

A Letter from Lina

This is an oldie but a goodie. HS-A Knox branch received a letter from Lina.

I would like to take this opportunity to congratulate all the people who support this group. Thank you very much. Last July, I was in Knox Private Hospital recovering from major heart surgery a quadruple bypass. Three days later I had a stroke.

Things were so bad that my children, who recently lost their father, my dear husband, were too afraid to leave me on my own at night, I had just survived a really tough period of my life, which left me with no appetite, no energy and no desire for living.

Then one evening, still in hospital, two healthy and very cheerful men walked into my room.

There I was in bed feeling very low, **when one of them said "hello Lina"**. They told me they were from Heart Support Australia. They knew what I was going through because they had been through it themselves.

I was very encouraged by the fact that they were both so healthy two years after going through the same surgery as me. I finally felt that there was hope for me too.

This special visit was a mile-stone for me. The positive attitude, that these men had made me feel that I too would get better. Slowly my appetite began to return. Each day I

would walk a Little further.

The following visits by other members of, Heart Support Australia counsellors, together with the love of my children, have helped me in my continuing recovery.

So here I am eight months later beginning work again. I call the Heart Support Australia members my angels, for being there for me when I really needed them. Thank you.

Love to all

Lina



Herb Garden for Balconies

Balconies and units are the perfect place for mini herb gardens with plenty of light and sunshine to aid even the laziest gardener.

Buy your herbs from a garden centre, **not a supermarket they've probably been sitting under fluorescent lights for some time and aren't as well looked after.**

Buy the same size bag of potting mix as the pot you're going to use - left over bags of soil just get in the way. You can plant your herbs in any sort of container, bucket, window box or trough. Be creative, but whatever you choose it must have holes in it for drainage.

It's generally better to plant one herb per pot. If you do mix your herbs in a single pot, **just don't put rosemary and mint together** – they tend to take over.

Small buckets are perfect for herbs

as you can carry them straight into the kitchen for cooking.

Picking the leaves of your herbs encourages further growth and results in well established plants. Herbs like lots of water, at least once a week and more in hot weather. Keep the little photo information card with the plant so you remember which is which. It is very easy to confuse some herbs such as continental parsley and Coriander. Also feed regularly with an organic fertiliser during warm weather. Happy gardening, fresh herbs in your cooking are the best.

Very easy Pesto:

3 cloves garlic
2 cups fresh basil leaves
3 tablespoons pine nuts (pignolia)
1 dash salt and pepper
1/2 cup extra virgin olive oil
1/2 cup Parmesan cheese grated

Peel and chop the garlic.

Wash, dry and remove the stems from the fresh basil.

Grate the cheese

Add the garlic to the food processor and mince. Next, add the basil leaves, pine nuts, and a dash of salt and pepper.

While the processor is running, slowly drizzle in olive oil until all the ingredients are pureed.

Now add Parmesan cheese and mix it into the rest of the mixture.

If the pesto is too thick, add a tablespoon of water.

Cover and refrigerate until you are ready to use it.

This should keep for 2 - 3 days in the fridge but can also be frozen if you want to keep it longer.

Top your favorite pasta with this excellent Pesto sauce...

Buon Appetito!

Down Hearted: Ties Between Cardio-Vascular Disease and Depression



From the early 1990's onwards there has been a recognized link between the incidence of depression and cardio-vascular disease in the medical literature. In the last decade this connection has become much better defined by numerous studies. The question is: does the experience of suffering a heart event cause one to be more susceptible to depression or does depression contribute to the likelihood of suffering heart disease? The answer to this may be that both are the case.

It is estimated that people who suffer from cardiac related illness are 4 to 5 times more likely to suffer from depression as the general population (Joynt, 2004). Dr Susan Ayers, Senior lecturer in Health Psychology at Sussex University, has published research showing post-traumatic stress disorder (PTSD) is also prevalent. In a 2009 study Dr Ayers found that 16% of the cardiac patients in her sample group met clinical criteria of PTSD. In comparison approximately 7.8% of the general population suffer from PTSD at some point in their lives, with women being twice as likely as men to be diagnosed with the disorder. It was also found that people who used denial and avoidance as psychologi-

cal strategies to cope with their heart event were more likely to develop the disorder and more likely to resist making appropriate lifestyle changes to decrease risk of heart disease.

