

Healthy Time

March 2018

HT



Healthy Community Design

The Butterfly Children

Making your New Year's Resolution Stick

Using Technology to Trim Your Waistline

Go Red for Women.. A Call to Take Action Now.

Non - Surgical Heart Valve Repair

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Editor in Chief Message

Ameer Kabour, M.D.



A central plank of health care improvement is an expanded role for educated patients interacting with responsive health care teams. However, for individuals to realize the benefits of health education also requires a high level of engagement.

Population studies have documented a gap between expectations and the actual performance of behaviors related to participation in health care and prevention.

Chronic disease self-management and preventive health programs mainly focus on promoting informed lifestyle choices, risk-factor modification, and active patient self-management of chronic diseases. **Such a process relies heavily on better information and communication practices.** The logic of health reform that emphasizes preventive and enhanced primary models of care is an expanded role for informed, active consumers interacting with responsive health care teams.

Most observers agree that this central role demands improved education and understanding of health behavior and chronic disease management. However, the cost of such reform is a major issue, but somehow, we have to start somewhere.

Healthy Time (**HT**), is a new local, medical educational magazine. Its goal, is to help patients close the gap between themselves and their health care providers.

Healthy Time (**HT**), is created and distributed free of charge. This is made possible by our sponsors and generous donors.

Our goal is simple: Better patient understanding through education.

"The Butterfly Children"

Melissa Voetsch

Medical Reporter

13ABC

Time Waits For No one Medical Show 1370 WSPD



"They call them the Butterfly Children," said Kirk Brazeau, the father of the one month old baby boy who was laying in a bassinet in the neonatal intensive care unit of Mott Children's Hospital in Ann Arbor, MI. Little Archer's hands had tiny gauze oven mitts of sorts, protecting his tiny blistered hands. His feet were encased in miniature bandage booties because the skin on the soles had sheered off leaving burned skin beneath. Archer suffers from a rare skin disorder called epidermolysis bullosa. It causes his skin to rip like tissue paper because his body doesn't produce the collagen needed to attach the upper layer of skin to the second layer below. It causes his skin to blister, break open and leave burn marks on his skin that heal causing debilitating scar tissue to form freezing and fusing the tissue left behind. "It's the most horrible disease you've never heard of" says his father Kirk.

The pain on Kirk and Nicki Brazeau's faces was absolutely palpable. They had hoped for a typical healthy baby boy and instead had been given a child so delicate his skin would rip like the fragile wings of a butterfly. While their faces reflected their pain, their words were filled with the courage of a warrior's heart. In the one month this child had been in their life they had formed a bond and love for him that they were ready to do battle to find any treatment they could to take his pain away and perhaps cure this devastating disease. I did the story on a Wednesday, and within 15 minutes of the story airing on **13ABC**, I had a call from another family living with this disease, offering help and support. By the next day there was another father who'd reached out to help this family. His 4-month old son battling the same condition.

And THAT is the power of sharing a story in a television news story. I've been a medical reporter for 30 years now. And if you ask me the key to doing my job it would be the ability to tell the stories of people like the Brazeau's who are courageous enough to share the most vulnerable moment of their lives with hundreds of thousands of others. I never take for granted the guts it takes to lay your life out in front of the whole

world. Sometimes there is a happy ending, other times it ends tragically.

For the Brazeu's there is hope! Their precious Archer is a fighter surrounded by fierce warriors.



I have no doubt that his parents will go to the ends of the earth to find the best treatments the medical world has to offer. And my experience tells me that the world of medicine is changing so rapidly that there may indeed be a treatment that will profoundly change the course of Archer's life and the thousands of other families that have shared his story because of his parents' courage in telling it!

For more information on Archer's journey:

<https://www.gofundme.com/baby-archer-brazeau-medical-care>

Obesity: Health Risk

Mohammed Alo, D.O

Toledo Cardiology Consultant



After smoking, the single biggest risk to our health is obesity. With the rates of smoking falling to an all time low, obesity now ranks as the single biggest risk factor for heart disease. Obesity rates in the United States are at an all time high.

According to the latest Centers for Disease Control data, 79% of adults are overweight and 36.5% are obese. Those numbers are staggering. Further, at least 17% of children ages 6-11 are obese. The number is even higher for youth ages 12-19 where over 20% of them are considered clinically obese.¹

So how do you know if you are obese?

Obesity is defined as having a body mass index (BMI) over 30. For the average 5 foot 6 inch male a weight of 190 pounds classifies you as obese. For the average 5 foot 2 inch female a weight of 165 pounds qualifies as obesity.

Obesity related health care costs are estimated to be \$147 billion dollars in 2008 U.S. dollars. The medical costs for obese individuals were \$1429 dollars higher than their normal weight counterparts.¹

Obesity also imparts cancer risk. Obesity has been associated and or directly the cause of many cancers.² Obesity has been directly linked to colon, endometrium, post-menopausal breast, kidney, esophagus, pancreas, gallbladder, liver, and hematological cancers.

Obesity also worsens the treatment and prognosis of most of these cancers.

Obesity affects every organ system in the body. The diagram below shows the most of obvious, but not all medical complications of obesity.

