“It’s great to be alive – and to help others!”

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Inspiring hope and improving the quality of life for heart patients and their families through ongoing peer-to-peer support

*If you have information of interest to our members for our next newsletter, you can call me at (843) 742-5085 or email me at marylou7@sccoast.net
Dear Mended Hearts members:

I hope each of you have been able to follow some of your new year resolutions. Normally January we stick to them and by February we have given up. Congratulations to those who have stuck with it!

It is with a deep sadness that I have to tell you that Gerald Kemp, our past Mid-Atlantic Director for Mended Hearts, has passed. Those of us who had met him know that he will be hard to replace. He was one of a kind and will be missed.

February’s meeting should be very informational. Our guest speaker will be Elizabeth Chadwick from the GSMC Lab. She will shed some light on what the lab values mean and how they relate to us.

We are also in need of a secretary to take notes at our next few meetings. The pay is lousy but you will have a lot of fun!

Hopefully many of you will be able to attend our next meeting. Bring your family, friends and neighbors. It will be February 12th at 11:30 a.m. at Mercy Hospice.

If you miss this meeting you can always attend our South Strand meeting at Tidelands Waccamaw Hospital February 27th at 12:00PM in the room across from the cafeteria.

“Stay positive and happy. Work hard and don’t give up hope. Be open to criticism and keep learning. Surround yourself with happy, warm, and genuine people.” --Tena Desae

Dan Dallaire, President
Mended Hearts Chapter 117
Myrtle Beach, SC
South Strand/Georgetown Satellite of Mended Hearts Chapter 117

will hold its monthly meetings at 12 noon on the fourth Tuesday of the month at Tidelands Health Waccamaw Hospital, Murrells Inlet (1st floor classroom). For more information contact Ruth Keilen at (843) 685-3378 or by email at rkeilen@mercyhospice.org.

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The Horry County Literacy Council welcomes its new Director, Angel Parry and Program Coordinator, Erin Ortiz. The Council has been hard at work creating a new web site. As always, students remain on the waiting list for a volunteer to assist them with their reading, writing or math skills. Low literacy costs the nation $1 billion to $2 billion just in the area of health and safety issues. Please consider volunteering to help improve literacy in Horry County. 843-839-1695 or literacyhc@gmail for info.

Very sad news concerning our Assistant Mid-Atlantic Regional Director, Gerald Kemp. We are missing a wonderful friend. Please go to Legacy.com for more information regarding his death: http://www.legacy.com/obituaries/name/gerald-kemp-obituary?pid=187801293

This is our most recent photo of Gerald when he came to visit our chapter last year.
A Fib Treatment Changes Over Time as Stroke Risk Increases

Patients with an irregular heart rhythm should revisit treatment options regularly, study suggests.

A study recently published in the Journal of the American College of Cardiology has looked at changes in stroke risk among patients with atrial fibrillation, often referred to as A Fib. A Fib is the most common type of abnormal rhythm, which currently affects as many as 6.1 million Americans. A Fib drastically increases risk for stroke—a leading cause of death in the United States. Blood thinners are recommended for patients with increased cardiovascular risk, such as those with diabetes and high blood pressure.

But as recent findings show, just because a patient is low-risk now doesn’t mean that they won’t need more aggressive treatment as their risk increases.

The recent study analyzed data from 31,039 Taiwanese adults who all had atrial fibrillation but low cardiovascular risk. Cardiovascular risk was measured by the CHA2DS2-VASc risk score, which takes into account factors like heart failure, high blood pressure, diabetes and past heart events. Risk scores range from 0 to 6, and the higher the score, the greater a patient’s risk for stroke.

Participants were then followed for 20 years, tracking key outcomes like stroke and death. Upon enrollment, the average risk score among patients was 1.29, indicating a low risk for stroke. But after following participants for up to 20 years, the average risk score increased to 2.31, and 4,103 patients experienced a stroke.

By the end of the study, 64% of patients had developed at least one new cardiovascular risk factor and the majority of patients had an increase in their risk score. Researchers also found that patients with increased risk scores were more likely to experience stroke than those whose risk remained stable.

