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Heart Healthy for Life • Spring 2009

HeartBeats

Cardiovascular Disease

Focus: Myocarditis

Over the next few issues of *Heartbeats*, we will be covering different types of Cardiovascular Disease (CVD). The more informed you are the better you can pay attention to your own health and the more informed questions you can ask your doctors.

Myocarditis is a rare but sometimes serious condition in which the heart muscle (myocardium) becomes inflamed. When the heart becomes inflamed, it cannot pump as well because it is swollen and there has been damage to the heart's cells. The heart muscle can be damaged even more if your body's immune system sends antibodies to try to fight whatever started the inflammation. Sometimes, these antibodies attack the tissues of your heart instead. If too many heart muscle cells are damaged, the heart muscle becomes weakened. In some cases, this process happens very quickly and results in heart failure or even sudden death.

However, it is more common that the heart tries to heal itself. The heart muscle heals by changing the damaged or dead heart muscle cells into scar tissue.



But, scar tissue is not like heart muscle tissue because it does not contract in order to help the heart carry out its pumping function.

If enough scar tissue forms in the heart, it can lead to congestive heart failure.

Causes

It is important to remember that myocarditis is a rare condition. It may occur as a result of a wide range of diseases, including:

- A viral, bacterial or fungal infection
- Drug or chemical poisoning
- Immune system disorders, such as lupus or rheumatoid arthritis.

Symptoms

Symptoms of myocarditis vary widely depending on the cause and severity of the disease. In mild cases an individual may not feel any symptoms. Another individual may feel ill with the symptoms of a viral infection and never realize the heart has been affected. More noticeable symptoms commonly include:

- Chest pain
- Rapid or abnormal heartbeat
- Shortness of breath, even at rest
- Fatigue
- Fluid retention with swelling of your legs, ankles and feet.

- Fainting or loss of consciousness
- Flu-like symptoms, such as headache, body aches, joint pain or fever

Diagnosis and Treatment

Myocarditis is hard to diagnose because it can resemble other diseases. Your doctor might suspect that you have myocarditis if you have chest pain or arrhythmia which has appeared within 6 months of having an infection.

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Heart of the Matter

Cardiology Today

Working as a partner with your cardiologist helps keep you healthy.



Kamran Riaz, MD, FACC

Today we are able to focus significantly more on aggressive therapies to prevent heart problems than ever before. When you work as a partner with your cardiologist you can really take control of your health and help prevent future heart problems. We – your doctors at The Dayton Heart Center – would much rather focus on keeping you healthy than on treating new signs and symptoms of heart disease with invasive therapies.

By focusing on prevention of heart problems – particularly in patients with established heart disease or those at risk of developing heart disease – we can improve a patient's overall quality of life. Let me say that again, when you adopt preventive lifestyle techniques you can improve your overall health and enjoy your life more. It is the wise

person who doesn't wait for the onset of heart disease to take these preventive steps.

1) Get a complete fasting lipid profile. Keep or lower your blood cholesterol below 200 mg/dL for total cholesterol with an LDL less than 100 mg/dL, and between 60-70 mg/dL in certain very high risk individuals, and HDL above 60 mg/dL. Do as much as you can to lower your cholesterol through diet and exercise. Diet and exercise alone may not be enough for everyone, so if your doctor puts you on medication, make sure you take it consistently and according to instructions.

2) Exercise regularly. Ask your doctor to suggest physical activity that you can do for 30–60 minutes, preferably daily, or at least five days per week. Ask what your ideal weight

is, and if you exceed it, ask your doctor to prescribe a diet and exercise program. In addition to aerobic exercise add strength training two times per week. As you have heard many times, it is important to check with your physician before beginning any exercise program. Some high-risk patients may need medically supervised programs.

3) Have your blood pressure checked regularly. If you have high blood pressure, you may be put on medication. You'll also be told about weight control, physical activity, drinking alcohol and sodium (salt) intake.

4) If you smoke, ask your doctor to help you to quit. Your doctor can recommend counseling, nicotine replacement methods and formal programs to help you quit.

