

**SUMMER
2018**



Mended Hearts™
of Boise Chapter 380

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

SAVE THE DATE

- MH Chapter Meeting
Wednesday, 6/20/18 1:30
-3:00 PM.

Guest Speaker: Dr Matthew Nelson, Invasive Cardiologist with Saint Al's – "Controlling Cholesterol: Statin Drugs and their Side-Effects."

- Fit for the Road 6/21/18
see pg.9.
- MH Chapter Meeting
Wednesday, 7/18/18 1:30-
3:00 PM.

Guest Speaker: Thomas Walker and Matt Wolfe, Generations Law Group – "Chart Your Course for Total Protection, Peace of Mind, and Family Harmony."

- July 14-18, 2018 National Education and Training Conference, San Antonio, TX.
- MH and MLH Annual Picnic, Wednesday, 8/15/18 see pg.6. No Chapter Meeting in August.
- MH Chapter Meeting, Wednesday, 9/19/18 1:30-3:00 PM.

Guest Speaker: Dee Hartman, Patient & Spokesperson with VAD, Ventricle Assist Device (Heart Pump) – "Life with a VAD and Understanding How It Works."

- Reaccreditation training for Visitors/Callers
Wednesday, 10/24/18 2-4 PM.

Check our website
www.MHBoise.org for complete listing of speakers.

President's Message

Like they say, "It's Summer Time and The Living Is Easy". Memorial Day, Fourth of July and Mended Little Hearts Picnic a whole slate of summer time fun. Yet it is also time to get moving and slow Cardiovascular aging. Your heart, like any other muscle can weaken over time, especially if you are sedentary. As you age and become less active the muscle in your heart's left ventricle becomes stiffer. This change in the heart muscle, coupled with stiffening of the body's arteries leads to high blood pressure and the possible harmful cardiovascular aging cycle. As with your other muscles, it's possible to strengthen your heart and even reverse some of its aging. The solution is regular cardio exercise. "Research continues to show that exercise is the best way to slow your heart's aging process" says Dr. Aaron Baggish, director of Cardiovascular Program at Massachusetts General Hospital. The standard recommendation for fitness is 150 minutes of moderate-intensity exercise per week. You can also try progressive-resistance strength training, where you exercise your muscles against some type of resistance, such as lifting weights, and gradually increase the weight or number of repetitions as you become stronger. But be sure to consult with your doctor before you start any program. Another way to protect your heart is to eat more fruit. Obesity and high blood pressure are the two main risk factors for heart disease. Fruit intake has been linked to lowering the risk of both. You can possibly get a 20 to 25 percent reduction in risk of heart disease by replacing two servings of starchy vegetables or refined carbohydrates with two servings of fruit a day. Eric Rimm, Sr. D. professor of Epidemiology and nutrition at Harvard T.H. Chan School of Public Health claims that the



**Mended Hearts President
Ray Trapp**

potassium in fruit helps account for the strong association between fruit intake and lower risk of high blood pressure. What a fun way to improve vascular function. Our year with Chapter 380 has been on an exciting track, we have added two new hospitals to our program and continue to add new members. The key to our success has been our volunteer program. We can use your help in many ways with just a few volunteer hours a week. I hope you can find the time to attend our August picnic. Whether you volunteer or attend our meetings, you are supporting your heart health and others in our area. Our monthly meetings (except for August Picnic and December Christmas dinner) are on the third Wednesday of every month from 1:30 PM to 3PM.

Please keep coming to our meetings and share your success with the exercise program or new focus on fruit during the summer.

Ray Trapp, President

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– Bruce Parks

Bruce Parks is a new Mended Hearts member and volunteer. Bruce grew up in Southern California, where he attended a private boys' boarding school. There he had inspirational teachers who led Bruce to follow his passion in math and science with a degree in engineering from a New York university and a lifelong interest in science.

Bruce joined the USGS (United States Geological Survey) as a hydrologist. He spent 15 years in Alaska before transferring to the USGS Headquarters in Reston, Virginia for seven years. While in Alaska, he ate so much fresh salmon that it isn't at all appealing to him anymore. He worked on hydrology studies for bridges on the Alaska Pipeline Project, and during that time he traveled the entire route of the pipeline. He enjoyed establishing relationships with the engineers who were working to build the pipeline. He also worked for 13 years in Denver, Colorado on the Yucca Mountain Project to study if it was a viable site for nuclear waste storage.



