

Mended Hearts™

of Boise Chapter 380

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

President's Message

I recently read an article in The Wall Street Journal's healthcare section. The title was "When My Husband Had Surgery, Our Social Network Made All the Difference." The item went on to talk about the need for support and what research says about how a strong support network benefits patients both mentally and physically. The writer stated that she learned firsthand what all research shows: patients recover more quickly (mentally and physically) when they have people to lean on.



This is one of the foundations of Mended Hearts. We are part of this group because we strive to help others and to keep our focus on a strong commitment to recovery.

I would suggest that you go to the Mended Heart national web site often (https://mendedhearts.org/). That location contains a full look at heart health/needs for all of us. I attended a webinar education session recently on kidney disease and heart disease and was amazed at the amount of knowledge that was offered. The educational sessions cover a range of subjects on various issues, and they are all free. Many are offered during various times of the day so you can fit them into your schedule. The sessions focus on care, pain management and the importance of taking care of yourself. In addition to the education sessions, the Mended Heart National Web site, also offers web events, support, chapter & group zoom meetings, discussion communities, and others to help you become empowered/involved in support actions to help you find additional information on your heart health.

I think we take a lot of information for granted and we do not know where to look for facts and support. Remember it is right on the Mended Heart website.

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Save the Dates!

MENDED HEARTS CHAPTER 380 MONTHLY MEETINGS

The meeting will be held at the <u>St. Luke's Lifestyle Medicine location (previously known as the Cardiac Rehab Conference Rm)</u>, 3525 E Louise Dr., Suite 500, Meridian.

- ▶ MH Chapter Meeting Wednesday, 04/19/2023, 3:00-4:30 PM. Robin Weerts, Doctor of Physical Therapy, will talk to us about fall risks and balance.
- ▶ MH Chapter Meeting Wednesday, 05/17/2023, 3:00-4:30 PM. Michael Harmon, Doctor in Clinical Psychology, will speak on Depression in Cardiac Patents.
- No MH Chapter Meeting in June, a Picnic Party is tentatively planned for June, at a time and place to be announced

CARDIAC REHAB EDUCATION SESSIONS:

▼ Dennis Shiedlak and Ray Trapp visit once a month at St. Luke's Meridian while Tom & Evalyn Nichols visit St. Luke's Nampa the 2nd Tuesday and Wednesday of each month.

ON-LINE VISITOR TRAINING AND REACCREDITATION:

▼ Reaccreditation Training and New Visitor Training are held online. Please contact Jack Marr for registration details or future dates (229.269.8161), or *jack marr@hotmail.com*).

AMERICAN HEART ASSOCIATION HEART WALK: Please join us for the 2023 Heart and Stroke Walk at 9:00 am on 05/20/2023 at Kleiner Park. For more information, see article on next page.



MHI Chapter 380 Activities

Join our Chapter members on the Heart & Stroke Walk!

Join us for a fun family-friendly event to celebrate survivors and raise awareness for heart and brain health. Everyone is welcome to attend! We will have a short and long walk option to accommodate all fitness levels. There will also be various activities and educational resources in our celebration area starting at 8:00 am. We will learn hands-only CPR and do warm-up exercises as a group prior to the official start of the walk at 9:00 am. We encourage you to sign up under the Mended Hearts team and bring a friend (4-legged friends on a leash are always welcome). For more information, contact Brandi Keefe at brandi.keefe@heart.org or by phone: 208-965-0229.





Mission Statement

To inspire hope and improve the quality of life of heart patients and their families through ongoing 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 their families affected by Heart Disease across the lifespan.

About Mended Hearts

The Mended Hearts program is the nation's premier peer-support program for patients who have cardiovascular disease, their caregivers and their families. Since its humble beginning in 1951, Mended Hearts has served millions by providing support and education, bringing awareness to issues that those living with heart disease face, and advocating to improve quality of life across the lifespan.

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



Membership in Mended Hearts and Mended *Little* Hearts is about how you can help improve the lives of heart patients and their families, beginning with your own.

We offering **free membership**. This was created so that money will not be a barrier to engaging with Mended Hearts, Young Mended Hearts, and Mended *Little* Hearts and receiving access to resources and information. When you join at the associate level, you become part of something bigger, and you help us give voice to the many issues heart patients face throughout their lifespan. You also learn about the many educational opportunities Mended Hearts, Young Mended Hearts, and Mended *Little* Hearts provide. Finally, you join the *nation's largest cardiovascular disease peer-to-peer support network* and help us support even more people.

Mended Hearts, Young Mended Hearts, and Mended *Little* Hearts provide educational programs, peer-to-peer support programs, heart disease awareness campaigns, and we advocate for heart patients big and small every opportunity we can. We need your support to do this.

