President’s Message

Dear Mended Hearts Members and Friends,

Wow, Spring is on its way? Hope all are well after an up and down winter.

I will be traveling to the new Mended Hearts National Resource Center in Albany, GA the last week of March. At the April 11 meeting I will give a report on some of the changes taking place in the Mended Hearts organization. There are changes coming for the best for all members. And, I hope to bring back some warmer weather.

All the best,

G. Bruce Norris
President and Central Regional Director
Coordinating Care for Patients with Heart Failure and Diabetes

**Diabetes worsens outcomes for people with diastolic heart failure, highlighting the need for coordinated care.**

Coordination of care is critical for those with both heart failure and diabetes, based on a recent summary of the complicated dynamic between diabetes and diastolic heart failure. The paper was recently published in the *Journal of the American College of Cardiology* and highlights the need for thoughtful treatment in patients with complex conditions.

Diastolic heart failure, also referred to as heart failure with preserved ejection fraction, is the most common form of heart failure, affecting more than 3 million U.S. adults. It occurs when the heart muscle contracts normally but doesn’t relax as it should, reducing blood flow to the rest of the body. Unfortunately, patients with all forms of heart failure face increased risk for health complications. But those with diastolic heart failure and diabetes face notably worse outcomes than those without diabetes and require special care, as explained in the article. Written by a team of experts on the issue, this paper summarized the latest data on heart failure. It also offered recommendations to improve treatment and outcomes for patients. The take-home message, according to authors, was that diastolic heart failure is a complex disease that can affect multiple organ systems in the body. For patients with diabetes and diastolic heart failure, those conditions together can make things even more complex.

Recent findings from the ‘Get with the Guidelines–Heart Failure Registry’ (a clinical database of information about the health care patients receive over a period of time) show that among patients with diastolic heart failure, those with diabetes face increased risk of hospitalization, longer length of stay, and are less likely to be discharged home after a hospital stay. Data also shows that patients with diastolic heart failure and diabetes are more likely to be readmitted to the hospital and face increased risk of death compared to those without diabetes.

The good news is that exercise, lifestyle changes and medication help with the management of diabetes and heart failure. However, it takes a coordinated effort among a team of providers to address these conditions and improve outcomes for the patient. With diabetes affecting an estimated 45% of people with diastolic heart failure, these efforts are critical to improving public health. Authors hope that through advances in treatment and research, those with heart failure and diabetes will face improved outcomes and a better quality of life.

**Questions for You to Consider**

**What is heart failure?** Heart failure occurs when the heart is unable to pump enough blood to the rest of the body. Although there is no cure for heart failure, treatments such as ACE inhibitors and ARBs can help improve outcomes as well as quality of life.

**Why is shared decision making so important in heart failure care?**

With a number of treatment options for heart failure patients, choosing which therapies are best for each patient has become increasingly confusing. And with many heart failure patients living longer lives than ever before, there are many treatment decisions to be made over the course of the disease. That's why it's so important that heart failure patients work together with their doctors to choose the best treatment options in accordance with their preferences, goals and values.

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**‘Top of Ohio’ Mended Hearts Chapter #69 Officers**

- President – G. Bruce Norris…937-935-1747
- Vice President – (Will you step up and take this office?)
- Secretary/Newsletter Editor – Louise Norris…937-935-1746
- Treasurer – Bob Notestine…937-592-3545
- Visiting Chair – G. Bruce Norris…937-935-1747
- Sunshine Chair – Connie Madden…937-585-5556

**NEEDED**

Speakers for meetings. If you have an idea please contact Louise Norris at 937-935-1746 or email elnorris@columbus.rr.com.
Heart Failure…A Serious Lifelong Condition

Your heart is a pump. It moves blood and oxygen-rich nutrients through your body. If you have heart failure, your heart isn’t pumping as well as it should. As a result, fluid can build up in the body—most often in the legs and lungs. Your heart also isn’t able to push enough blood to meet your body’s needs for blood and oxygen. It’s no wonder then that if you have heart failure, you may tire more easily and feel short of breath.

About heart failure
With heart failure, the heart muscle is either:
• too weak and cannot pump blood to the rest of the body with enough force (systolic failure) and/or
• has trouble relaxing and can’t fill with enough blood (diastolic failure)

If you or a loved one has or think they have heart failure it’s normal to feel scared, they’re not alone. Almost 6 million Americans have heart failure, and there are an additional 500,000 new cases diagnosed each year. It’s also the leading reason people 65 years of age and older end up in the hospital.

Heart failure is a serious, lifelong condition but by managing heart failure, people can live normal lives. The hope is to try to avoid emergency or “acute” episodes when someone would need to be in the hospital, and generally improve patients’ quality of life and ability to do the things they usually do.

What causes heart failure?
The most common causes of heart failure include high blood pressure, heart attack and coronary artery disease. But other conditions and factors can lead to heart failure as well.

Signs and symptoms of heart failure
Many people who have heart failure will have:
• Shortness of breath (even when doing simple tasks like dressing or walking a flight of stairs)
• Swelling in the ankles, feet, legs, abdomen, or veins in the neck
• Extreme tiredness (fatigue)
• Feelings of weakness
• Rapid or irregular heartbeat
• Fast weight gain, or rapid fluctuations in weight
• Pressure or heaviness in the chest when lying flat

Late in the disease, people may notice:
• A lack of appetite or that they feel full more quickly
• Weight loss (cardiac cachexia)

Contrary to how it sounds, heart failure does not mean that your heart has stopped beating. It refers to a number of conditions that can affect the way the heart works and/or its structure. Over time, heart failure makes it harder and harder for the heart to pump enough blood and oxygen to meet your body’s needs. That’s why most people with heart failure get short of breath, especially when they are active. Even climbing the stairs or carrying groceries may leave you winded. Of course, your symptoms will depend on the type of heart failure you have.

Because it’s a lifelong condition, you must take an active role in your care to stay well. The more informed and equipped you are to manage heart failure, the better you may feel.
SPRING WORD SEARCH

MEMBERS BIRTHDAYS & ANNIVERSARIES

BIRTHDAYS
Mar. 5 – Norma Lance
Mar. 31 – Jim Miller
Apr. 3 – Tim Tillman
Apr. 6 – Leila Morris
Apr. 8 – Connie Madden
Apr. 13 – G. Bruce Norris
Apr. 17 – Dorothy Notestine

No March or April Anniversaries

ALLERGIES
APRIL
BASEBALL
BEES
CROCUSES
CYCLAMENS
DAFFODILS
DANDELIONS
EASTER
EQUINOX
FLOWERS
FROGS
GOLF
GRASS
GREEN
GROWTH
IRISES
LILIES
MARCH
MAY
NEW LEAVES
PLANTING
RAIN
RENEWAL
ROBINS
SEASON
SNOWMELT
SOFTBALL
SPRING BREAK
SPRING CLEANING
TULIPS
WARMER
WET

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Mary Rutan Hospital for your support of Mended Hearts! We sincerely appreciate the use of the hospital conference room and the heart-healthy snacks for our meetings!