

**Winter
2023**



Mended Hearts™
of Boise Chapter 380

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

President's Message



GUIDE TO A HEALTHIER WINTER

We all know that winter is on the way. Now is the time to act on your heart's health and not give up on making sure you stay happy and healthy. One of the first actions we must take is to ensure our vaccine records are up to date. Just to take the right flu vaccine can have a positive impact on your immune response. If you are over 65, you are the highest risk for hospitalization and death if you contract the flu.

Remember that COVID and pneumonia are also key to reducing our health risk. Many of us forget that individuals 50 and older who received a COVID diagnosis have a 15 percent higher risk of developing shingles than others in that age group. Put your mask back on in crowded indoor public locations. Even the simple act of washing your hands can reduce your risk of the flu or a respiratory infection. Avoid people who are ill, and stay home if you're sick.

Now is the time to upgrade your diet. Older adults may have a harder time securing the nutrients and vitamins that are needed to support our immune system, such as vitamin B12, Zinc, and vitamin D. A good goal is to participate in a Mediterranean-type of diet that includes whole grains, fruits, nuts, vegetables, beans, seafood, and olive oil.

Drinking water is just as critical during colder months as it is during the hot days of Summer. Dehydration makes it difficult for your lungs to clear mucus from your body and can lead to illnesses such as pneumonia or kidney failure. The most hydrating foods for winter would include berries; they are more than 90% water and are rich in fiber. Lettuce has a high-water content; you can create your individual mix from various varieties to add some fiber and vitamins A and K. Another forgotten item would be bell peppers. Generally, healthy adults require from six to twelve 8-ounce cups of fluid a day.

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Save the Dates!

MENDED HEARTS CHAPTER 380 MONTHLY MEETINGS

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

- ♥ MH Chapter Meeting Wednesday, 1/18/2023, 3:00-4:30 PM. Meghann Bostrom, NP at Idaho Cardiology Heart Failure Clinic, St. Luke's, speaking on Cardiac Amyloidosis.
- ♥ MH Chapter Meeting Wednesday, 2/15/2023, 3:00-4:30 PM. Janice Elliot, RN, talking on Laughter is the Best Medicine.
- ♥ MH Chapter Meeting Wednesday, 3/15/2023, 3:00-4:30 PM. The Ada County Paramedics will teach 'Stop the Bleed,' (a follow up to 'Hands Only CPR' given last August).

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.

VIRTUAL VISITING AND REACCREDITATION TRAINING:

- ♥ Reaccreditation Training will be held on 01/17/2023 and New Visitor Training on 01/24/2023. Please contact Jack Marr for registration details or future dates (229.269.8161), or jack_marr@hotmail.com.

The Trapps Celebrate 60 Years of Marriage!



On Sunday, Oct. 30, 2022, family and friends of Wini and Ray Trapp helped the couple celebrate their 60th anniversary. Ray recalled how he met Wini ("the Rest is History!"), introduced their four children, and paid tribute to their Church and the support he has received as a member of Mended Hearts. It is a privilege to have Ray as our local MHI Chapter President and Director of the MHI Rocky Mountain Region. We wish both Wini and Ray great happiness and many more years together!



Mended Hearts®

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



It's great to be alive...
and to help others

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

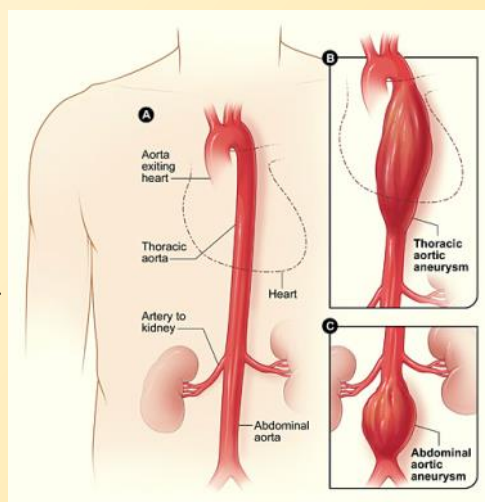
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Winter 2023

From the American Heart Association

The sudden death of celebrated sportswriter Grant Wahl this year at a World Cup match in Qatar shocked those who knew him – and of him. He had just turned 49 and seemed healthy, aside from recent complaints about chest pressure, which he attributed to exhaustion and bronchitis. Wahl's family said he'd died from the rupture of an undetected ascending aortic aneurysm. "No amount of CPR or shocks would have saved him," his wife, Dr. Céline Gounder, said in an online post.

