

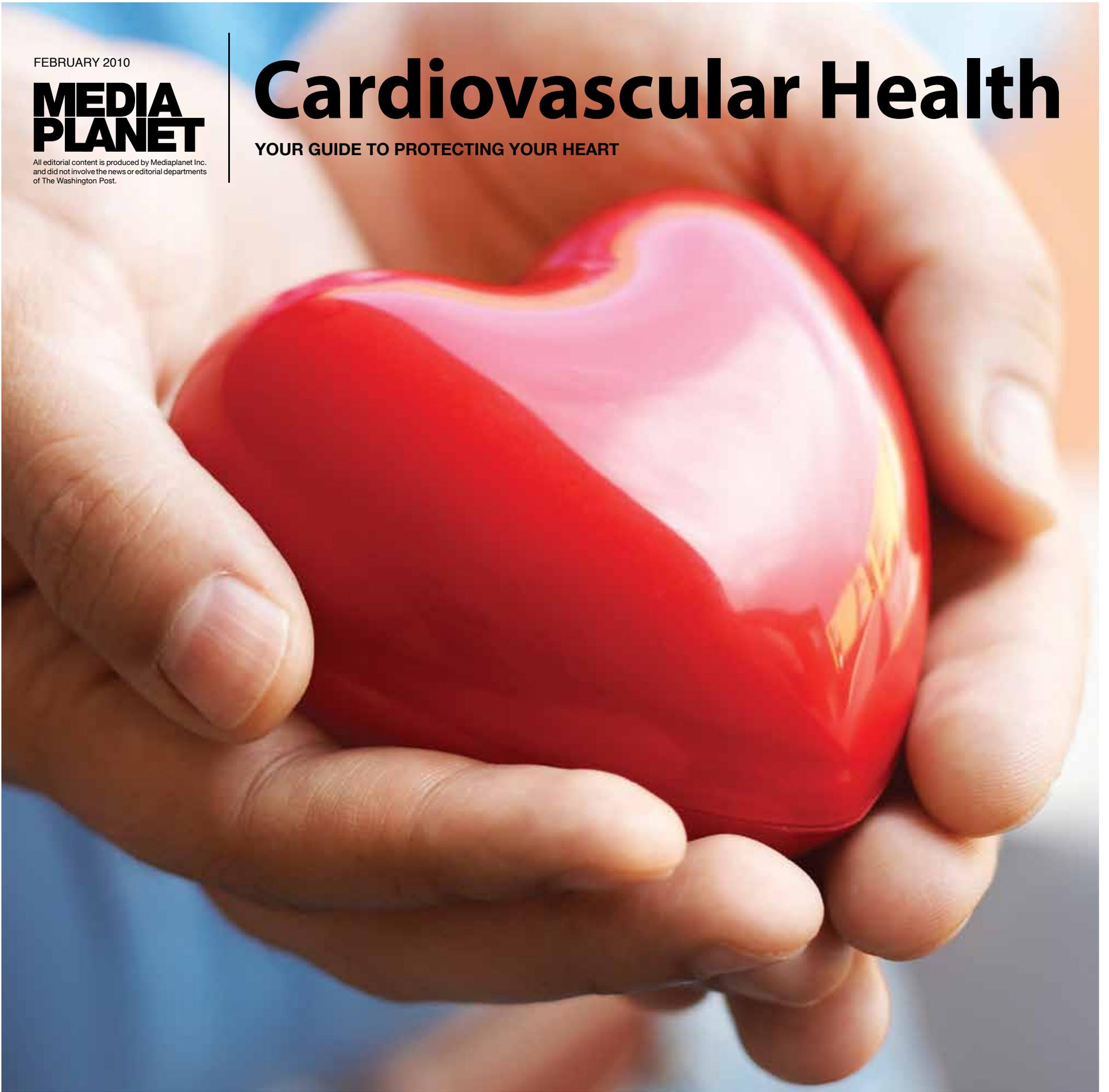
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**MEDIA  
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# Cardiovascular Health

YOUR GUIDE TO PROTECTING YOUR HEART



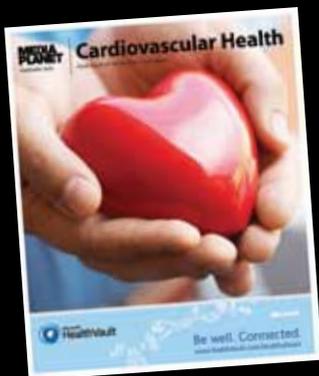
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STEVEN E. NISSEN, MD MACC  
 Chairman, Department of Cardiovascular Medicine, Cleveland Clinic Foundation; Professor of Medicine, Cleveland Clinic Lerner School of Medicine at Case Western Reserve University

# Cardiovascular Health In The 21st Century: Progress and Peril

The progress in fighting cardiovascular disease during the past three decades has been nothing short of astonishing. From 1980 to 2006, the age-adjusted mortality from heart disease fell by about 50 percent. Yet, while we celebrate the accomplishments of modern cardiovascular medicine, there remain many challenges and good reasons to worry about the next three decades.

