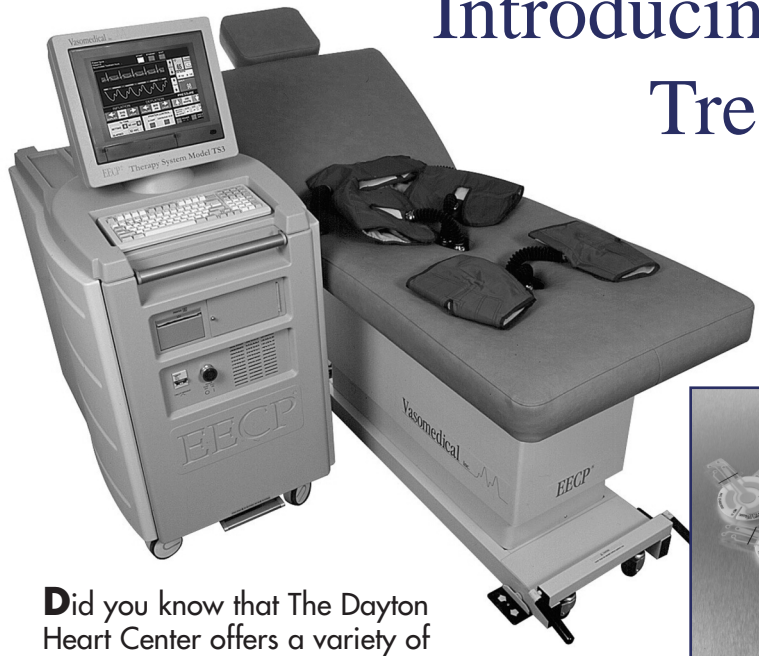


Introducing New Diagnostic and Treatment Services



Did you know that The Dayton Heart Center offers a variety of diagnostic and treatment services? Please take a few minutes to read about our two newest services:

The Dayton Heart Center now offers Enhanced External Counterpulsation (EECP), which is used to treat patients suffering from angina.

Enhanced External Counterpulsation (EECP) can help stimulate the opening or formation of blood vessels that are narrowed or blocked causing angina. This stimulation helps carry the blood to your heart. EECP is as easy as taking a one-hour rest! Here's how it works:

- You lie on a special bed with a series of blood pressure cuffs wrapped comfortably around your legs.
- An EKG triggers the cuffs to inflate and deflate in sync with your own heartbeat, pumping healthy blood throughout your body and reducing the workload of your heart.
- During the heart's resting phase, when it normally receives its supply of blood, the cuffs inflate and push oxygen-rich blood toward your heart, thus reducing the heart's workload even further.
- Just before your heart begins to pump again, the cuffs rapidly deflate and blood leaves your heart, again, without the muscle having to work as hard.
- Most patients read, listen to music, or even sleep during the quiet, 60-minute treatment.
- Patients are prescribed a series of 35 treatments.

Microvolt T-Wave Alternans is a noninvasive test that helps identify patients at risk for Sudden Cardiac Death. Sudden Cardiac Death remains nearly invisible because it lacks recognizable symptoms or clear risk factors. This test helps identify any subtle electrical disturbances in your heart that may cause Sudden Cardiac Death.

The test is painless and non-invasive, and is usually done on an outpatient basis. Before the test, special sensors are attached to your chest. Then you begin to walk on the treadmill. The test begins when your heart rate reaches 90 beats-per-minute and continues for approximately three to four minutes after your heart rate has crossed over the 90 beats-per-minute threshold.

Below is a sample of some of the additional diagnostic and treatment services we offer:

- Stress Test
- Nuclear Stress Test*
- Echocardiogram
- Stress Echocardiogram
- 24-Hour Holter Monitor
- Cardiac Event Monitor
- Cardiac Ultrasound
 - Carotid
 - Peripheral
 - Renal Artery
 - Abdominal Aorta

* indicates service available only at Needmore Road office.

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Why and When You Might Need Them

There has been a lot of talk lately about advance directives and how they offer you the opportunity to document exactly how you wish to be treated medically in case you are ever unable to express these wishes verbally, on your own. In this article we have tried to answer any questions you might have concerning advance directives. If you have any additional questions, please contact your family attorney.

What is an advance directive?

An advance directive tells your doctor and/or family members exactly how you would like to be treated medically in case you are ever unable to speak for yourself. There are two types of advance directives: a living will and a medical power of attorney.

