

A Publication of The Dayton Heart Center

## Welcome Dr. Lazarous and Dr. Riaz



Above: Daisy F. Lazarous, MD  
Right: Kamran Riaz, MD



In July The Dayton Heart Center welcomed two cardiologists to our practice, Dr. Daisy F. Lazarous and Dr. Kamran Riaz. Dr. Lazarous will see patients at The Dayton Heart Center/Beavercreek and our main office on Needmore Road. Dr. Riaz will see patients at Greenville Heart Care and also at our main office on Needmore Road. We're pleased to have both of these talented physicians join our team and further strengthen our ability to provide our patients with the highest quality heart care available.

### Daisy F. Lazarous, MD

Dr. Lazarous graduated from Trivandrum Medical College in India and went on to compete a series of residency programs at The Union Memorial Hospital in Baltimore Maryland. She then completed a cardiology research fellowship at the National Institutes of Health, National Heart, Lung and Blood Institute in Baltimore. Finally, she completed a clinical cardiology fellowship at The Johns Hopkins University School of Medicine where she continues to serve as an assistant professor of medicine.

Dr. Lazarous is a leading worldwide authority on angiogenesis – the growth of new blood vessels. She has researched and written numerous articles on the subject,

including studies that have been published in the Journal of the American College of Cardiology. In addition she has lectured internationally on this important topic.

In addition to her extensive work on angiogenesis, Dr. Lazarous is committed to improving the preventive knowledge and lifestyles of her patients. "Today's physicians have so many ways we can help our patients to modify risk factors to keep them healthy, keep them out of the hospitals and allow them to enjoy longer, richer lives," says Dr. Lazarous.

Prior to joining The Dayton Heart Center she enjoyed several years in private practice in Pensacola and Destin, Florida.

Dr. Lazarous relocated to this area with her husband, Lt. Col. Karl L. Freerks, a civil engineer with Wright Patterson Air Force Base. Along with their two daughters, they live in Bellbrook.

### Kamran Riaz, MD

Dr. Riaz earned a medical degree from King Edward Medical College, University of Punjab in Pakistan as well as enjoys membership of the Royal College of Physicians in London.

From there, he went on to serve as a staff physician at the Mayo Hospital in Pakistan and several hospitals throughout the United Kingdom.

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# Heart of the Matter

## Resynchronization Therapy for Severe Congestive Heart Failure



Congestive heart failure affects more than 22 million people worldwide and about 5 million people in the United States. In those over the age of 65, 1 in 1000 is afflicted. In the US, there are 400,000 to 700,000 new cases of heart failure each year.

Heart failure is a huge health problem especially in the tremendous toll it takes on those affected. It is the most common reason for hospital admission, accounting for 5-10% of all hospital admissions, and billions of dollars in treatment costs. The patients take an average of six different medications, many for heart failure itself. More importantly, heart failure tends to be progressive and disabling, resulting in poor quality of life. Individuals with heart failure feel lousy and become severely limited in their activities. They are often unable to do even the simplest of everyday activities, such as cooking, cleaning, walking up steps or to the mailbox. Some even become bedridden.

Most people develop heart failure because the heart becomes very weak. The

medical term for weak heart muscle is *cardiomyopathy* (cardio means heart, and myopathy means sick or weak muscle). Weak heart muscle most often is due to either a single or series of heart attacks. A blocked artery in the heart prevents blood and oxygen from reaching the heart, the muscle dies and is replaced by scar tissue, resulting in a weaker heart with less muscle.

Many other patients develop weakened hearts due to longstanding high blood pressure, problems with heart valves, and previous viral infections. Sometimes the cause is unknown and is referred to as *idiopathic*.

The main function of the heart is as a pump, to pump enough blood and oxygen to all the organs and tissues of the body. Physicians use the term *Ejection Fraction (EF)* to describe how strong or weak the heart is. Normally when the heart pumps out blood, it pumps out at least half the blood in it, or an EF of 50%. Anything below 50% reflects weakened heart muscle. There is less

blood pumped with each heartbeat resulting in less blood flow to the organs of the body. An EF less than 35% corresponds with a severely weakened heart.