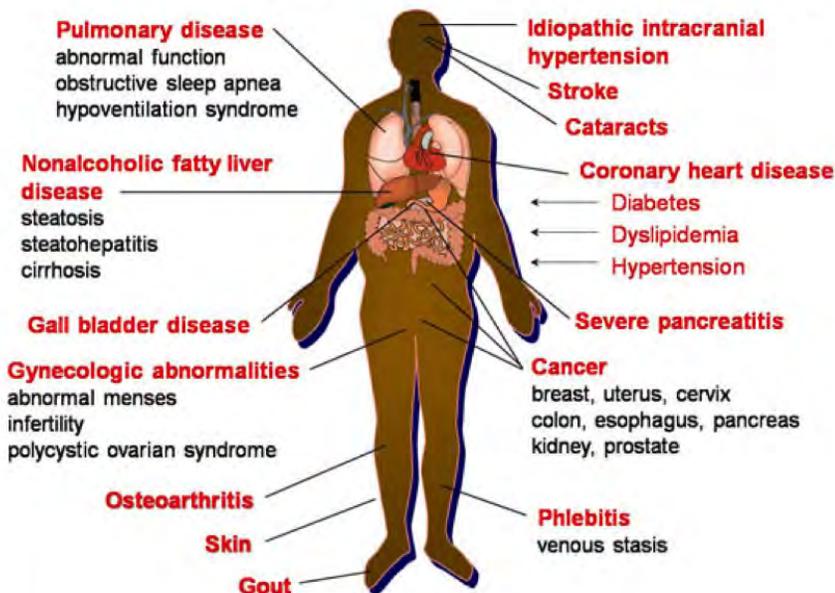
The most important thing you can do, after quitting smoking, is to lose weight. You must try to get as close to your ideal body weight as possible. But it's not that easy to lose weight. It's incredibly hard.

Americans have been trying to lose weight since the 1920s, yet we have continued to gain weight. More Americans today have gym memberships than in any time in history. More Americans today do fitness classes than in any time in history. More Americans today are on a diet than in any time in history. Yet, we are still overweight.

Losing weight is one of the hardest things to do. We have all tried losing weight and it's not easy. You are fighting your genetics, your metabolism, your age, your hormones, your appetite and other factors that contribute to weight gain.

Different solutions have been tried for weight loss. Scientists and researchers have tried calorie restriction diets, low fat diets, severe calorie restriction, starvation, liquid diets, increasing exercise, and almost always Americans have gotten fatter. Why?

Medical Complications of Obesity



Your body fights you back and manages to maintain your weight and or make you gain weight. Dr. George Blackburn, M.D. of Harvard Medical School has spent nearly 40 years of his life studying obesity and weight loss. In his book, "**Break Through Your Set Point**", he describes humans as having a set point for their weight. At age 18, your body "sets" your weight. So if you weigh 180 pound at age 18, your body will try to keep you at 180 pounds indefinitely. If you lose or gain weight, your body will make changes and bring you back to your set weight. The only way to change the set point is to achieve a new weight and maintain that new weight for at least 6-9 months. In his book he goes through a multitude of studies showing the research behind why our weight loss efforts have been misdirected and why they don't work. Eating severely restricted calorie diets and exercising did not cause weight loss. However, exercise has been shown to prevent you from gaining weight back. In essence, it helps you keep weight that you have already lost off.

Dr. Gary Taubes has written a series of books on weight loss and he has become an authority on weight loss. He is the author of Good Calories, Bad Calories, a book that is nearly 1000 pages long detailing every study that has ever been done on weight loss. The book is very long and exhaustive. He later wrote the condensed version at the request of his patients and friends called, Why We

Get Fat and What to do About It.

In his book, Why We Get Fat, he details the obesity problem in the United States from 1900 to today. German researchers were shocked when they came to the US in the early 1900 to see so many obese children and adults and they started researching weight loss right away. They were trying to crack the code. He said that scientists were able to crack the code in the 1920s and 1930s, but ultimately the science would be lost and placed on the back burner because of the two world wars.

It didn't help that the Food and Drug Administration had adopted recommendations and guidelines that ultimately made Americans fatter.

Dr. Taubes recommends a ketogenic style diet and argues that this is the only way to lose weight. All other diets have failed miserably or leave you feeling hungry. Research has shown that these diets will also lower your bad cholesterol, lower your triglycerides, increase your good cholesterol, lower your blood sugar, lower your systolic blood pressure, lower inflammatory markers in your blood stream, and increase your functional capacity.

There are also several medications that have been shown to help with weight loss. Some of them have been around for over 30 years, while others have just been discovered. Talk to your physician about these medications. They are supposed to be used in

conjunction with diet and exercise therapy.

While exercise may not induce significant weight loss, it still has incredible beneficial metabolic effects and has been shown to reduce cardiovascular mortality (reduces death from heart attacks and strokes). You can see between a 30 and 45% reduction in mortality depending on how much running you do.³ So please make sure you are still exercising and lifting weights. Exercise lowers systolic blood pressure, lowers blood sugar levels, improves insulin resistance and improves the compliance of the muscles in your heart improving diastolic and systolic heart failure.⁴

Another vital, life saving option for obese patients, is gastric bypass surgery. For many of our patients, they have tried everything else and this is the only option left. Gastric bypass does offer considerable benefits almost immediately, even before all the weight comes off. Gastric bypass should be considered by patients that have struggled with weight loss and still are overweight.

