You Gotta Have Heart

It’s that time again—the start of a New Year. I love starting a new year; it’s like starting with a clean slate, a blank canvas or clean page in a journal. The possibilities seem endless.

About half us will make resolutions this coming year to improve our lives. And while many of us won’t achieve those goals, research shows just the making of resolutions is useful. People who explicitly make resolutions are 10 times more likely to attain their goals than people who don’t.

Often times, people fail because their goals are too lofty. Resolutions involving the words “diet” and “exercise” can panic some people. I suggest you start small. Start with simple changes that will bring positive results.

*I resolve to eat fruits or vegetables with every meal.*
*I resolve to read food labels and avoid sodium and trans fats.*
*I resolve to walk somewhere each day.*

Small steps can make a big difference in your health—especially your heart health. You’ll already be seeing results by February, which is American Heart Month.

Heart disease is the leading cause of death in the United States—that’s true for both men and women.

In order to fight heart disease, you must make an honest assessment of where you are. Many people are in denial about the state of their heart health, even after their doctors have talked with them about a risk factor they may already have. There are quantitative targets you can use in your assessment. Numbers are important. Find out what your cholesterol level is, your blood pressure, blood sugar, weight, body fat and waist measurement.

Here are the targets:

- **Total cholesterol** – less than 200
- **Blood pressure** – less than 120/80
- **Blood sugar** – fasting glucose less than 100
- **BMI**—between 19-25
- **Waist circumference**—less than 40 inches for men; less than 35 inches for women.

We count on our heart beating 100,000 times a day to keep us alive. Do what you can to help it out. Talk with your doctor about how to get started. And don’t forget those simple resolutions. When you begin seeing results from these small adjustments, you’ll be motivated to add more changes.

Fleury Yelvington
President and Chief Executive Officer
Carondelet Health

---

Fleury Yelvington
President and Chief Executive Officer
Carondelet Health
The U.S. Centers for Disease Control and Prevention (CDC) ranked obesity as the number-one health risk facing America, affecting 34 percent of adults age 20 and over in the United States. Health Wise talked with Shalaunda Gray, MD, with St. Joseph Family Care about it.

What does it mean to be overweight or obese?
Overweight and obesity are both labels for ranges of weight that are greater than what is generally considered healthy for a given height. We can determine a person’s Body Mass Index (BMI) using weight and height. A BMI of 25–29.9 is generally considered overweight; if it’s over 30, the person is considered obese. You can determine your BMI through numerous reliable calculators on the Web or ask your physician.

Is carrying extra weight really that much of a health threat?
Absolutely! Obesity increases your risk of developing high blood pressure, type 2 diabetes, heart disease, stroke, gallbladder disease, cataracts, age-related macular degeneration and cancer of the breast, prostate and colon. In fact, obesity increases your risk of death.

How does where you carry your weight make a difference?
People with an apple shape have more weight around their middle, also known as a pot belly or spare tire. Carrying excess fat around the abdominal area increases the risk even further for those serious diseases that are linked to obesity. A woman’s waist should be less than 35 inches, while a man’s should be less than 40 inches.

Is obesity more prevalent in particular populations?
Poor people are more likely to be overweight and obese than people with higher economic standing. In women, those with a lower social status are obese six times more frequently than their counterparts with more money. Obesity is also more prevalent among minorities, with black women being the most negatively affected.

What’s the easiest way to lose weight?
There is no easy way to lose weight—there is no quick fix. It takes consistency. Make the right lifestyle choices most of the time and you will do a lot to improve your health. Start with simple steps. Read food labels, take the stairs instead of the elevator, choose fruits and vegetables over sweets for snacks. I believe if you go “on” a diet, you’ll soon go “off” a diet. Attaining and maintaining a healthy weight means you’ll have to make lifestyle changes.

Dr. Gray and St. Joseph Family Care can be reached at 913-897-1151. Same-day appointments are available, and the office has extended hours on Tuesday and Thursday evenings.

Diabetes is a major health concern in America. Right now, one in 10 U.S. adults has diabetes; but some health experts believe that the number could be one in three by 2050. How much do you know about diabetes?