5) Develop good dietary habits. Increase your consumption of fresh fruits, vegetables, low-fat dairy and fiber. Increase your intake of omega-3 fatty acids in the form of fish or supplements. Try to limit fat and alcohol. Reduce your intake of saturated fats, trans-fatty acids and cholesterol (less than 200 mg dietary cholesterol per day.) We are learning that proper nutrition can be one of the best “medicines” for patients.

6) Manage your weight. Ideally, your body mass index (BMI) should be less than 25. Waist circumference should be less than 40 inches in men and 35 inches in women. While it may seem daunting to lose a lot of weight, make it a goal to lose 10 percent of your starting weight. Each little bit of weight you lose can have a tremendous

overall effect on your health.

7) Manage diabetes. If you are diabetic, getting your blood sugar under control is critical to your overall heart health. We will coordinate your care with your primary care physician or endocrinologist. By working to modify your risk factors (cholesterol, blood pressure, weight, exercise and diet), diabetes can be managed.

You cannot completely control your heart health because there are some hereditary factors that you are born with but you can certainly take steps to improve upon it. By following the steps outlined above, taking all medicine as instructed consistently and maintaining regular follow-up visits with your doctor, you can have a heart healthy future.

Get Outside This Spring

The weather outside is warming up and it's time to think about shorts and other summer clothes. Despite your best intentions, you may have had a long winter with little or reduced activity. Don't worry – you can get back into shape while enjoying the great outdoors. You might think you can go outside and exercise just like you did last year as soon as the weather improves. But this kind of enthusiasm can lead to injuries. Also, trying to do too much too quickly can be discouraging and you may decide to give up your exercise program. If you changed your routine for the winter, you may need to get back in to shape slowly. Here are some tips to keep in mind as you head out the door this spring.

Remember slow but steady. Don't become a weekend warrior. One of the best ways to get injured or sore is to go hard all weekend and do nothing during the week. Daily exercise is best, but be sure to slowly build up the amount of time spent exercising. In the beginning, you may want to only exercise on alternate days until you build up your strength.

Monitor your exertion level. Use the talk test, or monitor your heart rate range to help you determine an appropriate intensity level. Stay at the lower end of the scale and build up over several weeks.

Increase your effort slowly. Increasing training (mileage, time or amount of weight lifted) more than 10 percent per week increases your risk of injury. To avoid this, increase your exercise gradually over the weeks.

Keep a fitness log. If you really want to build back up to optimal fitness, it helps to establish a training plan and stick with it. Having a plan and following it can be encouraging. You actually see your progress, even if the scale doesn't budge immediately.

Cut yourself some slack. If you took the winter off, don't expect to be back to peak fitness in a week or two. It's ok to go slow and just enjoy being outside again. There's plenty of good weather left, so don't worry about going a bit slower in the beginning.

Find an exercise partner. Working out with a partner can be motivating and encourage you to stick with your new program. Just be sure to find someone who is at your level, so that you aren't inclined to do too much too soon.

Most importantly, have fun! When you enjoy your fitness activity, you are more likely to continue it.



Sometimes it's great to lose!

The popular NBC show "The Biggest Loser" was inspiration for a similar contest for employees of The Dayton Heart Center. Co-workers Cherie Smith and Nicole Matthews who are fans of the show suggested sponsoring a contest for employees after watching



"Biggest Loser" winner Sharon Carpenter

the season finale of last year's show. "We thought this would be a great way to motivate our employees to incorporate a healthier lifestyle through a little fun competition," noted Cherie Smith, Director of Clinical Information and Special Projects.

Thirty-five staff members signed up for the first round of competition which lasted three months. The contest was a huge success with participants losing an average of 7 pounds in the first three months. The group lost a collective 191 pounds for the period.

Sharon Carpenter, a physician assistant, won the competition with a weight loss of 41 pounds. "I have always spent time with my patients teaching them how to eat properly and exercise. I imagine they would look at me and wonder why I didn't take my own advice! Now I can prove to them that you can do it if you just make your mind to."