**H**eat disease still represents the number one killer of Americans, both men and women. Every year, approximately 800,000 Americans suffer from a first heart attack and more than 600,000 of our fellow citizens die from heart disease, representing more than 25 percent of all deaths. Cardiovascular disease costs our society an estimated \$300 billion annually. Despite overall progress, there remain large racial and ethnic disparities in the incidence and outcome from heart disease. African-American men are 30 percent more likely to die from heart disease than whites. This uneven distribution of the benefits of modern medicine has prevented our society from making even more progress in the fight to eradicate

this disease. Early detection of heart disease remains an enormous challenge. About two-thirds of the men and women who die suddenly from heart disease have had no prior symptoms. Now, a new epidemic is threatening to reverse the many decades of progress—obesity and diabetes. More than 30 percent of adults in the United States are now considered obese. Perhaps even more alarmingly, at least 15 percent of children are obese. The most critical health consequence of obesity is development of diabetes, which now affects 10 percent of the US population, nearly double the incidence a few decades ago. The efforts to eradicate smoking have stalled. In 2008, 23 percent of adult men and 18 percent of women still smoked. Even

more concerning, nearly 20 percent of American teenagers smoke regularly. Once addicted to tobacco at a young age, these adolescents have a high probability of becoming lifelong smokers. On average, male smokers die 13.2 years younger than non-smokers, and female smokers lose 14.5 years of life expectancy. Can we continue the progress of the last three decades in reducing heart disease? It really depends on all of us. What can you do to protect yourself and your family? Don't smoke, and if you do, quit now. Eat a heart-healthy diet, low in saturated fat and high in fruits and vegetables. Maintain a healthy body weight and exercise regularly. Individuals who get no regular physical activity have at least a 50 percent higher risk of devel-

oping heart disease. Know your cholesterol and blood pressure. If these values are not normal, discuss treatment options with your health care provider. Take charge of your own health. You are your own best advocate.

*The content in this special advertising section was not reviewed by Dr. Nissen or the Cleveland Clinic. Dr. Nissen and the Cleveland Clinic do not endorse any of the advertisers appearing within this special advertising section or the companies mentioned in the advertorial sections. Dr. Nissen received no compensation for writing this introduction.*

“What can you do to protect yourself and your family? Don't smoke, and if you do, quit now. Eat a heart-healthy diet, low in saturated fat and high in fruits and vegetables. Maintain a healthy body weight and exercise regularly.”



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Designed to tackle childhood obesity, NFL PLAY 60 brings together the NFL's long-standing commitment to health and fitness with an impressive roster of partner organizations. Since the campaign was launched in 2007, the NFL has committed \$200 million to youth health and fitness through programming, grants, and media time for PSAs.

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Nationally respected as a forerunner in medical and surgical techniques, the University of Maryland Heart Center is a regional referral center for the most difficult cardiac cases. The vast expertise of our physicians - all of whom are also University of Maryland School of Medicine faculty members - distinguish us as a comprehensive heart center.

# The ABCs Of Cardiovascular Disease

What are we talking about when the term “cardiovascular disease” is mentioned? Usually, this term refers to coronary artery narrowing that results in reduced blood flow to the heart muscle. Untreated, it can cause chest pain (angina) or a heart attack (myocardial infarction).

**W**hat causes it? Most commonly, it is the buildup of fatty plaque (atherosclerosis). When the plaque blocks the coronary arteries, the restricted blood flow results in a deprivation of oxygen (ischemia).

If the blood flow is reduced or just temporarily interrupted, mild ischemia occurs, which can cause angina. If blood flow is interrupted for more than 30 minutes, there is usually some injury to the heart muscle. If the blood flow is permanently interrupted, usually by a blood clot, it can cause severe ischemia, destroying a portion of the heart muscle, resulting in a heart attack.

Should the plaque buildup occur in the arteries supplying the legs, the result is peripheral vascular disease.

If the arteries in the neck or brain are clogged (cerebrovascular disease), strokes can occur.

## Minimizing Your Risk

According to Dr. Steven E. Nissen, chairman of the department of cardiovascular medicine for the Cleveland Clinic Foundation, some coronary artery disease risk factors can be controlled while others have to be considered when trying to reduce total risk.

- Family history of a premature blood vessel disease (before age 55)
- Smoking - Doubles the risk of cardiovascular disease
- High Cholesterol - Fatty substance that clogs arteries increasing the odds of heart disease
- Diabetes - Enhances and quickens the process of plaque buildup in the arteries

• Hypertension - Also accelerates the clogging of arteries and may damage heart muscle

• Gender - Males are at increased risk

• Age - Older people are more at risk  
He suggests that if you Google either the Framingham Risk Calculator or the Reynolds Risk Score and fill-in the blanks, within seconds you will receive your estimated risk for a 10-year period.

## Signs of Coronary Artery Disease

Dr. Nissen says that the “majority of patients who have a major event have no warning signs.” However, if they do, generally they expe-

rience chest pain that tends to radiate to the neck or down the left arm while exercising. Some people have shortness of breath and/or nausea rather than chest pain.”

When it comes to strokes, be aware of numbness, tingling and difficulty speaking. Many times, patients have mini-strokes (temporary symptoms) that should never be dismissed. They are critical warning signs.

If you experience muscle pain and

cramping during exercise, you may have decreased blood flow to the legs, caused by atherosclerosis, which it is a warning sign for vascular disease that might indicate increased risk of a heart attack or stroke.

If in doubt, call 911 or get to an ER...it is better to be wrong than dead.



## Fast Facts

### Cardiovascular Disease

- CVD killed 864,480 Americans in 2005; 35.3 percent of all deaths
- 151,000 of CVD deaths were under age 65
- 16.8 million American have had a heart attack or angina
- 6.5 million Americans have had a stroke
- 5.7 million live with heart failure
- 309,000 Americans died from sudden heart attacks either in the Emergency Department or without being hospitalized
- CVD deaths declined by 26.4 percent from 1995 to 2005

Source: American Heart Association 2008

### Heart Attack Warning Signs

Some heart attacks are sudden and intense — the “movie heart attack,” where no one doubts what’s happening. But most heart attacks start slowly, with mild pain or discomfort. Often people affected aren’t sure what’s wrong and wait too long before getting help. Here are signs that can mean a heart attack is happening:

Chest discomfort: Most heart attacks involve discomfort in the

center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.

Discomfort in other areas of the upper body. Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.

Shortness of breath with or without chest discomfort.

Other signs may include breaking out in a cold sweat, nausea or lightheadedness

As with men, women’s most common heart attack symptom is chest pain or discomfort. But women are somewhat more likely than men to experience some of the other common symptoms, particularly shortness of breath, nausea/vomiting, and back or jaw pain.