To join Mended Hearts or Mended Little Hearts go online to: https://mendedhearts.org/connect/member-enrollment/

A Sportswriter's Sudden Death & Your Family History

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(Continuation of the Boise MH Winter Newsletter

From our Winter, 2023 Newsletter

- Celebrated sportswriter Grant Wahl died from the rupture of an undetected ascending aortic aneurysm this year at a World Cup match in Qatar. An aortic tear killed actors John Ritter at age 54 in 2003 and Alan Thicke at age 69 in 2016.
- ▼ The aorta is the largest artery in the body, carrying oxygen-rich blood away from the heart to vessels that reach the rest of the body. The ascending aorta goes up the left side of the heart; the descending aorta stretches down into the abdomen. An aneurysm is a ballooning or weak area in an artery.



How are aortic aneurysms treated?

- Aneurysms can be monitored until they grow large enough to be worrisome, said Dr. Eric Isselbacher, director of the Healthcare Transformation Lab and co-director of the Thoracic Aortic Center at Massachusetts General Hospital in Boston. Medication might be used to lower blood pressure. Eventually, surgery may be required.
- ♥ While the descending aorta can be operated on with minimally invasive techniques, the ascending aorta requires open-heart surgery said Dr. Ourania Preventza, a cardiac surgeon at the Texas Heart Institute in Houston.
- ▼ Awareness of an aneurysm makes a huge difference in getting fast treatment when one tears, Isselbacher said.
- ▼ "If you know that you have an aortic aneurysm, hopefully you've been instructed that if you ever get the sudden onset of severe chest or back pain that you need to go right to the emergency room" for a CT scan. He tells his patients to announce as they enter the ER, "I have an aneurysm in my chest," to ensure they get moved to the front of the line.
- ▶ "Basically, the clock is ticking with an aortic dissection. The death rate is somewhere on the order of 1% per hour. So, if you stay at home and sleep it off, then you might not be there the next day. But, if you get to the emergency room promptly, you can get a CT scan that makes the diagnosis and the surgeons can fix it; the odds are very good you'll survive it."

What's on the horizon?

- Preventza said devices that would enable non-invasive repair of the ascending aorta are being tested but have not been approved.
- ▼ Isselbacher said researchers need to find ways to screen people without expensive imaging, perhaps with a blood test or a better genetic test, and to better identify which patients with aneurysms need surgery most urgently.

What should someone whose worried about an aneurysm do in the meantime?

- ▼ Tending to basic heart health matters such as not smoking and monitoring blood pressure and cholesterol and maintaining a healthy weight are important, Preventza said. She again stressed the importance of knowing family history. "Did my dad, my mom, my grandpa, my uncle anybody in my family die from an aneurysm? I should know that."
- That lesson applies to health care professionals as well, Isselbacher said.
- Even among those who understand the urgency of family history, follow-up action "is not well executed. People might mention it to a patient in the hospital, but they'll forget it, and never pass it along to their family members. But if all the doctors out there who treated patients with aneurysms made sure that family members were screened, we can certainly reduce the risk."

[Editor's note: this is a follow-up to A Sportswriter's Sudden Death & Your Family History article included in the Winter 2023 Newsletter.]

Extracted with permission from the American Heart Association: https://www.heart.org/en/news/2022/12/16/why-a-sportswriters-sudden-death-should-lead-you-to-ask-about-your-own-family-history

Should I take a Nap?

Sleep experts recommend keeping naps short – no more than 10-20 minutes. For healthy adults, short naps can provide:



- ♥ Relaxation.
- Increased Alertness.
- ♥ Reduced fatigue.
- ♥ Increased alertness.
- ♥ Improved mood.
- ▼ Improved performance, including quicker reaction time, and



If you keep your naps short, they generally won't affect the quality of your nighttime sleep. But if you experience insomnia or poor sleep quality, napping might worsen these problems, and long or frequent naps might interfere with nighttime sleep

When you look at the quality of your sleep, consider if you took a nap the day before and how it may have impacted your sleep.

Skip the energy drink; take a nap!!!

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Meet our Guest Speaker - Meghann Bostrom, FNP-C

Nurse Practitioner, St. Luke's Heart Failure Clinic

Topic: Cardiac Amyloidosis January 18, 2023

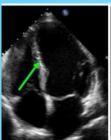
"WHAT WE SEE DEPENDS MAINLY ON WHAT WE LOOK FOR" -John Lubbock

Cardiac Amyloidosis (am-uh-loi-DO-sis) is an underdiagnosed heart failure disease. Amyloid fibrils are formed by normally soluble proteins which assemble to form misfolded and insoluble fibers that are resistant to degradation. They deposit in the heart, as well as other locations in the body. These deposits cause thickening of different sections of the heart, especially the left ventricle. This thickening makes the walls of the ventricle stiff and leads to decreased cardiac function.