It's important to talk to your doctor and health care professional to see if you are healthy enough for diet and exercise and to create a program that is right for you. For some patients, you may just need a new diet program, for others you may need help with medications, for others you may need surgery. Be sure to research all options thoroughly.

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Making your New Year's resolution stick

Published by American Psychological Association (APA)



It can be daunting when your list of New Year's Resolutions is as long as your holiday shopping list. In addition to the post-holiday slump, not being able to keep your resolutions by February, March or even late January may increase your anxiety. When your holiday decorations are packed up and stored away, the frustration of an unused gym membership or other reminders of failed resolutions can make the later winter months feel hopeless.

However, it is important to remember that the New Year

isn't meant to serve as a catalyst for sweeping character changes. It is a time for people to reflect on their past year's behavior and promise to make positive lifestyle changes. "Setting small, attainable goals throughout the year, instead of a singular, overwhelming goal on January 1 can help you reach whatever it is you strive for," says psychologist Lynn Bufka, PhD. "Remember, it is not the extent of the change that matters, but rather the act of recognizing that lifestyle change is important and working toward it, one step at a time."

By making your resolutions realistic, there is a greater chance that you will keep them throughout the year, incorporating healthy behavior into your everyday life. APA offers these tips when thinking about a New Year's resolution:

- Start small
- Change one behavior at a time
- Talk about your resolution
- Do not beat yourself, be realistic
- Ask for support from friends and family

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Using Technology to Trim Your Waistline

By: Joseph Katich

Program Manager

Time Waits for No One Medical Radio Program



Rapid changes in technology have inundated consumers with options for adding tech to their lives. From getting a loan, to having someone round up your groceries for you to pick up later, tech gadgets are picking up the pace of life in ways never before imagined. And so it was for me in December 2016 when I decided to make the switch to a healthier lifestyle and use technology to help me do it. Was there a more opportune time to do so with the cliché “New Years Resolution” right around the corner?

With the only half-realized resolutions of two previous New Years’ behind me, I renewed my annual goal: Get under 200 pounds, and stay there. I was somewhat disheartened by my previous failings. This former All-American Swimmer who weighed in at 165 pounds from junior year of high school to junior

year of undergrad had managed to balloon to 240 pounds and felt every pound of it in my daily life. I had hit my breaking point. I decided to make 2017 MY YEAR to finally reach that goal but realized I had to do something I had never had to worry about before – laser focus on diet and exercise.

Exercise was always my strong suit, but over the years, my eating habits had become unhealthy as I was far too often passing on the healthy food for the harmful. So, being a “Millennial” who had used technology for everything else, I decided to put the technology to good use to reach my goal. Here’s a look at the technology and applications (better known as apps) I employed to reach my goal.

MyFitnessPal (Free): MyFitnessPal



MyFitnessPal
Calorie Counter & Diet Tracker
★★★★★



is a free smart phone app and website that tracks diet and exercise to determine optimal caloric intake and nutrients for the users' goals. The app offers a seemingly inexhaustible database, listing over 5 million different foods the user can put in manually or scan UPC codes from the product to log intake. To start, you simply enter your current health statistics, and what your goal weight is. From there, you can log your Breakfast, Lunch, Dinner, and Snacks as it tallies up your current caloric intake. Entering your activity from housework, to walking, to full-blown gym workouts, this app can calculate and subtract any exercise you achieve from your daily intake. At the end of the day, the app declares, “If every day were like today, in 5 weeks you would weigh XXX.” I found this particular feature extremely useful in goal setting, and in motivating me to stay on track!

SWORKIT (Free): It is very



SworKit: Workouts & Plans
5 to 60 min workouts and plans
★★★★★ 10.5k



challenging for someone without much experience planning and executing an exercise plan to know where to start. Enter SWORKIT. Originally an idea that was pitched on the popular ABC-TV show, "Shark Tank", this is the perfect smart phone app for anyone who says, "they don't have enough time" to get to the gym or to exercise. Opening the app, you are able to see 4 categories: Strength, Cardio, Yoga, and Stretching. Simply choose one of the categories and set the amount of time you have to perform exercises (the default time is between 5 and 60 minutes), and begin! The workout is preplanned for you and your proficiency level is factored in. A personal trainer will even demonstrate the exercises if you are unfamiliar with them. SWORKIT is an excellent option to use as a full course workout routine, or even a short 5-10 minute workout to get the blood pumping if you're feeling sluggish at work.

Fitness Device/Tracker : A myriad of fitness trackers have hit the market over the last several years. I've tried several and found the **FitBit** device to meet my needs. In my weight loss journey, I began by purchasing a "FitBit", and while it was an entry level model, it is an invaluable monitor and motivator for activity. Now while exercise is a relatively small portion of overall weight loss (compared to diet), it is physically impossible to lose weight without taking in fewer calories than you burn -- a caloric deficit. Simply put: $\text{Calories In} - \text{Calories Burned} = \text{Net Calories}$. There are 3,500 calories in each pound of body fat, therefore, in order to get to burning those calories, you must implement exercise into your daily regiment and TRACK your habits!

The FitBit is a wristwatch like device that tracks your activity and monitors your heart rate to calculate with near precision, how many calories you burn each day. The device tracks your movement including the steps you take, the

stairs you climb, and your heart rate. When coupled with the MyFitnessPal app (mentioned above) you have a real time visual of how you are doing on a daily basis with how many calories you are taking in and burning away through activity. As someone who never spent much time worrying about what I was taking in, I liked the visual of exactly how much I could "afford" when heading to a family dinner or casual night out.