Learn the signs, but remember this: Even if you’re not sure it’s a heart attack, have it checked out (tell a doctor about your symptoms). Minutes matter! Fast action can save lives — maybe your own. Don’t wait more than five minutes to call 9-1-1 or your emergency response number.

Source: American Heart Association 2010



**They think a heart bypass will require cracking his chest.**

\* \* \*

What they don’t know is that he has a choice. They don’t know that they will go to the University of Maryland Medical Center in Baltimore where a world-class cardiac surgical team will perform an extremely unique completely robotic and video-controlled bypass surgery. They don’t know that after this minimally invasive surgery he’ll only have three tiny scars, and that he’ll be back to normal life in just three weeks.

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# Ignoring High Blood Pressure Is Dangerous

## New Technology Makes Treatment and Compliance Easy

Playing ostrich doesn't usually work when it comes to heart health. Today, there's probably no good excuse for not knowing the dangers posed by hypertension. However, instead of catching, controlling and monitoring high blood pressure, far too many of us refuse to acknowledge the seriousness of the condition.

**M**edical appointments aren't kept, highly effective drug prescriptions are left unfilled, or filled but pills not taken. Often, it isn't until the disease becomes critical that patients realize they *should* have done something earlier; they *should* have listened to their healthcare provider. Why don't we take this condition as seriously as we should? Probably because there are no symptoms.

### Technology Empowers Patients

To try and solve this problem, Microsoft HealthVault and the American Heart Association (AHA) worked together and created Heart360™, a solution based on patients taking their blood pressure at home and then storing the readings for their doctors

and healthcare providers to view and act on.

According to Dr. Eric Peterson, Professor of Medicine, Cardiology and an Associate Director and Director at the Duke Clinical Research Institute, "patients love it" and we're "getting much better compliance." By asking patients to take their blood pressure readings once or twice a day, store them online in a free, secure program like AHA's Heart360, "we can quickly review a panel of patients, make necessary medication changes and even talk to them if we see an urgent situation developing." Their team has managed to reduce office visits, enable patients to reduce and control their numbers, and hopefully save a lot of lives.

Kaiser Permanente has also seen a

significant impact to patient compliance by using Heart360. Setting out to study this technologically-based treatment, Dr. David J. Magid, Senior Scientist at the Institute for Health Research and Director of Research at Colorado Permanente Medical Group, created a pilot project to measure the effectiveness of active, in-home blood pressure monitoring. So far he has found that "it activates patients by promoting self-care, allows providers to make more timely clinical decisions, and is a more effective and efficient way to care for patients with hypertension."



### Facts & Figures:

- \* About 74.5 million people in the U.S. over 20 years old have high blood pressure,
- \* Of those, 77.6 percent were aware of their condition,
- \* But only 44.1 percent had it under control.
- \* In 2006, hypertension killed 56,561 people in the U.S.

Source: American Heart Association

## Organizations Leading The Charge

According to Mary Newman, Sudden Cardiac Foundation (SCA) president, "More people die each year from sudden cardiac arrest than from AIDS, Alzheimer's, assault with firearms, breast, colon and prostate cancer, fires, motor vehicle accidents, and suicides combined.

**I**t doesn't have to be this way. So many lives could be saved if people understood the importance of getting involved—starting CPR or continuous chest compressions and using the nearest automated external defibrillator (AED) until professional help arrives." To that end, SCA's goal is to raise awareness and provide support in any way that they can.

The American Heart Association's Go Red For Women movement is "pas-

sionately dedicated to helping women fight back against heart disease." From education to advocacy, they offer their passion, expertise and positive action to help other women in their fight against heart disease (their #1 killer) and help them find their own personal path to better health for life."

WomenHeart reaches millions of women annually with heart health education through their unique volunteer network of women who

themselves have heart disease. "Nothing makes a woman recognize her

risk and take preventative action like hearing from a woman who has 'been

there." More than 45 percent of our volunteers have been credited with saving someone's life, just by speaking to women about heart attack symptoms," says Lisa M. Tate, CEO of WomenHeart.

“More than 45 percent of our volunteers have been credited with saving someone's life, just by speaking to women about heart attack symptoms...”

**TAKE CHARGE OF YOUR HEART HEALTH.**  
Get your free women's heart health action kit at  
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The National  
Coalition for Women  
with Heart Disease



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- Monitor your blood pressure, glucose levels and weight between doctor visits
- View various measurements, like blood pressure readings, online and share it with your care providers
- Track your exercise and stay on target

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[www.HealthVault.com/HealthyHeart](http://www.HealthVault.com/HealthyHeart)



NEWYORK-PRESBYTERIAN HOSPITAL

NewYork-Presbyterian is investing in technology to amalgamate its clinical data from disparate sources and make the data available to patients and their healthcare providers online.

myNYP.org is NewYork-Presbyterian's free Web-based Health Record. With myNYP.org, patients can store health information for themselves and their family in one convenient place, share that information with trusted family members and healthcare providers and access this information whenever and wherever it is needed. myNYP.org uses Microsoft HealthVault, a privacy- and security-enhanced platform, to store health information online.

Patients can use myNYP.org to improve their health by learning more about specific conditions, diagnostic tests, therapeutic procedures and how to live a healthier life.

By placing the patient in the center of managing health information, myNYP.org helps patients take charge of their health information and use that information to improve their own health outcomes.



HOMEDICS

HoMedics is dedicated to providing the tools to help you detect and manage high blood pressure in the convenience of your own home. HoMedics makes it easier to keep your physician updated with your blood pressure readings by offering a choice of 2 monitors designed to work with Microsoft HealthVault – BPA-060 & BPA-110.

HoMedics blood pressure monitors offer the quality and reliability you have come to expect and include features such as Jumbo digits and standard and large size arm cuffs.

One out of every three adults has high blood pressure, and almost 1/3 of them are not aware of their condition. Take care of your heart by checking your blood pressure often and sharing the results with your doctor.