1. How many new cases of diabetes will be diagnosed each year?
   A. 1.6 million
   B. 2.1 million
   C. 509,000
   D. 63,000
   E. 24,000

2. Of the nearly 24 million Americans with diabetes, how many don’t know it?
   A. 57,000
   B. 5.7 million
   C. 4.3 million
   D. 906,000
   E. 1.6 million

3. Diabetes is the ____ leading cause of death in America.
   A. 2nd
   B. 5th
   C. 6th
   D. 3rd
   E. 9th

4. What is the total cost of diagnosed diabetes each year?
   A. $174 billion
   B. $218 billion
   C. $550 million
   D. $150 million
   E. $16 billion

5. What age group suffers a higher percentage of diabetes?
   A. Under 20 years of age
   B. 20 years to 40 years
   C. 40 years to 60 years
   D. Over 60 years

6. Which ethnic groups have a higher rate of diabetes?
   A. Non-Hispanic Caucasian
   B. Asian Americans
   C. Non-Hispanic African American
   D. Hispanics

7. Among men and women, who has higher rates of diabetes?
   A. Men
   B. Women

8. Diabetes is the leading cause of which of the following?
   A. New cases of blindness
   B. Kidney failure
   C. Non-traumatic lower limb amputations
   D. All of the above

Sleep is Important for Heart Health

Your doctor likely asks you some lifestyle questions when you’re examined—do you smoke? Drink? How much stress are you under? But does your doctor ask you how you’re sleeping? Some recent studies at Pittsburgh University and Emory and Moorehouse colleges suggest that’s as important as the other questions.

Poor sleep may worsen heart health by increasing inflammation. Chronic inflammation has become associated in recent years with an array of illnesses and disease. This recent study found that regular bouts of insomnia and poor sleep quality may lead to the increase production of inflammatory hormones throughout the body, which, coupled with other risk factors such as high cholesterol, can result in serious heart complications.

People who had trouble falling asleep or who woke up feeling unrefreshed at least three times per week were about 70 to 80 percent more likely to develop multiple risk factors associated with metabolic syndrome. This syndrome is a cluster of risk factors for heart disease, diabetes and stroke and includes high blood pressure, high blood sugar, low “good” cholesterol, high triglycerides and excess belly fat.

People who reported snoring loudly were more than twice as likely as quiet sleepers to have metabolic syndrome. The physics of snoring itself could even be to blame. Experiments have suggested that the body vibrations caused by snoring can increase potentially damaging inflammation in the linings of arteries.

If you’re counting a few too many sheep, contact the Sleep Center at St. Joseph Medical Center, 816-943-3033; or the Sleep Clinic at St. Mary’s Medical Center, 816-655-5394.

KIDS’ STUFF

Peanuts in Pregnancy

Like expectant moms don’t have enough to worry about, almost four out of every 100 incoming kids will be allergic to some foods. Allergic reactions to peanuts typically start in childhood and can be more serious than other food allergies. Unlike allergies to milk and eggs, 80 percent of children with peanut reactions carry that allergy into adulthood.

A recent study at the Mount Sinai School of Medicine in New York suggests there is some evidence that peanut sensitivity may start in the mother’s womb. Those whose mothers ate peanuts more than twice a week while pregnant had higher levels of antibodies to peanuts than those whose mothers ate peanuts less often. Doctors say this doesn’t mean their children will definitely become allergic to peanuts, but that they might be at greater risk of developing the food allergy.

What’s to be done? The American Academy of Pediatrics recommends waiting to include peanuts in a child’s diet until after the age three in families with histories of allergic diseases. Some experts also recommend that mothers of children at risk abstain from eating peanuts if they are breastfeeding, since the peanut protein can be transferred into breast milk.

HOW TO

Use Willpower Wisely

Some studies are showing that the brain has a limited capacity for self-regulation, so exerting willpower on one occasion can lead to backsliding in another. The good news is that researchers are looking at willpower like a muscle, which needs exercise to thrive. Practicing willpower increases your willpower capacity. But you should pursue only one or two goals at a time and let the other stuff go. Here are some tips:

Start Slow and Keep at It.
Rome wasn’t built in a day and neither is willpower. You need time to overcome habits of many years. But, no matter how many times you fail, start again.

