

CARDIAC MONITOR

Summer 2014 / dignityhealth.org/heartandvascular

HeartCaring®: Changing Cardiovascular Care for Women in our Community

Every year in America, more women than men will die from cardiovascular disease. This has been true for more than thirty years and yet women are less likely than men to receive appropriate care during heart attack. Women also are more likely to have cardiovascular disease symptoms go undiagnosed, partially because they do not report their symptoms and partially because symptoms in women are often different than those in men.

In an effort to change the course of cardiovascular care for women, Dignity Health Heart and Vascular Institute searched for a solution that would impact both patients and the physicians who care for them. They found HeartCaring® - an innovative, comprehensive and market-ready program aimed at helping hospitals

and health care providers better serve women through earlier intervention and improved awareness of the risks and symptoms associated with cardiovascular disease in women.

HeartCaring uses unique outreach tools, including educational materials and marketing collateral to help member providers achieve the program goals:

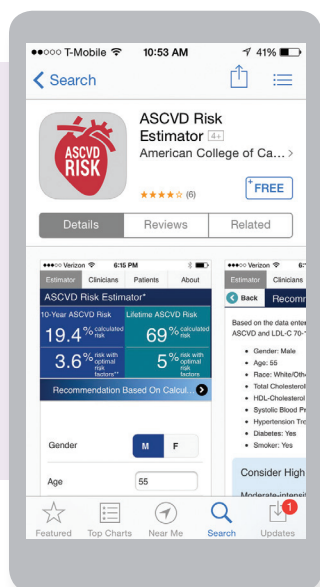
- To differentiate themselves as leaders in gender-sensitive cardiovascular care
- To promote gender-based cardiovascular care within physician practices
- To motivate women to take action to prevent heart disease

In the Sacramento region, Family Practice physician Kimberly Perkins,

MD, is a champion for Dignity Health's HeartCaring initiative. Dr. Perkins underwent the certification process a year and a half ago, along with the other physicians at her practice, Turnure Medical Group. "The process was so simple," Dr. Perkins says. "There was one presentation, led by the Dignity Health Heart and Vascular Institute team, which provided great information and insight. After that, I led a few in-services for the rest of the team in our office. Now it has really changed how I am able to educate and dialogue with at-risk women."

Dr. Perkins is one of 75 HeartCaring certified physicians in the greater Sacramento region. An additional 134 non-physician team members have also completed the certification

Continued, page 3 "HeartCaring"



Technology Can Aid in Risk Assessment

When discussing a patient's cardiovascular disease risk, technology can also serve as a springboard to meaningful conversation. "There are some great apps out there for smart phones and tablets," says Dr. Kimberly Perkins. "I use them with my patients to evaluate risk and help to determine the best course of treatment."

Dr. Perkins recommends the ASCVD Risk Estimator created by the American College of Cardiology (available for iPhone or iPad) or the ASCVD Risk Calculator Pooled Cohort Equations app for iPhone. Both tools assess 10-year and lifetime risk for cardiovascular disease through input of basic information (gender, age, smoker status, etc.) as well as lab results like cholesterol numbers and blood pressure readings.



Dignity Health™
Heart and Vascular Institute
of Greater Sacramento

Nutrition Guidelines for the Prevention of Cardiovascular Disease in Women

Tracy Toms, MS, RD

The American Heart Association (AHA) addresses specific lifestyle interventions in the 2011 update Effectiveness-Based Guidelines for the Prevention of Cardiovascular Disease in Women. The AHA recommends following a DASH-like diet (Dietary Approaches to Stopping Hypertension) which is rich in whole grains, high fiber foods, fruit and vegetables. Women are advised to eat oily fish at least twice a week and to limit saturated fat, cholesterol, alcohol, sodium, sugar and avoid trans-fatty acids.

Omega 3 fatty acid from fish or in capsule form (EPA 1800 mg/day) may be considered for their cholesterol-lowering effects, particularly for triglycerides. Antioxidant vitamin supplements (vitamin E, C and beta carotene) and folic acid with or without vitamins B6 and B12 should not be used for the primary or secondary prevention of CVD.

The AHA guidelines prioritize lifestyle approaches to the prevention of CVD as the most cost-effective strategy to reducing cardiovascular disease risk.