HEART360 from the AMERICAN HEART ASSOCIATION

Did you know that every 34 seconds an American will suffer a heart attack? Don't let this be you! Get heart healthy with the American Heart Association's free online heart health center, Heart360.org.

Heart360 offers a convenient and easy way for you to track and manage your heart health vitals such as:

- Blood pressure
- Cholesterol
- Blood glucose
- Weight
- Physical activity
- Medications

You can access custom health information, set goals, track your numbers, print and save progress reports and even connect directly with your healthcare provider to share your results! Having a healthy heart doesn't have to be hard, get started with [Heart360.org](http://Heart360.org).



MAYO CLINIC HEALTH MANAGER

Keeping hearts healthy means managing blood pressure, cholesterol, medications and making lifestyle choices that contribute to overall health. Mayo Clinic Health Manager, [www.healthmanager.mayoclinic.com](http://www.healthmanager.mayoclinic.com), is a free online application that delivers personalized recommendations based on the expertise of Mayo Clinic and you don't have to be a Mayo Clinic patient to use it.

The application offers tools, trackers and actionable health guidance for each family member, including specific information to help you keep the hearts you love healthy. It helps you track blood pressure, cholesterol, and stress level as well as assess the risk of heart disease. Powered by Microsoft HealthVault, Mayo Clinic Health Manager is a privacy and security enhanced application that keeps all your health information organized in one place and helps you stay one step ahead of heart disease. Try Mayo Clinic Health Manager today at [healthmanager.mayoclinic.com](http://healthmanager.mayoclinic.com) and discover the next generation in personal health care management.

# Heart Healthy Eating

Sometimes “just saying no,” isn’t the answer. According to Riska Platt, M.S., R.D. and American Heart Association spokesperson, “far too many of us decide that if we give up things like red meat, white bread and eggs, then we’re preventing heart disease. It’s just not that simple.”

She goes on to add that deprivation never works. For a heart healthy way of life, there are foods and nutrients that should be eaten and are often missing (like ones containing high fiber, fruits, vegetables, and fish that supply omega-3 fatty acids), but no food is all good or all bad.

So, you don’t have to toss your hands in the air and give up if you eat a chocolate chip cookie or two...what you do need to do is recognize the fat,

sodium, and calories consumed and then adjust what you eat in the next day or two.

When losing weight (or maintaining it), there are other critical things to consider:

- There is no magic wand, pill or diet that works for the long haul.
- Portion sizes are critical: bigger is NOT better.
- Salads are great, but watch out for the fat-filled dressings.
- Food preparation makes a differ-

ence...frying is not optimal nor do butter sauces help you lose pounds. Eating out makes it hard to know how your meal is being cooked.

Since each of us comes with our own likes, dislikes and health conditions, talk to your health or nutrition provider to come up with a plan that you can happily live with.



“...far too many of us decide that if we give up things like red meat, white bread and eggs, then we’re preventing heart disease. It’s just not that simple.”

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## Why Diets Often Fail Chewing Fat with a Weight Loss Surgeon

**Q&A with Dr. Michael A Snyder, Bariatric Surgeon, creator of Fullbar, Fullbites and founder of the Be Full Eat Less Movement**

**You wrote a short book called *Why Diets Don’t Work*. In a sentence or two, why do you think that?**

Most diets fail long term because they require too much effort and often consist of changes in behavior that are unrealistic and in many ways, unhealthy. They simply “ask too much of us!” People don’t want to give up their favorite foods forever or live with guilt and shame when they have a home cooked meal. Most diets are a recipe for burning out.

**What are some tips you recommend to people who don’t need surgery but need to lose weight?**

Everyone is unique so the key is being honest with yourself, mindful of your relationship with food, and finding good practical tools to help you gain more control over your eating habits.

One powerful tip I give is to eat before you eat. It sounds strange but a good dose of fiber, some protein and a glass of water 30 minutes before your biggest meals can work wonders for stretching the parts of your stomach that lead to satiety. When dinner time comes, tools like that help you be full and eat less (a mantra of ours).

**What other tips do you often give?**

Drink plenty of water, try to minimize the white stuff (processed sugars, starch), make protein 50 percent to 75 percent of each meal (to leave you feeling full longer and give your body what it actually wants), eat five to six small meals per day (to help avoid binge eating at night), and watch out for sugary drinks, fancy coffees, and saturated fats.

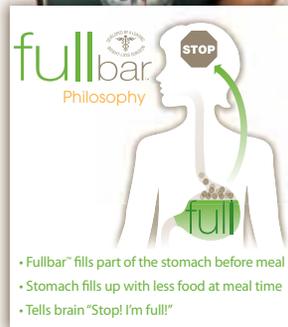
**So it is possible to lose weight and eat what you want?**

Yes, absolutely. Moderation is the key. The biggest problems are over-eating and mindless grazing. Eating food that makes you feel good and taking time to enjoy each bite can go a long way.

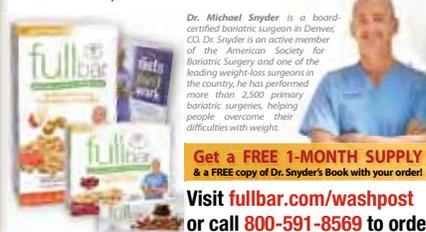


## Inspired by weight loss surgery

Why is weight loss surgery so successful? It’s simple! By stretching out the upper part of the stomach with very little food, you feel full faster and are not compelled to consume as many calories. It is this same principle that inspired leading weight loss surgeon, **Dr. Michael Snyder**, to develop a system designed to help people feel full and eat less without going through surgery. Fullbar™ is an all-natural supplement bar you eat 30 minutes before your regular meal with a full glass of water. When combined with water, Fullbar™ stretches out the top part of the stomach and makes you feel full so you will essentially eat less at mealtime. What could be more simple?



- Fullbar™ fills part of the stomach before meal
- Stomach fills up with less food at meal time
- Tells brain “Stop! I’m full!”



