

Mended Hearts, Inc.

Greater Rochester Chapter 50

"Heart Beat of Rochester"

www.mendedheartsrochester.org



MARCH MEETING

Monday, March 16th - "Arrhythmias of the Heart" Guest Speaker: Dr. Burr Hall, - Department of Medicine, UNIVERSITY OF ROCHESTER, SCHOOL OF MEDICINE AND DENTISTRY. Board Certifications: ABIM-Clinical Cardiac Electrophysiology, 2004; ABIM-Cardiovascular Disease, 2003; American Board of Internal Medicine, 2000. Dr. Hall joined the Cardiology Unit in August of 2004. He completed his residency training in Internal Medicine at the University of Virginia, and fellowship training in cardiovascular disease and electrophysiology (EP) at the University of Michigan. Dr. Hall works in the EP Laboratory at Strong Memorial Hospital, and as an arrhythmia/EP outpatient consultant. Education: MD, University of Rochester, 1997; BS Biology, Emory University, 1992.

APRIL MEETING

Monday, April 20th - "Finding Wellness" Guest Speaker: Beth Allhusen's. Beth is an RN-BC, Supervisor, Cardiac Rehabilitation at Thompson Health

Chapter- 50 Meetings held @ 280 Calkins Rd. - Third Monday of the month @ 7:15pm

INSIDE THIS ISSUE:

SURGIVER-SARIES	2
PRESIDENT'S CORNER	3
MEMBER SPOTLIGHT	5
STRESS AND HEART DISEASE	7
RECIPE	9
CANANDAIGUA MEETINGS	10
MEMBERSHIP APPLICATION	11

2009 START! ROCHESTER HEART WALK

Saturday, April 4, 2009
Event Goal - \$640,000

Since 1924 the American Heart Association has helped protect people of all ages and ethnicities from the ravages of heart disease and stroke. These diseases, the Nation's No.1 and No.3 killers, claim more than 910,000 American lives a year. The association invested more than \$543 million in fiscal year 2005-06 for research, professional and public education, and advocacy so people across America can live stronger, longer lives. *More about 2009 Heart Walk on next page!*

Thanks to all our walkers, donors and volunteers who have accepted the challenge to help fight heart disease and stroke. We cannot achieve our mission without each one of you!



*We ask for your blessings, Lord:
We ask for strength that we
may pass it on to others...
We ask for faith that we may
give hope to others...
We ask for health that we may
encourage others...
We ask for wisdom that we
may use all your gifts well.*

It's great to be alive - and to help others!

HEART WALK - TEAM LEADER

To All Mended Hearts Members,
Family and Friends,

My name is Bob Peri and I'm going to be the team leader for this year's Chapter 50's efforts to raise money for the American Heart Association, via the Rochester Heart Walk on Saturday, April 4, 2009. This is a great cause and I'm sure either you or someone you know has been affected one way or another because of heart disease or stroke.

I know from my own experience that if not for the research that is put into helping cure Heart Disease, I wouldn't be here today. I know that because, back in 1975 my father died from complications of a dissected aorta and compromised valve. Then on August 22, 2002 at the age of 44 I suffered a dissected Aorta of my own that compromised my aortic valve. The exact same things that claimed my father's life in 1975 at the age of 47. 27 years later I survived, due to the money donated and collected by generous people, just like you and myself. This is why I can truly say and believe I'm here today because of donations to fight Heart Disease and Stroke. A lot of people feel out of place or are

reluctant to ask someone for a donation because they might feel the person being asked can't afford it. Maybe it's because you are being asked for donations all the time and sometimes feel crunched to give. I thought that to, and then I found out there are many people wanting to give because everyone somehow somehow has been affected by heart disease. I also found out there are many people that have been the benefactor of heart research, either by surviving heart disease or having a loved one or friend saved by it. you can't put a price on the gift of life. Asking is the hard part, but when people share and give to the cause that you believe in, you can feel proud you were a part of something that may save someone near and dear to you. That is the greatest feeling I know and is something I'm happy to be involved in.

Thanks to all,
Bob Peri

P.S. Come to the Blue Cross Arena and join me , and your fellow chapter members, in enjoying this refreshing and heart healthy walk in our city's early springtime. Let's make this the greatest turnout, ever. Go to our website

www.mendedheartsrochester.org to register as a member of the Mended Hearts walk team. On the morning of April 4, meet at the Mended Hearts table, on the lower level, between 9 and 10. If you're bringing a collection envelope, with cash or checks, please turn it in at the Mended Hearts table, instead of at the entrance. Even though the money ultimately winds up at the same place, this way it gets recorded on the chapter's tally. See you there.



Mended Hearts
*"Dedicated to inspiring
hope in heart disease
patients and their
families"*

SURVIVERSARIES

MARCH

RICHARD BARONE
EUGENE BINDER
PATRICIA GUERRETTE
IRVING KESSLER
JOAN REINEKE
JOSEPH RUSSO
DAVID WOHLERS
CLARE WOLCOTT

APRIL

DONALD BULMER
SHARON FELDMAN
JEAN GROFF
GARY HONEYFORD
MARY MACINTYRE
CHARLES O'CONNOR
JAMES POOLE
BRADLEY STURMER
JAY TABER
CLARENCE
WEISSINGER

NEW MEMBERS

Mended Hearts - Chapter 50 would like to welcome a few new members.