With a little help from a few microchips and algorithms, I finally was able to keep my resolution and meet my goal. I lost 40 pounds in 9 months with a healthy dose of new technology and plenty of resolve. Of course, adaptation is the key to any program for good health. When something that used to work doesn't anymore, then its time to turn it up or try a new program. I hope that by sharing this information, it will help expedite your search for a plan that suits you and your goals and puts you on a path to well health.

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High Blood Pressure is the “silent killer”

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Cardiology Fellow



Ever been told you have high blood pressure? You are not alone. Every 1 out of 3 people in the US is thought to suffer from high blood pressure. Having high blood pressure is medically known as Hypertension.

When the pressure becomes higher than normal, it can cause injury to vital organs including the heart, brain, eyes and kidneys. The number one cause of doctor office visits amongst adults in the US is for high blood pressure. Despite these efforts more than half of people diagnosed with Hypertension do not have good control over their blood pressure.

There’s a reason it’s often called the “silent killer”

Most of the time, high blood pressure (HBP or hypertension) has no obvious symptoms to indicate that something’s wrong,

especially at the early stage of the disease. The best ways to protect you are being aware of the risks and making changes that matter.

The arteries carry blood to all the organs within your body. When the blood is pumped through the body, it applies a force against the walls of the artery which is known as blood pressure. When this pressure is higher than normal over a period of time, it is known as Hypertension or High Blood Pressure, will lead to damage in the arterial walls.

Know your numbers: The best way to protect yourself is to learn where you stand by measuring your blood pressure

What causes it?

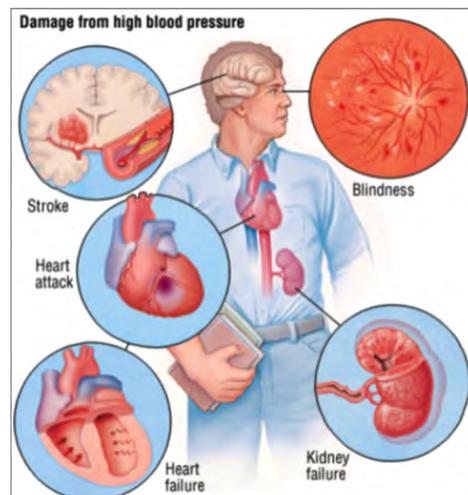
The exact cause of Primary Hypertension is unknown, but what we do know is that multiple factors play an important role in

causing it.

- **Age:** The older we get the higher chance of having blood pressure.
- **Genetic:** Having just one parent with high blood pressure makes it twice as likely for you to have high blood pressure.
- **Obesity:** Overweight increase your chance of higher pressure.
- **Race:** Black people are at increased risk of having high blood pressure in comparison to white people.
- **High Salt Intake**
- **Excessive Alcohol Use**
- **Smoking**
- **Sedentary lifestyle**
- **Certain Medications:** Like oral contraceptives, Ibuprofen, antidepressants all can increase blood pressure.

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

Know your numbers



Blood pressure organ damages

Why is it harm of high blood pressure?

High blood pressure exerts its effects on the organs of the body over time. It mainly affects the heart, brain, eyes and kidneys. It can cause serious conditions such as heart attacks, strokes, decreased vision and permanent damage to the kidneys. As blood pressure increases, so does the chance of having any one of these conditions.

How do you know?

High blood pressure is a silent condition and can be present without having any symptoms. It develops slowly over a period of years and can continue to damage the arteries, heart, brain, eyes and kidneys. The best way to know is routinely check your blood pressure. In 2017, a new definition of blood pressure was released. Anyone with a consistent reading above **130/80 mmHg** is classified as having high blood pressure. The key word here is consistent, meaning more than one reading taken over many days.

Most people do not know how to properly check their blood pressure at home. The best way to measure it is to sit and rest for 5-10 minutes before

checking. When you sit down, the back should be supported and legs uncrossed. The arm should be supported (by placing it on an arm rest or the thigh). If the arm hangs down on the side and not supported, the reading will be higher and not be accurate.

How do you treat it?

If your blood pressure readings are high (greater than **130/80 mmHg**), it is important to discuss this with your doctor. Your doctor will then decide whether you need medications and what medications. That does not mean that you cannot help lower it. In fact, lifestyle changes are recommended for everyone that has high blood pressure as these can lower high blood pressure.

Decrease Salt Intake: Eat less than 2 grams of salt a day.

Weight Loss: For every pound of weight that you lose, the blood pressure can drop by 1 point or 1 mmHg.

Limit Alcohol use: Women with high blood pressure should not have more than 1 alcoholic drink per day. Men with high blood pressure should not have more than 2 alcoholic drinks per day.

Exercise: This by itself when done consistently, which means 3 to 4

sessions per week of moderate intensity lasting for 40 minutes can decrease blood pressure by 4 to 6 points or 4-6 mmHg. These effects are not seen right away, and usually take weeks to months before they become evident.

Stop Smoking: Your doctor's favorite thing to say.