When the heart becomes very weak several things happen. First, the heart has a hard time pumping blood forward and it backs up into the lungs. These patients become short of breath at rest or with activity. This is sometimes referred to as "fluid on the lungs". The fluid often "backs up" beyond the lungs and people develop swelling in their legs and feet. This is the reason many of these patients are treated with "water pills" or diuretics. In addition, since the heart is weakened, it doesn't pump enough blood to other muscles and organs. These patients are always tired and fatigued and feel as though they are unable to do anything. We use many medicines to try to improve these symptoms, including those that decrease the blood pressure so the heart doesn't have to work as hard.

When the heart is weak, adrenaline becomes

activated. In short bursts like "fight or flight", adrenaline is beneficial. However when adrenaline is activated for a long time, such as in heart failure, it becomes harmful and can actually cause the heart to become even weaker. This is why we use anti-adrenaline medicines (beta-blockers). Digoxin is also commonly used to help the heart pump a little more strongly. All patients with weak heart muscle should be taking a beta-blocker and ACE inhibitor. If their heart failure symptoms do not improve, diuretics and digoxin are often added as well. Despite these medicines, many patients still have substantial limitations and symptoms.

In patients whose heart failure cannot be controlled with medicines, there are few alternatives. Most patients are not candidates for heart transplant surgery, and even if they are, most never receive a transplant due to the limited number of donor hearts. Until recently there were no other alternatives.



## THE HEART AT WORK

Today, many patients with severe heart failure are benefiting from a new type of pacemaker called a *biventricular* or *resynchronization* pacemaker. In about 15% of patients with severe heart failure, the two bottom chambers of the heart (*the ventricles*) are not beating at the same time. They are out of sync or *disynchronous*. In patients with an already severely weakened heart, this dysynchrony worsens the pumping ability of the heart even more. When we get the two ventricles beating at the same time, or resynchronize them, 2/3 of the patients will improve significantly. They can perform more activities, and more importantly they feel better.

the two ventricles simultaneously, resulting in resynchronization.

As I said earlier, of the patients who are candidates for the procedure, 2/3 of them will improve significantly, some tremendously. We have seen some patients go from being nearly bedridden to now doing

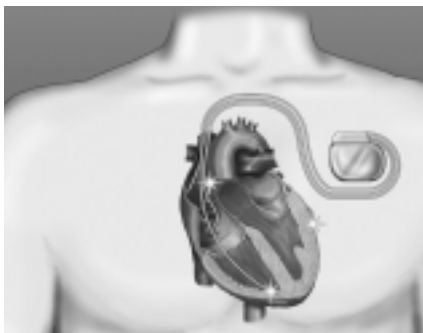


Photo courtesy of Medtronic, Inc.

full activities of daily living without any significant symptoms or limitations.

Unfortunately not all patients improve, and we currently are unable to determine who will fall in the 2/3 that benefit and who will fall in the 1/3 that do not. However given that the procedure is only minor surgery, is relatively low risk (no more risk than a standard pacemaker), and there are few options for many of these patients, use of a resynchronization pacemaker should be strongly considered by patients and encouraged by physicians.

The FDA approved this new pacemaker within the past year for the treatment of severe heart failure and many patients have already benefited from resynchronization therapy. The procedure is not much different from a traditional pacemaker. A traditional pacemaker is for patients with slow heart rates, and usually involves insertion of two wires into the heart, one to activate or pace the top chamber (*the atrium*) and one to pace the bottom chamber on the right side of the heart, the right ventricle.

A biventricular pacemaker adds a third wire for the bottom chamber on the left side of the heart, the left ventricle, allowing the pacemaker to pace

Kevin D. Kravitz, MD

The following people have joined The Dayton Heart Center since our last issue:

**Kimberly Burton** – Kimberly joined our Middletown Heart Care team this summer. As an echocardiography technologist, Kimberly works with patients to guide them through a wide range of echocardiography studies.

**Kelly Chaney** – Kelly joined the team in our business office earlier this year. In her role, she is responsible for data entry, including bill payments and other financial information.

**Lisa Follas, MA** – Lisa works in our clinic area at the Needmore Road office, interviewing patients, obtaining their vitals and EKG's. Lisa also has been working closely with Marie McEowen, Dr. Kravitz and pacer patients.

