reducing the risk of heart attack.

Work on this project first started in France in 2003 when researchers discovered that a specific gene in the liver, PCSK9, seemed to be responsible for cholesterol regulation. Some families with a mutation of this gene had very high cholesterol and were very likely to have early heart attacks.

Meanwhile, in Texas, another research group identified a population that had a different kind of mutation of PCSK9 – this time a very good mutation. This mutation produced the opposite effect. People with the mutation have very low levels of low-density lipoprotein (LDL or bad) cholesterol levels. What's more, they were significantly less likely to have a heart attack.

A recently developed gene editing technology called CRISPR/Cas9 allowed these researchers to alter the PCSK9 gene in mice to convert it to the good version. This change caused the liver to stop producing a particular protein that would prevent the removal of cholesterol in the bloodstream. It also solved the problem that traditional cholesterol drugs have – they don't last very long. Rather than constantly having to get shots or take medication to reduce cholesterol, scientists hypothesize that it may be possible to have a lifetime change in effect with just one application.



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High Blood Pressure Guidelines



A recent change in the high blood pressure guidelines could mean you're now considered hypertensive. With this new change, it's estimated that 46% of U.S. adults have hypertension. Are you one of them?

High blood pressure, also known as hypertension, occurs when the force of the blood against the artery walls is too high. High blood pressure affects nearly 1 in 2 adults in the U.S. It is often called the "silent killer" because many people don't know they have it. Over time, high blood pressure can lead to a heart attack, stroke and other serious conditions.

To improve the care of patients with high blood pressure, the American College of Cardiology and American Heart Association task force update guidelines with the hope of better outcomes for people at risk for or living with this condition.

The most recent guidelines, released on Nov. 13, 2017, address how to prevent, screen and manage blood pressure in adults. They are the first full set of guidelines for blood pressure in the U.S. since 2003. The aim is to help patients reduce their risk for getting high blood pressure and improve health outcomes for those already living with it. Below are key points that every patient should know about the update.

What's considered high blood pressure?

High blood pressure, called hypertension, is broken into several diagnostic stages, based on pressure readings:

♥ Prehypertension

If your top number (systolic pressure) is between 120 and 129 and your lower number (diastolic pressure) is higher than 80, you are considered to have prehypertension. This means your blood pressure is higher than is healthy, but not high enough for a diagnosis of hypertension. You don't usually get prescribed medication for prehypertension—but your doctor will warn that you are at risk of developing high blood pressure. You'll be advised to make lifestyle changes, such as losing weight, quitting smoking, exercising and eating a healthier diet, which includes cutting down on salt.

♥ Stage 1 hypertension

If your top number on at least two consecutive readings is 130-139 or your lower number is 80-89, you are considered to have stage 1 hypertension. Your doctor will usually recommend medication at this stage.

♥ Stage 2 hypertension

If your pressure is 140 or higher for a top number or 90 or higher for a lower number, you are considered to have stage 2 hypertension. This also will be treated with medication.

♥ Hypertensive crisis

If you have a reading of 180 or higher for a top number and 120 or higher for a lower number, you are considered to be in a hypertensive crisis. Your blood pressure is high enough to cause damage to your organs or other serious problems, so emergency treatment is needed. Call 911 or go to the hospital right away if you get this reading on a home monitor.

Under the old guidelines, about 3 out of 10 Americans were seen as having high blood pressure. Now nearly 5 out of 10 Americans qualify as having either stage 1 or stage 2 high blood pressure based on the revised groupings.

How can I make sure my blood pressure really is high?

Some people have what's called "white coat" syndrome. Their blood pressure goes up due to anxiety about being in the doctor's office. Other people relax more in a medical setting and have pressure readings that are lower than in their daily lives. If a doctor suspects the office readings aren't representative of your true pressure, he or she may suggest measuring your blood pressure with a home monitor or at a pharmacy or other public site to compare with your office readings. You may also be tested with a monitoring device that you wear for 24 hours. This device will automatically take your blood pressure at various times to get a more accurate average reading.

Continued on Page 11

B12 for Proper Brain Functioning

The super vitamin B12 is a multitasker. It helps regulate how you feel, how well you think, and even appetite.

Vitamin B12 is known to help the brain produce chemicals such as serotonin and dopamine, which regulate mood and anxiety.

When people don't have enough B12 they experience symptoms such as fatigue, mouth or tongue soreness, constipation and a loss of appetite. They may be confused, have poor memory or feel depressed.

Although certain cereals and breads are often fortified with B12, animal proteins are really the only natural sources. The Dietary Guidelines for American recommends 2.4 mcg of B12 daily from three ounces of beef or three cups of milk. Foods rich in B12 include liver, meat, eggs, poultry, shellfish, milk and milk products such as cheese and yogurt. If you are eating a plant based diet, you may want to use a B12 supplement.