We are happy to have you apart of our organization.
Thank you for your support!

GLORIA SMITH
CHARLES GELSO-MINO, JR
JAMES NELSON

HEARTBEAT OF ROCHESTER

The "HEARTBEAT of ROCHESTER" is the bimonthly periodical from the Mended Hearts, Inc., Rochester NY Chapter #50. Chapter #50 is a nonprofit service organization of Mended Hearts, Inc., Dallas, Texas, which is dedicated to alleviating the stress and trauma associated with heart disease and surgery. This periodical is issued free of charge to heart patients and to members of the Chapter #50 Mended Hearts Inc. Permission is granted for anyone to reprint any portion of this newsletter.

PRESIDENT'S CORNER



Hi All,

Well, it's 4:25 a.m. and I've been trying to fall back asleep since 3:15 a.m. I listened to my relaxation tape but just a yawn now and again, so I decided to get up and write my column. April will be my 12th Surgiversary and I've been using my relaxation tape most of those 12 years. When I got home after my surgery and would try to sleep, the clicking of my new mechanical valve would keep me awake. It was so weird to hear it. The doctors and many other people would tell me that it was great that I could hear the clicking because it meant that it was working (which was great and I did want it to keep clicking); but still even that wisdom didn't help me sleep. One day as I was doing the couch potato thing and watching QVC, (nothing on TV was very appealing) someone was selling relaxation tapes and it sounded like a great idea. I called and ordered them. I got my tapes a few days later and that night I put on headphones and listened to the tape and miraculously couldn't hear the clicking. That was a wonderful experience. It wasn't perfect and sometimes I'd have to play the whole tape through two or three times to fall asleep, but it finally worked. It helped calm many of my fears and helped me to sleep. Alas, tonight it didn't work because here I am

writing to you and it's now 4:42 a.m.

Did you see the articles about our Chapter in two papers over the last couple of months? Dean Lichterman wrote the piece for the "In Good Health" newspaper and Sarah Jane Clifford wrote about us in the Community Post. A few people have called our voice mail after seeing those articles. Many thanks to both papers for including information about us. We'll try and put it on our website.

Donna Prader from EPIC spoke to us at our January meeting and gave us a lot of useful information about the program. I have some EPIC info packets and will bring them to our meeting in March. Which reminds me, there were 17 of us attending – so where were the rest of you? Many of you asked for a day meeting, but you didn't show up. Don't you like Chinese food? Actually, it was quite tasty. Everyone who came really enjoyed it.

Our meeting in March will be with Dr. Burr Hall. Many of us have electrical problems with our hearts and he will speak about that. In April our own Mary Allhusen, from our Canandaigua satellite, will remind us about the importance of exercise. At this time we

were told that our 2008 NY State grants are still on their way. If we do get them, we are going to use some of that money to buy our members pedometers and give them to you at the April meeting.

I'd like to say a big THANK YOU to two of our members. Bob Peri has agreed to be our AHA Walk liaison. Bob is perfect for the job because he and his wife Dawn collect the most money of all of our teams. You will understand why the Heart Walk means so much to him after you read his column in the newsletter. Marlene Adams is going to be our new Sunshine Coordinator. If you've ever spoken to Marlene you'll know why she is perfect for the Sunshine job.

For goodness sakes, where is global warming when you need it? This winter is turning out to be one of the snowiest and coldest we've had in many years. I don't know about you, but I'm tired of winter and we're only half way to spring! That darned groundhog saw his shadow and we're in for six more weeks of winter. Ugh!! Hope all you snow birds are having fun down South. It's 5:45 a.m. and I just finished typing this. I'm feeling sleepy – Goodnight.

Sharon



VISITING CHAIRMAN'S REPORT

Thank you to all our members who volunteer their time and talents to do what has to be done to help keep Chapter 50 running so smoothly. A special Congratulations to all our Rochester General and Strong Memorial Hospital visitors. 2008 was a record breaking year for Chapter 50 total visits. Harvey will tell you about it in our next newsletter. In the meantime please read the little Ode whose author is Unknown.

Respectfully,

Sharon

Ode to Volunteers

Many will be shocked to find when the day of judgment nears, that there's a special place in heaven set aside for volunteers; furnished with big recliners, satin couches and footstools; where there's no committee chairman, no group leaders or car pools; no eager team that needs a coach, no bazaar and no bake sale; There will be nothing to staple; not one thing to fold or mail; telephone lists will be outlawed.

But

A finger-snap will bring cool drinks and gourmet dinners and rare treats fit for a king or queen. You ask, who'll serve those privileged few and work for all they're worth? Why, all those who reaped the benefits, and not once volunteered on earth.

THINK OF YOUR POOR FEET



Huge numbers of people develop foot pain in their 60s, but it can start as early as the 20s and 30s.

Excessive weight, diabetes and circulation problems can contribute to foot pain.

Proper footwear and regular exercise can play a crucial role in preventing foot problems.

The average person walks the equivalent of three times around the Earth in a lifetime. That is enormous wear and tear on the 26 bones, 33 joints and more than 100 tendons, ligaments and muscles that make up the foot.

In a recent survey for the American Podiatric Medical Association, 53 percent of respondents reported foot pain so severe that it hampered their daily function. On average, people develop pain in their 60s, but it can start as early as the 20s and 30s. Yet, except for women who get regular pedicures, most people don't take much care of their feet.