**Theresa Hemmelgarn, MA** – Theresa is a new member of our team at Greenville Heart Care. Theresa works closely with our patients and physicians in that busy office, assisting with prescription refills, blood pressure checks and EKG's.

**Jodi Jacobs** – Jodi joined The Dayton Heart Center earlier this year in the role of hospital scheduler. She also assists other members of the front office team with scheduling appointments and tests in our offices.

**Cindy McKinney** – Cindy is the newest member of our front office team. She works at check-out where her duties including collecting co-pays and scheduling follow-up appointments and tests for our patients.

**Linda Watson, MA** – Linda also works in our clinic area at the Needmore Road office. We are particularly pleased to have her assistance in our lab. Linda comes to us with 20 years of experience, including time working in a busy family practice office.

**Sarah "Whit" Worman** – As a physician assistant supervisor, Whit oversees all of our physician assistants during their work with patients and physicians in the area's hospitals. Whit works primarily at Good Samaritan Hospital and Dayton Heart Hospital assisting our physicians on their daily hospital rounds, providing patient education and coordinating discharge planning and follow-up appointments.

We also want to recognize **Joanie Westfall** who was promoted to Office Manager for Greenville Heart Care in July. We are pleased that Joanie has accepted this new role.

# Take a Bite Out of Heart Disease

**You are what you eat.** How many times have you heard that growing up from your parents and then passed that phrase on to your children? Interestingly, the phrase is not an old wife's tale – it holds a lot of truth about how to use food as a preventative tool for a healthy heart.

Eating right to reduce heart disease risk means you need to eat a variety of foods as well as consume less total fat, saturated fat and cholesterol. That may not seem so bad, but deciphering nutritional labels can be confusing and time consuming – especially when you are at the grocery store and are rushed. To keep it easy, the American Heart Association and the U.S. Dietary Guidelines for Americans, suggests you keep some of these basics in mind:

**Eat a variety of foods:** Your diet should contain a wide selection of the following foods: fruits and vegetables; non-fat and low-fat dairy products; whole-grain breads, cereals, and pasta; starchy vegetables, and beans; lean meat, skinless poultry, and fish; and unsaturated fats and oils. These foods provide important vitamins, minerals, fiber, and complex carbohydrates (starches) and are naturally low in fat.



**Choose a diet moderate in sugar:** Although sugar intake has not been directly related to heart disease risk, diets high in refined sugar are often high in calories and low in complex carbohydrates, fiber, and vitamins and minerals.

**Choose a diet moderate in sodium:** Most of the sodium in our diets comes from processed foods and table salt. Since excess sodium intake may be associated with high blood pressure (a risk factor for heart disease), you should avoid consuming too much. Depending on your health status, your physician may recommend that you lower your sodium intake to a specific level.

**If you drink alcoholic beverages, do so in moderation:**

Some research has suggested that moderate drinking (no more than one drink per day for women) is associated with a lower risk for heart disease in some individuals. This does not mean that you should start drinking or increase alcohol consumption since there are other risks associated with alcohol consumption.



*...eat a variety of foods as well as consume less total fat, saturated fat and cholesterol.*

**If you're eating out, don't worry that you won't know what to order.**

Many restaurants provide menus with heart-healthy entrees clearly marked. If not, look for the following words in the entrée description to see if it meets your heart-healthy standards:

- Baked
- Broiled
- Poached
- Roasted, i.e. for vegetables, skinless chicken, and lean meats
- Steamed
- Grilled seafood, chicken or vegetables

Still uncertain? Then avoid entrees with *battered, fried, pan fried, French fried, creamed, creamy, with gravy, au gratin, scalloped, rich, and pastry* in the description. These descriptions signal that a food might be high in fat.

After all, an ounce of prevention is worth a pound of cure.



# Walk On To Heart Health

Studies have shown that incorporating physical activity into our daily lives can improve our overall health from managing stress to preventing bone loss. But did you know that physical activity benefits our hearts the most? It's true! Physical activity is linked to reductions in the risk of heart disease by improving blood circulation throughout the body not to mention improvements in blood cholesterol levels and the prevention and management of high blood pressure.

