

# Heart TALK

Heart-healthy and Stroke-free Living with Amy L. Doneen, MSN, ARNP

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## From Amy & Jeff

Amy Doneen, MSN, ARNP & Dr. Jeff Emery

### The HASPC 2013 Mission: To Save 100 New Lives

Last week we forwarded our patients a flyer about the 100 Hearts Campaign. ([Get the flyer here.](#)) As a clinic focused on heart and attack and stroke prevention, we want to change perceptions that you only visit heart health specialists after an incident. Our goal is *prevent* rescue-care by *preventing* heart attacks and strokes.

### Consider these statistics from the AHA scientific sessions in Nov. 2012

- \*Every 34 seconds – an American will have a heart attack
- \*Every 45 seconds – an American will have a stroke
- \*Average age of first heart attack is 64.5 years/men and 70.3 years/women
- \*A heart attack causes an average of 16.6 years of lost life
- \*For every \$1 spent on prevention – \$6 is saved in aftercare

\*Heart attack costs an employer \$8000 in the first 2 months and \$52,000 after one year  
\*Almost half (47%) of patients with a heart attack in the U.S. are younger than the eligibility age for Medicare

**Our goal is to reach 100 new patients in 2013** — new people to the clinic who are friends and loved ones of those we already work with at the center. Why? We want to expand our message to others. People need our services and we are ready to spread our message of prevention to those who are closest to us – our current patients.



### How the 100 Hearts Campaign Works

It is simple – we are asking each of our patients to send someone they care about for an evaluation. It's that easy – get the message to those you care about. When someone is referred, we respond with a sincere 'thank you' that includes a referral check for \$150.

### Who Should Get an Assessment?

Anyone who has one or more of the "red flags" on the list at right is a candidate for The HASPC. Anyone – no matter the age.

*We are offering a free 20 minute consultation to ANYONE interested in learning more about the clinic. Please call for an appointment.*

### Red Flags Warranting an Assessment

- \*Personal or family history of CVD
- \*Personal or family history of heart attacks, strokes, or Type 2 diabetes
- \*Elevated cholesterol and elevated blood glucose levels
- \*Nicotine use in any form or exposure
- \*Psychosocial issues such as depression, anxiety, or stress
- \*Diabetes (a risk factor for heart attack/stroke)
- \*Gestational diabetes or high blood pressure during pregnancy (pre-eclampsia)
  - \*History of miscarriages
  - \*High blood pressure
  - \*Abdominal obesity
  - \*Sleep problems
  - \*Gum disease
  - \*Erectile dysfunction
  - \*Rheumatoid arthritis
    - \*Lupus
    - \*Psoriasis
  - \*Migraine headaches
    - \*Gout
  - \*Polycystic ovaries
- \*Hirsutism (facial hair growth in women)
- \*Oligomenorrhea (changes in menstruation)
  - \*Hispanic or African American descent
    - \*Osteoporosis

In addition, genetic factors may come into play, often presenting no outwardly visible or easily recognizable signs of being at risk. That's where the ground-breaking protocol of the Bale/Doneen Method becomes invaluable.

**Help us save 100 new lives by referring someone you care about!**



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## Who's Already Been Touched by the 100 Hearts Campaign? Meet Mandy, 34 - Fitness Trainer



Photo of Mandy with her sons.

### Amy interviewed Mandy about her results.

**A:** Mandy, when you first heard about the Heart Attack & Stroke Prevention Center, did you have any idea you might be a candidate for our center?

**M:** I had no idea at all I would be a candidate. I'm a Personal Trainer and I take tons of vitamins, eat healthy, exercise, and keep my body fat low. I do all the right things — and thank goodness I do because I really never thought about my genetics. For this reason, I'm very passionate about helping raise awareness. I know many people think the same way I did: "I'm not at risk."

**A:** Why did you want to get evaluated?

**M:** I got evaluated because I'm working with many of Amy and Jeff's patients and I wanted a better understanding of what they did and tested for. It had nothing to do with me because — remember — I'm healthy. Boy, did I get awake up call!

**A:** Were you surprised with the results of your IMT test?

**M:** Yes! I was surprised because I have always been so physically and metabolically healthy. The IMT test revealed that my arteries are aging at a more rapid rate than my normal age progression. I am high risk to develop premature vascular disease! I am shocked!

**A:** What would you like others to know about the clinic?

I want people to focus on the words *Prevention Center*. Prevention means EVERYONE! I just want people to change their mindset. Instead of curing disease, let's prevent disease.

**A:** Can you talk a little about the cost of the evaluation and why (as a busy working mother) you decided to make this investment in your health?

**M:** Ok. This is a great question and here comes that word again: *prevention*. Insurance does not cover *prevention*. So here's how I think: you can pay for your health now —or later. You can pay for it when you are healthy, or you can cover co-pays when you are sick. You will pay for it, so just pick when. Also, caring for the health of my family is my #1 priority. So really, if you think about it, by me having the testing done I didn't just invest in MY health. I invested in my mother's and father's health, my 2 sons' health, and their kids and their kids' genetics. It does not stop with me. It was worth every cent!

**A:** I really respect you, Mandy, for your lifelong desire to be fit. You must know it's hard for many people to find time to exercise. What is your best exercise tip for people who simply can't find the time?

**M:** Ok, here is the deal. Everyone is busy. So what I find is people get in their heads that they need an hour at a gym and it gets overwhelming. So, they don't do anything. You can always do something on your lunch hour. Do stairs, go for a walk ,do some squats, even if you only have 15 minutes. You'll feel refreshed. It's a great way to relieve stress in just a few minutes.

## Niacin Isn't a Problem — It's What it's Added to That Is!

Niacin – vitamin B3 – this is a medication that we have used for a number of years to treat cardiovascular risk factors such as low HDL, high triglycerides and vascular inflammation. Most recently it has hit the press because of a new product from the drug manufacturing company, Merck Pharmaceuticals.

The product contains ER Niacin and Laropriprant and was to be marketed under the name Tredaptive or Cordaptive. In a study called HPS2-THRIVE, this product combination did not succeed in reaching the primary end point of reducing major vascular events such as heart attack and stroke compared with statin therapy alone. Laropriprant is an inhibitor of the Prostaglandin D2 (PGD2) receptor which, in turn, is intended to reduce the flushing effects of the Niacin and thus improve compliance. However, PDG2 is a powerful substance in our body that contributes to many cardiovascular benefits when activated ,such as reducing vascular inflammation and promoting vasodilation.

Therefore, it is not the Niacin that is the problem, it is the agent added to the niacin to block the flush. The flush is good for you! See more about Niacin on our website: <http://theheartattackandstrokepreventioncenter.com/niacin>

## Here's What's Coming in February!



**February is Heart Month and February 1st marks the 10th anniversary of Go Red for Women.**

**Support women's heart health and wear red on the 1st of February!**

Also in February, watch for a special segment in our newsletter that looks at the Red Flags associated with women and cardiovascular health. Women's risks and symptoms are different than men's. Stay tuned!