Heart

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

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Two Studies & Other Notes

Thoughts from

Amy Doneen

MSN. ARNP

Did you know that your blood type is connected to your risk of CHD? Over a 20 year period, 90,000 people (2/3 women) were followed in a research study. When comparing blood types in this population, those at the lowest cardiovascular risk had the blood type O, compared to blood types A, B, or AB. The highest risk group had blood type AB (23% higher risk than the Type O) group. (See more at right.)

Not sure what your blood type is? The best way to find out is to donate blood which is a very worthwhile endeavor! We are going to begin asking people to share their blood types with us at the HASPC so we can keep this information in your chart as one more factor to evaluate in keeping you healthy.

One other study was recently released in the Journal of the American Medical Association (JAMA) that stated fish oil has no real cardiovascular benefits. However, I continue to recommend fish oil for most patients. Read the full article on the second page of this issue to find out why.

Also, as we head into another flu season, I want to remind everyone to get their flu vaccine! Data shows that those who get the flu vaccine have a 50% reduced risk of dying from a heart attack. The vaccine is safe and EVERYONE who has cardiovascular risk should get vaccinated against influenza. Remember, your arteries do not deserve to be exposed to the horrible inflammatory effects of influenza. Get vaccinated!

Finally, as we head toward the 4th quarter of 2012, it's time to plan for your continued membership at the HASPC in 2013. Membership cards will be sent out next month.

Although your payment will not be requested until January, we ask that you please indicate your intensions for continuing your HASPC care during 2013. This allows us to predict how many new patients we are able to accept next calendar year.

As always, it is our commitment to provide every patient with optimal, one-on-one care. We hope you find value in our services and look forward to a continued partnership in 2013.

~ Amy

"The chief cause of failure and unhappiness is trading what you want most – for what you want right now." ~Zig Ziglar

Blood Type Affects CHD Risks

In a recent study, patients with type A, B, or AB blood were found to be at significantly greater risk for coronary heart disease (CHD) than those with type O blood.

Two large, prospective cohort studies showed those with a non-O blood type had an age-adjusted hazard ratio of 1.09~(95%CI 1.03 to 1.17, *P*=0.005) for risk of developing CHD.

"It has long been acknowledged that human ABO blood type might affect the risk factors of cardiovascular disease," the authors noted in their introduction. To further explore the issue, they gathered data through the Nurses Health Study - a cohort initiated in 1976 that included 62,073 women ages 30 to 55 at baseline – and the Health Professionals Follow-up Study – a second cohort initiated in 1986 that included 27,428 men ages 40 to 75 at baseline. Those in each study were followed up to 2006.

Participants answered questionnaires on health data and lifestyle, as well as periodic food frequency data. They also were asked to report their blood type and Rh Factor (negative or positive), if known.

Among participants, those with type O blood were significantly less likely to develop CHD when compared against types B and AB, with a trend toward a higher risk for patients with type A blood. We encourage you to learn your blood type.



Heart Attack & Stroke Prevention Center 507 S. Washington, Suite 170 Spokane, Washington 99204 (509) 747-8000 (phone)







Quick, Easy & Healthy Meal on the Go

from Diane Schnoes

1 Mason Jar Layers of Veggies Low Fat Protein 2 T Low Fat Dressing Shake to Mix Put on Plate Enjoy!

Salad in a Jar — Convenient & Healthy Lunch for Those on the Go

Amy received this tip from a patient who does an amazing job eating a healthy lunch every day, despite working long hours in a very hectic work environment.

On Sunday Diane lays out 5 mason jars. In the bottom she places about 2 tablespoons of low-fat dressing, then layers in her hard vegetables such as peppers, onions, shredded carrots, etc. She then places a layer of low fat protein like grilled chicken, tuna, nuts, seeds, etc. Then she adds a layer of grated low-fat cheese, and then fills the jar with cabbage, spinach, or lettuce.

The jars are sealed, placed in the fridge, and then removed

daily in the morning. At lunch she grabs a bowl or plate, shakes up the jar, and dumps it out. Presto! A quick and healthy lunch!

More Tips from Diane:

* Grab the lettuce in a bag to make it quick and easy.
* Iceberg lettuce has the least nutrients so use Romaine and other nutritious mixes.
* Don't like spinach? It might be you just don't like the 'tail' of the leaf. Rip it off as you stuff the jar – I found I like it this way.
* I use 1 one bag of romaine and almost a full bag of spinach for 5 days of salads.
* Mix it up with some small bagged broccoli – it is easy and ready to go for a nice change of pace. * Dressing is where all the calories and fat are – choose low fat. Use the dressing to enhance – not smother. * Bon appétit!



Fall Exercise Tips

Just because the weather is cooling down and it's getting dark earlier, it doesn't have to mean halting your exercise. Here are two great tips to keep you exercising during fall – and loving every minute of it!

Enjoy walking/jogging.

Take in fall's beautiful colors and rich scented air. Getting chilly? Wear layers so you can add or peel away as necessary for comfort. If it's dark, wear a reflective outer layer for visibility and safety.

Actively watch TV.

As the air chills and days get short, the TV lures. Go ahead and watch – but do some of the watching while you peddle a stationary bike, walk a treadmill or use a rebounder.

Fish Oil: Does it Benefit Cardiovasular Health - or Not?

A recent study published in JAMA on September 12, 2012 stated that fish oil had no apparent CV benefit. This conclusion was made based on a meta-analysis of 20 different studies that involved almost 70,000 people and were randomly included in this analysis to determine whether fish or fish oil lowered cardiovascular events or CHD deaths. The data demonstrated no statistical significant association with major cardiovascular outcomes. However, the study did show statistically significant reduction in cardiac death, although the media did not report this.

Here is our challenge: making a determination of benefit from a meta-analysis that isn't adjusted for various confounding factors creates a tentative platform of certainty. For example, the doses utilized in a meta-analysis can vary from as low as <500mg per day to >3000mg/ day. Additionally, it doesn't adjust for other medications, dietary choices, exercise, sleep apnea, and other cardiovascular issues.

We've made a decision to continue recommending fish oil for CV prevention. Our decision to do so was de-

termined by evaluating prospective, blinded, controlled trials that yielded different results.

The first is the JELIS trial in which 9,326 primary prevention people (have never had a heart attack or ischemic stroke) were give 1800mg/ day of EPA and compared to 9,319 people not taking fish oil. Both groups were also taking low dose statin. The trial lasted 4.6 years and demonstrated a statistically significant 19% reduction in the risk of major coronary events.

A second trial is the GISSI trial which was performed in just over 11,000 secondary prevention individuals (people who had already had a heart attack or ischemic event) who were randomly assigned to either Omega 3 fatty acids vs. a placebo for 3.5 years. The group that received the Omega 3 fatty acids had a mortality trend separation in the first 90 days and this trend continued throughout the study.

In yet another trial, COMBOS, results showed that when 4 gm of Omega 3 was added to statin therapy, the Lp-PLA2 was reduced by 10.8%! *We believe that fish oil is still a wise health choice!*