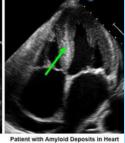


When to Suspect Cardiac Amyloidosis

- Unexplained "LVH" on echocardiogram. LVH left ventricular hypertrophy is thickening of the muscle wall of the lower left heart chamber.
- Low or normal voltage QRS on electrocardiogram (EKG). **Explanation from Website called HealthTap "QRS means that the part of the tracing that represents the electrical activity of your left ventricle is lower than average.' ** Wikipedia describes the "QRS complex as the combination of three of the graphical deflections seen on a typical electrocardiogram."
- Polyneuropathy including bilateral carpal tunnel.
- Lumbar spinal stenosis.
- Elevated Troponin and/or BNP disproportionate to the clinical picture. ** The Healthline Website under the heading Understanding Troponin, an important protein: "Troponins are proteins found in the cardiac muscle. When the heart is damaged, it releases troponin into the bloodstream." **DoveMed Website states: "Brain natriuretic peptide (BNP) levels go up when the heart cannot pump the way it should." BNP is a normal protein in the body that helps regulate blood circulation throughout your body.



Normal Patient



Abnormal cardiac rhythms including atrial fibrillation and heart blocks. **Physical Symptoms Of Cardiac Amyloidosis**

- Severe fatigue and weakness.
- Shortness of breath
- Heart failure symptoms (as the misfolded proteins deposit in the heart, that muscle thickens and becomes stiff. It can't relax so you see fluid back up in the lungs, abdomen and legs - edema).
- Low blood pressure causing syncope (dizziness, especially when going from the sit to stand position which is called postural hypotension.).
- Skin changes such as easy bruising.
- Polyneuropathy (multiple nerve involvement often leading to numbness, tingling, or pain in the hands and feet).
- Carpal tunnel syndrome and low back stenosis and resulting surgeries.
- Angina. ** Described on Mayo Clinic Website as "a type of chest pain caused by reduced blood flow to the heart. Angina pain is often described as squeezing, pressure, heaviness, tightness or pain in the chest".
- Gastrointestinal symptoms such as irritable bowel syndrome (IBS), constipation and/or diarrhea.

Risk Factors for Amyloidosis include:

- Age (many people diagnosed with certain types of amyloidosis are between 60 and 70 years old).
- Sex (amyloidosis occurs most commonly in men).
- Family history (some types of amyloidosis are hereditary).
- Race (people of African descent appear to be at higher risk of carrying a genetic mutation associated with a type of amyloidosis).

Types of Cardiac Amyloidosis

▶ AL (Light-Chain) — a.) The most aggressive form; b.) Caused by a bone marrow disorder. c.) Poor prognosis. d.) Needs immediate treatment once diagnosed. e.) Free light chains are elevated plus there are monoclonal proteins. f.) Treatment: chemotherapy and possible bone marrow transplant. ** Further information from the amyloidosis foundation, AL Amyloidosis facts: "AL Amyloidosis is caused by a bone marrow disorder. The bone marrow in the center of bones produces cells in the blood system, including "plasma cells". These plasma cells are the part of the immune system that makes antibodies for fighting infections. The term "immunoglobin" refers to the class of proteins that function as antibodies. Immunoglobins are composed of four protein chains: two light chains, either kappa or lambda light chains and two heavy chains of which there are several types.....In AL patients, these plasma cells produce an abnormal anti-

(Continued on next page)

Nurse Practitioner, St. Luke's Heart Failure Clinic

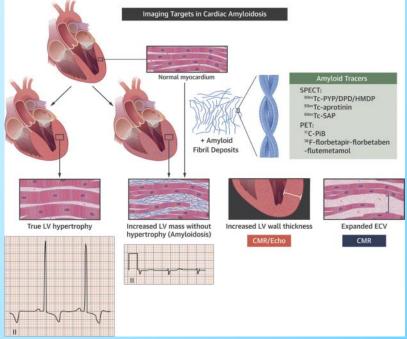
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body (immunoglobin) protein. For AL amyloidosis, it is the "light chains" that become misfolded and the abnormal, misfolded proteins result in the forming of amyloid. With AL amyloidosis, the "A" is for amyloid and the "L" is for light chain."

ATTRh (hereditary) — a.) Is genetic; b.) Involves misfolded proteins from the liver; c.) More common in African Americans.** Further information from the Cleveland Clinic, Transthyretin Amyloidosis: "Transthyretin (TTR) is a protein found in cells that circulates in your blood. Your liver makes TTR. This protein carries vitamin A (retinol) and a thyroid hormone called thyroxine to different parts of your body. With amyloidosis, clumps of these proteins (fibrils) become malformed proteins, are deposited in the heart and other organs and cause the heart to thicken and become stiff (called myopathy)". With ATTRh the "A" is for amyloid, the "TTR" is for Transthyretin, the "h" for hereditary. d.) Treatment is medications Tafamadis, Inotersan, or Patisiran; possible liver transplant and/or heart transplant;

liver transplant and/or heart transplant;
Gene therapy.