Do Just a Little More.
Read one more page before you close your book. Wash one extra plate when you wash dishes. Walk another two minutes when doing your daily walk.

Do Things Differently.
Don’t be a slave to your habits. Do differently things that you always do in the same way. Seek more creative ways to do things in your everyday life.

Target Laziness.
Regard laziness as an opportunity for building willpower. If you do not succumb to it, you increase your willpower.

Pay Attention.
Be aware that your mood can influence your actions. Are you more likely to make bad decisions when something’s bugging you?

Hang Out with Supportive Friends.
Spend time with people who are positive and motivating.

Recognize Progress.
Don’t be too hard on yourself if you slip up. Congratulate yourself on the things you’re doing right and then get back to business.

Seek Professional Help.
If you are struggling with an addiction or to make a significant lifestyle change, seek the support of professionals. Experts can provide intensive support and follow-up, including medication to help reduce physical symptoms.
**Exercise for What?**

If health and fitness aren’t enough to get you to exercise, consider these when you’re contemplating a New Year’s resolution.

**Exercise promotes better sleep.**
Research from Northwestern University showed people in an exercise group fared far better than the non-exercise group when it came to their ability to fall sleep. Exercise also improved the quality of sleep—elevating subjects from being “poor” to “good” sleepers.

**Exercise improves your mood.**
Participants in that same Northwestern study also reported feeling better. Their moods improved, they had more vitality and less daytime sleepiness. A workout at the gym or a brisk 30-minute walk can help you calm down. Exercise boosts blood flow to the brain and helps it receive oxygen and nutrients. The better shape you’re in, the faster you fire brain waves responsible for quick thinking.

**Exercise is good for your skin.**
Exercise also boosts circulation and the delivery of nutrients to your skin, helping to detoxify the body by removing toxins (poisons).

**Exercise can put some spark back into your life.**
Studies have found a direct correlation between physical inactivity and a lack of potency and desire.

**Exercise can help you beat a cold.**
Most adults can expect to catch a cold two to four times a year. But a study in the online edition of the *British Journal of Sports Medicine* found people who exercise regularly tend to have fewer colds than people who don’t, recover more quickly and have less severe symptoms.

Be sure to include aerobic activities, stretching and strength training in your routine—all are important.

**Got Your 35?**

How can you go wrong with a food that fills you up without adding extra calories, speeds up the digestive processes, helps the body get rid of waste products more quickly, and helps prevent serious diseases such as heart disease and some cancers? Despite the growing number of studies from the *Journal of the American Medical Association* and the *New England Journal of Medicine*, most of us aren’t taking advantage of foods high in fiber.

It seems 35 grams of fiber per day is the magic number, and if you’re not sure you’re getting enough, check your toilet. Are you a “sinker” or a “floater?” Sinkers need a lot more fiber in their diet. Fill your diet with stone ground grains, nuts, fruits, vegetables and legumes to try to get your 35 fiber grams daily.

**Highest fiber foods (listed from highest to lowest):**

1. Whole grains, including cooked cereals and breads from barley, oats, buckwheat, rice, rye, quinoa, spelt, wheat and corn. Processed versions don’t count, including processed flour.
2. Legumes, including lentils, peas, beans, garbanzos and soy beans.
3. Nuts, seeds and dried fruits (higher in calories)
4. Root vegetables, including yams, carrots, beets and potatoes
5. Other vegetables, including broccoli, green beans and leafy greens
6. Fruit, including berries, pears, apples and prunes (juice has no fiber)
7. Lettuce, cabbage and celery.

**Is Your Water Bottle Harming You?**

Most Americans have been exposed to bisphenol A, or BPA as it’s called. It’s found in many types of plastic products and is known to leach out of some plastic water bottles and baby bottles. Researchers estimate that most Americans are exposed to a higher level of BPA each day than the current Environmental Protection Agency recommendation, and it recently declared BPA a “chemical of concern.”