Bruce retired in 2003, and he and his wife bought a motorhome to travel and explore options of various possible towns for their retirement. They decided on Boise because his wife was originally from Boise and knew the area, plus they liked the climate, the size of the town, shopping and the university setting. Bruce decided to work on disaster assistance for FEMA part-time following his retirement, but major hurricanes kept him working full-time for a few years.

Bruce had a gastric bypass surgery in 2009, and a few years later he experienced some intermittent chest pain. At first he thought that the pain he was suffering was a side effect of the surgery, perhaps a gall bladder problem. In December of 2016 the chest pain had worsened so that he was hardly able to talk. A trip to the E.R. revealed that he was suffering from pulmonary embolisms and A Fib. He was given blood thinners to resolve the blood clots and Eliquis to prevent further blood clots caused by his irregular heart-beat. He still sees a pulmonary specialist as well as a cardiologist. He signed up for an A Fib talk at the Osher Institute at BSU, followed by another A Fib seminar at St. Alphonsus Hospital. Following those informative sessions, Bruce had an ablation on the outside of his heart (a Cox maze) and an ablation on the inside of his heart, with a loop monitor implanted to check on his A Fib.

Bruce was visited twice in the hospital by Mended Hearts volunteers and had a follow-up call. He decided to go to a meeting and to get involved in the organization. We are always grateful for new volunteers! Bruce has also been a volunteer at the Peregrine Fund at the Birds of Prey area, where he ran the gift store. He enjoyed opportunities to teach and explain to visitors of all ages about birds of prey and conservation. Bruce also works at the Sears Outlet Store, which he really enjoys. His boss trusts him and allows him to do useful things without supervision. "It's fun to do and it's helpful to others," he said.

In his free time, Bruce enjoys reading and belongs to a book club. He also likes working with Excel and doing Sudoku puzzles as exercises in analytical thinking. "I'm a terrible speller," Bruce admits, so he doesn't do crosswords. Bruce describes himself as a perfectionist, a scientist and an optimist. He enjoys being with happy people or with people he can make happy. "I accept what life brings me, and I'm not afraid of the future," he said. He is most thankful for his health, and said that he is "healthy enough to be happy about life." He is especially thankful for his wife of 35 years.

"People don't know my politics or religion," Bruce said, "because I am private about these things." He doesn't try to persuade or change opinions, but rather listens to people's opinions without judgment. He is most proud of "being able to get along with people of all types." Bruce is motivated by enjoyment. His philosophy of life is "find enjoyment in what you're doing and continue it. Life is too short to do otherwise."

Bruce's message to members of our Mended Hearts chapter is this: "Your mission to help people who are going through or who have gone through heart surgeries is one of the most valuable things you will do in your life."

- Mary Ellen Voshell

Meet our Guest Speaker – Dr. Marcos Dacarrett

Cardiac Electrophysiologist– St. Luke's Medical Center

Marcos Daccarett, M.D., Medical Director of Cardiac Electrophysiology at St. Luke's Medical Center, spoke to Mended Hearts members and guests on March 21, explaining the mission of electrophysiologists or "electricians" who serve heart patients. St. Luke's has four electrophysiologist Medical Doctors, three nurse practitioners, seven electrophysiologist Registered Nurses and eight medical assistants on staff.

Dr. Daccarett explained that cardiac electrophysiologists either implant cardiac rhythm devices or do cardiac procedures to fix heart rhythms that are either too fast or too slow. Cardiac rhythm devices include pacemakers and defibrillators. Another device is the implantable loop recorder (ILR) which is implanted under the skin to monitor a patient's heart rhythm up to three years.