The condition is rare but not unheard of, said Dr. Eric Isselbacher, director of the Healthcare Transformation Lab and co-director of the Thoracic Aortic Center at Massachusetts General Hospital in Boston. An aortic tear killed actors John Ritter at age 54 in 2003 and Alan Thicke at age 69 in 2016. JPMorgan Chase bank CEO Jamie Dimon, then 63, survived an aortic tear in 2020.

Wider understanding – particularly about the importance of family history – could save lives, Isselbacher said. So here are things to understand about aortic aneurysms.



What is an aortic aneurysm?

- ♥ The aorta is the largest artery in the body, carrying oxygen-rich blood from the heart, which the aorta arcs over like a candy cane. The ascending aorta goes up the left side of the heart; the descending aorta stretches down into the abdomen. The aortic arch connects them.
- ♥ An aneurysm is a ballooning or weak area in an artery, said Dr. Ourania Preventza, a cardiac surgeon at the Texas Heart Institute in Houston.

Does an aortic aneurysm have symptoms?

- ♥ "Not necessarily," Preventza said. If the aorta ruptures, or dissects, "people can die on the spot."
- ♥ But that's not the usual course of events, Isselbacher said. "The typical story is, 'I was at the kitchen sink, washing the dishes, and it felt like someone stabbed me in the back.'"
- ♥ Other symptoms may include chest pain or pressure, and neck or jaw pain. It's similar to what's reported with heart attacks, Isselbacher said, although heart attack pain tends to start off moderately and get progressively worse over time. Aortic dissection pain can be sudden and severe.
- ♥ "Heart attack pain tends to be a tightness, pressure, burning – one of those words," he said. "Dissection tends to be sharp, stabbing, ripping."
- ♥ If you have such symptoms, don't waste time pondering, Preventza said. Get to an emergency room.

Who is at risk?

The rate for aortic aneurysms is five to 10 per 100,000 person-years, according to the treatment guidelines. For the part of the aorta that descends into the abdomen, risk factors include being male, smoking, high blood pressure, and high cholesterol – "the same risk factors that are actually associated with a heart attack," Preventza said.

But an aneurysm connected to the ascending aorta is different, Isselbacher said. It is related to abnormalities that a person had at birth and grows slowly over a lifetime. "The problem then is that a perfectly healthy person who might run every day and eat a good diet can have one," he said.

Family history is extremely important, Isselbacher said. "If you have one of these aneurysms, there's a 20% chance that other family members will have it as well."

How is an aneurysm discovered?

It's often by chance that an aneurysm is found when a doctor does a scan for something else, which is part of why knowing your family history is so important. For the immediate family members of anyone who had an ascending aortic aneurysm or an aortic tear, an imaging test is "essential," the treatment guidelines say. If imaging scans turn up an aneurysm in a young person, Isselbacher said, genetic testing for the family is in order.

What type of family history matters?

Isselbacher said anyone with a close relative who died young of a sudden heart event should consider getting screened, because those deaths often are not reported correctly. "When someone dies of sudden death at a relatively young age, sure, it could be a heart attack, but it could also have been an aortic rupture. So, it's extremely important not to make assumptions."

[Editor's note: a follow-up article on how aortic aneurysms are treated will be included in the Spring 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>

Topic: Why do We Sleep?

October 19, 2022

Our bodies have lymphatic vessels to clear waste from our tissues. The brain does not have a lymphatic plumbing system. The selective advantage in not having a lymphatic system in the central nervous system (CNS) is to increase neuronal/synaptic density. The less space occupied by lymphatics, the more neurons and synaptic connections there are, thus leading to a greater processing power, and ultimately smarter humans. If there is no lymphatics, how do we clear CNS cellular waste?