In a recent study published in *The Journal of the American Medical Association*, scientists reviewed the health of 1,455 American adults and found that people with higher concentrations of BPA in their urine were slightly more likely to have heart disease and diabetes.

Here are a few things to know about BPA, as summarized from an advisory by the Department of Health and Human Services:

- Plastic containers have triangular recycling codes on the bottom. Some numbered 3 and 7 may contain BPA. Those numbered 1, 2, 4, 5 and 6 very likely do not.
- Do not put warm or hot liquids into BPA containers.
- Do not use scratched BPA containers.
- Most baby bottles are BPA-free because of voluntary changes by major manufacturers.
- Pacifiers and toys use materials without BPA.
“My heart belongs to the cath lab team.”

“Everything went black and I could feel someone pushing on my chest.”

–Debbie Westerman
Walking through St. Mary’s Medical Center with Debbie Westerman is like being with a celebrity. People stop her in the hall to ask how she’s doing or hug her. Those hearing her story the first time look at her wide-eyed and usually say something similar to “Wow!”

“Debbie is a fighter and she’s lucky to be alive,” says Eric Hockstad, MD, FACC, an interventional cardiologist with the Carondelet Heart Institute. “I’ve never had another case like hers.”

Debbie had a heart attack. While that’s not unusual, there are several reasons why her case is remarkable. First, she’s only 45—although she admits she has made some bad choices in terms of her health. But what happened to her during her heart attack made a lasting impression on her health care team.

Signs of Trouble

The day of her “big event” started like most others. It was a Friday morning last November. She got up early after not sleeping well, had a pot of coffee, several cigarettes and went to her job at the Jackson County Courthouse. About mid-morning, she said her left arm started feeling “weird.” As the day progressed, the pain started shooting up to her neck. She says she knew something “wasn’t right”—she talked with a couple of friends who suggested perhaps Debbie was having an anxiety attack. Debbie thought that sounded logical and continued working. After work, she went home, took a nap and had dinner. Still, the pain and heaviness persisted. She told her roommate that she was going to drive herself to the Emergency Room, but couldn’t lift either arm to put on her coat. About 10 p.m., Debbie’s roommate took her to the ER at St. Mary’s Medical Center, where she learned she was having a heart attack.

“Debbie did not present with the traditional symptoms,” says Dr. Hockstad, “which is not unusual for women. While they can experience the same symptoms as men, often heart attack symptoms in women are much more subtle. Women may feel pressure rather than pain, they may be fatigued and feel an overall heaviness or anxiety.”

Dr. Hockstad says Debbie was having the most serious type of heart attack—ST segment elevation myocardial infarction or STEMI. It’s caused by a blockage in an artery cutting off the blood supply, and therefore oxygen, to the heart. It can also disturb the heart’s rhythm. Debbie was rushed to the cardiac catheterization lab for angioplasty, a procedure to open the artery and restore the blood flow.

The Shocking Development

The real trouble began just before the procedure was supposed to begin. While being transferred from the gurney to the procedure table, Debbie looked up at the monitor and saw that her heart stopped beating. She felt it at the same time.

“Everything went black and I could feel someone pushing on my chest,” says Debbie. “Then I heard the whine of something charging—I recognized the sound from watching TV. I heard ‘CLEAR!’ and I knew what was coming. WHAM! I felt like I was hit by a train.” The defibrillation didn’t work; her heart rhythm didn’t return. The team continued doing CPR and Debbie was shocked again and again—she was aware of every one of them. “I kept watching the monitor to see my heart beat, but it just wouldn’t.”

“It’s unusual that her ventricular fibrillation was so resistant to electric shock,” says Dr. Hockstad, “and unusual that she stayed awake through the whole arrest. Once we’re doing CPR, and there’s not a normal rhythm, most people pass out.”

“It was frightening, really,” says Amy Scofield, RN, Cardiac Cath Lab. “We don’t like them to stay awake, but Debbie was fighting to stay alive. She was not giving up.”