Cardiac Catheter Ablations are procedures that intentionally damage tissue, creating a scar to treat Atrial Flutter, Supra Ventricular Tachycardia (SVT), Ventricular Tachycardia (VT) and Atrial Fibrillation. Atrial Fibrillation occurs when there is an irregular, chaotic rhythm in the right and left atria. Some patients have A Fib but do not feel any symptoms from the chaos in their hearts. For others the symptoms of A Fib include palpitations, shortness of breath, chest pain, fatigue, low energy level and exercise intolerance. Often a stroke, with its symptoms of numbness, tingling and weakness, is the first manifestation of A Fib, especially for patients who are asymptomatic.

Cardiologists check heart rhythms by using various monitors, including a 24-hour Holter monitor, a 7-day Holter monitor, a 30-day event monitor, an Implantable Loop Recorder or a pacemaker. On an electrocardiogram (EKG) an irregular "P wave" can be observed. The longer the period a patient is monitored, the more accurate the diagnosis.

There are different types of heart rhythm issues. At first a patient may experience rare extra beats, which may progress to constant chaos. Cardiologists achieve better results if a patient with A Fib is treated early. They work on Rhythm Control, hoping to achieve regular sinus rhythm, and Rate Control, hoping to achieve a heart rate under 100 bpm. Beta Blockers are medications often used to slow the heart rate down in patients with heart rate issues. Other patients may be treated with cardioversion to shock the heart back into sinus rhythm.

A Fib is diagnosed with three levels of intensity: Paroxysmal, which is recurrent with episodes that end in less than seven days, Persistent, with episodes lasting longer than seven days and which require cardioversion or chemical cardioversion treatments and Permanent A Fib. The risk of stroke is high for A Fib patients, as they may produce blood clots which travel to the brain. All patients in Permanent and Persistent A Fib should be treated with blood thinners, especially if they have contributing conditions, including congestive heart failure, hypertension, advanced age, diabetes or a prior stroke.

Anticoagulants Coumadin or Warfarin have been on the market for 50+ years. These drugs produce a "yo-yo effect" which requires regular monitoring and modification of the dose. There is an antidote to these drugs, which is a transfusion of plasma. Pradaxa, Xarelto and Eliquis are newer anticoagulants, which are taken once or twice a day. The benefit is that there are no dietary modifications and no need for constant monitoring. However, if a patient experiences trauma from a fall or accident, he or she may have dangerous bleeding, and there is no antidote.

Antiarrhythmic drugs are available in three tiers, with the third tier being Amiodarone, the most helpful but also the most toxic drug, requiring careful monitoring. If a patient has symptomatic Atrial Fibrillation, they will receive either antiarrhythmic drugs or a catheter ablation to create an "electrical roadblock" so that chaotic impulses do not disrupt the heart rhythm. A CT scan is done first to "create a virtual geometry of the heart." The ablation targets four pulmonary veins with the goal of isolating them by surrounding them with scar tissue. The procedure is done under general anesthesia and requires an overnight hospital stay.

Patients with Paroxysmal A Fib have a 70 to 80% success rate with ablation. Patients with Persistent A Fib have a 60 to 70% success rate, and those with Permanent A Fib have a 50% success rate. Optimal candidates have symptomatic A Fib and are intolerant to drugs. Success is related to the size of the left atrium, with an enlarged atrium showing less success. St. Luke's Center for Atrial Fibrillation conducts strict monitoring of patients, pre- and post-procedure. They have a high volume of patients, with 600+ having undergone treatment so far.

A Fib patients have a higher probability of stroke which is due to anatomy, as we all have an area of the heart called the Left Atrial Appendage. This is where the majority of blood clots collect in patients with Atrial Fibrillation. The FDA approved the Watchman Device in 2015 to occlude blood clots in the appendage. Patients who have both a high risk for strokes and for bleeding may qualify for the Watchman. The device is like an umbrella, with a metal structure that opens to block the opening of the appendage and to prevent clots from traveling from the appendage to the brain. 100+ patients so far have had this device implanted at St. Luke's to prevent strokes.

Thank you to Dr. Daccarett for a very detailed and comprehensive explanation of the variety of diagnostic tools and treatments used to assist patients with irregular heart rhythms!

