

No Flavors this week

Today's NHMedical section takes the place of the weekly Flavors section. Flavors, along with Our Gourmet, will return next Wednesday.

Reducing CVD risk

Follow the AHA's 'Life's Essential 8'

By Amy Graham-McCarty  
Commercial-News (TNS)

The last decade has seen a surge in cardiovascular risk factors such as uncontrolled high blood pressure, diabetes and obesity, each of which raises the risks of developing heart disease and stroke. These trends are leading researchers to conclude that the prevalence of cardiovascular disease (CVD) will continue to rise.

More than 60% of U.S. adults will have some type of CVD by 2050, according to forecasted projections from the American Heart Association, which is celebrating 100 years of lifesaving service as the world's leading nonprofit organization focused on heart and brain health for all. Additionally, total costs related to CVD are expected to nearly triple in that time to more than \$1.8 trillion.



"We recognize the landscape of cardiovascular health will change over the next three decades because of the coming tsunami of rising health care costs, an older population living longer and increasing numbers of people from under-resourced populations," said American Heart Association volunteer Karen E. Joynt Maddox, M.D., M.P.H., FAHA. "Yet these are still leading causes of death and disability in the U.S."

While continued systematic changes are needed in science, policy and health care, the majority of CVD is preventable at an individual level. You can help turn the tide on the dire outlook of CVD while improving your own health by following and encouraging others to follow the American Heart Association's "Life's Essential 8."

1 | Eat better

Aim for an overall healthy eating pattern including whole foods, fruits and vegetables, lean protein, nuts, seeds and cooking with olive and canola oils.

2 | Be active

Adults should get 2.5 hours of moderate or 75 minutes of vigorous physical activity per week. Kids should have 60 minutes every day, including play and structured activities.

3 | Quit tobacco

Use of inhaled nicotine delivery products, which includes traditional cigarettes, electronic cigarettes and vaping, is the leading cause of preventable death in the U.S.

4 | Get healthy sleep

Most adults need 7-9 hours of sleep each night. Children require 10-16 hours for ages 5 and younger, including naps; 9-12 hours for ages 6-12; and 8-10 hours for ages 13-18.

5 | Manage weight

Achieving and maintaining a healthy weight has many benefits. Body mass index is a useful gauge. Optimal BMI is less than 25, but less than 18.5 is considered underweight. You can calculate it online or consult a health care professional.

6 | Control cholesterol

High levels of non-HDL, or "bad," cholesterol can lead to heart disease. Your health care professional can consider non-HDL cholesterol as the preferred number to monitor, rather than total cholesterol, because it can be measured without fasting beforehand and is reliably calculated among all people.

7 | Manage blood sugar

Most of the food you eat is turned into glucose (or blood sugar) your body uses as energy. Over time, high levels of blood sugar can damage your heart, kidneys, eyes and nerves.

8 | Manage blood pressure

Keeping your blood pressure within acceptable ranges can keep you healthier longer. Levels less than 120/80 mm Hg are optimal. High blood pressure is defined as 130-139 mm Hg systolic pressure (the top number in a reading) or 80-89 mm Hg diastolic pressure (bottom number).

Find more ways to manage your health in the new year and beyond at heart.org.

Lessons of the Heart

Shane Boatright realized 'I needed to do my part'

■ After open-heart surgery at age 52, it was time to give up cigarettes and start a healthy diet and walking routine.

By Kaarin L. Clausen  
Special to the Union Leader

THE MONTH OF FEBRUARY has come to represent all things of the heart, and that might include an expression of love for a special person or a celebration of national Heart Health Month. For Shane Boatright of Etna, it's a substantial amount of both, and he shares it all with his wife and valentine, Alexa. After facing an unexpected health crisis, the pair have come to cherish every day of their lives together as well as the chance to focus on heart-healthy activities — opportunities they almost didn't get.

In November of 2018, following an energetic and fun-filled vacation, Boatright was unloading his car when he began to feel a burning, heavy sensation in his chest that lasted six or seven seconds. Because he had never experienced anything like this, he decided to call a doctor friend at Dartmouth-Hitchcock. After describing his symptoms, he was told to come directly to the hospital.