Dr. Michael Snyder is a board-certified bariatric surgeon in Denver, CO. Dr. Snyder is an active member of the American Society for Bariatric Surgery and one of the leading weight-loss surgeons in the country; he has performed more than 2,500 primary bariatric surgeries, helping people overcome their difficulties with weight.

**Get a FREE 1-MONTH SUPPLY & a FREE copy of Dr. Snyder's Book with your order!**

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## The Heavy, Healthy Heart

BY: ARTHUR AGATSTON, MD

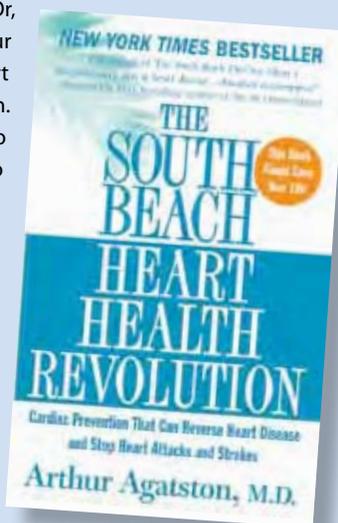
Did you know that you can be fat and fit and that you don't have to be waif thin to reduce your risk of a heart attack? I witness the fat-and-fit phenomenon in my preventive cardiology practice every day. Into my examining room will walk a considerably overweight, pear-shaped female who will turn out to have the blood chemistry of a vegetarian marathoner because she has good genes and she actually gets out and walks on a regular basis. Her HDL ("good") cholesterol and triglycerides are excellent and her tests show she is at very low risk for heart disease. My next patient will be a seemingly fit, normal-weight woman, who turns out to have terrible blood lipids and is at high risk for heart attack, stroke, and many other diseases. Even though she looks great at first glance, she's actually carrying her "normal" weight as fat (often a highly inflammatory little bulge in her belly), not muscle, because she doesn't exercise.

That's why I always go by a person's physiologic risk factors, rather than by body mass index (BMI), the standard measure of body fat based on height and weight, when determining a person's heart disease risk.

Don't misunderstand me: I don't want you to think that being fat is good. Or, conversely, that being too thin (and unfit) is fine. There is no question that our bellies have grown and that the number of people suffering from coronary heart disease, diabetes, arthritis, and other inflammatory conditions has also grown. And while proper diet and regular exercise can turn the tide for some, those who don't exercise and continue to eat a nutrient-poor diet, smoke, and drink too much will continue to feed the obesity (and heart disease and diabetes) epidemic in this country.

Remember, health and fitness can come in many sizes. Your ideal weight should be determined by what's going on in the inside—with your HDL, triglycerides, blood sugar, and inflammatory belly fat—not only by how you look in the mirror. You should be delighted to know that even if the perfect figure is outside your grasp, a fit and healthy body is still within reach.

Dr. Agatston is a preventive cardiologist in Miami Beach. He has authored many scientific articles and books, including the best-selling *The South Beach Diet Supercharged* (Rodale) and *The South Beach Heart Health Revolution* (St. Martin's). Visit [www.SouthBeachDiet.com](http://www.SouthBeachDiet.com) for more on healthy eating.



## The National Salt Reduction Initiative

American Heart Association comment:

DALLAS, Jan. 11, 2009 — The American Heart Association (AHA) applauds the efforts of New York City to work with the packaged and restaurant foods industry to reduce the amount of salt in the food supply. These efforts serve an important role in bringing both the public health community and food industry together to create solutions and help Americans live healthier lives.

The AHA is very concerned with the amount of salt Americans are consuming since sodium can have a detrimental effect on health, including high blood pressure, stroke, heart failure, and kidney disease. Unfortunately, Americans eat about twice the recommended daily amount of sodium.

Only a small fraction of the sodium in our diets is added at the table as salt; almost 80 percent of it is added to packaged and restaurant foods. As

a result, it is extremely difficult for individuals to limit sodium in their diet. The AHA would like to see food manufacturers and restaurants reduce the sodium added to foods by 50 percent over the next 10 years, for the benefit of public health. By reducing the amount of salt in packaged and restaurant foods, manufacturers could reduce the prevalence of high blood pressure and cardiovascular disease.

*The American Heart Association receives funding primarily from individuals, foundations and corporations (including pharmaceutical, device manufacturers and other companies) also make donations and fund specific association programs and events. The association has strict policies to prevent these relationships from influencing science content. Revenues from pharmaceutical and device corporations are disclosed at [www.americanheart.org/corporatefunding](http://www.americanheart.org/corporatefunding).*

## Inactivity Is Hazardous To Your Health

There is now overwhelming evidence that physical activity carries health benefits. A Centers for Disease Control (CDC) meta analysis based on 43 studies that compared active to inactive people found that those who were inactive were twice as likely to develop heart disease.



Based on results like this, in 2008, the U.S. government produced Physical Activity Guidelines for Americans aged six and older to improve their health through appropriate physical activity.

According to Dr. James Rippe, cardiologist as well as founder and director of the Rippe Lifestyle Institute, associate professor of medicine at Tufts University School of Medicine and professor of Biomedical Sciences at the University of Central Florida, "60 percent of adults in the U.S. do less than 30 minutes of moderate activity

three times a week. That translates to doubling their risk of heart disease."

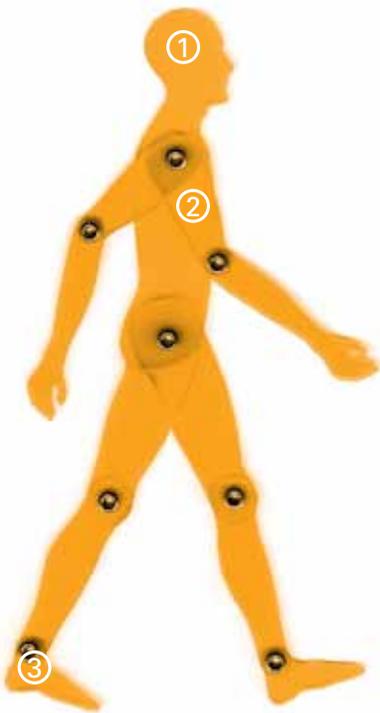
He adds, "Inactivity increases heart disease risk factors as much as smoking a pack of cigarettes a day." So, what should you do? Start moving!