“At one point, I thought, ‘I quit. I can’t do this anymore,’ and I sort of went to a nice, quiet, dark place in my mind,” says Debbie. “And I wanted to stay there, but the team didn’t give up. I heard Diane (Anderson, Cardiovascular Technologist) screaming, ‘You get back here. We need that fighter back.’” Finally, after 23 attempts and six minutes, her heart rhythm stabilized and the staff could proceed with the angioplasty.

A Good Outcome

The American Academy of Cardiology and the American Heart Association have set a goal of a ‘door-to-balloon’ time of less than 90 minutes. To minimize damage to the heart, the time between when a heart attack patient walks through the door of the ER to when the balloon is inflated opening the artery should be less than 90 minutes. Debbie had two stents placed in her right coronary artery, and despite the excitement of her heart stopping, her door-to-balloon...
Medical Centers Named Top Performers

St. Joseph and St. Mary’s Medical Centers have been named top performers by the Centers for Medicare and Medicaid Services (CMS) Premier health care alliance. The alliance rewards hospitals for delivering high quality care in clinical areas such as heart attack, heart failure, pneumonia, and hip and knee replacement.

The Hospital Quality Incentive Demonstration (HQID) started five years ago and will continue for at least three more years. It was designed to determine if economic incentives to hospitals are effective at improving the quality of inpatient care. There are 225 hospitals across the country participating in the project.

According to a Premier analysis of mortality rates at participating hospitals, improvements in quality of care saved an estimated 6,500 heart attack patients nationwide over five years.

time was 76 minutes. Dr. Hockstad says she has no significant heart damage. She does have a new outlook on life, however. She says the events of that night made her appreciate her life and she’s making the changes necessary to be healthy. She’s stopped smoking, watches her diet and has started Cardiac Rehabilitation at St. Mary’s. She actually likes to exercise.

“I’ve become a foot soldier in the war on heart disease,” says Debbie. “I mean, look at me, I’m the new face of heart disease—it’s not an old person’s disease, it’s not a man’s disease, it’s mine, too. But we can fight it.”

There’s another lesson to be learned in her story. If you have any unusual symptoms, don’t wait. Don’t drive yourself to the ER. Call 9-1-1. “It’s very dangerous to drive yourself, or have someone else drive you,” says Dr. Hockstad. “If she would have coded in the car, she would have died. And if she would have come in earlier, this probably wouldn’t have happened. It would have been an uneventful procedure and she wouldn’t have had to endure all of that.”

“It was the most grueling, terrifying, amazing experience of my life,” says Debbie. “I’ve learned from it, changed because of it and I never want to forget it.”

Don’t Delay—Call 9-1-1

You’ve surely heard the advice to call 9-1-1 immediately if you experience heart attack symptoms. Yet, most of us don’t.

Debbie Westerman, the woman in the feature story, ignored the chest discomfort and pain she was experiencing for several hours. And she’s not alone. Despite the fact that health experts recommend calling 9-1-1 if a person is having heart attack symptoms that do not improve within five minutes, a recent study showed most people wait hours before seeking treatment.

“Calling 9-1-1 is almost always the fastest way to get lifesaving treatment,” says Eric Hockstad, MD, FACC, cardiologist with the Carondelet Heart Institute. “Not only do the EMTs begin treatment right away, they send vital information to the Emergency Room so the cardiac team can be activated before the patient arrives.”

Research recently published in the Archives of Internal Medicine showed that about 60 percent of people experiencing a heart attack arrived at the hospital more than two hours after the onset of symptoms; 11 percent arrived more than 12 hours after.

“While medical advances have improved outcomes for people having heart attacks or strokes, they are still life-or-death emergencies,” says Dr. Hockstad. “When the blood supply is cut off from the heart or brain they could literally starve to death or be seriously damaged enough that the person’s quality of life could suffer. It’s just not worth the risk to wait.”

Heart Attack Warning Signs:

• Chest discomfort—pressure, squeezing, fullness or pain; lasting more than a few minutes, or comes and goes
• Discomfort or pain in the upper body—in one or both arms, the back, neck, jaw or stomach
• Shortness of breath
• Cold sweat
• Nausea or lightheadedness.
“What do you think you’re doing?” That was Mary Sieben’s question for her husband, Jim, as he eased himself down to the clay tiles on their patio and lay flat on his back.