Upon arriving at Dartmouth-Hitchcock, Boatright was given a series of cardio-related exams, all of which he failed. He was admitted to the hospital and evaluated in the catheterization lab (cath lab) — a hospital room where doctors perform minimally invasive cardiac procedures and tests. It was here that he met Dr. James DeVries from the Heart and Vascular Center (HVC), who informed Boatright that his situation was very serious, and he was in jeopardy of having a "widowmaker" heart attack if he did not make some changes.

"The cath lab is like a truth box," said Boatright. "It's what your life is going to be or not going to be based on what they see. There are monitors everywhere and it's kind of like being in a big sports bar. Only there are no games on. It's just 'this is your life.'"

Boatright was told he would not survive a heart attack. It was time to act. He was scheduled for open-heart surgery at age 52.



PHOTO PROVIDED BY DARTMOUTH HEALTH

Alexa Boatright, right, has supported her husband Shane in his lifestyle changes after recovering from open-heart surgery a few years ago. Alexa says getting healthy together is a great way to show someone you love them and you want more time with them.

He remembers waking up after the four-hour surgery and thinking there were angels standing around his bed. He was handed a phone and asked if he would like to speak to his wife. To his surprise, he could talk, and the first thing he said to Alexa was, "It's me. I'm still alive."

Time for a change

As a Southerner who had been smoking since the age of 14, Boatright never had the intention of giving up cigarettes. However, he remembers the day he stopped his two- to three-pack per day habit — the same day he walked into the hospital for his surgery. Reminiscing, he said he wishes he had kept that last butt for posterity. It was the first of many lifestyle changes that Boatright would have to make in order to have a healthy and successful recovery following his surgery.

His team, including Heart and Vascular Center Director Dr. Richard Powell, DeVries, and a myriad of additional doctors, nurses and health care staff, guided Boatright and his wife every step of the way from diagnosis to surgery to an advanced treatment plan through their effective, integrated care.

"The first thing we do with our cardio patients is connect them with the Cardiac Rehabilitation Program," said DeVries. "We look at the big factors, such as: What is your cholesterol? What is your lifestyle like? What's your blood pressure? And with Boatright, we had a lot of room for optimization. But the cigarettes were something non-negotiable."

DeVries said quitting smoking is often challenging for patients because they must tackle both the physiological and psychological addictions associated with the habit. Boatright was determined to make profound changes, however, and was fully committed to his new journey towards health.

► See Boatright, Page B4



"The cath lab is like a truth box. It's what your life is going to be or not going to be based on what they see. There are monitors everywhere and it's kind of like being in a big sports bar. Only there are no games on. It's just 'this is your life.'"

SHANE BOATRIGHT

Open-heart surgery survivor and heart health advocate

Larry Hussey is glad he didn't ignore his chest pains

■ Despite his active lifestyle filled with athletics, being a healthy weight, and having no family history, the doctors found blockages.

By Kathleen D. Bailey  
Special to the Union Leader

FOR LARRY HUSSEY of Epping, that December day in 2023 started out ordinary. On an icy morning, he went outside to scrape his car windshield. He felt a pain in his sternum, "sharp but not overwhelming," and at first determined to ignore it. "I'm a guy and I deny everything," he said.

But his wife, Nancy, persisted and urged Hussey to see their primary care provider. When the PCP couldn't find anything, Nancy recommended her husband to her own cardiologist, Dr. Gregory Goodkin. After a series of tests, Goodkin and the Exeter Hospital team found three blockages. Hussey is on his way back

to health thanks to the medical teams at Exeter Hospital and Lahey Hospital and Medical Center in Burlington, Mass., both part of the Beth Israel Lahey Health (BILH) system. His message, and the message of his treatment team, is, "Don't ignore anything."

After a childhood bout with polio, Hussey had been active all his life. In his youth he did judo and weight lifting, football and basketball. He did motocross, which he describes as "the second most physically damaging sport in the world," and tennis, where he toured New England as a ranked amateur. He holds a pilot's license for small fixed-wing aircraft. At 73, he was underweight, ate reasonably



KATHLEEN D. BAILEY

Larry Hussey's chest pain was "sharp but not overwhelming." He was tempted to ignore it, but his wife urged him to see her cardiologist and get a diagnosis.