-By Mary Ellen Voshell



Don't Sabotage Your Healthy Salad

Do Your Salad Right: *Healthy Topper Alternatives*

Salads have long been hailed as a classic “healthy” food, but they often can be dietary disaster if they are loaded with hidden sources of fat and sugar, despite their leafy green base. Restaurants often disguise their fattiest salad under the “lite” category option simply serving up a smaller portion of their standard sized salad. Whether ordering out or making your salad at home, keep in mind these top culprits that can sabotage your healthy meal, and what to swap them out with instead!

So, eating your leafy greens is fantastic – just be sure your “add-ons” are not sabotaging your healthy meal.



No Thanks	Yes Please
DRIED FRUIT: While dried cranberries or mango strips can be tasty, the added sugar and oil in most dried fruits make them more caloric and less healthy.	TRY INSTEAD: Add fresh grapes, apple slices, pineapple, or blueberries for filling fiber with less sugar.
BACON BITS: Unfortunately for bacon lovers, these little morsels of processed meat should be avoided at all costs.	TRY INSTEAD: To attain the same satiating bite, opt for roasted chickpeas, beans, or tempeh.
CROUTONS: These popular toppers may add aesthetic appeal and provide a satisfying crunch, but are typically just empty calories.	TRY INSTEAD: Rather than buying ready-made croutons, whip up some of your own by toasting a slice of whole grain bread, then crumble it into small pieces,
CREAMY DRESSING: While fuller fat versions can sometimes be a healthier choice than their low-fat counterparts when used in smaller servings, many creamy dressings can be full of unhealthy saturated fat, calories and chemical additives.	TRY INSTEAD: For smooth, rich texture, try topping your salad with healthy-fat avocado, or stirring in hummus or Greek yogurt to a batch of DIY dressing for added nutrition.
GLAZES: When choosing protein, beware of glazed salmon or chicken. In most cases, a syrupy glaze adds excess sugar, salt and fat to an otherwise healthy protein source.	TRY INSTEAD: Look for seasonings like lemon or ginger zest, or add Mandarin orange wedges atop your protein. The best option is to simply get your protein grilled.
	---Extraordinary Health



Congratulations to our Award Winner!



Elaine Grossaint was awarded the 2018 Regional Mended Heart of the Year by Randy Gay, Assisting Regional Director for her contributions in the growth of our chapter and dedication to the Mended Hearts mission. This is not a first for chapter 380. In 2014 Mary Ellen Voshell received this award, followed by Craig Miller in 2016 and Ray and Wini Trapp in 2017. There is a reason Chapter 380 received the National President's Award last year with this kind of leadership.

Meet our Guest Speakers

Page 5

Dale McGar, PA; Tatiana Lauterach and Melinda Weltzen, RNs - Saint Al's CVICU



Dale McGar, Tatiana Lauterach, and Melinda Weltz, with Saint Al's Cardio Vascular ICU were our guest speakers at our April meeting on "Understanding Open Heart Surgery and the After Care." Pictured with a grateful patient!

Surgical after care is based on the individual physician's protocol but some general tips were discussed regarding:

Incisional care at home-soap and water, clean, dry, intact.

Pets— although great emotional support, MUST be cautious around the incision. Be sure to wear clothing so wound is not exposed to pet hair or licking.

Pain control— take pain meds earlier in the day for pain from muscles and nerves and not for sleep, herbal meds before bed for sleep, check expiration dates on medication containers. Pain is part of the healing process. We just need to manage it. No, pain isn't necessarily the best.

Medications- Be sure to refer to discharge papers as medications may have changed. Important to label your pills and use a pill box. Many patients find it helpful to make a chart and check off when taken.

Sternal precautions- restricted upper extremity use for at least 6 weeks to allow bone to recalcify, use heart pillow for support, no pushing and pulling, want sternum to stay as still as possible. Weight limit of 5 pounds, equivalent to a gallon of milk. Do allow the arms to move through passive range of motion as allowed by MD.

Walking is a good exercise and resting as needed along the way, relax and use the arms but just no weight bearing through the sternum. There is no such thing as too much walking.

Deep breathing is not only good for our lungs, but also helps rebuild the chest muscle.

No driving until clearance from MD; usually about a month.

Emotions- Roller coaster of emotions to include tearfulness, laughter, depression. (All noticed, especially when heart/lung machine used during surgery).

