



A publication of
Bowman Gray Baptist Hospital
Medical Center

f o r y o u r health

Vol. 1, No. 7

Research for You

New research shows that losing weight or controlling salt intake may allow some older people to stop taking drugs for high blood pressure.

Researchers at the Bowman Gray Baptist Hospital Medical Center and three other medical centers found that either weight loss of at least 10 pounds or control of dietary salt, or both, "were fairly effective substitutes for medication for up to half the participants," said Mark Espeland, Ph.D., director of the coordinating center for the TONE (Trial Of Nonpharmacologic Intervention in the Elderly) study.

Espeland and Walter H. Ettinger, Jr., M.D., who directed the TONE clinic at Bowman Gray, stressed they were talking not only about reducing use of table salt but also the salt - sodium - in processed food. The goal: Limit sodium intake to 1,800 milligrams a day.

Surprising Salt Sources

That's not as easy as it sounds, because a high sodium food may not taste salty. For instance, a chicken pot pie may have 1,020 milligrams of sodium; canned ravioli, 1,200 milligrams; one dill pickle, 930 milligrams; or a Reuben sandwich, 2,555 milligrams.

TONE's weight loss program focused on both control of calories and increased exercise.

"One of the remarkable things about this study is that people maintained their weight loss or low sodium diet for 2½ years," said Ettinger.

Espeland said either weight loss or control of sodium was effective with men or women, blacks or whites, those between 60 and 70 and those between 70 and 80. Before the study began, the high blood pressure of all participants had been controlled by a single blood pressure medicine such as a diuretic, calcium channel blocker or beta blocker.

"Changing one's diet and exercise seems to make sense as an alternative," said Espeland, professor of public health sciences (biostatistics). "TONE was a study to see if lifestyle interventions could be substituted for medication in controlling high blood pressure in an older population."

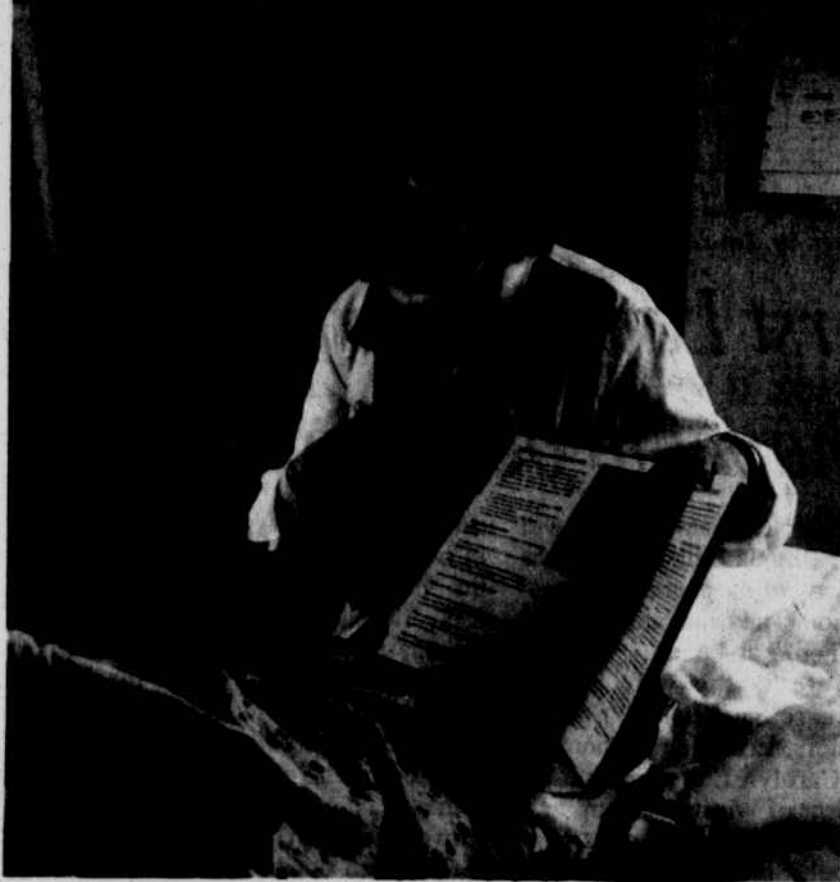
Such actions could result in millions of dollars in savings for patients. "People want to get off these medications because they are expensive," Espeland said.

Ettinger, professor of internal medicine and public health sciences, added that there had been skepticism that people could stick to diets, since the typical pattern is for people to gain weight back soon after loss.

"Most people found the diets to be acceptable," he said. "Several said they enjoyed their new diet better than what they had been eating. The results suggest this may work long-term."

Patients should always check with their doctors before discontinuing any medication.

Calling on the Heart Line



Stacie Lipscomb, congestive heart failure coordinator, explains the symptoms of heart failure to a patient.

"How are you sleeping, Mr. McDonald?" "Are you waking up short of breath?" "What about swelling - have you had any weight gain?"

Freddy McDonald, 51, of Lincolnton, isn't at his doctor's office. He's getting a telephone "check-up" from Stacie Lipscomb, R.N., congestive heart failure coordinator at Wake Forest University/Baptist Heart Center.

Since July, the Heart Center has been telephoning certain heart failure patients between clinic visits with the goal of catching potential problems early enough to avoid hospitalization.

"Historically, physicians have treated heart failure by putting out fires," said Barry Rayburn, M.D., assistant professor of internal medicine (cardiology), and director of the heart failure clinic. "The patient would become acutely sick and be admitted to the hospital. With telephone management, we're working to catch problems in time to treat them in the clinic."