What is a living will?

A living will is one type of advance directive where you put in writing how you wish to be treated medically in case you are ever unable to express these wishes at a time of need. This type of advance directive is only used when you are terminally ill.

What is a medical power of attorney?

A medical power of attorney is a written document that lets you choose someone you trust to make decisions about

your medical care in case you are ever unable to speak for yourself. The person you choose is then able to speak for you – not just at the end of life but also during surgery when you are under general anesthetic.

Why or when would I need an advance directive?

Either type of advance directive allows you to document how you wish to be treated medically in the case you should become unconscious or too ill to communicate verbally. However, as long as you are able to express your own decisions verbally, your advance directive will not be used and you can accept or refuse any medical treatment.

Do I need both a living will and a medical power of attorney?

Yes. In fact since both serve very different purposes it is good to have both. The person you choose to have your power of attorney can respond to any unexpected changes and base decisions not only on your written medical treatment wishes,

but also on a general knowledge of you. The living will is useful in case the person you have chosen is unavailable or unwilling to serve or if they simply need reassurance that he or she is following your exact, specific wishes.

Where do I get these documents?

These documents are available at most hospitals, including Dayton Heart Hospital, as well as many doctor's or attorney's offices. However, you can also simply write down how you wish to be treated by medical professionals. These do not have to be complicated

legal documents. They can be short, simple statements about what you want done or not done if you can't speak for yourself. You may want to have what you have written reviewed by your doctor or attorney to make sure your directives are understood exactly as you intend.

What do I do with my directives after they are signed?

Make several photocopies of the completed documents. Keep the original in a safe but accessible place. Give copies to the person

you have chosen to speak for you in case you are unable to do so on your own, your doctor and anyone else who might be involved in your healthcare including; grown children, close relatives or other family members.

Will my advance directives be honored in an emergency?

No. Generally, advance directives are not effective in a medical emergency. There usually is not time in an emergency to either consult the directions in an advance directive or determine a person's underlying medical condition.

Can I change my advance directive?

You may change or cancel your advance directive at any time, as long as you are considered of sound mind to do so. Your changes must be made, signed and notarized. Make sure that your doctor and any family members who knew about your directives are also aware that you have changed them. If you do not have time to put your changes in writing you can make them known while you are in the hospital. Tell your doctor and family or friends present exactly what you want to happen. Usually wishes that are made in person will be followed in place of the ones made earlier in writing.

There are two types of advance directives: a living will and a medical power of attorney.

THE HEART AT WORK

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

Kathy Albers, MA – Kathy works in the lab as a medical assistant. She guides patients through blood tests and other lab procedures as well as administering hospital pre-admission tests in our Needmore Road office.

Rachael Davenport, RN – Rachael is a registered nurse in our Needmore Road office. Rachael assists both the physicians and patients wherever needed.

Cheryl Derringer – Cheryl is a new member of our Needmore Road front office team. Cheryl works at check-out where her duties include collecting co-pays and scheduling follow-up appointments and tests for our patients.

Krista Donnersbach, MA – Krista is the team medical assistant for Dr. Joffe. Krista works closely with patients during their appointments at our Needmore Road office, administering blood pressure checks and EKG's as well as assisting the physicians.

Pam Herrin, RN – Pam, a registered nurse, is one of the newest members of our hospital team. She participates in a unique employment opportunity, job sharing every other week with another RN. Pam works closely with our physicians and assists patients with medications and follow-up appointments.

Jayna Hill, Insurance Coordinator – As an insurance coordinator, Jayna is responsible for filing all insurance claims electronically and following up on return claims. She also has the added duty of handling our Anthem and Medicare patient accounts.

Renee Kimmel, RN – Renee is the team nurse for Dr. Lazarous and Dr. Fishbein. In this role, Renee works with both doctors and their patients during office visits as well as coordinates prescription refills and changes for those patients.



Amy Meininger, RN – Amy works with our physicians at area hospitals, assisting with their rounds, admissions and discharges.

Sally Merrill, RN – Sally is also taking advantage of a job-sharing opportunity, sharing duties every other weekend at Dayton Heart Hospital. In her role, she assists the physicians making their rounds and helps with patient admissions and discharge arrangements.

Arlene Parker, RN – A registered nurse, Arlene works in the Coumadin Clinic at our Needmore Road office where she performs protime checks and manages patients' therapy programs.