Loss of taste— Also a result of the surgery; will come back. Watch your salt! Just because it doesn't taste good, doesn't mean it needs more salt. Salt can create water retention which is not good.

Healing- a slow process and it could take 6 months or more to feel better.

Who better than Mended Hearts volunteers to talk to these patients? Having been through heart events ourselves gives us great validity and empathy when talking with these patients. We need to reinforce that pain, tiredness, mental ups and downs are to be expected; that the nurses are instructing with the patient's best interests in mind; that it will get better and the more the patient participates and follow instructions, the quicker this will happen. Encourage compliance with incision care, medication, use of pillow and spirometer and to record in a diary (including blood pressure and pulse twice a day, blood sugars, and weight) to better inform the MD during routine post-operative appointments.

-Submitted by Pat Toshcoff

Mended Hearts and Mended Little Hearts Family Picnic

Wednesday, August 15th – 5:30-7:30 PM

Join us at: **Guerber Park**, Hill Road west of Hwy 55 in Eagle.

Main Dish, table service and bottled water provided by Mended Hearts.

Please bring a side dish or dessert to share and your beverage of choice if other than water.

Although we have some picnic tables, you may want to throw in your lawn chairs for comfort.

For the kids, there is a fabulous **playground and water feature** at the park.

(Bring towels if plan to get wet)

Although RSVP is not required, we appreciate you calling or emailing so we can anticipate approximate numbers- contact Elaine Grossaint – 208-375-2408 or

regrossaint@cablone.net.

New shingles vaccine offers reliable protection

Shingrix, a newly approved shingles vaccine, is recommended for all healthy adults age 50 and older, according to the Centers for Disease Control and Prevention. Even if you had a shingles vaccination of Zostavax, the vaccine in use since 2006, you should get two shots of Shingrix, six months apart.

It also doesn't matter if you have had shingles or if you do not know if you had chicken pox or not. The CDC recommends you get the new shingles shot.



On the other hand, you should not get the vaccine if you have tested negative for immunity to varicella zoster, the shingles virus. If you test negative, you should get the chickenpox vaccine.

If you have the first of the two Shingrix shots, and you have an allergic reaction, do not get the second.

Two doses of Shingrix in adults ages 50 to 69 was 97 percent effective in preventing shingles and protection remained strong four years later.

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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](#)

Meet our Guest Speaker– Erin Burnett

Page 7

Government Relations Director for American Heart Association

Erin Burnett, the Government Relations Director of the American Heart Association, Idaho Division, was the guest speaker at our May meeting on “The Power of Your Patient Advocate Voice.” Erin and others work with legislators on heart and health care issues in our state and with members of Congress at the national level.



Erin said that the Idaho chapter of the American Heart Association participated in getting signatures to certify the Medicaid ballot initiative to provide access to health care for 60K+ Idahoans. Another advocacy issue in our state is the “Safe Routes to Schools” initiative. Only 14% of Idaho students bike or walk to school; the initiative would provide street lights and sidewalks to improve the route to school. The idea is to keep people healthy before they have a heart attack or stroke, and to start these healthy habits in our children.

Another issue is changing the minimum age for tobacco purchase and usage to 21. At 21 people are less likely to try cigarettes and there is less addiction. Vaping is included in this effort. The Idaho chapter of the AHA is also supporting the establishment of and reimbursement for tele-cardiac rehab programs in remote areas of our state.

“Act FAST” is an important initiative to educate the public about the symptoms of strokes and the need for quick action. The acronym FAST stands for “Face” – droopy muscles on one side; “Arms” – ask patient to lift both arms and see if one drifts downward; “Speech” – listen for slurred or garbled speech and “Time” – rush the patient to get immediate medical care. The American Heart Association also promotes Tele-Health for strokes, in which diagnosis can be done through the phone and diagnostic images can be sent via phone.

Besides not moving or exercising enough, people are not eating well. The Healthy for Good Initiative (healthyforgood.heart.org) addresses these issues. Its components include “Eat Smart” – watch portion size and make wise food choices; “Add Color” – add vegetables and fruits that are rich in nutrients; “Move More” – take the stairs, park far away from your destination, walk more, etc. and “Be Well” – holistic care for the body and mind, including stress management, practicing gratitude and getting more sleep.