When the Heart's Not Strong Enough

Heart failure is a long-term condition that occurs when the heart muscle is not strong enough to meet the body's demands. In the United States, the most common

cause is coronary artery disease - the heart cannot get enough oxygenated blood to the body because of hardening of the arteries or damage from a heart attack.

The chief symptoms of heart failure are fatigue, weakness and shortness of breath. There is no cure for heart failure, but there are medications that can strengthen the heart's contractions and help control the symptoms of heart failure.

Sometimes, a cold or a change in diet can disrupt the delicate balance achieved by the medication. Then, the heart acts more like a dam than a pump. Fluid begins to leak into the lungs, causing shortness of breath, or into the abdomen, feet and legs, causing swelling.

If these symptoms are caught early, the problem can often be managed with a change in medication. That's why all the clinic's patients are taught to look for overnight weight gain of more than two pounds or waking up at night short of breath - what Lipscomb calls "red flags."

If the heart failure isn't managed quickly, oral medication won't work and the patient must be hospitalized and treated with intravenous drugs - drugs injected directly into the veins.

The Heart Center follows 15-20 patients by phone - those who are very sick, have recently had their medication changed or who are newly diagnosed. All patients seen in the Heart Center can call 24 hours a day if they notice warning signs.

The ultimate goal is fewer hospitalizations for patients like McDonald and a better quality of life.

McDonald said a combination of a new medication and monitoring his symptoms has made a world of difference to him.

"When I first started going to see Dr. Rayburn, I had just about given up and didn't think there was any hope for me. I couldn't even walk from the car to my first appointment. Now, I walk a mile a day."

Congestive heart failure:

Causes about 40,000 deaths in the United States every year and contributes to an additional 225,000 deaths.

Is the only heart condition that is increasing in incidence.

Is the leading cause of hospitalization among people age 65 and older.

Community Health Calendar

February

American Heart Month

FreshStart Smoking Cessation Classes
February 10, 13, 17 & 20, 7 p.m. - 8 p.m.
Center for Health Promotion
One Piedmont Plaza, 2nd floor
1920 W. First Street

Healthy Eating for Diabetes

Tuesdays, 2 p.m. - 3 p.m.

February 11 - Counting Carbohydrates
February 18 - Dining Out & Eating Right
February 25 - Survival Skills
\$10 per class
Center for Health Promotion
One Piedmont Plaza, 2nd floor
1920 W. First Street

Weight Management Program

February 13, 19 & 20, 5 p.m. - 6 p.m.
Overview and Question-&-Answer Session
Center for Health Promotion
One Piedmont Plaza, 2nd floor
1920 W. First Street

Saturday, February 22, 8 a.m. - 5 p.m.

Community CPR Training
Anderson Conference Center
Winston-Salem State University

Tuesday, February 25, 8 a.m. - 2 p.m.

Family Heart Symposium
Calvary Baptist Church
5000 Country Club Road

**Health
On-Call**

For information on these events, general health care information, or to schedule an appointment with a physician, call 716-2255, or toll-free 800-446-2255.

http://www.bgsbm.edu

Could you save someone you love?

When Edith Gladstone's husband had heart bypass surgery, she memorized a brochure about CPR (cardiopulmonary resuscitation) and put it away in a safe place.

"I thought if I ever had to do it, I would run and get the book out," said the Kernersville woman.

But when Gladstone's husband, Howard, suddenly stopped breathing last November, she knew there wasn't time to get the book. She called 911 and immediately began CPR - relying on what she had memorized six years earlier.

"I'm one of those people who was always going to take the course and never did," Gladstone said. "But I knew the airway had to be cleared and where to put my hands and how many compressions were needed for each breath."

Rescue workers believe Gladstone's efforts saved her husband's life.

"She was doing perfect CPR," said Lynn Morrison, an emergency medical technician with Kernersville Rescue Squad, who responded to the call. "I think it made a huge difference for him."

As a result of her experience, Gladstone says she's a strong advocate of CPR training.

"It's really important for everyone to learn it," she said.

CPR combines rescue breathing and chest compressions to keep the brain temporarily supplied with oxygen. Without CPR, the brain and other organs die within four to six minutes.



Kathy North (center), assistant coordinator of Life Support Education, teaches CPR.

CPR is part of the "chain of survival," a series of actions that improve someone's chances of surviving cardiac arrest. The steps include calling 911; performing CPR; restarting the heart using early defibrillation, a brief electric shock; and early advanced medical care, which includes both emergency medical services and a well-prepared hospital.

Forsyth County and surrounding counties have a good system in place for responding to cardiac arrest, said Roy Alson, M.D., assistant medical director of Forsyth County EMS and assistant professor of emergency medicine at Bowman Gray School of Medicine. But the weak link in the chain is the number of citizens who know CPR.

Learning CPR

Bowman Gray/Baptist Hospital Medical Center and Laerdal Medical Corporation are sponsoring a community CPR training day on Feb. 22 at Anderson Conference Center at Winston-Salem State University. Free one-hour classes will begin on the hour from 8 a.m. to 5 p.m. Both pediatric and adult CPR will be offered. Call HeartLine at 1-800-716-7730 to schedule an appointment.

The theme for the training day is, "Could you save someone you love?"

"When you're trained in CPR, the person you're most likely to save is someone you know or love," Alson said. "More than 80 percent of heart attacks happen at home and an additional 10 percent happen at work."

Many of the illnesses or accidents that can cause a child's heart to stop - choking, electrical shock or pneumonia - also happen at home.

"CPR provides a window of opportunity. It buys time so there is a chance to apply the next steps in the chain of survival," Alson said.