The take-home message, according to authors, is that stroke risk changes more often than not in patients with atrial fibrillation. Since most patients experience an increase in stroke risk over time, it’s important to revisit both cardiovascular risk and treatment options regularly. Authors hope that with closer monitoring, more patients can adjust their treatment accordingly to prevent heart events and improve outcomes.

Questions for You to Consider

• What is atrial fibrillation?
  Atrial fibrillation is an irregular heart rhythm caused by abnormal, chaotic electrical impulses in the heart’s upper chambers, the atria. These electrical impulses, which interfere with the heart’s natural pacemaker, fire so rapidly the atria cannot beat with a regular rhythm or squeeze out blood effectively. Instead, they merely quiver while the ventricles, the heart’s lower chambers, beat rapidly.

• Why is someone with atrial fibrillation at risk for a stroke?
  Normally, blood is constantly flowing through the atria, ventricles and blood vessels. But because blood pools in the quivering atria, it has the chance to congeal into blood clots, which can travel to the brain, blocking blood flow and causing a stroke. That’s why patients with atrial fibrillation must take some form of anti-clotting medication such as aspirin or the blood thinner warfarin (Coumadin). Not wanting to take lifelong blood thinners is one of the reasons people have radiofrequency ablation to rid themselves of atrial fibrillation. However, researchers in the new study advised anyone who has already had a stroke to continue taking blood thinners, since atrial fibrillation can return even after a successful radiofrequency ablation procedure.

Find this CardioSmart article and more cardiologist-reviewed news, patient tools, and videos at www.CardioSmart.org.

Stent Patients Should Beware of Sleep Apnea, Study Warns

Obstructive Sleep Apnea, the most common type of sleep problem, has long been linked
to coronary artery disease, stroke and other heart-related problems.

A new study takes these findings further, linking OSA to blood clot formation in stents in heart patients.

The condition, called stent thrombosis, is a life-threatening problem.

Writing in the August 2017 issue of BMC Cardiovascular Disorders, researchers found that patients with OSA had a 7.34 times greater risk of stent thrombosis than patients without OSA.

People with OSA frequently snore and gasp for breath during sleep. They can be excessively sleepy during the daytime and have insomnia at night. They also have frequent incidents of nightmares.

OSA affects the cardiovascular system by disrupting the balance of clotting and anticlotting factors, leaving the person predisposed to blood clotting, according to Duke Medicine.

OSA increases the risk of stroke for both men and women, but men with OSA have double or triple the risk.

OSA is a treatable condition. Continuous Positive Airway Pressure (CPAP) is one treatment.

The new study also suggests that in stent surgery on OSA patients, cleaning out plaque before inserting a stent might reduce rates of later thrombosis. The researchers also advised using the largest stent possible and following up with the most potent antiplatelet drugs to inhibit clots.

One Shot Could Someday Reduce Heart Attack Risk

Gene therapy might lead to a one-time vaccine-like treatment that would permanently lower bad cholesterol and reduce the risk of heart attack by as much as 88 percent.

Heart disease is currently responsible for about one in every four deaths in the United States, adding up to more than 600,000 deaths each year.

According to the Harvard Stem Cell Institute, however, new genome research shows great promise of permanently reducing the risk of heart attack.

Work on this project first started in France in 2003 when researchers discovered that a specific gene in the liver, PCSK9, seemed to be responsible for cholesterol regulation. Some families with a mutation of this gene had very high cholesterol and were very likely to have early heart attacks.

Meanwhile, in Texas, another research group identified a population that had a different kind of mutation of PCSK9 -- this time a very good mutation. This mutation produced the opposite effect. People with the mutation have very low levels of low-density lipoprotein (LDL or bad) cholesterol levels. What's more, they were significantly less likely to have a heart attack.

A recently developed gene editing technology called CRISPR/Cas9 allowed these researchers to alter the PCSK9 gene in mice to convert it to the good version that would potentially help them live longer. This change caused the liver to stop producing a particular protein that would prevent the removal of cholesterol in the bloodstream. It also solved the problem that traditional cholesterol drugs have - they don't last very long. Rather than constantly having to get shots or take medicine to reduce cholesterol, scientists hypothesize that it may be possible to have a lifetime change in effect with just one application.

Broken Hearts Are a Real Medical Issue

If you have a heart, it will be broken, the bards say.