ATTR wt (Wild Type) — formerly known as ATTR senile. a.) This form is normal aging gone wrong. b.) The patient will often have a health history of having had bi



often have a health history of having had bilateral carpal tunnel which can be the first or early symptom. Data suggests that lumbar spine involvement can also precede cardiac involvement by many years. c.) The normal age for this disease to become noticeable is 60 years and most are over 70 years. d.) The majority of cases are in men. ** Further explanation from www.amyloidosis.org, Wild-type ATTR: "It is called wild-type ATTR because the misfolding and depositing amyloid protein comes from transthyretin protein without a genetic mutation, referred to as "wild-type" because it is the natural form of this protein."

◆ AA (Secondary) — This is a rare form of Amyloidosis, associated with chronic inflammatory disorders and most often affects the kidneys.

Diagnosing amyloidosis

- Suspicious history of amyloidosis symptoms.
- ▼ Routine cardiac tests such as an electrocardiogram or echocardiogram
- ▼ Imaging studies of the heart such as a cardiac MRI and/or a nuclear cardiac scan called a Pyrophosphate (PYP) scan.
- ♥ Genetic testing to rule out ATTRh
- ▼ A tissue biopsy of the heart.

ATTR Amyloid Treatment Options.

- ▶ ATTR silencers: These medications act on the liver to decrease the production of TTR. Patisiran and Inotersen approved by the FDA to treat patients with the hereditary type of ATTR who also have neuropathy.
- ATTR stabilizers: These medications stabilize the TTR protein, which in turn prevents it from breaking apart and forming amyloid fibrils (prevents the protein from misfolding). Tafamidis is FDA approved for patients with hereditary or wild-type ATTR. Other stabilizers, AG10 and diflunisal, are being studied.
- Fibril disruptors: These medications may help break up and clear ATTR amyloid fibrils. They have only been tested in small studies. They are Doxycycline-TUDCA (currently in a phase 3 clinical trial) and Green tea extract.
- Gene editing for ATTRh is in the early stages of study.



Resources: Amyloidosis Research Consortium - http://arci.org/ and Amyloidosis Foundation - http://amyloidosis.org/

Thanks goes to Meghann for a wonderfully informative talk! There was so much positive feed-back about your talk from the Mended Hearts folks. We appreciate the time you took to educate us!

Contributed by Pat Toshcoff

Meet our Guest Speaker - Janice Elliott, RN

Retired Director at Overland Court Senior Living and Memory Care

Topic: Laughter is the Best Medicine! February 15, 2023

What is an endorphin? An Endorphin is a complex chemical which acts as a neurotransmitter, or messenger in your body. According to The Cleveland Clinic Website, "Endorphins are created in the pituitary gland and hypothalamus, both located in the brain.....They attach to your brain's reward centers (opiod receptors) and carry signals across your nervous system." They are active to dull signals of physical pain and psychological stress.

How do they work?

- In laughter, endorphin release comes from an involuntary, repeated muscular exertion.
- This comes from exhaling without drawing a breath.
- The exertion leaves us exhausted and thereby triggers the endorphins.



Pat Toshcoff introduces Janice Elliott

How does laughter help us?

- ▼ Just 15 minutes of laughter increases the level of pain tolerance by about 10%
- ♥ Humor and laughter strengthens the immune system.
- Laughter boosts your energy.
- Laughter protects you from the damaging effects of stress.
- Humor and laughter protects the heart by improving the function of blood vessels and increasing blood flow.
- Laughing boosts the immune system by decreasing stress and increasing immune cells and infection fighting antibodies.
- ▶ Laughter relaxes the whole body, relieves physical tension. After a good laugh, stress leaves your muscles relaxed for up to 45 minutes after the laugh.

LAUGHTER IS THE BEST MEDICINE

Laughter makes us feel better!

Mental health benefits.

- Humor adds joy and zest for life.
- Eases anxiety and fears.
- Relieves stress.
- Improves mood.
- Enĥances resilience.
- Lightens your burdens.
- Connects you to others who seek humor in life.
- Keeps you grounded.
- Keeps you focused and alert.

Light-hearted people recognize negative people, media, etc. and learn to walk away from such settings (even though it is often hard to do). They learn to observe life around them. Increased positivity leads to inner peace and strength. Laughter humanizes and helps a person see the realistically funny side of life. A funny, funloving person looks outward instead of inward, focuses on the positives, is alert to moods/feelings; and are able to stay centered.

Social benefits

- Laughter strengthens relationships.
- Attracts others to you.
- Enhances teamwork.
- Helps diffuse conflict.
- Promotes group bonding.