Sharon credits her husband for his support and her walking buddy and co-worker Donna Cross for keeping her motivated. She encourages anyone who has ever thought about and struggled with weight loss to just get out and DO IT!

The contest will continue for three more months. First prize for each quarter is \$250. Prizes are awarded for 2nd and 3rd place. Congratulations to all of our employees who used this contest to commit to a healthier lifestyle.

Heart at Work

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

Jennifer Ahrens - Jennifer joined our Needmore Road team as an Administrative EP Assistant. Jennifer assists with office and pacer chart prep, worksheets, scheduling and filing.

Abby Whitaker - Abby is a Nurse Practitioner mainly at Greenville Heart Care. She assists in hospital rounds at Wayne Hospital and also sees patients in the office at Greenville. On Thursday afternoons she can be found at our Needmore Road location seeing patients for pre-procedure health assessments and physicals.

Stacey Freese - Stacey joined the team in our business office. In her role, she is responsible for data entry, including patient information, bill payments and other financial information.

Keep Healthy With Regular Health Screenings

Staying healthy means making sure you have regular health screenings to prevent problems or identify problems when they are still in the early stages.

Keep this handy chart on your calendar so that you can make appropriate appointments for the year.

This chart lists recommendations for adults – ages 40 to 64 – without considering any increased risk factors that you might have (i.e. smoking or diabetes). In those cases, some health checks might need to be more frequent or begin earlier.



News You Can Use



Beginning May 1, 2009 you will be asked to present a photo id on each visit to our office. This new requirement is in order to comply with new Federal Trade Commission regulations on medical practices in order to cut down on identity theft. The first time you come to our offices after May 1, we will scan your photo id into our medical records. After that initial visit, you will be asked to present a photo id to be matched to these records.

In addition to a photo id, 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.

Exam	Frequency
Health History	Initial visit with doctor, then every 2-3 years
Physical exam	Initial visit with doctor, then every 2-3 years
Blood Pressure	Every doctor's visit - minimum every 1-2 years vascular profile
Complete blood count with differential	Every 2-3 years
Urinalysis	Every 2-3 years
Vision	Every 2-4 years: glaucoma every 2 years
Hearing	Once between 40-50, then every 3-5 years after 50
Dental	Exam and cleaning minimum of once per year
Electrocardiogram	Baseline at 40, then as recommended by physician
Skin/melanoma	Every year
Fecal occult blood test	Every 1-2 years starting at 50
Sigmoidoscopy	Every 3-5 years starting at 50
Colonoscopy	Every 10 years starting at 50
Mammogram	Women - Every 1-2 years starting at age 40
Pap Test	Women - At least every 3 years (after 3 normal tests)
Bone Density	Women - Postmenopausal as recommended by your physician
Prostate Cancer	Men - Beginning at age 50 discuss PSA (Prostate Specific Antigen) and DRE (Digital Rectal Exam)

Heart Attack Signs in Women

As a woman, you may feel that a heart attack is NOT the greatest risk you face, but the threat is very real, especially in the years leading up to and following menopause when hormonal changes can open the door to heart disease. Knowing the symptoms that women often experience during the early and late stages of cardiac troubles, and knowing your risk factors for cardiovascular disease, can significantly increase your chances of survival.

Heart attack warnings can be subtle

An interesting study on cardiac events in women has revealed that many women may experience early symptoms of cardiac distress in the days, weeks, or even months leading up to a heart attack. Unfortunately, many of these signs may go unnoticed because they may not be considered unusual. Fatigue and sleep disturbances are two of the surprising early symptoms that might be cause for alarm.

Unusual fatigue – Fatigue is very common. It may indicate that you are simply short on sleep, fighting a virus, or experiencing a side effect to medication. However, a recent study found that over 70 percent of the women surveyed who had a heart attack experienced marked fatigue in the days or weeks prior to their attacks.