Barbara Schaurer, MA – Barbara works in our Needmore Road office clinic as a medical assistant. She works closely with patients on prescription refills, blood pressure checks, EKG's and assists the physicians during office hours.

Anna Shook, MA – As a medical assistant, Anna handles patient care and front office responsibilities.

Nancy Wombold, EECF therapist – Nancy is the new EECF therapist at our Needmore Road office. As an EECF therapist she administers EECF treatment to patients who have been diagnosed with angina.

Connie Young – As a member of our Needmore Road front office team, Connie handles all check-out duties including collecting co-pays and scheduling follow-up appointments and tests for our patients.

We also want to recognize **Ronda Wood, RN** who was promoted to Hospital Staff Coordinator for all physician assistants and nurses. In addition she will continue her office management duties at our South office, 5250 Far Hills Avenue.

NATIONAL HEART CARE RESEARCH COMES TO THE DAYTON HEART CENTER

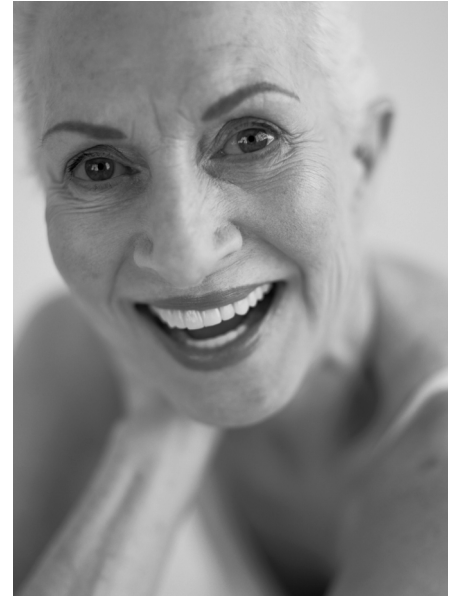
The Dayton Heart Center is participating in several exciting research studies that are looking at ways to improve heart care in this region.

One of these studies, known as the EVEREST study, looks at new treatment options for patients with worsening congestive heart failure. More specifically, the EVEREST study is testing the effectiveness of

a trial drug for heart patients who are living with worsening symptoms of congestive heart failure, such as difficulty breathing or leg swelling.

There are great potential benefits to the patient with this test drug. It is an entirely new type of medication that, when given once-a-day along with the patient's current medicine seems to shorten the length

of a patient's hospital stay as well as reduces the number of times a patient is readmitted to the hospital.



EVEREST

NEWS YOU CAN USE

THANKS FOR CALLING

Your needs are our first concern. In order to help us help you more efficiently please call ahead to any of our office locations if you need to pick up items from your medical records or if you need anything else and let us know exactly what you are looking for and when you would like to pick it up. This will allow us to have whatever you need available for you as soon as you arrive.

The Dayton Heart Center/ Main Office

1530 Needmore Road
Dayton, Ohio 45414
937-277-4274

The Dayton Heart Center/ Beavercreek

2145 N. Fairfield Road, Suite C
Beavercreek, Ohio 45431
937-320-0630

Greenville Heart Care

742 Sweitzer Street
Greenville, Ohio 45331
937-547-9701

The Dayton Heart Center/South

5250 Far Hills Avenue
Centerville, Ohio 45429
937-291-6900

UPDATING INSURANCE INFORMATION

It is important to us that we keep all of your medical records and health insurance information as current as possible. In order to avoid causing any problems or delays with your insurance company please remember to bring your insurance card to EACH VISIT so we can be certain we have the most up-to-date mailing address for your insurance.

Thanks



Heart of the Matter

What You Should Know about Women and Heart Disease



You may have seen your health care provider wearing a red dress pin and, if you did, you may have wondered what this “Red Dress Campaign” is all about. The Red Dress Campaign is an awareness and education campaign sponsored by the National Institutes of Health to make women aware of their risk for heart disease and to educate them about preventive measures to lower that risk.

Let me tell you why this is so important.

Most women assume that breast cancer is the number one killer of women. On the contrary, heart disease is the single largest killer of American women.

In the US alone, more than one half million women die of cardiovascular disease each year, exceeding the number of death from heart disease in men and the next seven causes of death in women combined. This translates into approximately one death every minute!