Sadly, the doctors say a broken heart can actually be an illness.

According to Harvard Medical School, broken-heart syndrome, also called takotsubo cardiomyopathy, was first identified several decades ago in Japan. Although rarely diagnosed, it is most commonly seen in older women.

Patients experience a dramatic stressor in their lives (death, violence, or fear). The event causes a surge in hormones such as adrenaline. These hormones can stun the heart and lead to irregularities of the heart's proper
functions. The left ventricle in the heart weakens and balloons outward in a strange shape that looks like a Japanese octopus trap (a tako-tsubo). When a patient has this feature and no blocks in the coronary arteries, doctors can distinguish the disorder from a heart attack.

For the patient, it feels like a heart attack with chest pain and shortness of breath.

Medical professionals thought for many years that takotsubo sufferers could recover in about a month without any long-term repercussions but recent research published in the Journal of the American Society of Echocardiography has shown that it can have an impact for years after the initial event. These patients exhibited lingering signs that were very similar to those found in people with chronic heart failure - a condition that involves heart muscle death and does not currently have a reliable cure.

Pages: February Issue

**Nearly Half of Americans Have High Blood Pressure, Based on New Guidelines**

More Americans now qualify as having high blood pressure but not all need medication.

While nearly half of Americans have high blood pressure under new guidelines, not all require blood pressure-lowering medication, based on a study of national data from 2011-2014.

Published in the *Journal of the American College of Cardiology*, this study looked at how new blood pressure guidelines impact treatment recommendations for U.S. adults. The new guidelines, which were released in November 2017 by the American College of Cardiology and American Heart Association, made stricter cutoffs for how we define high blood pressure. They also made stricter blood pressure goals for patients taking antihypertensive medication, hoping that tighter blood pressure control will lead to improved outcomes.

To see how new guidelines will impact treatment, researchers recently analyzed blood pressure data from the National Health and Nutrition Examination Survey. This study included nearly 10,000 American adults who completed both surveys and medical exams between 2011 and 2014.

Under previous guidelines, only 32% of participants qualified as having high blood pressure—which used to be defined as blood pressure greater than 140/90 mmHg or higher. But based on updated guidelines, nearly half (46%) of U.S. adults now have hypertension. New guidelines define high blood pressure as having readings above 130/80 mmHg.

The good news, however, is that not all 46% of adults need blood pressure-lowering medication. Under new guidelines, medication is only recommended for patients with high cardiovascular risk or those with stage 2 hypertension (defined as blood pressure of 140/90 mmHg or greater). Based on the recent analysis, the new guidelines only increase the number of adults needing medication by 2%.

Findings should also come as a relief for millions of new patients who now have high blood pressure, based on updated guidelines. For patients with low cardiovascular risk, simple changes like weight loss, a healthy diet and increased physical activity may do the trick in lowering blood pressure. However, findings also raise concern for patients with hypertension who are already on blood pressure medication. Based on 2011–2014 data, 54% of patients on blood pressure medication fall short of the new treatment goal, which is less than 130/80 mmHg. It’s recommended that patients who don’t achieve this goal consider more intensive therapy to further reduce their blood pressure and cardiovascular risk.

**Questions for You to Consider**

- **What is hypertension?**
- Hypertension, often referred to as high blood pressure, occurs when the force of blood against the artery walls is too high. High blood pressure is often referred to as the "silent killer," because it often causes no symptoms and if left uncontrolled, increases risk for heart attack and stroke.
- **Who is at risk for high blood pressure?**
- Risk for hypertension increases with age, and most adults will eventually be affected by this condition.
at some time in their lives. However, diabetes, obesity, stress, high sodium intake, tobacco use and excessive alcohol use can greatly increase risk for high blood pressure.

Find this CardioSmart article and more cardiologist-reviewed news, patient tools, and videos at www.CardioSmart.org.

**Depression: A Major Risk Factor For Heart Patients**

The leading risk factor for death within five years of a coronary artery diagnosis is depression. This conclusion was part of a study published in the August 2017 issue of European Heart Journal Quality of Care and Outcomes. Researchers found that, in patients with significant coronary artery disease, depressed patients have double the risk of death compared to patients who were not depressed.