Creating opportunities to laugh

- **♥** Watch a funny movie or T.V. show
- Go to a comedy club. (Make sure the spotlighted comedian is appropriately funny).
- Read the funny pages.
- Seek out funny people.
- **♥** Share a good joke or a funny situation.
- Check out bookstores" humor section.
- Host a game night with friends...
- Play with a pet.



from the American Heart Association

Apple Pear Crisp

This dessert is perfect to make during the fall season when the air is crisp. Warm spices with a touch of sweetness blanket two delicious autumnal fruits.



Topping Ingredients

- ▼ 1/4 cup uncooked rolled oats
- ▼ 1/4 cup all-purpose flour
- 2 tablespoons trans-fat-free tub margarine, chilled in freezer for 15 minutes
- ▼ 1 tablespoon unsweetened applesauce
- ▼ 1/2 teaspoon ground cinnamon
- ▼ 1 tablespoon stevia sugar blend

Crisp Ingredients

- ▼ 1 large pear, such as Anjou or Bartlett, peeled and diced
- **▼** 1 teaspoon cornstarch
- ▼ 1/2 teaspoon stevia sweetener OR 1 stevia sweetener packet
- ▼ 1/8 teaspoon ground ginger
- ▼ 1/8 teaspoon ground cloves
- ▼ 1/8 teaspoon ground cardamom (optional)
- ▼ 1 large apple, such as Granny Smith, Fuji, or Gala, peeled and diced

Directions

- ◆ Preheat the oven to 375°F.
- ▶ In a medium bowl, stir together the crisp ingredients. Spoon ½ cup of the apple-pear mixture into four 6-ounce ovenproof glass custard cups or porcelain ramekins.
- In a small bowl, stir together the topping ingredients until well blended. Sprinkle the topping over the fruit mixture in each custard cup.
- Bake for 20 to 25 minutes, or until the fruit mixture is bubbly and the topping is golden brown.

Servings: 4 Calories 156 Per Serving Protein: 2g Per Serving Fiber: 4g Per Serving

Reprinted with permission from the American Heart Association: https://recipes.heart.org/en/recipes/apple-pear-crisp

Homestyle Chicken Noodle Soup

A bowl of chicken noodle soup always equals comfort. The vegetables add nutrition and an aromatic flavor. This soup can be prepared at a moment's notice and turns mealtime into a warm and satisfying experience.

Ingredients

- 2 teaspoons olive oil
- **▼** 3 medium carrots (thinly sliced)
- 2 medium ribs of celery, leaves discarded, thinly sliced
- ▼ 1 small onion (diced)
- 4 cups fat-free, low-sodium chicken broth
- ▼ 1 1/2 pounds boneless, skinless chicken breasts, all visible fat discarded, cut into bite-size pieces.
- 3 cups water
- 3 tablespoons fresh Italian (flat-leaf) parsley, minced.
- ▼ 1/2 teaspoon dried thyme (crumbled)
- ▼ 1/4 teaspoon salt
- ▼ 1/4 teaspoon black pepper ((coarsely ground preferred))
- ▼ 6 ounces dried no-yolk noodles

Directions

- ▶ Heat the oil in the pressure cooker on sauté. Cook the carrots, celery, and onion for 3 minutes, or until the carrots and celery are tender and the onion is soft, stirring frequently. Stir in the broth, chicken, water, parsley, thyme, salt, and pepper.
- Secure the lid. Cook on high pressure for 12 minutes. Allow the pressure to release naturally for 10 minutes, then quickly release any remaining pressure. Remove the pressure cooker lid.
- ▶ Set the pressure cooker to sauté. Heat until the soup comes to a simmer. Stir in the noodles. Cook for 8 to 10 minutes, or until the noodles are tender, stirring frequently.

Servings: 6

Serving Size; 2 cups

Calories: 282

Protein: 30g

Fiber: 3g

Servings 8 Serving Size 3/4 cup

Chicken Mole with Tortilla Strips

Celebrate Hispanic heritage with this classic Mexican dish. Mole (pronounced MOH-lay) is a rich, dark reddishbrown sauce made from onions, garlic, chiles and a bit of Mexican chocolate and is usually served with poultry. In our version, we use unsweetened cocoa powder instead of the chocolate to reduce the added sugar and saturated fat.