"A lot of people think foot pain is part of the aging process and accept it, and function and walk with pain," said Dr. Andrew Shapiro, a podiatrist in Valley Stream, N.Y. Though some foot problems are inevitable, their progress can be slowed.

The most common foot conditions that occur with age are arthritic joints, thinning of the fat pads cushioning the soles, plantar fasciitis (inflammation of the fibrous tissue along the sole), bunions (enlargement of the joint at the base of the big toe), poor circulation

and fungal nails. The following questions will help you assess whether you should take more preventive action as you age.

Are you overweight? The force on your feet is about 120 percent of your weight. "Obesity puts a great amount of stress on all the supporting structures of the foot," said Dr. Bart Gastwirth, a podiatrist at the University of Chicago. It can lead to plantar fasciitis and heel pain and can worsen hammertoes and bunions. It's also a risk factor for diabetes, leading to the next question.

Are you diabetic? Being farthest from the heart, the feet can be the first part of the body to manifest complications like poor circulation and loss of feeling, both of which can lead to poor wound healing and amputation. Diabetics should have their feet examined annually by a doctor and avoid shoes that cause abrasions and pressure.

Do you have poor circulation? If you suffer from peripheral artery disease—a narrowing of veins in the legs — your feet are more susceptible to problems, said Dr. Ross E. Taubman, president of the American Podiatric Medical Association. Smoking also contributes to poor circulation.

Do your parents complain about their feet? Family history is probably your biggest clue to potential problems.

Do you have flat feet or high arches? Either puts feet at risk. A flat foot is squishy, causing muscles and tendons to stretch and weaken, leading to tendonitis and arthritis. A high arch is rigid and has little shock absorption, putting more pressure on the ball and heel of the foot, as well as on the knees, hips and back. Shoes or orthotics that support the arch and heel can help flat feet. People with high arches should look for roomy shoes and softer padding to absorb the shock. Isometric exercises also strengthen muscles supporting the foot.

Are you double-jointed? If you can bend back your thumb to touch your lower arm,

the ligaments in your feet are probably stretchy, too, Dr. Gastwirth said. That makes the muscles supporting the foot work harder and can lead to injuries. Wear supportive shoes.

Do your shoes fit? In the podiatric association's survey, more than 34 percent of men said they could not remember the last time their feet were measured. Twenty percent of women said that once a week they wore shoes that hurt, and 8 percent wore painful shoes daily. Feet flatten and lengthen with age, so if you are clinging to the shoe size you wore at age 21, get your feet measured (especially mothers — Pregnancy expands feet).

Do you wear high heels? "The high heel concentrates the force on the heel and the forefoot," Dr. Gastwirth said. Heels contribute to hammertoes, neuromas (pinched nerves near the ball of the foot), bunions and "pump bump" (a painful bump on the back of the heel), as well as toenail problems. Most of the time, wear heels that are less than two and a half inches high.

Do your feet ever see the light of day? Fungus thrives in a warm, moist environment. Choose moisture-wicking socks (not cotton), use antifungal powders and air out your toes at home.

Have you seen a podiatrist? Minor adjustments, using drugstore foot pads or prescription orthotics, can relieve the pressure on sensitive areas, rebalance the foot and slow the progress of a condition.

Do you walk? Putting more mileage on your feet is the best way to exercise the muscles and keep them healthy.

By LAURIE TARKAN

The New York Times

MEMBER SPOTLIGHT - CHAPETR 50



Gene Binder

This is the first in a series of profiles written by members of this chapter. Future issues of this newsletter will contain personal profiles written by other chapter members. This will give each of us the opportunity to share personal information that readers may find helpful.

One factor that most of us who read this newsletter have in common is that we either have heart issues, or are caring for someone who does. Most patients who have open heart surgery wonder if they will have to go through this again. While a few heart issues may be beyond the patient's control, more and more research is showing that the patient's personal lifestyle choices are a major factor in whether his heart stays healthy or not. In this profile, I would like to share with you, what I have done to try to keep my heart healthy, and what the results are. Remember, this is not the allmighty doctor preaching to you. Just another heart patient like you, letting you know what has worked for me.

Since my triple bypass in 2000, I have been under the care of my primary care physician, a country doctor from Dansville, who is an internist specializing in cardiology, and, among other things, checks my blood cholesterol profile and other factors, and examines me, 3 to 4 times a year. Over the past several years, my cholesterol fractions (HDL, LDL, triglycerides) have been right where they should be. My HDL/LDL risk ratio is the lowest risk. Also, my last ECGs have shown that my heart is getting enough blood. All indications are that I have a healthy, well functioning heart. So, I would like to share with you, some of the lifestyle choices I have made which, I believe, have been a major factor in achieving these results.

1. Medicine. If we heart patients fill all our prescriptions and take all the meds our doctors tell us to take, we certainly help to keep the pharmacy in business. However, many of us need these meds to help regulate cholesterol profile, blood pressure and whatever else ails us. Sometimes, the biggest challenge is remembering to take them

regularly, especially if you're not feeling sick. I put mine on the kitchen table, except the ones that have to be taken on empty stomach or bedtime, so that they're right in front of me when I sit down to eat, at least at home. However, it's become such a habit that, even when I don't dine at home, I usually remember to take them with me. Dr. Rybaki's book about heart patients and medicines is worthwhile reading. If you don't have one, There are usually copies on the table at meetings.

