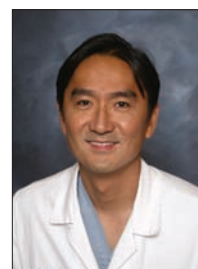


The Cardiac and Vascular Center

Meet the Cardiac Medical Directors



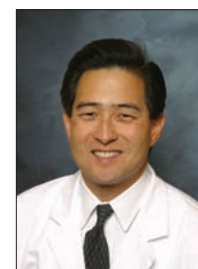
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SUBMISSIONS SOUGHT:

Please send your news items to:
marketing@stjoe.org,
via fax to (714) 744-8670
or call (714) 744-8559.

www.sjo.org



Heart of Your Community

True to its commitment to saving lives from heart disease and stroke through prevention and early intervention, St. Joseph Hospital is proud to serve as the exclusive Orange County hospital participant for the American Heart Association's "Heart of Your Community" program. Together with the association and its division, the American Stroke Association, St. Joseph Hospital is dedicated to identifying and educating individuals at risk through health screenings, lectures and special events.

Best Hope for Peripheral Vascular Disease



Mahmood Razavi, M.D.
Cardiac and Vascular Institute Director of Clinical Trials

Clinical research has intensified at St. Joseph Hospital over the past several years since medical, nursing and administrative infrastructure was put in place. Consequently, St. Joseph Hospital has become one of the busier clinical trial centers for peripheral vascular disease in Southern California, and has gained a national reputation as a center of excellence for peripheral vascular disease.

The stature of the SJO Vascular Institute and the reputation of its clinicians have enabled us to receive significant funding and technology from private industry and federal sources, such as the National Institutes of Health (NIH), for this research. NIH and device companies funding trials are looking for centers of excellence with high expertise, excellent outcomes and appropriate research infrastructure.

While many academic institutions are lucky to have one important study underway, St. Joseph Hospital currently has a dozen NIH- and industry-funded trials addressing various clinical entities. This high level of research is second to none in Southern California community hospitals as well and in university settings. The ground-breaking work coming out of the Vascular Institute at St. Joseph Hospital has appeared in 37 publications and counting, and has been presented at national and international meetings.

Moreover, participation in these trials is advantageous for patients and referring physicians, who can access the latest, greatest technology and therapies for vascular diseases, and ultimately reap better outcomes. Through these activities we have the opportunity to add to the existing clinical knowledge by facilitating the conduct of relevant, care-changing clinical research and answer important questions about PAD and the way clinical care is now and will be delivered in the coming years.

Examples of the vascular territories we are studying (each may have more than one trial) include:

- Carotid disease for prevention of stroke
- Renal artery disease in management of refractory hypertension
- Supervised exercise versus stents in treatment of claudication
- Treatment of superficial femoral arteries in claudication
- Optimal endovascular therapy for critical limb ischemia
- Device-based treatment of stroke

In future issues of this publication I look forward to sharing with you results and opportunities in specific research studies. Currently, patient recruitment is underway for a number of our vascular research trials. Should you need more information please contact Cardiac & Vascular Clinical Research Coordinators Gemma Miralles (714) 744-8776 or Sandy Chung at (714) 771-8000 ext. 17865.

Letter from the
Executive Director



The current St. Joseph Hospital cardiac and vascular program is one of the most well-respected programs in the county and beyond. As part of our commitment to serve our community the St. Joseph Hospital Heart and Vascular Center has revised our newsletter to become more comprehensive and to highlight cardiac as well as vascular disease. It is with a great deal of pleasure that we present "Leads."

Leads has been designed to provide our community physicians with updated information that will hopefully aid you in the care and treatment of your patients. Evidence-based therapies, new technologies and recent research are integral parts of the newsletter.

We hope you find Leads helpful, and would appreciate your feedback. Please contact Leads Editor Sheila Holliday at 714-744-8559 with comments, concerns or questions. Enjoy! We look forward to hearing from you.