Getting started on one of the best exercise programs is easy, not to mention free! Just lace on your walking shoes! According to a study published in the *New England Journal of Medicine*, simply walking several times a week is as effective as vigorous

exercise in reducing the risk of heart disease by up to 30 percent.

Low-to-moderate intensity activities, when done for as little as 30 minutes a day, can bring many heart-healthy benefits. Other activities include climbing stairs, gardening, yard work, moderate-to-heavy housework, dancing and home exercise. And the more vigorous aerobic activities, such as brisk walking, running, swimming, bicycling, roller skating and jumping rope done most days of the week for at least 30 minutes are best for improving the fitness of the heart and lungs.

If 30-minutes sounds like a lot of time out of your day, don't despair and toss your shoes back in the closet. A study published in the

journal *Medicine & Science in Sports & Exercise* showed that short sessions of exercise may be just as healthy for your heart as one long session. So break your routine down to fit your schedule – a few 10 to 15 minute increments throughout the day will be just as effective.

To keep your routine successful and beneficial follow these tips:

- Don't overdo it. Do low- to moderate-level activities, especially at first. You can slowly increase the duration and intensity of your activities as you become more fit. Over time, work up to exercising three or four times per week for 30-60 minutes.
- Choose activities that are fun, not exhausting.
- Add variety. Develop a repertoire of several

activities that you can enjoy. That way, exercise will never seem boring or routine.

- Wear comfortable, properly fitted footwear and comfortable, loose-fitting clothing appropriate for the weather and the activity.
- Find a convenient time and place to do activities. Try to make it a habit, but be flexible. If you miss an exercise opportunity, work activity into your day another way.
- If you've been sedentary for a long time, are overweight, have a high risk of coronary heart disease or some other chronic health problem, see your doctor for a medical evaluation before beginning a physical activity program.

## Cover Story continued

Prior to joining The Dayton Heart Center, Dr. Riaz completed a cardiology fellowship at the Mid-America Heart Institute at the University of Missouri.

Dr. Riaz has a particular interest in the study of treatment methods for congestive heart failure

and has researched and published numerous articles on the topic, including a study of the role of digoxin in congestive heart failure. "There is so much that we can do for patients living with congestive heart failure," said Dr. Riaz. "Recent advances in cardiology mean that we

can really tackle congestive heart failure at much earlier stages than before and in some cases, actually provide a cure for the cause of the condition."

He is a member of the American Medical Association and the American Society of Nuclear Cardiology and

is board certified in internal medicine and is a Testamur of the National Board of Echocardiography.

Dr. Riaz, his wife, also a physician, and their three children are planning to settle in the Centerville area.



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212 calories, 8 g total fat  
(3 g saturated fat), 28 mg  
cholesterol, 348 mg sodium,  
20 g carbohydrates,  
4 g fiber, 15 g protein

*Better Homes and Gardens,  
Healthy Family Cookbook, 1995*

## Cabbage Rolls with Turkey and Rice Stuffing

This recipe replaces the classic beef filling with lean ground turkey, and adds some turkey sausage for extra flavor.

12 large cabbage leaves	1 cup cooked brown rice
8 ounces ground raw turkey	1 tsp salt-free seasoning blend
8 ounces ground turkey sausage	1/2 tsp dried thyme, crushed
1 cup chopped carrots	1-1/2 cups light marinara sauce
1/4 cup chopped onion	1/2 tsp dried basil, crushed

Spray a 2-quart rectangular baking dish with nonstick spray coating, set aside. Trim center vein from cabbage leaves, keeping each leaf in 1 piece. Immerse leaves in boiling water just until limp, about 3 minutes; drain and set aside.

For filling, spray a large nonstick skillet with nonstick coating. Cook ground turkey and turkey sausage for 5 minutes. Add carrots and onion; cook for 3 minutes more. Drain excess fat. Stir in rice, seasoning blend and thyme.

Place about 1/4 cup of the filling in the center of each cabbage leaf. Fold in sides; fold ends so they overlap atop rice. Place rolls, seam side down, in prepared baking dish. Combine marinara sauce and basil; pour over rolls. Cover; bake in a 350 oven for 45 to 50 minutes or until heated through.

Makes 6 main-dish servings.