During sleep, periods of decreased metabolic activity leads to a decrease in cerebral oxygen consumption. This allows vasoconstriction of vasculature (less oxygen needed and so less blood flow needed). This, then, allows more potential space to be created in channels that capillaries have tunneled through the brain. The cerebrospinal fluid (CSF) flow increases through this potential space during sleep, "flushing the brain's inner surfaces of accumulated waste products." Short sleep duration is associated with:

- ♥ Impaired cognition/ accidents;
- ♥ Neurodegeneration associated with a greater cognitive decline;
- ♥ Cardiovascular with a 20% increased risk for coronary artery disease (CAD) and hypertension (HTN);
- ♥ Decreased immunity;
- ♥ Metabolic changes with reduction in leptin (a hormone that inhibits hunger), increased hunger and appetite especially for calorie-dense foods;
- ♥ Oncogenic with increased incidences of cancer.

SLEEP-DISORDERED BREATHING - DEFINITIONS

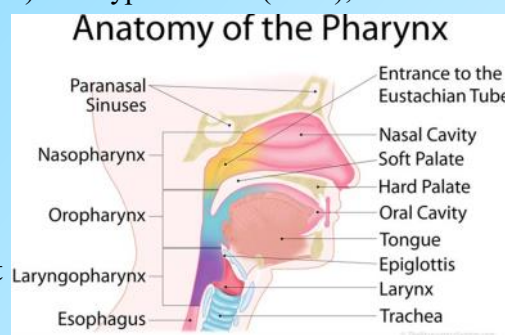
- ♥ Obstructive Sleep Apnea (OSA) — a reduction in airflow due to the collapse of soft tissues at the back of the throat, even though respiratory efforts are present. The trachea is a rigid structure but all other structures above the trachea are soft tissues/muscles. When a person sleeps, the soft tissues relax, collapse, and air flow is affected. Terms associated with this condition are:

- ♥ Apnea which refers to limited air intake and decrease oxygen levels in the brain due to obstruction in the upper airways.
- ♥ Hypopnea is a term referring to overly shallow breathing or an abnormally low respiratory rate which reduces airflow through the airway, often called "little breath."
- ♥ OSA can be caused or made worse by
 - ♥ Obesity; Craniofacial abnormalities such as tonsil/adenoids,
 - ♥ Down syndrome,
 - ♥ Men (larynx descends in puberty),
 - ♥ Age (less muscle tone);
 - ♥ BDZ (Benzodiazepine), cyclobenzaprine, anesthetics, alcohol;
 - ♥ Post- menopausal symptoms (decrease in estrogen).

- ♥ Central Sleep Apnea (CSA) — the brain is not sending signals down to the respiratory structures and respiratory effort is absent. This can be caused by the use of
 - ♥ Opiate and CNS depressants; advanced CHF;
 - ♥ CNS lesions such as post cerebrovascular accident (CVA or stroke),
 - ♥ Multiple Sclerosis,
 - ♥ Brainstem tumor.

SLEEP STUDIES Involves an overnight stay in a hotel-type room which is set up with monitoring equipment.

- ♥ Measurements are taken to assess the air in and out of the body, pauses in breathing (numbers and length of time), efforts to breath or breathing efforts absent, oxygen levels, times awake and asleep.
- ♥ This study is important to determine the type of breathing problem a person has and determine the best possible treatment(s).
- ♥ The test results give an Apnea-Hypopnea Index (AHI): Number of Apneas plus number of Hypopneas per hour of sleep. Adults with:
 - ♥ 0-5 events per hour = Normal,
 - ♥ 5-15 events per hour = Mild,
 - ♥ 15-30 events per hour = Moderate,
 - ♥ more that 30 events per hour = Severe.



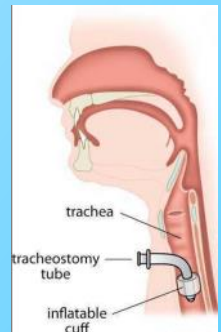
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SEVERE OSA is associated with: 1.) Excessive daytime sleepiness (car accidents, etc); HTN, pulmonary HTN, CAD, arrhythmias, CVA; Insulin resistance, DM2 (diabetes), NASH (Non-Alcoholic Fatty Liver Disease).