Welcome to New Physicians

Dignity Health Heart and Vascular Institute welcomes two new physicians to the region.



Amardeep K. Singh, MD, is an Interventional Cardiologist joining Mercy Medical Group. Dr. Singh graduated from Saint George's

University School of Medicine (West Indies) and served her residency at the University of Southern California (USC), with fellowships at USC and UCSF. Dr. Singh's office is at 6555 Coyle Avenue, Carmichael.



Rajan Hundal, MD, is a Cardiologist joining Mercy Medical Group. Dr. Hundal graduated from the University of Nevada (Reno) School of Medicine and

underwent his residency and fellowship training at the California Pacific Medical Center (San Francisco). Dr. Hundal's office is at 9394 Big Horn Blvd., Elk Grove.

Research News: The Transform Trial

The Transform trial is a new clinical trial in which Mercy General is now participating. It is a multi-center trial sponsored by Edwards Inc., in which the Intuity surgical aortic valve is being studied. The Edwards INTUITY Elite valve system is designed with the goal of facilitating small incision surgery and rapid valve deployment during surgical AVR procedures. Additionally, the valve is designed to be used during traditional open heart AVR procedures (full sternotomy).

The Edwards INTUITY Elite valve system combines their previous pericardial valve technology (more than 30 years of valve experience) with innovations from the transcatheter heart program. This valve features bovine pericardial leaflets and a cloth covered, balloon expandable, stainless steel frame designed with the goal of rapid deployment and small incision surgery. The valve is placed surgically through an incision in the patient's aorta and usually with three sutures and the balloon expandable frame.

The clinical trial will study the safety and effectiveness of the Edwards INTUITY Elite valve system in a single arm study enrolling approximately 950 patients in the US. Patients who are candidates for aortic valve replacement are being asked, after speaking with our cardiac surgeons, if they would like to participate in the trial. During the trial the patients receive more frequent echocardiograms for follow up as well as blood tests and EKG's at periodic intervals from surgery and up to five years post-surgery.

For more information please contact the Dignity Health Heart and Vascular Institute's research department at 916.733.6290.

The information included in this newsletter is provided as an educational service. Cardiac Monitor highlights the latest news in cardiac and vascular care and features helpful information about diet and exercise, medication and prescription updates, upcoming educational opportunities and profiles of Dignity Health services. Distribution of Cardiac Monitor is for patients who are active participants in any of the Cardiovascular Disease Management programs, or who have had a recent hospitalization for a cardiovascular-related condition. If you wish to be removed from the mailing list, please call 916.733.6966.

HeartCaring (continued from first page)

process. Since becoming certified, Dr. Perkins estimates she has used the HeartCaring materials as a springboard into a cardiovascular risk discussion with at least a couple hundred patients. "Using the booklet and other materials, I am able to start the conversation," she explains. "If the appointment is to discuss the results of their lab work, we will go through the booklet page by page, discussing what the numbers mean and what lifestyle modifications can help. But if the appointment is just a well-woman visit, then I may tell her to take the materials home and read certain sections for more information. Either way, it starts the dialogue and that is the most important thing." Dr. Perkins sends the HeartCaring materials home with her patients and encourages them to bring it back to every appointment so it can be updated.

Among the points in the material that Dr. Perkins emphasizes with her patients are:

- The different cardiovascular disease risk factors for women versus men – in particular, the fact that women who experience a pregnancy complication like pre-term labor, gestational diabetes or preeclampsia are at higher risk for cardiovascular disease later in life.
- The symptoms of heart disease that are more common for women versus men, including extreme or unusual fatigue; a squeezing or full feeling in the chest (not just the left side); pain in the arm, back, neck or jaw.

The booklet includes a place for women to write their heart health goals and encourages them to spread the word and be "ambassadors" for heart health for their family, friends and the community.

For Dr. Perkins, the program has yielded concrete and exciting results. "I have seen dramatic improvement among some of my at-risk patients. This program provides the boost that some women need to take action. It is awesome to see that."

If you would like to become HeartCaring certified simply call 916.733.6245 or email MercyHeart@DignityHealth.org.