On the other hand many studies have looked at the reverse of this causal relationship. Among them, a study published in the *Archives of General Psychiatry* in January of 2008 found that patients suffering from stable heart disease had a 2.85 times greater chance of suffering a major heart event in the future if they were diagnosed with depression and also a smaller but equally significant risk if they suffered from generalized anxiety disorder.

But what is the cause of the double edged correlation between heart disease and mental distress? These findings can be partially accounted for by lifestyle factors. Dr Barbara Murphy, BeyondBlue 2008 research grant recipient states "given their increased rates of smoking and other risk behaviors and decreased rates of risk factor modification and medicine adherence, [chronic heart disease] patients with depression... need intensive support to initiate and maintain required behavior changes". Dr Murphy is currently conducting a study as to how this assistance can be best targeted in regional and rural areas that is due for completion in November of this year. This is an exciting avenue of research, being the most practical in terms of reducing risk factors and one that compliments HS-A objectives and community focus. However, other research points to a more direct, biological connection between heart disease and depression.

Chronic illness research suggests that both conditions may have a common cause in the human immune system, specifically in immune system proteins called pro-inflammatory cytokines. These pro-

teins are secreted by cells as part of their signaling system to produce inflammation and are a vital component of the immune system, but too much of a

good thing may have bad effects. The action of pro-inflammatory cytokines can "reduce resiliency of the brain and contribute to the hyperactive stress response that is characteristic of depression" as well as exacerbating inflammatory diseases such as heart disease (Dubovsky, 2010). This means that heart disease and depression may have the same genetic origin.

Another, more controversial factor in the connection between heart disease and depression was highlighted in an extensive study that utilized data collected since 1976 from over 63,000 women. Results of the study supported the hypothesis that depression increased rates of heart disease independent of other risk factors but surprisingly also found that there was a specific relationship between anti-depressant use and sudden cardiac death (SCD). Although not significantly increasing the risk of non-fatal events it was associated with a 3.34 fold increase in SCD. However, these results are tentative and the researchers recommend that the benefits of anti-depressants still outweigh the risks.

Though sobering these conclusions show the vital importance of this area of research and support HS-A's model of social support and lifestyle change.

By L Jagiello. Primary Sources: JACC, 53;11: Journal watch Psychiatry March 2010; Archives of General Psychiatry, Jan 2008; Journal of Cardiac Failure 10:3; BJHP, 2009; Beyondblue website.

"IT IS [...] VITAL THAT CARDIAC PATIENTS ARE SCREENED FOR PSYCHOLOGICAL DISTRESS SUCH AS ANXIETY, DEPRESSION AND PTSD"
-SUSAN AYERS, UNIVERSITY OF SUSSEX

Hyperoxia Linked to Higher Mortality Rates

A new study published in the *Journal of the American Medical Association* in June of this year has yielded significant findings for the treatment of patients following cardiac-arrest. Originating from Cooper University Hospital the study has shown that patients who receive too much



oxygen when being treated for cardiac arrest have much higher mortality rates than patients with normal oxygen profusion of blood or even those with inadequate blood oxygen. In the study sample of data gathered from more than 6000 ICU cardiac patients, it was found that hyperoxic patients (the condition of having a Blood-Oxygen saturation of 100%) had a 63% mortality rate. This is compared to the 57% mortality rate of patients with an abnormally low blood-oxygen saturation and 45% for patients with blood-oxygen saturation within the normal range. Patients in the hyperoxic group were

also found to require more post-discharge assistance. This study does not discourage the use of respirators and similar equipment as the mortality rate in the hypoxic group is also unacceptably high. However, as supplemental oxygen is often given in very high doses to patients who have suffered cardiac arrest, this study demonstrates the dangers of this treatment. Hopefully in time will lead to better clinical guidelines for use of supplementary oxygen post cardiac arrest and result in significantly better outcomes for patients.