TREATMENT OF Obstructive Sleep Apnea (OSA)

- ♥ Weight loss/avoid alcohol.
CPAP (Continuous Positive Airway Pressure). The CPAP system delivers a steady pressure flow of air into the throat. The benefits of treating OSA with CPAP: improves excessive daytime sleepiness, car accident risk, blood pressure, depression, Q.O.L (quality of living) scores, recurrent atrial fibrillation after cardioversion. Fifty percent of users attempting CPAP are able to tolerate it. Noncompliance is usually the result of poor or uncomfortable mask fit, air leak and pressure trial, claustrophobia, removing it overnight. There are multiple types of masks, and it often is just a matter of trial and error to find the right mask for you.
- ♥ BIPAP (Bilevel Positive Airway Pressure). Unlike the CPAP, a BIPAP changes pressure as you breath in and out. It is not to be used with severe CHF.
- ♥ Dental Mandibular Advancement device. This is an oral device that pulls the lower jaw forward, opening the airway. It is usually covered by health insurance, is custom made by a sleep dentist, 90% of patients tolerate it, there is usually a 50% reduction in AHI, typically snoring resolves with these, it is portable, so no power is required, and is a good choice for moderate to mild sleep apnea. Cannot be given to a patient with jaw soreness, TMJ, significant dental disease.
- ♥ Hypoglossal nerve stimulator. It is an implanted device placed under the skin (much like a pacemaker device) and a wire running inferior to the tongue to innervate the hypoglossal nerves to the tongue muscles. It causes the tongue to protrude while sleeping without affecting the jaw itself. It is expensive, presents the usual surgical risk, and presents MRI limitations (unable to have an MRI after placement).
- ♥ Tracheostomy (original treatment).
- ♥ Positional Therapy (avoid sleeping on your back).
- ♥ New medication coming which promises to increase muscle tone (and not allow the muscles to collapse in the back of the throat).



Central Sleep Apnea (CSA)

- ♥ As mentioned above, this is a more complex form of sleep apnea and more- rare (typically 1% more or less of older adults). In this form of sleep apnea, there is absent respiratory effort. We see periodic breathing (a subtype of which is Cheyne-Stokes Respiration). For example, in the case of congestive heart failure, the brains control sensors can't quickly sense the effect of respiratory changes because the circulatory time is too long. You experience slow to no breathing and then deep, irregular, desperate bouts of breathing in order to catch up (get adequate oxygen to the body) - an out-of-syn overshoot and undershoot.



TREATMENT OF CSA

- ♥ Try fixing or improving the problem causing the CSA.
- ♥ Sometimes, just oxygen application will help.
- ♥ New (in trial) Respicardia System to stimulate the nerve in the chest (phrenic nerve) that controls breathing (the diaphragm). This is an implant similar to a pacemaker. It would work for a select number of patients who meet certain medical criteria. This implant will not allow for an MRI in the future. It is a surgical procedure and is expensive.
- ♥ ASV (Adaptive Servo-Ventilation) machine is similar to a CPAP. It is a fairly new technology. It tracks your breathing when you sleep and gives support only when you need it. This can be used with both CSA and OSA.

Respicardia System

This was a wonderful, educational talk! Thank you, Dr. Scholten for making a complex subject easy to understand. We appreciate your time and expertise!!

Contributed by Pat Toshcoff

Snickerdoodles

Nutrition: *Calories: 91* *Protein: 1g* *Fiber: 0g* *Servings 24* *Serving Size: 1 cookie*

Ingredients

- ♥ 1 cup trans-fat-free tub margarine
- ♥ 1/4 cup stevia sugar blend plus 1 tablespoon stevia sugar blend, divided use
- ♥ 1 large egg
- ♥ 1 teaspoon vanilla extract
- ♥ 2 cups all-purpose flour
- ♥ 3/4 teaspoon baking powder
- ♥ 3/4 teaspoon salt
- ♥ 1 1/2 teaspoons ground cinnamon



Directions

1. Preheat the oven to 400°F.
2. In a large bowl, using an electric mixer on medium speed, beat the margarine, 1/4 cup stevia sugar blend, egg, and vanilla until smooth.
3. In a medium bowl, stir together the flour, baking powder, and salt.
4. Using the electric mixer on medium speed, gradually beat the flour mixture into the stevia sugar blend mixture just until moistened but no flour is visible.
5. In a small bowl, stir together the remaining 1 tablespoon stevia sugar blend and the cinnamon.
6. Using your hands, shape the dough into 1 1/4-inch balls to make 24 cookies. Gently roll in the stevia sugar blend cinnamon mixture, coating lightly. Place about 2 inches apart on a large baking sheet or two small baking sheets. With the palm of your hand or a fork, lightly flatten each ball.
7. Bake for 8 to 10 minutes, or until the bottoms are browned.