Ingredients:

▼ 1 tablespoon olive oil

▼ 1 small onion, coarsely chopped

▼ 1 medium garlic clove, minced OR 1/2 teaspoon jarred minced garlic

▼ 1 4- to 4.5-ounce can diced green chiles, drained

▼ 1 to 3 chipotle peppers canned in adobo sauce, plus 1 tablespoon sauce

2 tablespoons unsweetened cocoa powder

▼ 1 tablespoon dark brown sugar

▼ 1 10.5-ounce can fat-free, low-sodium chicken broth

▼ 1 8-ounce can no-salt-added tomato sauce

▼ 2 pounds boneless, skinless chicken breasts, all visible fat discarded, cut into bit-size pieces

• 4 8-inch corn tortillas, cut into 1/2-inch strips

▼ 1/2 cup fat-free or low-fat sour cream

▼ 2 tablespoons chopped green onions (green part only) (optional)

Calories: 254 Per Serving Protein: 27g Per Serving Fiber: 3g Per Serving

Directions:

- ▶ Heat the oil in a large stockpot over medium-high heat, swirling to coat the bottom. Cook the onion and garlic for 1 to 2 minutes, stirring occasionally. Stir in the green chiles, almonds, chipotle peppers, adobo sauce, cocoa powder and brown sugar. Stir in the broth and tomato sauce.
- Using a hand blender or immersion blender, puree the mixture in the pot. (Alternatively, puree the mixture in a food processer or blender and return to the pot.) Bring to a boil over high heat. Reduce the heat to low and simmer for 5 minutes.
- ▼ Stir in the chicken. Simmer for 8 minutes, or until the chicken is no longer pink in the center, stirring occasionally.

Meanwhile, preheat the broiler.

- ▶ Put the tortilla strips on a baking sheet. Broil the tortillas strips about 6 inches from the heat for 2 minutes. Stir. Broil for 1 minute. Stir. Broil for 1 to 2 minutes, or until the strips start to turn crisp and golden. Remove from the broiler. (Some strips will be partly soft.)
- Reserve about one-fourth of the tortilla strips for garnish. Put the remaining tortilla strips and 3/4 cup mole in each bowl. Top with the sour cream, green onions and reserved tortilla strips.

Tip: Chipotle peppers are dried smoked jalapeños, so expect a little heat. You probably won't use an entire can for any single recipe, but the leftovers freeze nicely. Spread the peppers with sauce in a thin layer on a medium plate covered with cooking parchment or wax paper, then freeze them, uncovered, for about 2 hours, or just until firm. Transfer the peppers to an airtight container or a resealable plastic freezer bag and freeze.

Reprinted with permission from the American Heart Association: https://recipes.heart.org/en/recipes/chicken-mole

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 <u>Fred Meyer</u>

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, 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.

For more information, please visit the Fred Meyer Community Rewards



Peanut Butter Banana Protein Bars

These delicious homemade snack bars pack a punch of protein but don't include the added sugars found in many packaged protein bars.

Ingredients

- Cooking spray
- ▼ 2/3 cup uncooked quick-cooking oats
- ▼ 1/3 cup buckwheat flour
- ▼ 1/4 cup ground chia seeds
- ▼ 1/4 cup chopped walnuts
- ▼ 1/2 teaspoon ground cinnamon
- ▼ 2 medium bananas, mashed
- ▼ ½ cup creamy low-sodium peanut butter
- ▼ 15 drops chocolate-flavored liquid stevia sweetener
- ▼ 2 teaspoons stevia sweetener ÔR 4 stevia sweetener packets

Directions

- Preheat the oven to 350°F. Lightly spray a 13 x 9 x 2-inch baking pan with cooking spray.
- In a small bowl, stir together the oats, flour, chia seeds, walnuts, and cinnamon.
- ▶ In a medium bowl, stir together the banana, peanut butter, chocolate-flavored liquid stevia sweetener, and stevia sweetener. Pour the flour mixture into the bowl, stirring until the mixture is just moistened but no flour is visible.
- Spread the mixture into the baking pan.
- ▶ Bake for 12 to 17 minutes, or until a toothpick inserted in the center comes out clean.
- Cool for 20 to 30 minutes before cutting into 6 bars.

Reprinted with permission from the American Heart Association: https://recipes.heart.org/en/recipes/peanut-butter-banana-protein-bars

Triple Berry Protein Smoothie

This trio of berry flavors with a hint of nuttiness will brighten your day. It's a super simple shake to make and chock full of powerhouse nutrients.

Servings 2, Serving Size 1 cup

Ingredients

- ▼ 1 cup unsweetened almond milk
- ▼ 1/2 cup fat-free, plain Greek yogurt
- 1 teaspoon stevia sweetener OR 2 stevia sweetener packets
- 1 squeeze mixed berry-flavored stevia water enhancer
- ▼ 1/4 cup fresh or frozen, unsweetened blueberries
- ▼ 1/4 cup fresh or frozen, unsweetened raspberries
- 1 teaspoon stevia sweetener OR 2 stevia sweeten- 1/4 cup fresh or frozen, unsweetened strawberries

Calories: 78 Per Serving Protein: 7g Per Serving Fiber: 2g Per Serving

Calories:

Protein:

Fiber:

220 Per Serving

7g Per Serving

6g Per Serving

Directions

In a food processor or blender, process all the ingredients for 1 to 2 minutes, or until the desired texture. Pour into glasses.

Tip: You can substitute 3 ounces (3/4 cup) of a frozen berry mix in place of the three types of berries.