Jim Sieben had felt slightly dizzy after he arose from a nap one afternoon last August. Jim, who was 77 and has since turned 78, went outside to fill the bird feeders in his Prairie Village backyard. Coming through the gate, he lost feeling in his right arm.

“I figured there was something wrong and I lost strength and feeling in my right leg,” he says. He braced himself on a storage box on his patio and eased himself down to the ground.

Mary was out on the patio while this happened. When she realized that Jim couldn’t speak, she knew something was wrong. “I said to him, ‘I’ll be right back,’ and I went inside, got the cordless phone and dialed 9-1-1 as I was walking back outside,” she says.

When it comes to stroke, minutes matter. It’s important to seek appropriate treatment as quickly as possible. The more time goes by without treatment, the more damage is done to the brain.

Paramedics arrived within three minutes of her call and took Jim to the Stroke Center at St. Joseph Medical Center. His score on the NIH (National Institute of Health) Stroke Scale Assessment, which scores the severity of neurological deficits, was 30—the scale goes from 0 as normal and 42 as the worst. He could not follow commands or speak and had weakness in his right arm and leg.

David Burkart, MD, an interventional radiologist at St. Joseph found a clot in Jim’s left middle cerebral artery. He did a procedure in which a small catheter is inserted into the artery and threaded toward the clot. Then, the clot-busting drug tPA is administered, then, using a small, corkscrew-like device, the clot is retrieved and removed. After the procedure, Jim’s NIH Stroke Scale was 2. He had little to no residual motor deficits, and some minor residual speech and cognitive deficits, thanks to Mary’s quick action in calling 9-1-1.

Her actions garnered her a 2010 Brain Saver Award from the Bi-State Stroke Consortium, a group facilitated by the American Stroke Association. Mary, who is 72, credited her extensive first aid training during her working career for knowing how to respond quickly and not move Jim since she didn’t know what was wrong with him. “The thing to do is just stay collected,” Mary says. “Don’t panic.”

Dr. Burkart was one of the first in the area doing the procedure that saved Jim Sieben and it is still not widely available. “Ten years ago, you’d put a guy like this on an aspirin or a blood thinner and put them in bed and see how they did,” Burkart says. “Most of them didn’t do well.”

The most satisfying part of his work is that “you’ve done something that day in your life to forever make someone else’s life better,” Burkart says.

“It wasn’t too long after I got home that I went duck hunting,” Jim says. He also started riding a bicycle and doing resistance exercises. And every morning he says a prayer to St. Joseph.

To receive a FREE refrigerator magnet with the stroke warning signs call the Stroke Center at St. Joseph Medical Center, 816-943-2584; or the Stroke Center at St. Mary’s Medical Center, 816-228-3335.
Breast Centers Provide Support for Patients

The emotional toll of breast cancer often doesn’t stop when treatment is finished. It can help to get together and share experiences with others who have been treated for breast cancer. The Breast Centers at St. Joseph and St. Mary’s Medical Centers have groups for women to find support.

The Breast Center at St. Mary’s Medical Center has a monthly support group meeting on the first Thursday of every month, 6-7 p.m., in the Education Center at the hospital. For information, call 816-655-5767.

The Breast Center at St. Joseph has a free, eight-week class providing information on nutrition, physical activity and group support. It’s on Tuesdays, 6-7:15 p.m., at the medical center. A new session of Women Embracing & Loving Life is just getting started, but you can join anytime. Call 816-943-2584.

CH Medical Centers Selected for National Quality Project

St. Mary’s and St. Joseph Medical Centers are among seven area hospitals selected to participate in a national initiative to improve the health and health care of Americans.

The hospitals, working with the Kansas City Quality Improvement Consortium, are testing three separate quality improvement initiatives:

- Improving communications with diverse patients
- Reducing wait times in Emergency Departments
- Reducing readmissions of patients recently discharged.