Nearly two thirds of women who die suddenly have no previously recognized symptoms. Hence the importance of reducing your risk factors for heart disease and being vigilant about recognizing symptoms.

The medical profession has recently come to recognize that women experience heart attack symptoms much different from that of men. When I was in medical school our textbooks showed a middle-aged man in a business suit leaving a restaurant and clutching his chest from a heart attack. We now know this “male pattern angina” is often not seen in women. Women tend to have more vague complaints like tiredness, nausea, abdominal pains, etc.

So what can you do to improve your overall health and lower your risk of heart disease?

- 1) Do not smoke!** Do not expose yourselves or your children to secondhand smoke. Stopping smoking reduces the risk of repeat heart attacks and even death from heart disease by 50%.
- 2) If you are diabetic,** intensely treating diabetes reduces your risk of a heart disease related death by 30% in just the first year of treatment.
- 3) Know your numbers!** Find out what your good cholesterol, bad cholesterol and Triglycerides are. Did you know that high Triglycerides are a leading risk factor for heart disease in women? If your cholesterol is high, follow the recommended diet and exercise and talk to

your doctor about medical treatment for your cholesterol. Every 1% reduction in cholesterol equals a 2-3% decline in risk for heart disease.

- 4) Keep your blood pressure under control** – that means a target of 120/80 or even less. Reducing salt in your diet can greatly improve blood pressure.
- 5) Americans have an epidemic of obesity and sedentary lifestyles.** Patients often ask me what kind of diet they should be on. My advice is to cut back on calories by following a diet rich in fruits and vegetables and by including fish at least twice each week.
- 6) Start walking 20 to 30 minutes each day.** Exercise reduces your risk of a first heart attack, a first stroke, lowers blood pressure and improves your good cholesterol.
- 7) Finally, if you are on hormone replacement therapy,** talk to your doctor regarding your risk of heart disease. Recent research studies have contradicted our previous beliefs that giving hormones to a woman can decrease risk of heart disease. In fact, there may be an increased risk.

Until recently, most research studies regarding heart disease have included very few women subjects. Data derived from research in men has always been generalized to include women. This has slowed our progress in understanding the risks and treatments of heart disease in women.

You can change that trend by actively participating in research studies in heart disease and stroke. The Dayton Heart Center has ongoing research studies that you can ask about and get involved!

And, Dayton Heart Hospital has started a new program – Her Heart – that incorporates screening for your risk factors and offering therapies. I am the Director of Women’s Cardiovascular Services at the hospital. Visit this program at either www.daytonheart.com or www.daytonhearthospital.com; both organizations are actively participating in the Red Dress Campaign.

Finally, your best chances of reducing your risk of heart disease and stroke is to educate yourself about heart disease in women and correcting your risk factors.

Daisy F. Lazarous, MD

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CHICKEN WITH RASPBERRY VINEGAR

6 Servings • Preparation and Cooking Time: 50 Minutes

2 tbsp. raspberry vinegar	6 6-oz. boneless chicken breasts
1 qt. chicken stock	3 tsp. unsalted butter, cold
1 tsp. tomato paste	18 fresh tarragon leaves
2 cloves garlic, minced	6 medium potatoes
1/4 cup tomato, finely chopped	1 tsp. whole grain mustard
6 chicken legs	1 tbsp. finely chopped fresh chives
6 chicken thighs	1 tbsp. thinly sliced fresh basil

1. Preheat oven to 350 degrees
2. In a large saucepan, combine raspberry vinegar, chicken stock, tomato paste, garlic, and half of the chopped tomato. Bring to a boil. Add chicken legs and thighs, loosely cover, and simmer for about 20 minutes. (To check for doneness, pierce with a fork; juices should run clear.)
3. Prepare chicken breasts while legs and thighs are cooking. Holding knife parallel to working surface, slit each breast 1 inch deep, making a small pocket. Place 1/2 teaspoon butter and 3 tarragon leaves in each pocket. Place each breast in a 6 x 6 piece of aluminum foil and wrap securely.
4. Remove legs and thighs from saucepan and place in another pan with a cover. Return stock mixture to boiling. Drop wrapped breasts into stock, loosely cover, and simmer for about 12 minutes. Remove packets from stock and transfer (still wrapped) to pan with legs and thighs.



One serving:
451 calories, 10.7 grams
fat, 3.0 grams saturated
fat, 149 mg. cholesterol

*The Chef's Healthy
Collection, 1993*