The Heart Association also works with Health and Welfare to promote healthy living and active living. AARP is another allied organization that promotes livable communities, with cities built so that they are walkable and bikeable. Youth wellness will hopefully result in healthier grown-ups decades from now.

The American Heart Association requested additional funding for the National Institutes of Health and sent patients to Washington, D.C. as advocates for this effort. Our Visiting Chair, Elaine Grossaint, represented Idaho and was able to lobby for Congressional health funding. Two billion dollars were requested, and they received three billion! These funds will go toward research for heart and stroke prevention and treatment. Additional funding will go toward atrial fibrillation.

The American Heart Association is happy to have volunteers available to tell their stories and to talk with legislators. The Idaho chapter is located at 350 N 9th Street, Boise, 83702; telephone 208-384-5066. Their Facebook page is searchable as AHA – Idaho or @AHAIdaho. You may also join their “You’re the Cure” network by texting WSA YTC to 46839. You will receive an automated response with a link to the main “You’re the Cure” page. Enter your information and you’ll be connected to the action center, where you can contact your elected officials regarding issues you care about. Be an advocate!

-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



In April, Fred Bernier, Mended Hearts member, presented Chapter 380 with a donation of \$500 from LeBois Miata Club. Fred is part of the car club and when they were looking for worthy causes, Fred told them about our Mended Little Hearts Visa Card program. The MLH families thank you, Fred for sharing MH & MLH and thank you, LeBois Miata Club for your generous donation!



Ruth McGough was awarded the 2018 Regional Accredited Visitor Excellence Award for all her work with Mended Hearts dating back 15 years ago when she was in California. About 6 years ago when she moved to Boise, chapter 380 was just starting. Ruth was instrumental in training our first visitors. Today, Ruth is one of our "go to" follow-up callers. During 2017, she did 394 follow-up calls herself. She truly is the "Ever Ready Bunny".

Seared Salmon with Lentil Salad

Total time: 20 minutes



1. Heat large skillet on medium. Season 4 (5-oz) **skinless salmon fillets** with $\frac{1}{4}$ tsp each **kosher salt** and **pepper**. Add 2 tsp **olive oil** to skillet, then salmon and 1 halved lemon, cut side down, and cook until salmon is opaque throughout. 5 min. per side. Squeeze the charred **lemon** halves over the salmon.
2. Meanwhile, in large bowl, whisk together 2 Tbsp. Each olive oil and fresh lemon juice, 2 tsp. **Dijon mustard**, 1 tsp. fresh **thyme** and $\frac{1}{4}$ tsp each salt and pepper.
3. Toss with $\frac{1}{2}$ small **red onion** (finely chopped) and 1 (15-oz) can **lentils** (rinsed). Fold in 1 small **seedless cucumber** (cut into pieces), 4 cups **baby spinach** and $\frac{1}{4}$ cup **dill** (roughly chopped). Serve with Salmon.

Serves 4 About 350 cal, 13 g fat (2 g sat), 37 g protein, 490 mg sodium, 19 g carb, 9 g fiber

What makes this dish so heart healthy? It provides omega 3 fatty acids from salmon and has limited sodium and saturated fat. Plus, it's packed with cholesterol-lowering fiber and blood pressure – balancing minerals from lentils and spinach. ...Submitted by Wini Trapp

Can You Die of a Broken Heart?

Broken hearts are a real medical issue. If you have a heart, it will be broken, the bards say. Sadly, the doctors say a broken heart can actually be an illness. According to Harvard Medical School, broken-heart syndrome, also called takotsubo cardiomyopathy, was first identified several decades ago in Japan. Although rarely diagnosed, it is most commonly seen in older women. Patients experience a dramatic stressor in their lives (death, violence, fear, or in some rare cases a severe infection). The event causes a surge in hormones such as adrenaline. These hormones can stun the heart and lead to irregularities of the heart's proper functions. The left ventricle in the heart weakens and balloons outward in a strange shape that looks like a Japanese octopus trap (a takotsubo).