2. Exercise. No question about it, heart patients need to be as physically active as possible. Many of you go to cardiac rehab. I go to a fitness room and work out 3-4 times a week. Winter offers fewer opportunities, other than pushing snow in your driveway. Remember, heart patients must never lift snow. But now, summer is coming with many more opportunities for outdoor activity, even if it's nothing more than a vigorous walk around your neighborhood. Between April and October, the Finger Lakes Trail Conference hosts one 10-15 mile hike on the Finger Lakes Trail each month. I've been going on them, doing about 5 miles. Anyone reading this who cares to join me this year, let me know. Our vacation trips tend to be physically active such as hiking, kayaking, snorkeling. Many Mended Hearts chapters have a group of members who meet once a week to walk for a few hours. Anyone interested in starting a walking group for our chapter, perhaps along the Erie Canal Towpath?

3. Food. The literature abounds with information about proper food choices for heart patients so it isn't necessary to expound on it here. The main item we need to limit is fats, especially saturated and trans fats. Obesity is a major contributor to heart problems. The ideal body mass index is in the lower 20s. If it's over 30, you have a serious problem. While there are many highly touted diets for losing weight, it all comes down to this simple fact. If you consume more calories than you burn, you will gain weight. If you burn more than you consume, you will lose. You didn't put it on all at once so, you shouldn't expect to lose it all at once. If you can steadily lose about a pound a week, you're doing good. I recently went from a BMI of over 27 to under 24 now. My waist went from 46 to 40. I still need to lose some girth in the middle, going down to the 30s. Georgia bought me some nice 38 pants as a reward when I

do. It certainly helps when you have a concerned caregiver who prepares proper meals.

4. Stress. There is much research that shows stress can make a heart weaker. The main thing is not to be over concerned about things you can't control. How do you feel when you're driving down the road at the legal speed limit and some a--hole gets so close behind you, it looks like you're towing him. If you get all upset about it, it can do as much damage to your heart as eating a big mac and french fries. You can control how close you get to the car in front of you but, you can't control what the one behind you does. Just hope you don't have to stop short and get rear ended. He'll probably pass you at the first opportunity or you can find a spot to pull over and let the jerk pass. For some good information about stress relief, you need go no further than the great article in the previous issue of this newsletter. If you don't have it anymore, you can get it on the chapter website, www.mendedheartsrochester.org. In addition to the suggestions there, you can try something devious, like farting in a crowded elevator and blaming someone else. Laughter is very heart beneficial so do it often.

So, you've had heart issues and you're wondering what the future has for you. You've worked hard and now, that you're retired, you have the opportunity to get out and do what you've always wanted to do but couldn't when working and raising your kids was the top priority. Some things you can't control but, in most cases, heart problems can be aggravated by choices you make. I'm just a young 74 and I've got lots of things I want to do, if I don't get hit by a deer coming home from a meeting. So, let's all try to make the right choices and join me in making your golden years truly golden.

Thank you Gene for sharing your thoughts... your input is truly appreciated!

If you would like to be featured in the next Mended Hearts' newsletterplease e-mail Editor, Kelly Joyal: kelly.joyal@gmail.com

DONATIONS RECEIVED IN HONOR OF BRENT

Brent's family asked that any donations in his memory be made directly to our chapter, in care of Bob Joyal, Treasurer, 65 Erie Drive, Fairport, NY 14450.

Your Donations are Greatly Appreciated: new donors in red

Ron Cooper

Christine Monaco

Hazel & Cliff Squier

Carolyn R. McIntosh

The Public Relations/ Marketing & Visual Communication Department Rochester General Health System

Marty Aarons

Ann Bauer

Jeff Blackman

Janine DeCook

Wendy Maxwell

Pam Tait

Tonya Taylor

Michael Tedesco

Anonymous

Anonymous

Sharon & Larry

Feldman

Monica Trevett

Dick & Susan Marsden

Nancy Aplin

Jay & Arline Taber

Harvey Steron

Barbara J. Santucci

Ron & Norma Tuttle

Gilbert C. Herick

Rochester Rehabilitation

HEALTH INFORMATION AVAILABLE

Do you need information on a medical condition, disease, or treatment? The Stabins Wellness Information Center at Rochester General Hospital offers confidential answers to your medical questions from their medical library service.

Our medical librarians provide reliable medical information in understandable language. Call 922-9355 to request information on your health topic. We will mail or e-mail the information to you, free of charge. The library's website is: www.rochestergeneral.org/library/wellnessinfocenter

DOES STRESS REALLY CAUSE HEART DISEASE?

For years it has been “common knowledge” that people who are under a lot of stress have an increased risk of heart disease. But is this common knowledge correct? And if so, what kind of stress increases the risk of heart disease, how does it increase risk, and what can be done about it?

Sorting out the effect of stress on the heart is made complicated by three factors: 1) people mean different things by “stress;” 2) the kind of stress people think causes heart disease may not be the worst kind; 3) until recently, there has been little scientific evidence that stress causes heart disease.

What kind of stress are we talking about?

When people refer to “stress,” they may be talking about two different things: physical stress, or emotional stress. Most of the medical literature on stress and heart disease refers to physical stress. But most people are referring to the emotional variety when they talk about stress.