Diet: A diet that is rich in fruits, vegetables, legumes, and low-fat dairy products and low in snacks, sweets, red meat, and saturated fat. This means four to five servings of fruit or vegetables, and two to three servings of low-fat dairy per day. Cut out the unhealthy fat.

Will I need medications forever?

The goal of therapy which includes medications and lifestyle changes is to keep blood pressure lower than **130/80 mmHg**. Once again the importance of lifestyle changes cannot be stressed enough. With lifestyle changes alone, some people can bring their blood pressure within a normal range. Once good control of blood pressure is achieved, medications can be stopped gradually. Despite having good control of blood pressure, stopping medications abruptly can lead to blood pressure to increase quickly again. With a positive attitude and by seeing your doctor regularly,

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Screen-Addicted Teens are Unhappy

Materials provided by San Diego State University

Note: Content may be edited for style and length.



Happiness is not a warm phone, according to a new study exploring the link between adolescent life satisfaction and screen time.

Teens whose eyes are habitually glued to their smartphones are markedly unhappier, said study lead author and San Diego State University and professor of psychology Jean M. Twenge.

Researchers found that **teens who spent a lot of time in front of screen devices -- playing computer games, using more social media, texting and video chatting -- were less happy than those who invested time in non-screen activities** like sports, reading newspapers and magazines, and face-to-face social interaction. The happiest teens used digital media for less than an hour per day. But after a daily hour of screen time, unhappiness rises steadily along with increasing screen time.

A nationally representative survey of more than a million U.S. 8th-, 10th-, and 12th-graders. The survey asked students questions about how often they spent time on their phones, tablets and computers, as well as questions about their in-the-flesh social interactions

and their overall happiness.

On average, they found that teens who spent more time in front of screen devices -- playing computer games, using social media, texting and video chatting -- were less happy than those who invested more time in non-screen activities like sports, reading newspapers and magazines, and face-to-face social interaction.

Twenge believes this screen time is driving unhappiness rather than the other way around.

"Although this study can't show causation, several other studies have shown that **more social media use leads to unhappiness, but unhappiness does not lead to more social media use,**" said Twenge, author of "iGen: Why Today's Super-Connected Kids Are Growing Up Less

Rebellious, More Tolerant, Less Happy -- And Completely Unprepared for Adulthood."

Total screen abstinence doesn't lead to happiness either, Twenge found. The happiest teens used digital media a little less than an hour per day. But after a daily hour of screen time, unhappiness rises steadily along with increasing screen time, the researchers report today in the journal *Emotion*.

"The key to digital media use and happiness is limited use," Twenge said. "Aim to spend no more than two hours a day on digital media, and try to increase the amount of time you spend seeing friends face-to-face and exercising -- two activities reliably linked to greater happiness."

Source: Sciencedaily.com



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Go Red for Women...A Call to Take Action Now.

Imad Hariri, M.D.

Cardiology Fellow



I was recently invited to speak about Heart Disease Prevention at an event to celebrate 'Go Red for Women Day' at a local Senior Center. Right before my talk, one of the organizers asked the audience whether or not they had made advanced health care directives. She went on to ask them if they were, in fact, ready for their next fall or if they were ready for their next hip fracture. I pondered the idea for some time and, in turn, asked the audience in the beginning of my talk whether or not they were ready for their next heart attack or whether or not they have prepared themselves to avoid having their next heart attack. My question was, unsurprisingly, met with blank yet eager stares.

Cardiovascular Disease (CVD) remains the number one cause of death in the United States and around the world. The fact is: Heart disease is the No. 1 killer of women, causing 1 in 3 deaths each year. That's approximately one woman every minute! While the number of CVD-related deaths in males has been steadily declining over the past 15-20 years, cardiovascular deaths for women remained flat or increased slightly during the 1980s and 1990s. The number of deaths for women has exceeded those for men over the past 20 years. Recent studies have revealed, in fact, that women receive fewer interventions to prevent and treat heart disease.

Interestingly, women receive less cholesterol screening and fewer lipid-lowering therapies when compared to men.

Most individuals will experience no symptoms for a long period before their first heart attack. Chest pain, discomfort, pressure or squeezing are the most common symptoms for men and women. Nonetheless, women are more likely than men to experience other atypical symptoms including shortness of breath, nausea/vomiting, unusual upper body pain or discomfort.

Due to the fact that women experience less classical symptoms of heart attacks, it becomes extremely important for the public to be educated about the warning symptoms of a heart attack. Patients are always reminded to 'Make The Call. Don't Miss a Beat'. In one study, only 53% of women said they would call 911 if experiencing the symptoms of a heart attack.

This takes us back to our initial question: how do you prepare to prevent your next heart attack? Women, like men, are encouraged to follow the four cardinal rules of heart disease prevention:

- 1) Look before you eat,
- 2) Increase your physical activity and exercise.
- 3) Stop smoking.

4) Know your numbers.

Look Before You Eat.

Weight gain of approximately 45 pounds or more after you turn 18 confers a greater than seven times the risk of death from heart disease. In fact, losing as little as ten pounds reduces your blood pressure. Reducing the amount of calories and carefully reading nutrition facts on nutritional labels will make it easier for you to lose those extra pounds. Consuming a low fat diet that is rich in fruits, vegetables, and low fat dairy products and following eating plans such as *the Dietary Approaches to Stop Hypertension (DASH)* diet even without weight loss can also reduce your blood pressure.