When a patient has this feature and no blocks in the coronary arteries, doctors can distinguish the disorder from a heart attack. For the patient, it feels like a heart attack with chest pain and shortness of breath. Medical professionals thought for many years that takotsubo sufferers could recover in about a month without any long-term repercussions but recent research published the Journal of the American Society of Echocardiography has shown that it can have an impact for years after the initial event. These patients exhibited lingering signs that were very similar to those found in people with chronic heart failure – a condition that involves heart muscle death and does not currently have a reliable cure.



Fruits stall decline in lung function, study finds

A diet rich in fresh fruits may slow down the lung's natural aging process, according to researchers at the Johns Hopkins Bloomberg School of Public Health.

Researchers found that adults who ate more than two tomatoes or more than three portions of fresh fruit a day had a slower decline in natural lung function than others.

Among former smokers, the results were striking, showing that over a 10-year period diets appear to help repair smoking damage.

Eating processed fruits, such as tomato sauce, did not show results.

-PagesMag0518

Fit for the Road Reunion

Thursday, June 21st – 5 PM Check in 5:30 Walk begins

Kristin Armstrong Municipal Park, East Boise

This free, invitation-only walk is for patients who have undergone or may be continuing treatment through St. Luke's MSTI, Heart, Joint Replacement and/or Bariatrics. The goal is to provide a safe, medically supervised and inspirational event as you return to or continue physical activity in your ongoing treatment or wellness plan.

The Fit for the Road Reunion event will start at Kristin Armstrong Municipal Park in Boise and the course will provide three distance options (0.5, 1.0, and 1.5 miles). Each participant is welcome to bring one companion, friend, coach or family member to join you on the course.

Your registration includes an event t-shirt, water and post-walk refreshments.

Visit: <http://www.fitoneboise.org/programs-and-events/fit-for-the-road-reunion> to register

For more information, please call FitOne at 208-381-2221 or email fitoneinfo@slhs.org

Hearts Get 'Younger,' Even at Middle Age, with Exercise

Eventually it happens to everyone. As we age, even if we're healthy, the heart becomes less flexible, stiffer and just isn't as efficient in processing oxygen as it used to be. In most people the first signs show up in the 50s or early 60s. And among people who don't exercise, the underlying changes can start even sooner.

"The heart gets smaller-stiffer," says Dr Ben Levine, a sports cardiologist at University of Texas Southwestern Medical Center and director of the Institute for Exercise and Environmental Medicine at Texas Health Presbyterian Hospital, in Dallas. Think of the heart muscle as a rubber band, Levine says. In the beginning, the rubber band is flexible and pliable. But put it in a drawer for 20 years and it will emerge dry and brittle.

"That's what happens to the heart and blood vessels" he says. And down the road, that sort of stiffness can get worse, he notes, leading to the breathlessness and other symptoms of heart failure, an inability of the heart to effectively pump blood to the lungs or throughout the body.

Fortunately for those in midlife, Levine is finding that even if you haven't been an avid exerciser, getting in shape now may head off that decline and help restore your aging heart. The research team recruited 52 individuals between ages 45 and 64 who were mostly sedentary but otherwise healthy.

Participants were randomly assigned to one of two groups. The first group engaged in a program of nonaerobic exercise – basic yoga, balance training and weight training – three times a week. The other group was assigned a trainer and did moderate to high intensity aerobic exercise for four or more days a week.

Is High-Intensity Interval Training the Fast Track to Health?

After two years, the group doing the higher intensity exercise saw dramatic improvements in heart health.

"We took these 50-year-old hearts and turned the clock back to 30 or 35-year-old-hearts," says Levine. Their hearts processed oxygen more effectively and were notably less stiff. "And the reason they got so much stronger and fitter," he says, "was because their hearts could now fill a lot better and pump a lot more blood during exercise."

The hearts of those engaged in less intense routines didn't change, he says.

A key part of the effective exercise regimen was interval training, Levine says – short bursts of high-intensity exercise followed by a few minutes of rest. The study incorporated what are often referred to as 4x4 intervals. "It's an old Norwegian ski team workout," Levine explains "It means four minutes at 95 per cent of your maximal ability, followed by three minutes of active recovery, repeated 4 times."