Physical stress.

Physical stress – exercise or other forms of physical exertion – places measurable and reproducible demands on the heart. This

physical stress is generally acknowledged to be good. In fact, the lack of physical stress (i.e., a sedentary lifestyle) constitutes a major risk factor for coronary artery disease. So this kind of “stress” is usually considered to be good for the heart – as long as the heart is normal.

If there is underlying heart disease, however, too much physical stress can be dangerous. In a person who has coronary artery disease, for instance, exercise can place demands on the heart muscle that the diseased coronary arteries cannot meet, and the heart becomes ischemic (i.e., starved for oxygen.) The ischemic heart muscle can cause either angina (chest pain), or a heart attack (actual death of cardiac muscle).

In summary, physical stress is generally good for you, and is to be encouraged, as long as you have a normal heart. On the other hand, with certain kinds of heart disease, too much or the wrong kind of physical exertion may be harmful.

But either way, physical stress does not cause heart disease.

Emotional stress.

Emotional stress is generally the kind of stress people are talking about when they refer to stress causing heart disease. “It’s no wonder she died,” you’ll hear people say, “with all the mess he put her through.” But is it true? Did Ed really kill Elsie with all his gambling and drinking and staying out all hours of the night?

Everyone – even doctors – have the notion that emotional stress, if it is severe enough or chronic enough, is bad for you. Most even believe that this kind of stress can cause heart disease. But scientific evidence that it actually does so has been hard to come by.

Emotional stress and heart disease

There is a fair amount of circumstantial evidence that chronic emotional stress can be associated with heart disease and early death.

Several studies have documented that people without spouses die earlier than married people. (While some might claim this constitutes evidence that emotional stress is actually good for you, most authorities agree that having a spouse actually provides a significant

(Continued on page 7)

DOES STRESS REALLY CAUSE HEART DISEASE?

degree of emotional support and stability.) Other studies have shown fairly conclusively that people who have had recent major life changes (loss of a spouse or other close relative, loss of a job, moving to a new location) have a higher incidence of death. People who are quick to anger or who display frequent hostility have an increased risk of heart disease.

So emotional stress is bad, right? It didn't start out bad. Evolutionarily speaking, emotional stress is a protective mechanism. When our ancestors walked over a rise and suddenly saw a saber-tooth tiger 40 yards away, a surge of adrenaline prepared them for either fight or flight as they considered their options.

But in modern times, now that saber-tooth tigers are few and far between, most often neither fight nor flight is the appropriate reaction to a stressful situation. (Neither fleeing from nor punching your annoying boss, for instance, is generally considered proper.) So today, the adrenaline surge that accompanies a stressful situation is not channeled to its rightful conclusion. Instead of being released in a burst of physical exertion, it is internalized into a clenched-teeth smile and a "Sure, Mr. Smithers, I'll be happy to fly to Toledo tomorrow and see about the Henderson account."

It appears that the unrequited fight-or-flight reaction, if it occurs often enough and chronically enough, may be harmful.

How bad is emotional stress, and what can be done about it?

How does emotional stress cause heart problems?

From a scientific standpoint, we really don't know for sure that it does. But we do know that people who live in a chronically stressed-out condition are more likely to take up smoking and overeating, and are far less likely to ex-

ercise.

We also know that the surge in adrenaline caused by severe emotional stress causes the blood to clot more readily, increasing the risk of heart attacks. British investigators have shown that chronic work stress can produce *chronic* increases in adrenaline levels, and have related those changes to an increased risk of heart disease. A study at Duke University showed that the stress of performing difficult arithmetic problems can constrict the coronary arteries in such a way that blood flow to the heart muscle is reduced.

So science is beginning to support the theory that chronic emotional stress can promote coronary artery disease. Certainly such stress is associated with behaviors that increase coronary artery disease, and there's at least suggestive evidence that it may even have a direct effect in producing coronary disease.

Is all emotional stress bad?

No. It has been observed for years, for instance, that many executives with high-pressure jobs seem to remain quite healthy until old age – they seem to flourish in their pressure-cooker jobs. Recent studies have shed light on this phenomenon.

It turns out that the type of emotional stress one experiences is important. In comparing the outcomes of individuals with different types of job-related stress, it was found that people with relatively little control over their own workplace destiny (clerks and secretaries for instance) fared far worse than their bosses. (Bosses, of course, tend to have more control over their own lives – and the lives of others. As someone once said, it's good to be king.) A sense of loss of control, therefore, appears to be a particularly important form of emotional stress. Furthermore, this evidence seems to confirm that if some sense of control over one's destiny is maintained, job related stress can be exhilarating rather than debilitating.

What can be done about emotional

stress?

Actually, quite a bit of evidence suggests that it may be the individual, and not the stress itself that is the problem. People with Type A personalities (time-sensitive, impatient, chronic sense of urgency, tendency toward hostility, competitive) are at higher risk for coronary artery disease than people with Type B personalities (patient, low-key, non-competitive). In other words, given the same stressful situation, some will respond with frustration and anger, the rush of adrenaline and the fight-or-flight mode, and some will react serenely.