Exercise. Research has shown that, after controlling for other factors that affect heart disease risk, women who walk the equivalent of three or more hours per week have a risk of coronary events that is 35% lower than women who walk infrequently⁷.

Stop Smoking. In one study in the United States, over 40% of coronary events in women were found to be attributable to smoking⁸. Compared to nonsmokers, the risk of coronary events for those who smoke 1-14 cigarettes is about 3 times the risk of those who didn't smoke at all.

Research has found more than 40% of women will not experience chest pain. Knowing the warning signs could save your life.

If symptoms are severe, get worse, or persist for 10 minutes, call Triple Zero (000) now.

Neck

You may feel a general discomfort in your neck, or a choking or burning feeling in your throat. This discomfort may spread from your chest or shoulders to your neck.

Shoulder(s)

You may experience a general ache, heaviness or pressure around one or both of your shoulders. This discomfort may spread from your chest to your shoulder(s).

Arms

You may feel pain, discomfort, heaviness or uselessness in one or both arms. This may also feel like numbness or tingling. This discomfort may spread from your chest to your arm(s).

Jaw

You may feel an ache or tightness in and around your lower jaw on one or both sides. This discomfort can spread from your chest to your jaw.

Back

You may feel a dull ache in between your shoulder blades. This discomfort can spread from your chest to your back.

Chest

You may feel pain, heaviness, tightness pressure or a crushing sensation in the centre of your chest. This discomfort may be mild and make you feel generally unwell.

For more information call our Health Information Service on 1300 36 27 87 or visit www.heartattackfacts.org.au

You may also feel:

Nauseous.

You may feel nauseous or generally unwell.

Dizzy.

You may feel dizzy or light-headed.

A cold sweat.

You may break out in a cold sweat.

Short of breath.

You may find it difficult to breathe or take a deep breath due to a tight or constricted feeling in your chest.

Know your numbers. Keep track of your weight, blood pressure, blood glucose and cholesterol measurements and ask your doctor about your target numbers and about how frequently you should test them. The only thing worse than finding out that you have one of these conditions is

NOT finding out that you have it.

Ultimately, remember that prevention remains key. Do not wait for a heart attack to take action; don't wait for a second chance or a second life. Raising awareness about the alarming statistics about heart disease in women has been the focus of

organizations like the **American Heart Association through the Go Red For Women** Campaign. Together, we can all join forces and work towards making heart disease take fewer lives away during our lifetime.

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Non Surgical Fix for Leaky Mitral Heart Valve:

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Heminder Meet Singh, M.D.

Cardiology Fellow.

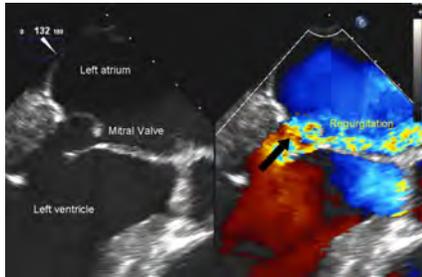
'Life is short, the art (of medicine) long'.... Hippocrates

Modern medicine is emerging at a rapid pace. Every day, we learn about new lesser invasive treatment modalities which provides our patients with superior safety and shorter stay in the hospital. Implantation of artificial valves through skin known as 'percutaneous approach' is a great example of one such technique which has now widely been accepted as standard of care for treatment of Aortic Stenosis (tight heart valve). A number of similar percutaneous technologies have emerged in recent past as an alternative to open heart surgery for treatment of leaky heart valves.

Mitral regurgitation [MR] is amongst the most common heart valve disease affecting around 10% of population above age of 75 years. It occurs due to leaky Mitral valve resulting in an abnormal back flow of blood from the lower chamber of heart to upper on the left side. This can occur due to structural or functional dysfunction of the valve apparatus. This abnormal reflux of blood has potential of causing hemodynamic compromise due to reduction in forward cardiac output (forward blood flow) and eventually leading to congestive heart failure in chronic cases.

The treatment of choice for severe symptomatic leaky mitral valve is its repair or replacement by an open heart surgery. However, a large

number of our patients are denied surgery due to high operative risk. A European analysis in 2007 demonstrated that ~50% of patients with severe symptomatic MR were denied open surgery mostly due to advanced age, impaired systolic function of heart (weak heart pumping) and other



multiple co-morbidities. In another study of octogenarians undergoing Mitral valve surgery, the reported mortality and morbidity was 17.0% and 35.5%, respectively. **This has warranted the need for lesser invasive treatment strategies for mitral regurgitation.**