Reprinted with permission from the American Heart Association: <https://recipes.heart.org/en/recipes/snickerdoodles>

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, 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](#)

Topic: Hearing Loss - Types, What to look for, Risk factors, Management, Balance.

November 16, 2022

- ♥ The Hearing and Balance Center provides Audiology (hearing) services, Vestibular Rehabilitation (balance) and Speech Language Pathology (rehabilitating those with hearing loss). There are six clinics in Southern Idaho to include Twin Falls, Boise, Meridian, Eagle, Nampa, and Fruitland. Among the providers there are 2 speech pathologists, 11 certified vestibular physical therapists, 33 Doctors of Audiology, and 6 audiology assistants.
- ♥ The types of hearing loss are
 - ♥ Conductive in which sound does not conduct as result of wax or fluid buildup.;
 - ♥ Sensorineural in which there is damage to a nerve or nerves (this is a permanent condition). The causes of sensorineural hearing loss can be from genetics, noise exposure, aging, disease processes such as diabetes, Meniere's disease, etc., head trauma, and ototoxic medications (chemotherapy, Lasix/furosemide etc). Cells in the inner ear do not regenerate so sensory nerve loss is permanent and often managed with amplification
 - ♥ Mixture of both conductive and sensorineural.
- ♥ During normal hearing, sound waves are collected by the External Ear. The Ear Canal funnels sound toward the ear drum. The Ear Drum transfers acoustic sound into vibrations. The Middle Ear amplifies and transfers vibrations to the fluid in the inner ear. The Inner Ear looks like a snail shell. It is called the Cochlea. Motion of fluid in the inner ear stimulates tiny hair cells. (Though these appear as fine hairs, they are actually an accumulation of cells). These hair cells translate sound vibrations into electrical signals that are transmitted to the Auditory Nerve and brain. The brain then translates these signals into sound.

People with cardiac disease often have hearing loss. It is believed that CVD (Cardiovascular Disease) can reduce blood flow to the ear and in turn cause damage to different parts of the auditory system. Poor blood flow contributes to noise induced hearing loss and imbalance of the inner ear.



- ♥ Symptoms of sensorineural hearing loss:
 - ♥ Frequent need to ask for repetition;
 - ♥ Hear but don't understand speech;
 - ♥ Feel people are mumbling;
 - ♥ Difficulty hearing in background noises; Need to turn up the radio/TV to hear well;
 - ♥ Have to strain to hear - listening is fatiguing;
 - ♥ Frequently misunderstand what is said.
- ♥ Hearing loss is usually gradual. High pitch sounds damage the hair cells and are the first to go due to noise exposure and aging. The higher the pitch of the sound, the higher the frequency of vibration.
- ♥ If hearing loss is present, hearing evaluations should be completed approximately every 1-2 years and/or if a decrease or change in hearing is suspected. An Audiogram is a test for hearing in which both sound pitch and volume are checked. Hearing screening involves a whisper test, turning forks and handheld screener.
- ♥ Risks of untreated hearing loss: 1) Dementia - People who suffer from hearing loss are at a higher risk of developing dementia. Compared to individuals with normal hearing, people with hearing loss are 2-5 times more likely to develop dementia depending on the severity of the hearing loss. People with untreated hearing loss lose their cognitive abilities (the ability to learn, problem-solve, remember things and pay attention) about 35% faster than people without hearing loss. MRI and EEG studies reveal physical changes in the brain due to hearing loss. 2) Withdrawal, isolation from others due to the frustration and embarrassment at not being able to hear and react to normal conversation. 3) Tinnitus can be secondary to hearing loss. A common cause of Tinnitus is inner ear hair cell damage. It is the perception of noise. If the brain is not processing sound, it will fill in sound with its own sound. With a loss of sound, the body will fill the void in an attempt to keep the brain active. The symptoms are ringing (intermittent or constant), buzzing, roaring, clicking, hissing, humming. The symptoms increase with fatigue and/or stress.
- ♥ What to look for in an Audiology hearing aid clinic: 1) Doctors of Audiology; 2) Advanced software and product training on the industry's most current technology; and 3) Hearing aid technology that can be programmed in audiology clinics around the world. Avoid private labeled hearing aids. Over-the-Counter hearing aids do