Article by L. Jagiello Primary source: *Journal of the American Medical Association* (JAMA), June 2, 2010.

Targeted Intervention

While there have been studies in the past that show large discrepancies in incidence of cardiac arrest between cities this has previously not been examined on a neighbour hood level.

A study of cardiac arrest patients in Fulton County, Georgia, published in the *Annals of Internal Medicine* on June 1st indicates that this is indeed **the case showing that a person's chance of survival from cardiac arrest is linked to what neighbourhood they are in when they suffer their cardiac event.** In fact the study showed that the location could contribute to mortality significantly, some neighborhoods showing a mortality rate up to three times higher than others. Rates of cardiac

"OUR DATA INDICATE THAT SOME [AREAS] HAVE A INCIDENCE OF CARDIAC ARREST TWO OR THREE TIMES HIGHER THAN OTHERS" - SASSON ET AL.

arrest and mortality remained relatively stable over a three year time frame indicating that some neighborhoods were

indeed cardiac arrest hot spots.

Not surprisingly this study also showed that the mortality rate was inversely proportional to the bystander CPR rates of each neighborhood. These findings strongly indicate how important CPR training for the public is in the battle for improving outcomes for individuals who suffer cardiac arrest.

Of the neighborhoods included in the data for the study it was found that areas with lower educational and socio-economic status tended to have higher mortality. This supports the findings of a 2009 Canadian study of cardiac patients that found areas of lower socio-economic status tended to have higher mortality rates not only from cardiac disease but also from other causes.

Australia suffers from the same poor targeting of services. This is apparent on a state level with 2009 statistics showing that compared to the national average of 12.5%, Tasmania has the highest out-of-hospital cardiac arrest survival rate of 34.9% falling to 27.8% in Victoria, 25.3%



in SA, 21.6% in the Northern Territory, 19.5% in NSW ending with WA at the bottom, with a dismal survival rate of 9% in the Perth region.

It is hard to know what areas to target for fundraising and awareness campaigns if more specific data is not available in Australia. Such data would be very valuable, allowing the targeted intervention in areas that have high rates of cardiac arrest but low bystander CPR rates. Raising awareness, and increasing the number of available automatic external defibrillators in such areas would result in the better outcomes for a larger proportion of Australians.

Article by L. Jagiello Primary sources: *Annals of Internal Medicine*, June 1, 2010, August 26, 2009, *ChannelnewsAsia.com*, 'Queensland among the worst cardiac survival rates in Australia' *Courier Mail*, August 26 2009, *PLoS ONE*. 2009; 4(1): e4120, ABS website.

Branches

Queensland	President	Phone
HS-A Brisbane Branch	Mrs Patricia Laughler	07 3349 8204
HS-A Bundaberg Branch	Mr Fred Archer	07 4155 0872
HS-A Caboolture Branch	Mr Gilbert Nielson	07 5499 1907
HS-A Gold Coast	Mr Barry Miller	07 5580 7852
HS-A Hervey Bay Branch	Mrs Gillian Holdsworth	07 4124 0929
HS-A Ipswich/west Moreton Branch	Mrs Judy Edyvean	07 3281 0928
HS-A Maryborough Branch	Mr Sandy Marment	07 4121 3532
HS-A Sunshine Coast Branch	Mrs Cathy Davies	07 5446 7706
ACT		
HS-A ACT Branch	Mr Rex Oram	02 6281 3654
NSW		
HS-A Bankstown Branch	Mr Dianne Moore	02 9727 8895
HS-A Central Sydney Branch	Mr Grahame Barter	02 9807 2256
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HS-A Wonthaggi & District Branch	Mrs Madge Bremmer	03 5672 2351
South Australia		
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Western Australia		
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