**B12 for Proper Brain Functioning**

The super vitamin B12 is a multitasker. It helps regulate how you feel, how well you think, and even appetite.

Vitamin B12 is known to help the brain produce chemicals such as serotonin and dopamine, which regulate mood and anxiety.

When people don't have enough B12 they experience symptoms such as fatigue, mouth or tongue soreness, constipation and a loss of appetite. They may be confused, have poor memory or feel depressed.

Although certain cereals and breads are often fortified with B12, animal proteins are really the only natural sources. The Dietary Guidelines for Americans recommends 2.4 mcg of B12 daily from three ounces of beef or three cups of milk.

Foods rich in B12 include liver, meat, eggs, poultry, shellfish, milk and milk products such as cheese and yogurt.

The stomach acid needed to absorb B12 declines with age, disease and behavior. Heavy drinking and even potassium supplements block absorption. So can heavy use of antacids. Diseases such as celiac and Crohn's may render people unable to absorb adequate amounts of B12 from food.

**New Smoke Problem Doesn't Involve Tobacco**

As states join the movement to legalize marijuana, apartment tenants have begun to have a new problem: The smell of smoke. And it's not from cigarettes.

Apartment owners have been fielding complaints from tenants that they are coping with the unwanted smell of pot from their neighbors.

While cigarettes have long been considered impolite in buildings, the same isn't true for marijuana.

But the new legal smokers can be polite and do some things to mitigate the smell of their favorite weed:

- Use a doob tube. This is easy to make. Just stuff a toilet paper tube with dryer sheets, then simply exhale the weed smoke through it.
- Get an air purifier. These devices do some good at eliminating smoke smells and tend to prevent smoke from clinging to curtains and furniture.
- Ventilate. Open a window (although this technique does tend to allow the smell to waft through apartment courtyards.)
- Switch to edibles. This is better for the lungs and has no smell at all.
- Try vaping. No smell clings to your body and what smell there is doesn't come from the end of the lighted roll.
- At least light a candle. This won't eliminate the smell, but it could make it more tolerable.
- Be polite: Don't smoke in halls or indoor public areas.
The madam opened the brothel door and saw a rather dignified, well-dressed, good-looking man in his late forties.

'May I help you sir?' she asked.

'I want to see Valerie,' the man replied.

'Sir, Valerie is one of our most expensive ladies. Perhaps you would prefer someone else', said the madam.

'No, I must see Valerie,' he replied.

Just then, Valerie appeared and announced to the man she charged $5000 a visit. Without hesitation, the man pulled out five thousand dollars and gave it to Valerie, and they went upstairs. After an hour, the man calmly left.

The next night, the man appeared again, once more demanding to see Valerie. Valerie explained that no one had ever come back two nights in a row as she was too expensive. But there were no discounts. The price was still $5000.

Again, the man pulled out the money, gave it to Valerie, and they went upstairs. After an hour, he left.

The following night the man was there yet again. Everyone was astounded that he had come for a third consecutive night, but he paid Valerie and they went upstairs.

After their session, Valerie questioned the man, 'No one has ever been with me three nights in a row. Where are you from?' she asked.

The man replied, 'Ontario'.

'Really?', she said. 'I have family in Ontario.'

'I know,' the man said. 'Your sister died, and I am her attorney. She asked me to give you your $15,000 inheritance.'

The moral of the story is that three things in life are certain.

1. Death
2. Taxes
3. Being screwed by a lawyer

What Aisle is the Polish Sausage in?

Everyone seems to be in such a hurry to scream 'prejudice' these days................

A customer asked, "In what aisle can I find the Polish sausage?"

The clerk asks, "Are you Polish?"

The guy, clearly offended, says, "Yes I am. But let me ask you something. If I had asked for Italian sausage, would you ask me if I was Italian? Or if I had asked for German Bratwurst, would you ask me if I was German? Or if I asked for a kosher hot dog would you ask me if I was Jewish? Or if I had asked for a Taco, would you ask if I was Mexican? Or if I asked for some Irish whiskey, would you ask if I was Irish?"

The clerk says, "No, I probably wouldn't."

The guy says, "Well then, because I asked for Polish sausage, why did you ask me if I'm Polish?"

The clerk replied, "Because you're in an Ace Hardware."