Staying well: Tune up your immune system

The Winter season can be one of the happiest and busiest of the year. One thing you don't need is a cold or the flu. It's time to tune up your immune system. Here's how to do it:

- ♥ Get serious about sleep. Doctors at the University of Pittsburgh say poor sleep or lack of sleep is associated with decreased immune system function. Go to bed at your regular time.
- ♥ Don't skip recreation. Spending time with friends can boost your defenses. A study from Carnegie Mellon University shows that people with a variety of social relationships had 20 percent greater immune function than those who did not.
- ♥ Laugh. Hear and tell funny stories, watch funny videos and laugh out loud. Laughter decreases stress and activates immune cells.
- ♥ Get going. Go to a basketball game, visit a museum, or attend a concert. Studies published in the British Medical Journal show that those who frequent cultural events live longer and are less likely to be sick.
- ♥ Write it down. Researchers at the University of Texas in Austin found that people who wrote about traumatic events for 20 minutes three times a week made half as many visits to doctors than those who did not.
- ♥ Pray. Faith can improve your health, say researchers at Duke University who found that churchgoers were healthier.
- ♥ Get a massage. It makes natural immune cells more numerous and efficient.
- ♥ If your doctor says it's OK, take vitamin D. It's easy to become deficient during the winter, when you might not be out in the sun as much. Insufficient vitamin D can weaken your immune system.
- ♥ Skip that second drink. More than one drink a day can suppress immune response and leave you more prone to infection.
- ♥ Consider E. Vitamin E is especially important for aging immune systems, according to the USDA Human Nutrition Research Center at Tufts University. Be sure to check with your doctor before taking any vitamins or supplements.



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Green Bean Casserole

Ingredients

- ♥ 1 pound frozen green beans (French cut is best), thawed
- ♥ 1 10.5-ounce can reduced-fat, low-sodium cream of mushroom soup
- ♥ 1/2 cup low-fat sour cream
- ♥ 1/2 teaspoon pepper
- ♥ 1 small onion (cut into thin strips)
- ♥ Cooking spray
- ♥ 1/4 cup whole-wheat flour



Directions

- ♥ Preheat the oven to 350°F.
- ♥ In a 13 x 9 x 2-inch glass baking dish, stir together the green beans, soup, sour cream, and pepper until well blended. Bake for 20 minutes.
- ♥ Meanwhile, spread out the onion strips on a baking sheet. Lightly spray the onion strips with cooking spray.
- ♥ Sprinkle the flour over the onion strips, tossing to coat.
- ♥ Lightly spray a medium-large skillet with cooking spray.
- ♥ Cook the onions on medium-high heat for 3 to 4 minutes, or until crispy, stirring occasionally.
- ♥ When the casserole is done baking, remove it from the oven.
- ♥ Stir half of the onions into the green bean mixture.
- ♥ Top with the remaining onions. Bake for 5 minutes, or until the onions on top are browned.

Serves 8: Calories 77, Protein 3g, Fiber 2g

Recipe borrowed from
<https://recipes.heart.org/en/recipes/green-bean-casserole>

Cinnamon Sweet Tortilla Chips with Fruit Salsa

Servings 8 Serving Size 6 tortilla chips and ¼ cup salsa

Ingredients

- ♥ Cooking spray
- ♥ 2 teaspoons olive oil
- ♥ 12 drops cinnamon-flavored liquid stevia sweetener
- ♥ ½ packet stevia sweetener or ¼ teaspoon stevia sweetener
- ♥ 1/2 teaspoon ground cinnamon
- ♥ 1/8 teaspoon salt
- ♥ 8 6-inch corn tortillas, each cut into 6 wedges
- ♥ 1 medium orange, peeled and diced
- ♥ ½ cup diced mango (from ½ of a medium mango)
- ♥ 1 medium kiwifruit, peeled and diced
- ♥ ¼ cup pineapple tidbits, canned in their own juice, drained
- ♥ ¼ cup diced strawberries (about 2 large)
- ♥ 1 tablespoon chopped cilantro
- ♥ 1 teaspoon grated lime zest
- ♥ 2 squeezes tropical punch-flavored stevia water enhancer