Renee Mazeroll RN, MSN
Executive Director,
Heart and Vascular Services

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St. Joseph Hospital Heart Failure Program: Back to Bingo and Tai Chi

In the words of a congestive heart failure patient, enrollment in the St. Joseph Hospital Heart Failure Program is "life changing."

This past spring, Ramona came into the ER and was admitted for CHF. "I had gained weight and I couldn't walk or breathe," recalls Ramona, who is a former smoker and diabetic. When she was admitted to the hospital, her glucose level exceeded 400. She hadn't been feeling well but hadn't gone to see a doctor.

Before leaving the hospital, Ramona and family members met Heart Failure Program Coordinator Sarah Atchison, R.N., BSN, PCCN. Sarah taught Ramona about changes she could make to her diet, and gave her literature to take home. She took the advice to heart. Four months later, Ramona's blood sugar was down to 133, and she no longer required insulin. She has lost 70 pounds, including a lot of fluid, and with a portable oxygen device is able to take walks and do Tai Chi. She's back to playing Bingo. Ramona is looking forward to rejoining the choir at the Tustin Senior Center, and attending her 55-year class reunion in Wyoming.

She credits Sarah with giving her tools to better health. "I follow a diet low in calories and sodium. Before I ate too many TV dinners and ate a lot of salt and sugar. No I enjoy fish, chicken and turkey - but just the white meat. And I love fruit," she says, adding, "I'm glad I'm still here!"

The mission of the St. Joseph Hospital Heart Failure Program is to equip patients and families with the

tools necessary to manage heart failure so that they may live a good quality of life and minimize time spent in the hospital. Goals for the program include:

- 1) Enroll those patients who have advanced-stage heart failure, known non-compliance issues or are deemed "high risk" for hospitalization
- 2) Facilitate the utilization of inter disciplinary services such as Home Health, Palliative Care and Hospice.
- 3) Heart Failure Nurse serves as a liaison between patient and physician in order to solve problems and promote health in a collaborative manner.
- 4) Educate nursing staff throughout St. Joseph Hospital to provide evidence-based care for Heart Failure patients.
- 5) Provide community education and outreach.

With a physician's order and while the patient is still hospitalized, he or she is enrolled in the Heart Failure Program. At the first visit, an assessment is made which includes past medical history, a review of systems, history of present illness, medication reconciliation and vital signs. Education, a hallmark of the program, begins immediately, with spoken and written information provided on a low-sodium diet, smoking cessation, activity/exercise, daily weights, medications, symptoms of heart and failure and knowing when to call the doctor. Homework is given, based on individualized goals, and instructions for follow-up communication

with the patient's physician or clinic. Appointments are made for follow-up visits to the Heart Failure program for continued monitoring and education.

A St. Joseph Heart Failure Discussion Group meets the fourth Monday of every month from 11 am to 12 pm in the St. Joseph Hospital Outpatient Pavilion board room, where clinicians and patients talk about lifestyle modification and education on matters pertaining to heart health.

"The Heart Failure program addresses the specific needs of patients who need additional support," states Atchison. "The care they receive is evidence-based, following ACC guidelines."

For further information about how the Heart Failure program can be of benefit to your patients please call Clinical Coordinator Sarah Atchison at (714) 744-8858.



Sarah Atchison, R.N., Heart Failure Program Clinical Coordinator, and Ramona.

St. Joseph Hospital Heart and Vascular Research

Of the 118 open clinical studies at St. Joseph Hospital, 18 are in cardiac and vascular specialties. The quality-based clinical research features a Clinical Research Center site manager and centralized administration, experienced research coordinators and investigational pharmacists, registered IRB, complete, on-site clinical laboratory testing, secure drug/data storage and information systems support.