Check with your physician first, but keep in mind that something is better than nothing. You don't have to take up marathon running or high-impact aerobics, but at least walk as if you have someplace to go. It's a great idea to get your entire family involved, since it's also never too early to start creating good life long health habits.

“...60 percent of adults in the U.S. do less than 30 minutes of moderate activity three times a week. That translates to doubling their risk of heart disease.”

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# Lifestyle & Diet Works Wonders

The best way to get vitamins and minerals is through the food that we eat, however, according to the USDA, the nutrient content of food that is harvested today is significantly lower from the food processed 70 years ago.

**W**hat can we do? According to Dr. Thomas Bolte, a NYC-based physician who combines both conventional and alternative medicine, we all should be taking a good multivitamin.

When it comes to being heart healthy, he suggests that after first checking with a nutritionally-oriented cardiologist and/or health-care provider, you consider:

**Magnesium**

Effective in preventing heart rhythm abnormalities associated

with heart attacks, it also helps maintain the health of arterial walls. A deficiency may predispose us to the development of arteriosclerosis and hypertension.

**Essential Fatty Acids (EFAs)**

EFAs (including omega-3 and -6 fatty acids) will increase prostaglandins which lower blood's viscosity and thus decrease the potential for blood clots. Our bodies cannot synthesize EFAs so it is important to include them in our diets. Sources of omega-3 fatty acids include deep water sea fish such as salmon.

Flax seed oil contains both omega -3 and -6 oils, and is an inexpensive way to assure the adequate amount of these vital EFAs are consumed on a daily basis.

**CoQ-10 (Ubiquinone)**

Helps the heart's pumping action, so it may be useful for those with congestive heart failure.

Dr. Bolte goes on to add, "There are also supplements which may help relieve leg edema such as the amino acid taruine and asparagus."

He cautions "To date there has never been a pharmaceutical nor

nutriceutical which has been shown to increase longevity. They have only been shown to decrease the number of cardiac-related events. It's diet and exercise that will both lower one's risk of heart disease and increase length of life."

“...diet and exercise that will both lower one's risk of heart disease and increase length of life.”

## Children's Health

Did you know that 16 percent of all children and teens in the U.S. are obese? Aside from the teasing, these kids are facing something even worse in the not too distant future—possible early deaths from illnesses like cardiovascular disease.

**D**r. Stephen R. Daniels, professor and chairman of the Department of Pediatrics at the University of Colorado, Denver School of Medicine and pediatrician-in-chief and L. Joseph Butterfield Chair in Pediatrics at The Children's Hospital in Denver, would

love parents to see parents encourage good health habits. "Eliminate risk factors and your child is off to a better start."

He says that "our biology is engineered for a time when men were hunters and the body developed excellent ways to hold onto what

was eaten." Now that the biggest hunt seems to be for the remote control or a program password, we can't rely on our natural defenses to remain at optimal weights.

Dr. Daniels proposes that mothers breast-feed (which has been shown to decrease the risk of child-

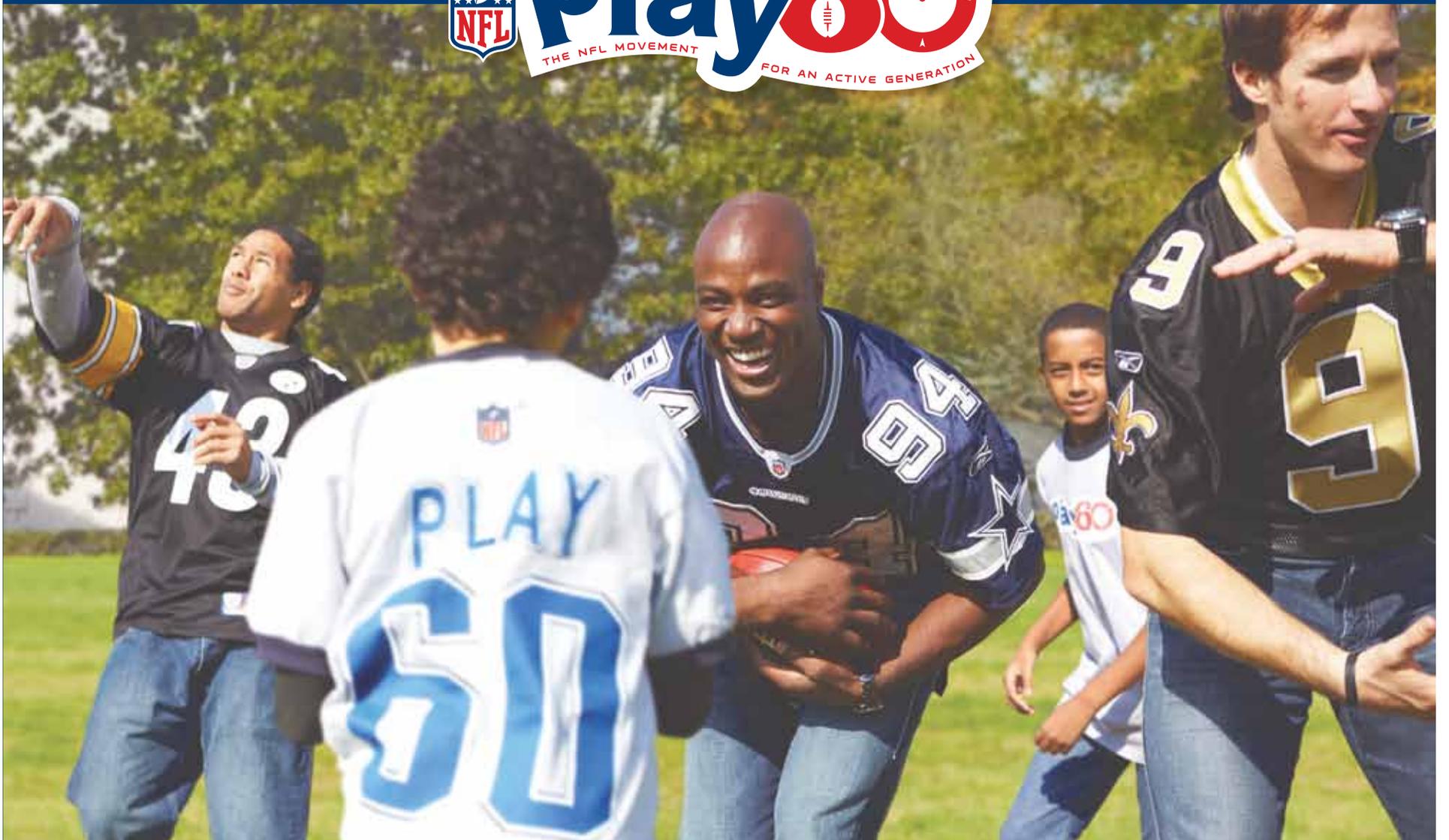
hood obesity), that children should be encouraged to get up and move, and that this generation of young people become more educated in food preparation and consumption.