Dignity Health Honored for HeartCaring® Campaign

Just a little more than a year since beginning the HeartCaring® program, the Dignity Health Heart and Vascular Institute of Greater Sacramento was honored as the winner of the 2014 HeartCaring® "Heart of the Community" award in recognition for its community outreach and education aimed at improving women's heart health awareness.

Dignity Health Heart and Vascular Institute is one of several dozen healthcare organizations nationwide who participate in the HeartCaring program. In receiving the Heart of the Community award, Dignity Health was recognized for its creative and innovative educational outreach initiatives, including popular Heart Shaped Community events like "Care Begins with Me," "Laugh, Learn and Lounge," "Eat Your Heart Out," "Day of Dance," "American Heart Association Heart Walk," as well as other heart health screening events in the community.

Encourage your female patients to join the fun at our future events. They can do so by emailing MercyHeart@DignityHealth.org and asking to become a Heart Shaped Community Ambassador.

Debate Over e-Cigarettes

By James Palmieri, PharmD

Electronic cigarettes (e-cigarettes) have flooded the marketplace in the past five years. These products are often promoted as: "healthier" and "cheaper" than cigarettes; being allowed anywhere, compared to cigarettes; a way to quit tobacco.

E-cigarette products are not currently regulated by the FDA and, since most are manufactured in China, are not subject to US manufacturing regulations. Unlike cigarettes, there are no restrictions on their advertisement or sale. Their use is rapidly rising.

However, science and fact do not support the hype. Advertising includes claims that users are exposed to "harmless water vapor" which is untrue: In addition to the nicotine and flavoring that may be found in these products, there are preservatives and solvents, and the product is heated with a battery which gives off a vapor. Particulates from these components are deposited in users' lungs and exhaled, exposing those around them as well.

The long-term effects of exposure to these by-products have not been studied. There is some debate about the value of e-cigarettes as nicotine replacement therapy for smokers trying to quit – most deliver less nicotine than cigarettes per puff, and mimic the behavior of smoking which may or may not be an advantage. However, the potential value has not yet been effectively compared to standard therapies in scientifically controlled studies. Dual use with cigarettes will expose users to more nicotine.

The FDA has proposed rules that will, if accepted, prohibit sales to minors and require health warnings on promotional material. Delegates of the American Medical Association are urging their organization to support these measures, which will likely receive opposition from manufacturers. Despite advertising claims, vaping is not a "healthy" choice, though an argument can be made for short-term use as part of a smoking cessation strategy. Non-users are encouraged not to start. Healthcare providers should ask patients about their vaping and smoking history with offers to help them quit both.



Mark Your Calendar: Upcoming CME Opportunities

2014 Vascular Disease Conference

Dignity Health Heart and Vascular Institute is hosting the 2014 Vascular Disease Conference on Thursday, Aug. 21 from 5:30 – 8:30 p.m. at Northridge Country Club in Fair Oaks. This CME opportunity will feature presentations from top experts on peripheral arterial disease, thoracic aortic disease and cerebrovascular disease.

To register, visit DignityHealth.org/SacVascularCME.

Cardiology & Electrophysiology 2014: Concepts & Controversies

Dignity Health Heart and Vascular Institute will host its annual Cardiology & Electrophysiology Symposium on Saturday, Sept. 27 from 7 a.m. – 5 p.m. at the Hyatt Regency in Sacramento. This course provides a review of the most common cardiology and electrophysiology disorders, with an emphasis on interdisciplinary management, treatment options and updates, featuring presentations from some of the nation’s top experts in cardiology and electrophysiology.

To register, visit DignityHealth.org/SacCardiologySymposium.

Referral Resources

The following heart disease management programs are available through physician referral.

Heart Smart and CHAMP®	916.564.2880
Cardiac Rehabilitation	
Mercy General Hospital	916.453.4521
Mercy San Juan	916.537.5296
Sierra Nevada Memorial Hospital	530.274.6103
Pulmonary Rehabilitation/Smoking Cessation	
Mercy General Hospital	916.453.4521
Mercy San Juan	916.537.5299
Sierra Nevada Memorial Hospital	530.274.6084
Cardiac Support Group	916.453.4521
HealthScreen	916.733.6245
HeartCaring	916.733.6245
Adv. Heart Disease Clinic	916.453.4768

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