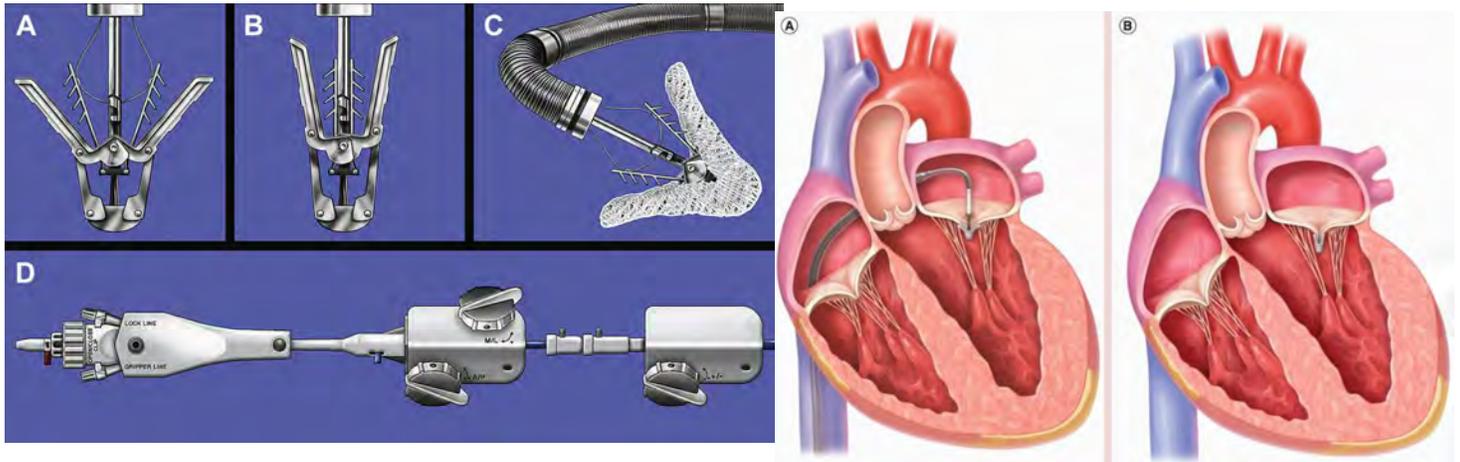
These treatment modalities are broadly classified on the basis of target component of mitral valve apparatus. The most widely used technique is edge-to-edge repair of leaflets of a degenerated mitral valve using a clip. MitraClip system [see picture] was approved by the US Food and Drug Administration (FDA) in October 2013 for use in patients with symptomatic degenerative MR who are at increase risk for open heart surgery. This system consists of a clip device, a delivery system, and a catheter guide through which the device is introduced into the left upper chamber of heart through

vascular access in the groin.

The patient selection, however, is important. It is indicated in patients who have high operative mortality risk, an extensively calcified aorta,



frailty, hostile chest, severe liver dysfunction, severely elevated pressure in the lungs, cancer, chemotherapy, AIDS, right heart dysfunction, and severe dementia. A number of clinical studies have been published looking at outcome of this clipping technique. EVEREST-II trial is a randomized controlled trial which showed that repair of mitral valve through this approach was less effective than surgery in reducing degree of leakiness but that it has superior safety and similar clinical outcomes after a 12 month follow up. The potential complications associated with this procedure include bleeding at the puncture site in groin, collections of fluid around heart, myocardial infarction, irregular heart rhythm, stroke or in-hospital death. In one study, these complications were noted to occur in around 25% of patients out of which bleeding was most frequent, seen in 12.8%. In-hospital death, stroke or heart attack occurred in only 2.2, 0.9, and 0% patients, respectively.



Picture Courtesy: Percutaneous Approaches to Valve Repair for Mitral Regurgitation. content.onlinejacc.org

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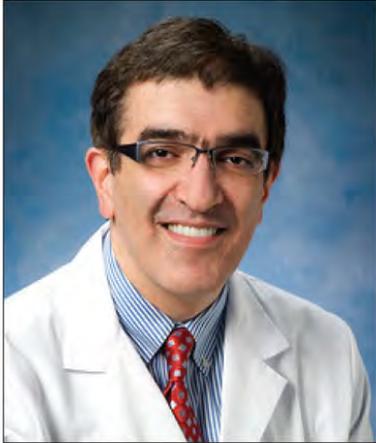
In summary, percutaneous catheter based Mitral valve repair has been evolving as a therapy for patients who are at high surgical risk. Many short-term clinical studies have demonstrated safety and efficacy of this procedure although long-term trials are still ongoing. The newer interventions other than leaflet repair are expected to hit the market in near future. This is an exciting era of an emerging technology, which will ultimately broaden the spectrum of patients with leaky heart valves who can be successfully treated without an open-heart surgery.

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Time Waits **For No One**

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Dr. Kabour, President and CEO of Toledo Cardiology Consultants, and Voetsch, a reporter with WTVG **13abc**, discuss the latest medical advances and break down in a very understandable way what they mean for listeners. "Time Waits For No One" also invites local medical experts in to talk about the latest treatments and technologies that are helping them to deliver the best care possible to patients. Dr. Kabour and Voetsch are dedicated to making it matter to listeners and helping them make informed choices about their health.

Time Waits **For No One**

TV Show



Dr. Kabour & Expert Guest

Sunday 11:30 AM



Skin Care Update

Mounir Boutros, M.D.

Renassaince Dermatology

As we deal with the tail end of the winter season, and all of the dramatic temperature changes we have been experiencing lately, including going back and forth between our warm homes to the frigid outdoor temperatures, our skin needs to adjust to all of these changes. Our skin, being the outermost layer of the body, is the first line of defense, confronting all physical, chemical, and biological insults we face (i.e. temperatures, irritants, and bugs of all kinds).

All of the above factors contribute to making our skin dry during the winter season. Dryness makes the skin less defensive. In order to minimize the negative effects on our skin we are advised to **protect our skin in a balanced way**.