This is why the common advice to "avoid stress" is so useless. Nobody can avoid all stress without completely dropping out of society and becoming a monk. Besides, people of the Type A persuasion will create their own stressful situations. A simple trip to the grocery store will be filled with episodes of bad drivers, poorly-timed traffic lights, crowded aisles, indifferent checkout clerks, and thin plastic grocery bags that rip too easily. "The world is filled with half-brained incompetents whose only purpose is to get in my way," they will conclude. "It's a wonder any of them survived to adulthood."

With this sort of mind-set, retiring, changing jobs, or moving to Tucson are not likely to significantly reduce stress levels – the stress will be there whether it is imposed externally, or whether you have to manufacture it. Reducing stress levels in these cases, then, requires not an elimination of stressful situations (which is impossible), but a change in the way stress is handled. Type A's have to learn to become more B-like.

Essentially, new responses need to be learned, so that the fight-or-flight adrenaline surge is not automatically engaged at the first sign of trouble. Stress management programs have begun to demonstrate some success in

CONFUSION ABOUT MEDITERRANEAN CUISINE

February 11, 2009

What is a Mediterranean diet anyway? This week researchers reported on a link between Mediterranean-style eating and better brain health. But every time a new report emerges on the health benefits of Mediterranean eating, many consumers are left scratching their heads. How could countries that gave us pizza, lasagna, steak frites and lamb souvlaki teach us anything about healthful eating?

Here are answers to some common questions about Mediterranean eating and health.

What foods are included in the typical Mediterranean diet?

Mediterranean eating is focused on simple cooking and includes all the foods you already eat, just in different proportions. The diet is plant-based in nature, with a heavy emphasis on fruits and vegetables, nuts, grains, seeds, beans and olive oil. Eggs, dairy, poultry and fish are consumed regularly, but the portions are smaller than typically consumed in a Western diet. Meat makes only an occasional appearance, and it's usually added in small amounts to make sauces, beans and pasta dishes more flavorful. Refined sugar and flour and butter and fats other than olive oil are consumed rarely, if at all. Mediterranean eating also typically includes moderate consumption of red wine. One of the key components of Mediterranean eating has to do with the elevation of the meal as a social event. Meals are consumed at leisure with family and friends.

"One of the basic tenets is the enjoyment of food, and respect and pleasure of food," says Nicki Heverling, program manager for the Mediterranean Food Alliance, part of Oldways, the nonprofit food issues think tank that has promoted Mediterranean eating for nearly two decades. "When you're in the Mediterranean, your meals are three hours and you savor your food."

Why do so many of my recipes for French, Italian and Greek foods have loads of cheese and meat in them?

The Mediterranean-eating plan is based

on foods that have traditionally been consumed by communities situated along the Mediterranean sea. Many of the recipes we typically associate with Mediterranean countries don't come from coastal communities, but from regions farther to the north. Today's Mediterranean diet pyramid is largely based on the dietary traditions of the Greek island of Crete and southern Italy around the 1960s, when rates of chronic disease were among the lowest in the world, and adult life expectancy was among the highest. Unfortunately, many of the communities where the diet was first studied have changed dramatically, a concern chronicled in the recent Times story "[Fast Food Hits Mediterranean: a Diet Succumbs.](#)"

How do we know Mediterranean eating is good for you?

The original work that sparked scientific interest in Mediterranean eating habits came from researcher Ancel Keyes at the University of Minnesota. His landmark seven-country study focused on the link between eating habits along the Mediterranean and better health, despite inferior medical care in the region. Research on the diet took off in the 1990s, as scientists noted that people in Mediterranean countries lived longer and had low rates of serious disease despite high rates of smoking and drinking. Last year, the British medical journal BMJ published an extensive review of Mediterranean diet studies. It found that the eating plan is associated with significant health benefits, including lower rates of heart disease, cancer, Parkinson's disease and Alzheimer's. More recently, researchers found a link between Mediterranean eating and diabetic risk as well as lower blood pressure. The oldways Web site offers a lengthy list of studies of Mediterranean eating and health.

Do I really have to eat meat only once a month?

While the traditional diet included meat only about once a month or on special occasions, most health experts say adhering to Mediterranean eating doesn't have to mean giving up meat. It just means consuming smaller portions less often. If you are packing your diet with produce, nuts, legumes and whole grains, you won't have a lot of room left on your plate for big servings of meat anyway. "What we try to convey to people is don't cut

anything out of your diet you enjoy," says Ms. Heverling of Oldways. "Make smaller portions and when you have it, really enjoy it. In the traditional diet, someone wasn't eating a 12-ounce Porterhouse steak. They ate small bits of meat in a sauce. It was there to get flavor and taste from. Meat is delicious and they knew that."

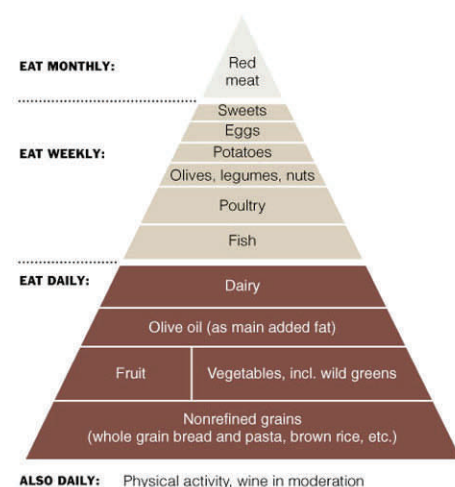
How can I learn more about Mediterranean eating?