However, instead of saying, "NO!" to poor choices (does anyone like to hear that word?), we say, "Great choice!" when a healthy snack or physical activity is selected. Positive reinforcement just might be reward enough to save some children from a lifetime of health risks.



**The NFL and its players  
are committed to improving  
the health of kids everywhere.**

**It starts with 60 minutes of play every day.**



**Have your family join the movement at  
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# Public Access Defibrillation:

## AEDs Save Lives That CPR Alone Cannot

To save a victim of sudden cardiac arrest, or SCA, a rescuer has only about five minutes. Any longer and the odds of survival start to slip away.

**R**escuers with automated external defibrillators, or AEDs, save 20,000 SCA victims in the United States per year, according to the Sudden Cardiac Arrest Association.

But the 20,000 survivors represent only about five percent of all SCA victims, said cardiac surgeon Dr. Glenn W. Laub, CEO of Defibtech, an AED designer and manufacturer. "Unfortunately, the other 95 percent—nearly 400,000 people—died," Laub stated. "SCA is the nation's leading cause of death. We have a long way to go before we end this epidemic."

Laub explained that SCA is different than a heart attack, which is triggered by a blocked artery. SCA is a rhythm disorder that causes the heart to stop pumping blood efficiently. An AED delivers electrical shocks that return the heartbeat to normal. CPR is essential

for an SCA victim before an AED arrives. But only an AED can correct the heart's rhythm and save an SCA victim's life, Laub said.

AEDs are easy to use, and they're getting easier. For example, Defibtech's new View AED shows a video that demonstrates exactly how to save an SCA victim in real-time. "Ease of use means faster speed to shock," Laub said. "Anyone—not only first responders—can have the confidence to save a life."

### **Hypothermic Cooling:** *Improving Sudden Cardiac Arrest Survival Rates*

With the chances of surviving sudden cardiac arrest so slim, "it strikes down more than 300,000 adults every year—one victim every two minutes—we know that that the vast majority of deaths from this affliction are prevent-

able," according to Chris Chaimes, executive director of the Sudden Cardiac Arrest Association.

While most of us are aware of the need for more public involvement and access to AEDs, there is now an advanced technology making the rounds of medical facilities across the country: therapeutic hypothermia protocols, which are especially effective for victims of ventricular fibrillation and ventricular tachycardia, the most common forms of sudden cardiac arrest.

According to Dr. Thomas Stewart, president of Gaymar Industries (who has been promoting the benefits of therapeutic cooling for the better part of a decade), "We have seen firsthand how proper education and training can save lives." He reports that "more than 85 percent of patients successfully resuscitated in the field after

cardiac arrest later die from hypoxic-ischemic brain injury. However, victims of ventricular fibrillation or ventricular tachycardia arrest who have been cooled are more likely to survive and have improved functional outcomes, since cooling the patient quickly after the arrest for 12 to 24 hours and then re-warming them at a controlled rate allows oxygen-deprived cells to recover safely from the shock of cardiac arrest."

### **Potential Life-Saving Screenings**

Unfortunately, too many of us tend to ignore our health until something doesn't feel right. Only then do we see our physician or healthcare provider. By then, some conditions may be well on their way to delivering a devastating blow.

Because some screenings can be very expensive, or getting to a center can be inconvenient, we miss the opportunity to intervene in some of the illnesses known as "silent killers," such as strokes and cardiovascular disease.

Stepping in to bridge this gap is Life Line Screening that "uses advanced, safe ultrasound technology to test for, among other things, the three leading causes of stroke—carotid artery stenosis, atrial fibrillation and high blood pressure," according to Joelle M. Reizes, Life Line Screening's communication director.

"The screenings are painless, affordable, safe (no radiation is used) and available in convenient community locations. All tests are performed and analyzed by top technicians and doctors, using the most advanced technology," reports Reizes.



## Life Coach.

The Lifeline VIEW from Defibtech is the first and only AED that has a built-in video coach that shows you, teaches you, and guides you to save a life.



866-DEFIB-4-U (866-333-4248) | [www.defibtech.com](http://www.defibtech.com)

# 4 facts YOU need to know about **stroke** prevention

- Stroke is a leading cause of death and permanent disability
- 4 out of 5 stroke victims have no apparent warning signs
- 80% of strokes can be prevented\*
- Painless ultrasound screenings can help you avoid a stroke

**Community-based health screenings available for as little as \$45.**

**To find a screening near you, call (888) 763-4154  
or go to [LifeLineScreening.com](http://LifeLineScreening.com)**



\*Source: National Stroke Association

# Panel of Experts



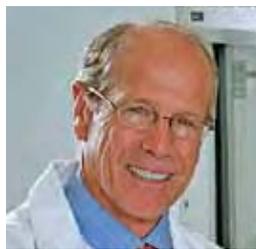
## ERIC PETERSON, MD, MPH

Professor of Medicine, Division of Cardiology and the Associate Vice Chair for Quality at Duke University Medical Center, an Associate Director and Director of CV Research at the Duke Clinical Research Institute and American Heart Association spokesperson.