Sleep disturbances – Although it is not unusual to feel tired due to a lack of sleep or a particularly demanding week or month, women should take special notice of any unusual or prolonged disturbance in their sleep patterns. A recent study revealed that almost half of the women who had recently suffered a heart attack also experienced sleep disturbances in the days or weeks leading up to their attacks.

Other early symptoms - Shortness of breath during normal daily activities appeared to be another early warning sign of cardiac distress, as were indigestion and anxiety.



So how do you know if it's serious? Getting in the habit of noting your typical aches and pains and your normal reactions to foods and activities may help you begin to recognize when something truly is amiss. Any woman who experiences worrisome or unusual changes in her energy or comfort levels or her sleep habits should discuss her concerns with her healthcare provider. However, a woman who has heart risk factors, such as high blood pressure, high cholesterol, obesity, diabetes, a smoking habit, or a sedentary lifestyle, may need to pay particular attention to the way she feels and should discuss her concerns with her doctor as soon as possible to rule out heart distress.

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Diagnosis may require blood tests, a chest X-ray, electrocardiogram and, in rare cases, biopsy of a tissue sample from the heart muscle.

Mild, viral-related myocarditis in adults cures itself with little or no direct treatment. If the myocarditis was brought about by another illness (such as rheumatoid

arthritis) treating the underlying disease will treat the heart as well. Some mild cases caused by other types of infection often require only taking antibiotics or other drugs to treat the infection.

More severe myocarditis may cause heart arrhythmias and heart failure if inflammation sufficiently damages the heart muscle or myo-

cardium. In these cases, medications to stabilize heart function may be necessary. Sometimes even after myocarditis is resolved, the heart muscle remains permanently damaged. If a heart block or significant slowing of the heart rate occurs, a pacemaker may be required. In severe cases a heart transplant may be necessary.

Patients need to rest and gradually return to a more active lifestyle once evidence disappears of ongoing inflammation and heart injury.

Prevention

There is no easy prevention for most cases of myocarditis. The risk is quite rare, but by staying in general good health you can reduce the likelihood, through

basic good health practices such as:

- Avoid people who have a viral or flu-like illness until they have recovered;
- Follow good hygiene, particularly regular hand washing; and
- Stay up-to-date on immunizations, including those against rubella and the flu.



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The Dayton Heart Center

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Heart
Healthy

RECIPE

Vegetable Chicken Soup (2 servings of 2 cups)



**Nutritional Analysis
(per serving)**

261 calories
8 g fat (1 g sat, 5 g mono)
72 mg cholesterol
12 g carbohydrate
31 g protein
2 g fiber
355 mg sodium
483 mg potassium

Nutrition bonus:

Vitamin A (70% daily value),
Vitamin C (45% dv), Folate
(22% dv).

Source:

Eating Well Magazine,
December 2006

1 tablespoon extra-virgin olive oil
8 ounces chicken tenders, cut into bite-size chunks
1 small zucchini, finely diced
1 large shallot, finely chopped
1/2 teaspoon Italian seasoning blend
1/8 teaspoon salt
2 plum tomatoes, chopped
1 14-ounce can reduced-sodium chicken broth
1/4 cup dry white wine
2 tablespoons orzo or other tiny pasta,
such as farfelline
1 1/2 cups packed baby spinach

1. Heat oil in a large saucepan over medium-high heat. Add chicken and cook, stirring occasionally, until browned, 3 to 4 minutes. Transfer to a plate.
2. Add zucchini, shallot, Italian seasoning and salt and cook, stirring often, until the vegetables are slightly softened, 2 to 3 minutes. Add tomatoes, broth, wine and orzo (or other tiny pasta); increase heat to high and bring to a boil, stirring occasionally. Reduce heat to a simmer and cook until the pasta is tender, about 8 minutes, or according to package directions. Stir in spinach, the cooked chicken and any accumulated juices from the chicken; cook, stirring, until the chicken is heated through, about 2 minutes.

MAKE AHEAD TIP: Cover and refrigerate up to 3 days or freeze up to 3 months.