The Web is filled with resources. Click on the links above, or visit the oldways Web site to get started. The Mayo Clinic also offers a useful summary of the eating plan. About 150 products are labeled with the Med Mark from the Mediterranean Foods Alliance. And "[The New Mediterranean Diet Cookbook: A Delicious Alternative for Lifelong Health](#)" received a starred review from Publisher's Weekly and includes a foreword by New York University nutritionist Marion Nestle.

Finally, the Mediterranean diet has its own food pyramid. A version can be found on the oldways Web site, or below you can find one created by the Greek Health Ministry to explain the diet. They pyramids have some differences but both support the idea that a Mediterranean diet is largely based on plant foods and whole grains.

The Mediterranean Diet (The New York Times)

Tara Parker-Pope on Health



GREEK SHRIMP

Ingredients:

3/4 pound frozen shrimp
 1 small onion, chopped
 1/2 teaspoon powdered or crushed oregano
 1 bay leaf
 1 tablespoon chopped fresh parsley
 3 tablespoons olive oil
 1 can tomato wedges
 1/4 cup dry white wine
 1/2 teaspoon salt
 Fresh ground pepper, to taste
 1 1/2 teaspoons cornstarch
 2 to 4 ounces feta cheese, crumbled



Sauté onion and spices in oil, in a skillet or pot that can be served at the table. Drain tomatoes; reserve juice. Chop tomatoes coarsely and add to skillet along with wine, salt and pepper; cook over high heat 5 minutes.

Mix cornstarch and reserved tomato juice and stir in. Cook over medium heat until thickened. Add shrimp and cook on low heat until pink and curled. Remove from heat and stir in cheese. Serve immediately.

This lovely Greek dish needs crusty hard rolls or French bread and a light salad, plus a glass of the dry wine you cooked with. Note that if at all possible, you should always cook with "real" wine when recipes call for it - not the bottled cooking wine sold in grocery stores, which has a very high salt content. This serves two, so you may need to double or triple the ingredients.

LENTIL SOUP (MEDITERRANEAN STYLE)

Ingredients:

1 cup red Lentils -You should find this at any store
 2 tablespoon salt
 1 pinch of Safflower spice (Saffron alternative)
 1/2 cup of chopped white onion
 2 tablespoons olive oil
 1 teaspoon of cumin
 1/2 cup of very thin noodles (can omit if on [protein](#) diet)
 1 lemon

In a 4qt pot, add 5 cups of water - add salt, olive oil, safflower, chopped onions and the lentils. Set the stove to high until boil then reduce to medium.



extra flavor!

After 15 to 20 min or so, you should see the lentil starting to get mushy. Once lentil is no longer hard you then add the cumin and noodles. Continue to cook for 5 minutes until noodles are done. Add lemon to soup for

This is a wonderful vegetarian lentil soup recipe. It comes from the Palestine region. I believe the recipe can also be traced to Lebanon. For any one who is watching your diet or who would like to find more high protein recipes; this recipe is for you!



CONGRATULATIONS TO CANANDAIGUA ON THEIR FIRST ANNIVERSARY

In 2007 ,Jim Fralick, was determined to help others, who like himself, knew the struggles that follow both physically and emotionally when returning to wellness after Cardiac Events. Unselfishly, he gave hours of volunteer time to successfully begin a Mended Hearts Satellite Program in Canandaigua. The Canandaigua Satellite is connected with the Rochester Chapter 50, Mended Hearts Inc.

The monthly meetings sponsored by the local chapter have been very well attended and received. Speakers have spoken on the topics of Sleep Apnea, Exercise for Cardiovascular Health, Stress Management through Mindful Awareness, Nutrition and more. Featured speakers included cardiologists, registered nurses, registered dietitians, sleep specialists, physical therapists, professors of clinical medicine and dentists. Mended Hearts joined the Diabetes Education Center in sponsoring a World Diabetes Teaching Program. Ted Kaufman, a type 2 diabetic and AIC champion was the guest

speaker. Also featured was a panel of five physicians that included a cardiologist, pulmonologist and family physician!

The Fralicks, hosted a delightful evening picnic for the Mended Hearts participants and Cardiac Rehabilitation Staff at their very gracious lake home on Canandaigua Lake in July! Sharon Feldman and Gene Binder and families from Rochester’s Mended Hearts Chapter, joined the event! Everyone participated in planning for a combined fall event, with the intent of increasing the collegial bonding between the two Chapters.

The Canandaigua and Rochester chapters joined together for lunch and a ride on the Canandaigua Lady, in October. It was a delightful afternoon on a beautiful fall day in the charming and historic city of Canandaigua!

It is with great appreciation we thank Jim Fralick, for facilitating this initiative and to the Cardiac Rehabilitation

Department at Thompson Health for supporting the Mended Hearts activities.

Mended Hearts in Canandaigua, has now begun a New Year! Meetings are the second Thursday, of every month at 7:00 pm in the RG&E Family Room, in the M.M. Ewing Continuing Care Center at Thompson Health! Come join us!