Directions

- ♥ Preheat the oven to 400°F. Lightly spray a large baking sheet with cooking spray.
- ♥ In a small bowl, stir together the oil, liquid stevia sweetener, stevia sweetener, cinnamon, and salt.
- ♥ Place half of the tortilla wedges in a medium bowl. Drizzle half of the oil mixture over the wedges. Repeat with the remaining tortilla wedges and oil mixture. Using a spoon or clean hands, toss the wedges with the oil mixture.
- ♥ Arrange the wedges in a single layer on the baking sheet. Bake for 5 to 7 minutes.
- ♥ Remove the baking sheet from the oven. Turn over the wedges. Bake for 5 to 7 minutes, or until the wedges are golden brown and crisp. Let cool for 10 minutes.

Recipe borrowed from: <https://recipes.heart.org/en/recipes/cinnamon-sweet-tortilla-chips-with-fruit-salsa>

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.



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Healthy for Good

American Heart Association
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*All requirements listed apply to Standard Certification, see heartcheck.org/requirements. 05-07288 3/21

CHECK FOR THE HEART-CHECK MARK

The Heart-Check mark is a simple tool to help you Eat Smart. When you see it, you can be confident that a product aligns with the American Heart Association's recommendations for an overall healthy eating pattern.

This is what it takes to be Heart-Check certified*:

SOURCE OF NUTRIENTS

Beneficial Nutrients (naturally occurring):
10% or more of the Daily Value of 1 of 6 nutrients (vitamin A, vitamin C, iron, calcium, protein or dietary fiber)

LIMITED IN SODIUM

Sodium:
One of four sodium limits applies depending on the particular food category: up to 140 mg, 240 mg or 360 mg per label serving, or 480 mg per label serving and per standard serving size.*

LIMITED IN BAD FATS

Saturated Fat:
1 g or less per standard serving size and 15% or less calories from saturated fat

Trans Fat:
Less than 0.5 g per label serving size and per standard serving size. Products containing partially hydrogenated oils are not eligible for certification.

TO LEARN MORE, VISIT
heartcheck.org

Old-Fashioned Vegetable-Barley Soup

This quick and easy vegetarian soup, packed with vegetables and a whole grain, can be on your table in about 30 minutes on a chilly day.

Ingredients

- ♥ Cooking spray
- ♥ 1 teaspoon olive oil
- ♥ 1/2 medium onion, chopped
- ♥ 1 medium rib of celery, chopped
- ♥ 1 medium garlic clove, minced
- ♥ 1 14.5-ounce can no-salt-added diced tomatoes, undrained
- ♥ 1 1/2 cups frozen mixed vegetables
- ♥ 1 1/2 cups low-sodium vegetable broth
- ♥ 1 cup chopped kale
- ♥ 1/2 cup water
- ♥ 1/4 cup uncooked quick-cooking barley
- ♥ 1/2 teaspoon dried basil, crumbled
- ♥ 1/2 teaspoon dried oregano, crumbled
- ♥ 1/8 teaspoon pepper
- ♥ 1 tablespoon plus 1 teaspoon shredded or grated Parmesan cheese

Directions

- ♥ Lightly spray a large Dutch oven with cooking spray. Add the oil, swirling to coat the bottom. Cook the onion and celery over medium-high heat until golden, about 3 minutes, stirring occasionally. Add the garlic and cook for 10 seconds. Stir in the remaining ingredients except the Parmesan. Bring to a boil over medium-high heat. Reduce the heat and simmer, covered, for 10 to 12 minutes, or until the barley is cooked.
- ♥ Ladle into soup bowls. Sprinkle with the Parmesan.