Hospital teams in the program will pilot and test quality improvement strategies over an 18-month period. The research is sponsored by the Robert Wood Johnson Foundation.

In all, 17 regions of the country have been designated as part of Aligning Forces. In each region, a range of efforts to help doctors, nurses and hospitals improve quality – as well as engage consumers to be better patients – is being tested.

Carondelet Home Care Services

For the second straight year, Carondelet Home Care Services has been named one of the top home health agencies in the United States by HomeCare Elite. Recipients of the award are ranked regarding quality of care, quality improvement and financial performance.

The HomeCare Elite annual review identifies the top 25 percent of home health care agencies in the United States. This award demonstrates a commitment to providing their patients with the best possible care while performing at the highest level. The award is the only performance recognition of its kind in the home health industry. The data used for this analysis was compiled from publicly available information.

“Being named among the best is a testament to the great work our staff does every day,” says Monica Jones, administrator, Carondelet Home Care Services. “To us, taking care of clients in their homes is a privilege. We treat them with respect and compassion.”

Carondelet Home Care Service provides a variety of services including skilled nursing, physical, occupational and speech therapies, and medical social work services in both Kansas and Missouri. For information call, 913-529-4800 or 816-655-5494.

Coming in February

National speaker and heart health advocate Joe Piscatella will be speaking and signing his latest book, *Positive Mind, Healthy Heart!: Take Charge of Your Cardiac Health, One Day at a Time.*

**Wednesday, February 16, 6:30 p.m. at**
- St. Joseph Medical Center

**Thursday, February 17, 6:30 p.m. at**
- St. Mary’s Medical Center

Visit CarondeletHealth.org for more information.
The Dark Side of the Night Light

While the lack of sunlight in the winter months can lead to a type of depression called Seasonal Effective Disorder, a study out recently from Ohio State University shows that too much light at the wrong time of day could be linked to depression as well.

Female Siberian hamsters exposed to dim light nightly for eight weeks experienced considerable physical changes in the part of the brain that plays a key role in depressive disorders. This is the first study to definitively show that light at night, by itself, may be linked to changes in the brain.

After the eight weeks were over, the hamsters were tested for depressive behavior. One of these tests measured how much sugar water the hamsters would drink. Normally, hamsters enjoy sweetened water; however, depressed hamsters did not drink as much as the control group. Scientists think this occurs because they're not getting as much pleasure from normally enjoyable activities.

Final results showed that hamsters housed with a dim night light displayed more depressive behaviors compared to hamsters who lived under a standard light-dark cycle.

The researchers believe that these brain changes are linked to the production of the hormone melatonin. Having a light on at night stifles the emission of melatonin, a hormone which helps the body know when it is nighttime.

Imagine the Goodness

If losing a few pounds is on your resolution list, we've got good news. Researchers at Carnegie Mellon University in Pittsburgh have found that just imagining that you're eating your favorite foods may mean you eat less of them.

Researchers had people imagine doing 33 repetitive actions, one at a time. One group imagined putting quarters into a machine; another group imagined putting 30 quarters in the machine and eating three M&Ms, one at a time. A third group imagined putting in three quarters, then eating 30 of the candies one at a time.

After the imagination exercise, participants were invited to eat from a bowl of M&Ms; and, you guessed it, those who imagined eating the most candy ate significantly fewer than the other groups. But you have to use your active imagination—another study showed that those who only thought about the candy, but not eating it, ate more when they had the chance than those who imagined eating.

Food for thought!
My heart belongs to my wife.

Randy, husband & patient
HeartandSoulKC.com

Rings. Vacations. Chores. What she wants most, is for you to take control of your health. Start with a Personal Heart Health Screening from Carondelet Heart Institute. Call now and make her day.

$35

Here’s where to start:

- Personal Heart Health Screening
- Full cholesterol and triglyceride check
- Blood pressure check
- Body fat analysis
- Family history and lifestyle review
- Peace of mind

Carondelet Heart Institute
St. Mary’s Medical Center
816-9-HEARTS (816-943-2787)

The Heart & Soul of Cardiac Care.