Pushing as hard as you can for four minutes stresses the heart, he explains, and forces it to function more effectively. Repeating the intervals helps strengthen both the heart and the circulatory system.

"We put healthy 70-year-olds through a yearlong (non-aerobic) exercise training program, and nothing happened to them at all," Levine says. "We could not change the structure of their heart and blood vessels."

Anyone considering beginning this, or a similarly strenuous exercise program, Levine says, should check with a doctor first and ask about individual health issues that might warrant a less intense program initially.

The findings are a great start. The study was small and needs to be repeated with far larger groups of people to determine exactly what aspects of an exercise routine make the biggest difference. -Patti Neighmond



New Drugs Promise to Melt Away High Cholesterol

Patients that suffer from abnormally high cholesterol can benefit from a new class of drugs, but the cost may cause problems for some. Affordable cholesterol-lowering drugs like statins work for the majority of people, but there are about 10 million people in the United States who can't take those drugs or who suffer from a genetic disease. Familial hypercholesterolemia is a genetic disease that causes uncontrollable high cholesterol even with the highest doses of traditional medicine.

PCSK9 inhibitors such as Praluent, from Sanofi and Regeneron Pharmaceuticals, and Repatha, from Amgen represent a new way of tracking cholesterol. They have been shown to reduce cholesterol in eligible patients by 50 to 60 percent after a year's worth of treatment.

The drawback to the drug is the price tag. A year's worth of Praluent is around \$14,600 and Repatha demands a similar price. It is likely, however, that patients could obtain discounts from 30 to 65 percent off the retail price, according to the Pharmaceutical Research and Manufacturers of America.

Health insurance companies may be hesitant to approve the use of these drugs as long-term use could end up costing them billions of dollars in benefits. Prescribing this treatment might end up saving them money in the long run as the estimated lifetime cost of heart failure is \$110,000 – many years' worth of a life-saving medicine.

-PagesMag0518



Study: You can boost your thinking in just 10 minutes

Anyone can learn and understand more after just 10 minutes of moderate to vigorous exercise. That is the finding of a University in Western Ontario study published in the January 2018 issue of Neuropsychology. The effects of 10 minutes of exercise appear to be immediate. In the study, a group used an exercise bike for 10 minutes and was then tested on reaction time in completing a non-standard task. The exercisers had an immediate 14 percent gain in cognitive performance.

Previous studies have shown that 20 minutes of exercise confers brain benefits, but this study shows that even people with physical and mental limitations can benefit from minor exercise.

The implications are important for everyone. If you are taking a test or about to engage in any mental task, 10 minutes of exercise beforehand can give you an edge.

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Heart Walk 2018 was May 17th at Kleiner Park this year. We had a great time meeting new people and once again handing out the “survivor caps” for the *American Heart Association*. We are looking forward to participating in the Fit for the Road Walk on June 21st.

MENDED HEARTS CONTACT INFORMATION

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Mended Little Hearts Liaison- Julie DuBois, RN 208-860-6984
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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>March-May</u>	<u>Year to Date</u>
Hospital Visits:	463	778
Patients:	388	654
Follow-up Calls:	325	561

We welcome Bruce Parks to our visiting team, who will be starting the shadowing process soon. Also, we want to welcome Tom and Ev Nichols as they start the process of becoming accredited visitors. Each year, we are required to attend a Mended Hearts reaccreditation training. That training will be held on Wednesday, October 24th from 2-4 PM in the 5th floor conference room of the St. Luke's Meadow Lakes Medical building where Cardiac Rehab is. Please be sure to hold that date open. 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. As of May 15th, we expanded to Nampa, 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	Wilson "Bill" Miller
Chris Catherman	Becky Newberry
Bob Courval	Jim & Marilyn Pettingill
Odee Gordon	Dennis & Adrienne Shiedlak
Elaine Grossaint	Chris & Pat Toshcoff
Bill Hielscher	Ray & Wini Trapp
Jack Marr	

Accredited Caller Coordinator: Cynthia Baxter-Guarino

Accredited Callers:

Sarah Baker	Wilson "Bill" Miller
Ray Heady	Becky Newberry
Jewel Magney	Mary Ellen Voshell
Ruth McGough	Marcia Warne