Reprinted with permission from the American Heart Association: https://recipes.heart.org/en/recipes/triple-berry-protein-smoothie

Talk to a Mended Hearts Volunteer about your Heart Questions!

You can schedule a telephone visit or a video chat visit with a trained volunteer who is a heart patient, caregiver, or a parent of a child with a heart condition just like you.

To speak to someone right now, please call our toll-free number:

HEARTLINE at **1-844-HEART87** (1-844-432-7887)

The Visiting Center is open between **10AM and 6PM** Eastern Monday through Friday and **Noon to 3:00PM** Eastern on Saturday.

If you do not get someone, please leave a message and we will get back to you.

If you would like to speak to someone from our local chapter, call (208) 706-7056 and leave a message.



Your Heart Health

From the American Heart Association and NIH

Pericarditis

- Pericarditis is inflammation of the pericardium, a sac-like structure with two thin layers of tissue that surround the heart to hold it in place and help it work. A small amount of fluid keeps the layers separate so there's less friction between them as the heart beats.
- A common symptom of pericarditis is chest pain, caused by the sac's layers becoming inflamed and possibly rubbing against the heart. It may feel like pain from a heart attack.
- ▼ If you have chest pain, call 911 right away because you may be having a heart attack. Learn about warning signs for a heart attack.
- Pericarditis can be attributed to several factors, including viral, bacterial, fungal, and other infections. Other possible causes of pericarditis include heart attack or heart surgery, other medical conditions, injuries, and medications.
- Pericarditis can be acute, meaning it happens suddenly and typically doesn't last long. Or the condition may be "chronic," meaning that it develops over time and may take longer to treat.
- ▶ Both types of pericarditis can disrupt your heart's normal function. In rare cases, pericarditis can have very serious consequences, possibly leading to abnormal heart rhythm and death.

Extracted with permission from the American Heart Association: https://www.heart.org/en/health-topics/pericarditis/what-is-pericarditis

What did they predict in the 1950s?

The 1950s were a different world than today, but to some, the future world was clear.

- ▼ "Here is my prophecy: In its final development, the telephone will be carried about by the individual, perhaps as we carry a watch today," said Pacific Telephone and Telegraph Company director Mark R. Sullivan in 1953.
- Remember how we had to be in front of the TV at the exact time the show was broadcast? Well, RCA's David Sarnoff knew that wouldn't last. In 1959, he predicted a television recorder and TV sets as thin as a picture frame. Right on both.



- ▼ In 1958, a comic strip by Arthur Radebaugh ("Closer Than We Think!") predicted robot warehouses. In 2023, that's exactly what is happening throughout the world, led by mammoth retailer Amazon.
- Before that, in 1948, Dr. Cleo Burnett predicted that we would one day put a radio on the wrist and by 1960, Bell Labs predicted that TV could be on a watch. Both predictions have more or less come true with smart phones and smart watches.
- ▼ In 1959, Parade magazine worried that the future would be so automated that people would struggle with boredom, as even cars would drive themselves. Given the kids' current fixation on devices, boredom isn't the problem but the self-driving car is here.

 PagesMag 0423

Basketball Legend Kareem Abdul-Jabbar Shares His AFib Diagnosis Story

Kareem Abdul-Jabbar is an American former professional basketball player who played 20 seasons in the National Basketball Association for the Milwaukee Bucks and the Los Angeles Lakers. During his career as a center, Abdul-Jabbar was a record six-time NBA Most Valuable Player.

Kareem Abdul-Jabbar has teamed up with Bristol Myers Squibb and Pfizer to share his atrial fibrillation (AFib) diagnosis story as part of the No Time to Wait campaign. Like many other AFib patients, Kareem knows how easy it can be to dismiss AFib symptoms, especially when your symptoms come and go. He initially ignored his symptoms and ended up in the hospital where he was ultimately diagnosed with the disease.

Symptoms like irregular heartbeat, heart racing, chest pain, shortness of breath, fatigue or light-headedness can be indicative of AFib, the most common type of irregular heartbeat. Unfortunately, symptoms of AFib are sometimes dismissed or ignored, leaving some individuals at risk for potentially serious health complications, such as an increased risk of AFib-related stroke. Only a healthcare professional can determine whether these symptoms indicate AFib or another condition.



Doctors have options that can help reduce the risk of stroke associated with AFib. Kareem hopes others will learn from his story and speak with a healthcare professional if they're experiencing symptoms. Seeking timely medical attention may help reduce the chance of AFib leading to something more serious, like stroke. For more information and to watch Kareem's full story, visit https://www.notimetowait.com.

(Continued from Page 1 — President's Message)

I would also like to remind you to secure one of our new Heart Guides. The newest issue is full of information/procedures and direction for your health goals. The best way to get involved with Mended Hearts is to attend a monthly chapter meeting. The first page of this document shows a monthly event list, speaker, location, time and again they are free and fun. If you want to pay back, volunteer, or have an idea for a speaker, let us know. We all need your help.