- Layering clothing starting with soft white cotton undergarments because they are gentle and are effective for warmth and sweat absorption (minimize colors and scents)
- Trying to avoid wool and nylon when choosing a sweater.
- Wearing a heavy coat which can be removed when warm
- Wearing hats and scarves to protect the head, neck, and face from both wind burn and ultraviolet rays hiding behind clouds are all excellent ways to help protect our skin during winter months.
- When it comes to showering, the recommendation is a short shower, with warm water.
- Gently pat your self-dry and lock in moisture by immediately using a mild neutral moisturizer.
- Body washes that are colorless and odorless can be more helpful in minimizing irritation, and are preferred over bar soap, which can sit and collect bacteria.
- Bottles of body wash can also be shared among family members without touching each family member's skin like bar soaps may. Squeezing a small amount of liquid body wash into a washcloth or synthetic poof for gentle exfoliation is best.

- Remember not to use water that is too hot as it makes the skin red, itchy, and pulls moisture out of the skin.

- Taking a warm bath once weekly in order to relax muscles would not be harmful but keep in mind that sitting in a hot tub for extended periods of time should be avoided.

Now, with regard to **skincare products**, we have seen significant progress in the new era. As for moisturizers, we recommend the same neutral (colorless and odorless) gentle types just like the body wash. Finding a moisturizer with a good balance is best. Try to find one that isn't too thick or greasy, but also not too runny. The best are generally creams found in a container or lotions from a pump dispensing bottle. Moisturizers are most effective when **applied after the shower** in the morning and again before bed. Most moisturizers have been like the icing on the cake, helping to lock in moisture and prevent water loss from the surface of the skin.

Recent technology has produced what we call "biologic" or "functional" moisturizers. This concept means that the newer moisturizers penetrate the skin and build up moisture within the skin. This is done by using ceramides, i.e. amino acids that penetrate in between epidermal cells and contribute to natural moisture, similar to the cement which holds bricks together; these ceramides bind together to prevent trans-epidermal water loss.

Now, let us address the topic of **extremely dry skin conditions**, which present more often during winter months, **inflammation of the skin**. The two most common inflammatory skin conditions are **eczema** and **psoriasis**. These conditions can be improved and maintained by practicing good skin care; however, medical attention is needed in order to treat them. Dermatologists are the most experienced professionals to help with both of these tough chronic conditions.

There are many topical steroids (cortisones), both old and new that are used to help treat inflammatory



skin conditions. The difference between the old and new steroid creams is the advanced vehicles (or inactive ingredients) used to help deliver the active medicine to the correct target areas in the skin. These new products are more elegant and more effective than the old ones, and this enhances compliance as well. We also have new topical medicines (non-cortisones) to use in conjunction with or to maintain and replace the steroids after being used for a period of time (i.e. after controlling the flare of the disease). These products are safe and they spare the skin from potential negative side effects of steroid use. Steroid use is a double edged sword; they are good for controlling flare ups, but should only be used for the period of time needed to control the flare, and no more.

The newest advancement made within this field is the invention of biologic medicines. These are injectable or oral medications that are safer than the old generations of chemotherapy drugs. Biologics have better control and much less side effects for both eczema and psoriasis. They have very specific targets within our immune system but they do not destroy our immune defenses as the older medications did. Most biologic medicines are injected under the skin by the patients themselves with easy to use devices and are only needed every few weeks, which again enhances patient compliance. Some of these newest biologic medicines are extremely effective, causing the disease to appear cured.

Having reviewed the above, we can never forget the vital role that oral or injectable steroids, antibiotics, and antihistamines play in controlling these diseases when needed. After all, we cannot emphasize enough how important it is to be compliant with treatment, and regular follow up appointments with your doctor to

monitor progress and potential side effects.

Throughout this article I have focused mainly on skin care issues during the tough winter season, but I would also like to touch on the issue of **skin cancer** since the sunny season is (hopefully) right around the corner. Soon enough we will all be tired of being cooped up and have cabin fever, anxiously awaiting the sun and outdoors. The sun's rays have detrimental effects on the skin which leads to potential skin cancers, and solar aging.

There are numerous recommendations we would like followed in order to protect our skin from those harmful effects caused by the sun. Avoiding the sun at mid-day when it is strongest, using a sun block lotion, and protective clothing treated with SPF, as well as seeking shade whenever possible (especially in areas with high light reflection such as the sand and water and in high altitude or latitude areas) are all protective measures that should be taken while outdoors. When it comes to SPF products, there are more advanced formulas that contain protection against UVA and UVB rays, and products containing combinations of chemical and physical ingredients. These products now come in very attractive, appealing formulas such as sprays and foams. SPF spray and foams will increase compliance; since they are easy to apply and then re-apply every 2.5-3 hours as recommended (even the best SPF will break down after 2.5-3 hours). These protective foams and sprays don't heat the skin or cause greasiness, especially when the skin is wet or sweating, which makes application during athletic or physical activity ideal. The magic number recommended for SPF is 50, but frequency of application is also very important, possibly even more so than the higher numbers of SPF.

The use of sun glasses and protective eyewear is also very important to prevent vision damage caused by the sun.

Lastly, always remember to have a baseline skin examination done in order to evaluate moles, and prevent skin cancers, especially those individuals with high genetic predisposition and professional risks. Never forget that your dermatologist is your safe guard against skin cancer!



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