The stomach acid needed to absorb B12 declines with age, disease and behavior. Heavy drinking and even potassium supplements block absorption. So can heavy use of antacids and disease such as celiac.

-PagesMag 0218



Depression: A Major Risk for Heart Patients

The leading risk factor for death within five years of coronary artery diagnosis is depression.

This conclusion was part of a study published in August 2017 issue of European Heart Journal Quality of Care and Outcomes.

Researchers found that, in patients with significant coronary artery disease, depressed patients have double the risk of death compared to patients who were not depressed.

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High Blood Pressure—Continued from Page 10

Blood pressure varies for most people throughout the day. Pressure in the morning is generally higher, but it can range quite a bit depending on activities, such as exercise or eating; stress or excitement; or whether you've had caffeine or other stimulants. Taking a sampling of pressures during your day can give a better picture than a one-shot reading in the doctor's office.

The American Heart Association recommends people older than 20 with normal blood pressure—less than 120/80—get their blood pressure checked by their doctor at least every two years. If your pressure is higher, your doctor will likely advise you to have it checked more frequently so it can be kept under control.

CardioSmart & Healthgrade.com



MENDED HEARTS CONTACT INFORMATION

President- Ray Trapp 208-939-0300 raywini@msn.com

VP & Outreach Coordinator- Dennis Shiedlak 208-577-8350
adshiedlak@gmail.com

Treasurer, Webmaster- Becky Newberry 208-695-7047
semgoddessid@gmail.com

Secretary- Pat Toshcoff 208-376-4783 ctosh34@hotmail.com

Visiting Chair & Program Director,- Elaine Grossaint 208-375-2408
regrossaint@cablone.net

Accredited Caller Coordinator and Hospitality Chair- Cyndi Guarino 208-860-6353 cbaxter55@hotmail.com

Member Correspondence Secretary- Wini Trapp 208-939-0300
raywini@msn.com

Newsletter Editors: Elaine Grossaint & Julie Du Bois

St. Luke's MH Liaison: - Amber Schwehr, RN & Clinical Educator
208-831-1583 schwehra@slhs.org

Mended Little Hearts Liaison- Julie DuBois, RN 208-860-6984
duboisj@slhs.org

Mended Hearts Web Pages: Local- www.MHBoise.org
National- www.mendedhearts.org

Mended Little Hearts Web Page: www.mendedlittlehearts.org

New Resource for Those in Our Outlying Areas

We now offer you the opportunity to teleconference into our monthly meetings and hear our guest speakers first hand. Join us the third Wednesday of each month, except August and December, from 1:30-2:15 pm. If you would like to listen to the business portion of the meeting, you are welcome to stay on the line. You will find a list of our speakers on the front page under Save the Date, or you can check out our website www.MHBoise.org.

Skype call in: (208)381-6000

Conference ID: 26478916



Mended Hearts

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.

MENDED HEARTS MONTHLY MEETING

When: Chapter meetings occur on the THIRD WEDNESDAY of each month at 1:30-3:00 PM

Where: St. Luke's Cardiac Rehab Conference room (Meadow Lake Building) 3525 E Louise Dr., Suite 500, Meridian

VISITOR and CALLER'S CORNER

	<u>January-February</u>	<u>Year to Date</u>
Hospital Visits:	315	315
Patients:	266	266
Follow-up Calls:	236	236

We ended 2017 with a bang, totally 2064 visits to 1704 patients/families with 1444 of them requesting follow-up calls. We kicked off the year with a new member accreditation training for visitors and callers on January 17th. From that training Wilson "Bill" Miller has completed the hospital accreditations for both St Luke's and Saint Al's, and finishing up the shadowing portion of the training. We welcome you Bill to our team! Lea Worcester also completed the new member training and once life settles down a little, hopes to become a visitor or caller.

As our visiting program grows, we need more volunteers who are willing to either visit patients in the hospital or do follow-up phone calls. We especially have a need for more callers right now. We are expanding to Nampa this spring, and will be serving both St Luke's and Saint Al's in that area. If you are interested in becoming an accredited visitor or caller, please call or email Elaine Grossaint at 208-375-2408 or email at: regrossaint@cablone.net. A HUGE Thank YOU to *all* of our visiting and calling team!

Accredited Visitors:

Fred Bernier	Bill Miller
Chris Catherman	Becky Newberry
Bob Courval	Jim & Marilyn Pettingill
Odee Gordon	Dennis & Adrienne Shiedlak
Elaine Grossaint	Chris & Pat Toshcoff
Bill Hielacher	Ray & Wini Trapp
Jack Marr	

Accredited Caller Coordinator: Cynthia Baxter-Guarino

Accredited Callers:

Sarah Baker	Craig Miller
Ray Heady	Mary Ellen Voshell
Jewel Magney	Marcia Warne
Ruth McGough	