► See Hussey, Page B2



"It kept going through my head, 'This can't be right.' I didn't have the markers."

LARRY HUSSEY

Open-heart surgery survivor and heart health advocate



# Warning signs for heart disease

Metro Creative Connection

Heart disease is the leading cause of death across the globe. Data from the World Health Organization indicates that cardiovascular diseases, which are a group of disorders of the heart and blood vessels, claim roughly 18 millions lives each year. More than 80 percent of those deaths are due to heart attacks and strokes that oftentimes can be prevented.

Learning to recognize warning signs of heart disease is another way individuals can reduce their risk of developing this global but often preventable threat.

• **Chest pain:** According to the British Heart Foundation, chest pain related to heart attack is marked by feelings of heaviness, tightness or pressure in the chest. Pain or tightness in the chest that subsides after a few minutes may be indicative of angina, which the Mayo Clinic notes is a symptom of coronary artery disease caused by a reduction of blood flow to the heart.

• **Stomach pain:** The BHF notes that a painful or burning feeling in the stom-

ach can be indicative of a heart problem, including heart attack. The Mayo Clinic notes that many heart attacks do not involve sudden, crushing chest pain, and are instead characterized by a host of warning signs, including abdominal pain.

• **Arm pain:** Pain in the arm is another potential indicator of heart disease. According to the Mayo Clinic, arm pain that appears suddenly and is severe could be a symptom of heart attack. This pain may occur alongside feelings of pressure, fullness or squeezing in the chest. The BHF notes that a heart attack is more likely to occur if the pain is going down the arm, particularly the left arm, or into the neck.

• **Swelling in the lower legs:** The National Library of Medicine notes that swelling in the legs, ankles or feet is indicative of a heart problem. Blood flow is adversely affected when the heart is not working at peak capacity, and that can contribute to what's effectively a traffic jam involving the blood in the veins of the legs. That backup causes the buildup of fluid in the tissues.

# Hussey

From Page B1

well, and underwent not only an annual physical, but physicals for his various sports interests. There was no family history of heart disease.

## Triple bypass diagnosis

Goodkin ordered a nuclear stress test followed by a catheterization. He brought in colleague Dr. Joshua Krasnow for the catheterization. Hussey asked to be able to watch and was "fascinated" by the process. When the blockages were discovered, they were determined to be too close to the aorta for stenting, and the doctors informed Hussey, "You need open-heart surgery."

He underwent a triple bypass at Lahey Hospital and Medical Center in Burlington this past June. His surgeon was Dr. Prem S. Shekar, FRCSEd and MBA. Shekar is an "extremely accomplished surgeon," according to Goodkin, and it was easy to make contact between the two hospitals. "Then," Hussey said, "the fun began."

## Rehab and nutrition

Within three days, Hussey was up and walking in the Lahey corridors, with a walker. He was home by July. The Visiting Nurse Association came three times a week for two weeks, to help him with exercises. "I was weak," he admitted. But he was soon gaining strength, and taking the 17-step staircase in his home.

Within a month, he was also attending Cardiac Rehab at Exeter Hospital. He saw a nutritionist. He underwent a "metering factor" for his heart with a goal of 6 and he surpassed it at 7.5.

The nutritionist helped him tweak his diet. "I was never a 'bad' eater," Hussey recalled. "I ate lean meat, and didn't like heavy salad dressings." He's eating less

“Let us decide it’s not heart trouble after you get your heart checked out.”

DR. JOSHUA KRASNOW  
Cardiologist with Core Physicians

red meat now and looks a lot more closely at labels.

And he continued to wonder why. "It kept going through my head, 'This can't be right,'" he said about his condition. "I didn't have the markers."

## Doctors 'see it all'

Hussey's condition surprised him, but not Goodkin. In years of service to heart patients, "I've seen it all," he said. "Nothing surprises me anymore. I've seen people who, on paper, should have had heart trouble. They were heavy smokers, obese diabetics — and their hearts were fine."

At the time of his surgery Hussey had been on therapy for cholesterol, which may have upped his risk factor, according to Goodkin. He also cited statistics that men are more prone to heart disease than women, although as they age, "it levels out," he said.