Cardiology Studies

- Stents/repair devices
- Acute coronary syndrome
- Unstable angina
- Atrial fibrillation
- Coronary artery disease in women
- Non-surgical closure of patent foramen ovale

Vascular Studies

- Peripheral arterial disease
- Renal stenosis
- Peripheral arterial disease
- Thromboembolism
- Intracranial atheromatous disease
- Intracranial aneurysm

Managing Heart Failure

Heart Failure Epidemic is a major and growing problem in the U.S. and the rest of the world, with five million American suffering from heart failure and an annual mortality of 266,000. Both statistics are expected to rise significantly with our growing population.

Heart Failure is a clinical syndrome that can result from any structural or functional cardiac disorder in which the heart is incapable of maintaining an output adequate to accommodate the body requirements and the blood return.

- Systolic HF "Ejection Fraction <45-50%": impaired contractility/ejection.
- Diastolic HF Ejection Fraction >45-50%: Impaired filling/relaxation.

Diastolic Heart Failure is an under-recognized entity which accounts for approximately 50% of heart failure patients. It usually affects older patients, more commonly in females and more frequently in patients with a history of HTN, DM and obesity. A. Fibrillation is common as well as multiple co-morbidities such as anemia and CRI.

Cardiomyopathy coronary artery disease accounts for 50% of the underlying etiology, thus CAD work-up is a must in both systolic and diastolic heart failure.

Prevention is the best treatment for Heart Failure.

The American College of Cardiology/American Heart Association/Heart Failure Society guidelines in 2005 introduced the prevention-oriented stages of heart failure:

Stage A: Patient at risk, e.g., HTN or CAD.

Stage B: Structural heart disease but asymptomatic, e.g., post-MI.

Stage C: Patients with current or past symptoms of heart failure, and

Stage D: Patients close to or at end stage who require specialized intervention.

Physicians are encouraged to implement all preventive strategies during stage A and stage B to avoid the development of heart failure.

Common Symptoms of heart failure are dyspnea on exertion, fatigue, persistent cough, orthopnea and paroxysmal nocturnal dyspnea. Common physical signs are basilar rales, S3 gallop, peripheral edema, jugular venous distention, and hepatojugular reflux.

Once suspected clinically, the first step of management is treatment of fluid overload - "diuretics" combined with initiation of appropriate therapies while aggressively evaluating and possibly treating the etiology of heart failure.

Suggested Initial diagnostic work-up includes:

1. Chemistry, Lipids, CBC, B-type Natriuretic peptide "Secreted from the cardiac ventricle in response to wall stretch and increased ventricular volume."
2. ECG "old MI, A. Fibrillation, etc." and CXR "typical congestion."
3. Estimation of the ejection fraction usually with an echocardiography.
4. CAD work-up by invasive coronary angiography when appropriate or non-invasive stress imaging, e.g., stress myocardial perfusion, stress echocardiography or more recently non-invasive CT coronary angiography has been an appropriate test for initial diagnosis "ACC appropriateness criteria."

Medical Management of Heart Failure

- A. Medications that improve survival: B. Blocker, ACE inhibitors/ARB and occasionally Spironolactone and possibly hydralazine + nitrates.
- B. Medications that improve symptoms: diuretics + all the above.
- C. Medications that lower recurrent hospital admission: Digoxin, Spironolactone.
- D. Medications to prevent stroke or MI: ASA, Plavix and Coumadin "warfarin."

The Heart Failure outpatient program plays an integral part in improving patient care. Clinical trials have unequivocally proven up to 80% reduction of re-hospitalization in patients enrolled in these programs.

Management of Advanced Heart Failure

While biventricular pacing/ICD is currently a standard practice in patients who have advanced heart failure, many new medications and devices as well as percutaneous procedures are actively being investigated to be added to our large variety of available therapies. Finally, cardiac assist devices and cardiac transplant in the appropriate candidates are becoming more popular approaches around the country.

To refer your patient to the St. Joseph Hospital Heart Failure Program, please contact: Sarah Atchison, RN, BSN, PCCN, Heart Failure Program Coordinator, at (714) 744-8858.

Web resources:

- 1- Heart Failure Society of America www.hfsa.org
- 2- American College of Cardiology www.acc.org
- 3- American Heart Association www.heart.org

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