Servings:	4	Calories:	129 Per Serving
Serving Size:	1 1/4 cups	Protein:	6g Per Serving
		Fiber:	5g Per Serving

(Continued from Page 1 - President's Message)

Find something you enjoy. It may be an activity such as walking around the mall. Just have a positive attitude. When winter affects your daily life, you need to take action. Mended Hearts offers you that opportunity to get out of your daily routine, share your story/concerns and advocate for yourself to gain a new perspective on moving forward. Mended Hearts participation and information is free and offers exceptional benefits. One of the benefits is to become involved in our program as a volunteer. We have been invited back into the St. Luke's and Saint Alphonsus Hospital Systems. We need individuals that wish to support this key effort to help heart patients. If you want to pay it back, you can become a volunteer to help individuals on their road to recovery. Take the first step now, to attend one of our monthly meetings on the third Wednesday of each month. A list of our upcoming speakers/presentations is listed in the newsletter and a summary of previous speaker presentations has been created for you to review.

Remember to always consult your doctor when you make any major changes in your daily routine.

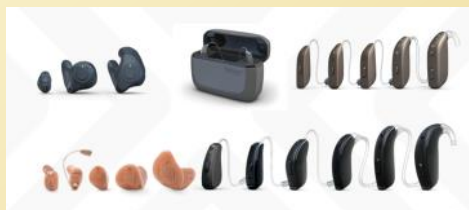
Ray Trapp, President

not offer personalized fit and programming, routine maintenance and warranties for damage or repairs, no follow up with a professional team. The One-Size-Fits-All approach does not work with hearing aids. 4) Bundled hearing aid services; 5) Verification and validation of hearing aid settings according to industry best practices; 6) Awareness of whether Audiologists receive commissions or any financial incentive to sell hearing aids; 7) Availability of loaner hearing aids.

- ♥ There are 6 top hearing aid manufacturers worldwide to meet every patient's specific needs: Widex, ReSound GN, Phonax, Starkey, Oticon, and Signia.

- ♥ Modern hearing aid technology:

- ♥ Stream sound directly from your smart phone;
- ♥ Smart phone apps can be used as remote controls and remote microphones;
- ♥ Manage hearing in noise seamlessly and automatically (noise reduction, volume changes per environment, microphone directionality, wind noise reduction, etc.);



- ♥ Small and rechargeable;
- ♥ Tinnitus sound generator built in;
- ♥ Wireless accessories such as TV streamers and remote microphones.
- ♥ The process of getting hearing aids: 1) Hearing evaluation; 2) Hearing aid demonstration; 3) Consultation on style, technology levels, cost, included services; 4) Order; 5) Fitting and consultation; 6) Follow-up care; and 7) Acclimatization

Falls are never normal at any age. Falls should be regarded as a possible symptom of a disease or a drug side effect until proven otherwise. Dizziness is never normal at any age.

- ♥ Balance is affected by vision, sensory input and the Vestibular system in the inner ear. The Vestibular system is a complex, sensory, semicircular system by the cochlea. It regulates balance and spatial orientation. It is filled with fluid and calcium carbonate crystals. When the crystals are dislodged from their position in the vestibular system and float around the vestibular canal, a person becomes dizzy, experiences a loss of balance, nausea/vomiting. This is called BPPV (Benign Paroxysmal Positional Vertigo) and is treated with positional therapy by a physical therapist. Or there is Meniere's Disease where balance is affected by fluid imbalance in the vestibular system. Medication such as Diuretics can help this imbalance.

This talk was so very informative, and we want to thank Sarah for her time and expertise in presenting to our group.

Contributed by Pat Toshcoff



People with ADHD at higher risk of cardiovascular disease

Researchers from the Karolinska Institute and Orebro University in Sweden have found that attention-deficit/hyperactivity disorder (ADHD) is a risk factor for cardiovascular diseases, according to Healthline. The researchers followed 5 million Swedish adults, including 37,000 with ADHD, for nearly 12 years and found that 38 percent of the adults with ADHD had at least one cardiovascular disease diagnosis, compared with just 24 percent of adults without ADHD.

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MENDED HEARTS CHAPTER 380 INFORMATION

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

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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 and Saint Alphonsus in Boise, and at the St. Luke's Rehab Clinics in Meridian and Nampa. In the last three months of 2022 we saw about 377 patients and added 69 new associate members to the Mended Hearts International registry.

We currently serve four hospitals in the Treasure Valley: St. Luke's in Boise, Meridian, and Nampa; and at Saint Alphonsus in Boise. 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
Jack Marr	Pat Toshcoff
Becky Newberry	Ray & Wini Trapp

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