## DAVID J. MAGID, MD, MPH

Senior Scientist, Institute for Health Research, Director of Research, Colorado Permanente Medical Group, Associate Professor, University of Colorado Health Sciences Center



## BARTLEY P. GRIFFITH, MD

Professor of Surgery, Chief, Division of Cardiac Surgery, Director, Heart and Lung Transplantation, University of Maryland Medical Center



## MARK WALLER

Chief Marketing Officer  
National Football League



## ARTHUR AGATSTON, M.D.

Associate Professor of Medicine, University of Miami, Miller School of Medicine; Author of *The South Beach Diet* and Founder of The Agatston Research Foundation.

### New technology allows patients with high blood pressure to be more active participants in treatment.

Since hypertension is a "silent killer," it's vital that patients be aware of their blood pressure. Up until recently, it was not all that easy to accomplish. Because patients felt fine, it was easy to forget taking medications. Not anymore.

Patients are now given and taught how to use specially-designed blood pressure cuffs that they take home. Readings are taken and then the results are uploaded onto their computers. He and his team are using an American Heart Association site called Heart360™. With Heart360, users can easily track and manage their blood pressure, blood glucose, cholesterol, physical activity, weight and medications, and share their information directly with their doctor.

Dr. Peterson and his team are getting such positive feedback from patients and their healthcare providers that they decided to see if we could improve on an already great system.

He initiated a study (SPRITE - Supporting Post MI Risk Modification Intervention via Telemedicine Evaluation) "to see if we can further reduce the number of cardiovascular events caused by high blood pressure. In this trial there are three different groups: patients who are given routine care; patients who have routine care and who also use Heart360 (with all its additional information and resources); and lastly, patients using Heart360 plus a nurse or health educator for one-on-one coaching.

We're anxiously awaiting the results but know that we're on the right track by making patients with high blood pressure an integral part of their own healthcare team."

### Does home monitoring allow patients with hypertension to be more compliant?

Consider the following:

- One in four adults in the U.S. has high blood pressure (BP) - a leading cause of hypertension and heart attacks;
- Hypertension medications are extremely effective in reducing blood pressure and the potential for heart attacks; yet
- Only 30 percent of patients with hypertension actually have their blood pressure under control.

What does that mean? Very simply, our current office-based approach to treating this potentially deadly disease is not working all that well.

So, Dr. Magid and his team developed a new approach to hypertension care based on patient feedback. "Our goal was to create a system that makes patients more willing and active participants, and hopefully have better blood pressure outcomes."

To eliminate the need for numerous office visits as well as to receive more timely advice about adjusting medication dosage, his project has patients measuring their blood pressure at home and using their own computers and the American Heart Association's Heart360™ software program to transmit their BP readings to their Kaiser Permanente Colorado providers.

After reviewing blood pressure readings sent in by patients, the health care team calls or emails patients with necessary medication changes.

Is it working? The research project is still underway, but early indications are encouraging.

### More Friendly Cardiac Surgery

A pioneer in cardiovascular surgery, Dr. Griffith is also keenly sensitive to patients' concerns. In an attempt to change the "bigger the incision, the better it is for the surgeon" mantra, he and his team have advanced heart procedures to the point that they can now do "an amazing amount of work with very small incisions."

Through the use of new technologies (like fiber optic telescopes, robotics, and the ability to operate on a beating heart), Dr. Griffith has both lessened patient fears as well as improved recovery rates.

Understanding that the use of cutting-edge technology demands years of practice, he and his team, are constantly in operating rooms and research labs, accumulating experience and knowledge from each surgery and "tweaking for perfect outcomes."

As one of his mentors said to him, "You must learn a new operation every three years to stay in the game." Dr. Griffith has taken this advice seriously and continues to find, and refine, ways to give patients more friendly and more effective surgery for their diseased hearts.

### NFL Play 60 tackles childhood obesity

Look around a school yard and you're bound to see something that's relatively new: obese kids. To help tackle this very real risk factor for any number of diseases, including cardiovascular events, the NFL has stepped in and created a wonderfully exciting nationwide program called NFL PLAY 60.

Mark Waller, chief marketing officer for the NFL, recognized an opportunity for his organization "to tap into Americans' increasing health consciousness," and, working with a football lovers' dream team of athletes and partners, is working with schools to encourage 60 minutes of play a day.

According to Waller, the "PLAY 60 Challenge...incorporating an in-school teacher guide, student tracking journals, web-based program-specific learning materials, school promotional materials, an interactive fitness-focused children's website and community outreach events coordinated by NFL teams...is working. The kids love it and they're moving!"

### Eat better. Feel better.

"On the island of Crete, people ate a great variety of foods and they did a lot of walking...they didn't call it diet and exercise. It was just how they lived. And, for the most part, they lived long and healthy lives," according to Dr. Agatston.

He believes, if we emulate some of their behaviors, we too would be far better off. "If you make good food choices most of the time, you will start feeling and even looking better very quickly." His research has demonstrated that by breaking some habits, like overloading on super-sized foods high in sugar and simple carbohydrates, you will actually get rid of some of those powerful cravings. Add in some real interval exercising, and within weeks, your actions will pay off.

As a cardiologist, Dr. Agatston has seen how positive behaviors work wonders. "Mentally, physically and emotionally, we all seem to thrive when we are making our own intelligent choices and empowering ourselves to make our own decisions." Instead of frightening us into action, he knows that we will truly change our lifestyles when given intelligent information and smart counseling and nutritional advice.