Respectively Submitted

Mary Allhusen, RN-BC

Supervisor, Cardiac Rehabilitation



CANANDAIGUA MONTHLY MEETINGS

Thursday, March 12, 2009 - “Eating for Personal Health and Wellness” presented by: Kacie Deats, Registered Dietitian, CDN will be speaking from 7:00 – 9:00PM in the RG&E Family Room, *(In the M.M. Ewing Continuing Care Center)*, Thompson Health, 350 Parrish Street, Canandaigua, NY 14424

Thursday, April 9, 2009 - “Energy Healing” Speakers: Molly Malone , Healing Touch Practitioner and Karen Wheeler , Reiki Master, Laura Fritz, O.T.R. , CranioSacral Therapy & Myofascial Release will speak from 7:00 – 9:00PM in the RG&E Family Room, *(In the M.M. Ewing Continuing Care Center)*,Thompson Health, 350 Parrish Street, Canandaigua, NY 14424

DOES STRESS REALLY CAUSE HEART DISEASE?

(Continued from page 7)

accomplishing this end.

Stress management programs often consist of breathing exercises, stretching exercises, Yoga, meditation, and/or massage. There are probably several useful approaches, but they all aim toward the same goal – to blunt the adrenaline response to minor stress.

A recent study from Duke University reported a significant reduction in heart attacks among patients with coronary artery disease who underwent a formal stress management program, which was used in conjunction with a smoking cessation program, a weight-loss program, and control of lipids.

Recommendations

Stress management techniques may be quite helpful in reducing the risk of coro-

nary events, and have the added benefit of being risk-free. Thus, there seems to be little reason not to recommend some form of stress management in people with heart disease, or with risk factors for heart disease. And finally, it should be pointed out that exercise is a great way of reducing chronic stress, and in addition has the advantage of directly lessening the risk of coronary artery disease, and helping to control obesity.

By **Richard N. Fogoros, M.D.**

The Mended Hearts, Inc. / Greater Rochester, NY Chapter 50

Founded 1951 * Incorporated 1955

MEMBERSHIP APPLICATION

Mr./Mrs./Ms. _____ Date ___ / ___ / ___
 Address _____ Phone _____ Birthday ___ / ___ / ___
 City _____ State _____ Zip _____
 Name of Spouse _____ Birthday ___ / ___ / ___
 Type of Procedure _____
 Date of Procedure ___ / ___ / ___ Hospital _____ Surgeon _____

Membership Type (circle one)

- Individual
- Family
- National Life (Individual)
- National Life (Family)

Application Dues

- \$22 (National \$17 + Chapter \$5)
- \$31 (National \$24 + Chapter \$7)
- \$155 (National \$150 + Chapter \$5)
- \$217 (National \$210 + Chapter \$7)

Please mail this application and your check made out to Mended Hearts, Inc., Chapter 50, to:

Robert P. Joyal, Treasurer

65 Erie Dr.

Fairport, NY 14450

You must be a member of the National Organization to be a Chapter Member

I/We (spouses are always welcome) would like to be part of Mended Hearts effort as checked off below:




- Telephone
 Hospitality
 Visiting
 Communications/Publicity
 Newsletter
 Program
 Membership
 Historian

WHO WE ARE...

Mended Hearts, a national nonprofit organization affiliated with the American Heart Association, has been offering the gift of hope to heart disease patients, their families and caregivers for more than 50 years. Total membership is over 17,500. Mended Hearts began in 1951 when Dr. Dwight Harken, Chief of Cardio Thoracic Surgery at Brigham Hospital in Boston, saw a need for a support group to help his patients after they had undergone heart surgery. The Greater Rochester Chapter 50 was established in 1966. Mended Hearts brings together patients, spouses, family, and medical professionals to form a network of caring individuals.



MENDED HEARTS OF ROCHESTER ACKNOWLEDGES THE GENEROUS SUPPORT OF:

<p style="text-align: center;">Mended Hearts - Chapter 50 would like to express its sincere thanks to the "Rochester Heart Institute" – a part of Rochester General Hospital for their generous assistance in printing our newsletter!</p>	<p style="text-align: center;">Mended Hearts - Chapter 50 Wishes to thank Lori's Natural Foods for supplying the organic apples we serve at our monthly meetings!</p> 
<p style="text-align: center;">A great big thank you to New York State Senator Jim Alesi and New York State Assembly Member Joseph Morelle. Your support is greatly appreciated and will go towards helping us educate the public about living with heart disease.</p> 	

The Mended Hearts, Inc.
Chapter 50 of Greater Rochester
Editor
65 Erie Drive
Fairport NY 14450

NON-PROFIT ORG.
U.S. POSTAGE PAID
ROCHESTER, N.Y.
PERMIT NO. 519

It's Great to be Alive -- and to Help Others



Mended Hearts

Chapter 50 - Rochester, NY

It's great to be alive and to help others

Mended Hearts Chapter 50 Board of Directors

President	Sharon Feldman	544-1565
Vice President	Harvey Steron	442-7211
Treasurer	Robert Joyal	467-4194
Recording Secretary	Eugene Binder	728-5166
Publicity & Programs	Jackie Joyal	377-1247
Heart Walk Team Leader	Robert Peri	243-0996
Newsletter Editor	Kelly Joyal	377-1247
Sunshine Coordinator	Marlene Adams	244-2030
Visiting Chairperson	Harvey Steron	442-7211
Visiting Coordinator at SMH	Cliff & Hazel Squier	586-6326
NE Regional Director	Priscilla Soucy	860-289-7422
Chapter-50	Voice Mail	234-1538