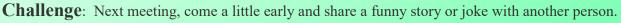
Ray Trapp, President

(Continued from Page 6 — Meet our Guest Speaker)

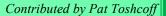
- Goof around with children. (Is there anything more infectious than the laughter of children)?
- Do something silly.
- ▼ Make time for fun. (STOP and just play)!

Ways to bring humor into your life

- Smile more.
- Count your blessings.
- When you hear laughter, move towards it.
- Spend time with fun, playful people.
- Bring humor into conversations.



Thank you, Janice for helping us look at ourselves and assess our level of silliness. Life can be so serious and this talk taught us that we need to put our focus on the lighter side in order to stay healthy and happy. We all appreciated the time you spent with us!



Classic Irish soda bread comforts the soul

- ▼ Irish soda bread might be one of Ireland's most famous foods, but the technique leavening bread with soda instead of yeast is probably even more American than apple pie.
- ▶ Native Americans prepared the first quick breads with pearl ash, a potash-derived natural soda that reacted with mild acids like sour milk or honey to release carbon dioxide bubbles.
- ▼ Irish soda bread came along when commercial production of baking soda made it cheap and widely available. When famine and poverty ravaged Ireland, basic soda bread, which could be prepared with just four ingredients, helped families survive. Eventually, necessity turned into tradition, and today, just about every Irish family has their own traditions regarding this classic sta-

ple. Experiment with this simple recipe and maybe you can create your own.

Ingredients:

- ▼ 1-3/4 cups buttermilk
- **▼** 1 large egg
- ◆ 4-1/4 cups flour (spooned and leveled), plus more for hands and work surface
- **▼** 3 tablespoons white sugar
- ▼ 1 teaspoon baking soda
- **♥** 1 teaspoon salt
- ▼ 5 tablespoons unsalted butter, cold and cubed

Directions:

Preheat the oven to 400 degrees Fahrenheit and grease a round cake pan or pie dish. Whisk flour, sugar, baking soda, baking powder and salt together in a large bowl; then cut in cold butter into flour mixture with a fork, your hands, or a pastry cutter. Whisk buttermilk and 1 egg together and add to flour mixture. Bring the dough together with your hands into a circular loaf and score the top with a very sharp knife. Bake in pie dish or cake pan until golden brown — about 45 minutes. Cool for at least 10 minutes in pan before transferring to wire rack.





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MENDED HEARTS CHAPTER 380 INFORMATION

Boise Chapter 380 has 78 registered members as of Dec. 31, 2022.

<u>President</u> – Ray Trapp 208.939.0300, raymh380@outlook.com

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<u>Mended Hearts Courier</u> – Dennis Shiedlak 208.577.8350, adshiedlak@gmail.com

<u>Program Committee</u> – Pat Toshcoff 208.376.4783, ctosh34@hotmail.com, – Wini Trapp 208.939.0300, raywini@msn.com, – & Adrienne Shiedlak 208.577.8350, adshiedlak@gmail.com

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<u>St Luke's MH Liaison</u> – Amber Schwehr, RN & Clinical Educator 208.831.1583, *schwehra@slhs.org*

<u>Mended Little Hearts Liaison</u> – Julie Du Bois, RN 208.860.6984, <u>duboisj@slhs.org</u>

We welcome new visitors who want to find out more about becoming a Mended Hearts, Young 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 and leave a message 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

We are now visiting patients at St. Luke's in Boise, Meridian, & Nampa; at Saint Alphonsus in Boise; and at the St. Luke's Rehab Clinics in Meridian & Nampa. In the first three months of 2023 we saw about 280 patients and added about 50 new associate members to the Mended Hearts International registry.

We currently serve the facilities noted above and are looking for additional volunteers to help out. If you are interested in becoming an accredited visitor or caller, please call or email Jack Marr, the training coordinator of our visiting program. He can be reached at 229.269.8161 or by email to jack_marr@hotmail.com. Additionally, you may also call or email our chapter president, Ray Trapp, at 208.939.0300, email: raymh380@outlook.com

Accredited Visitors/Callers:

Odee Gordon Tom & Evalyn Nichols

Cynthia Guarino Bruce Parks

Chris Hill Dennis & Adrienne Shiedlak

Elaine Grossaint Pat Toshcoff

Jack Marr Ray & Wini Trapp

Becky Newberry

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

Please NOTE: During the COVID pandemic, we met virtually via Zoom technology. We're now meeting in person again (subject to change for community health risks). We welcome you to any of our next meetings! In the meantime, if you have any questions, please feel free to contact any of our members listed on this page by phone or email, or leave a message at (208) 706-7056 and someone will get back to you.

Newsletter by email Renewal Policy

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