Krasnow warned about the issue of "undertreatment" with cholesterol. "If you have 'normal' cholesterol, it's still probably over what it should be," he said. "It's the same with blood pressure. People tend to feel good when their blood pressure is a little high. It gives their organs a little extra 'juice.'" But while not everybody has a heart attack, "Some will," Krasnow said.

## Never ignore symptoms

Both doctors praised Hussey, and his wife, for their immediate attention

to the matter. "Sometimes we don't always know what's going on underneath," Goodkin said. "If it hadn't been brought to their attention, it could have been very bad for him."

"I give him kudos," Goodkin said. "A lot of patients deny or ignore symptoms, and come in with a heart attack and it's too late."

Krasnow and Goodkin also praised the BILH system, which Exeter joined in July 2023. Because of the affiliation, doors are opened for patients like Hussey. "We do not do cardiac surgery at Exeter Hospital," Goodkin said. "So it's nice to be part of an integrated system."

"We have a close working relationship with our colleagues at Lahey," Krasnow agreed. It works both ways, with Lahey specialists occasionally traveling to Exeter to see a patient.

"It expands our horizons — it's seamless care," Goodkin said.

## Getting back to normal

He last saw Hussey in November, and said the man is doing well. "It will take a while for the aches and pains to go away," Goodkin said. "I always tell people it will take a minimum of six months to a year to get back to where you were. Mr. Hussey is at the middle of the bell curve."

In the meantime Hussey has resumed his life, including working out, working as a real estate broker, and whatever sports he can fit in. "I am," he said, "lucky to be alive."

The two doctors advise other potential heart patients to be like Hussey, and take nothing for granted. Goodkin said simply, "Don't ignore chest pain."

And Krasnow advised, "Let us decide it's not heart trouble after you get your heart checked out."



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Boatright

From Page B1

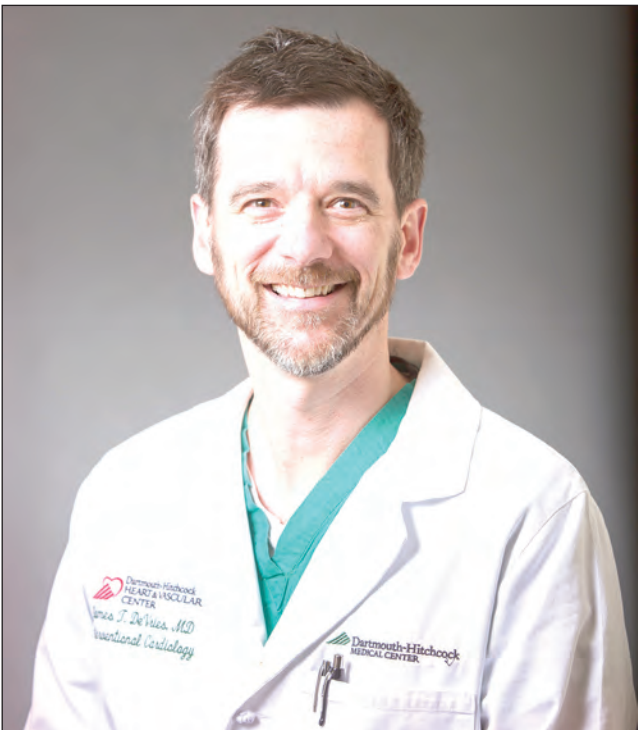
“The morning after the surgery, my doctors literally surrounded my bed and asked me how I was doing,” said Boatright. “They said the surgery went well and I had a great outcome. But one of them sat on the bed next to me and looked me in the eye. Man to man, he told me, ‘Shane, you can never smoke again. Ever.’ And I knew I had to quit. They were telling me they did everything on their end, and now I needed to do my part.”

DeVries said Boatright has become the model patient through his dedication to a healthy lifestyle.

“Shane is the type of guy that when he puts his mind to something, he can accomplish whatever it is,” DeVries said. “It was very clear that the switch had flipped, and he was on board 110%. He didn’t want to be in this position again, and it was incredibly refreshing. The most striking thing is that he was able to really pivot with Alexa’s help, and he became the model patient. This incredible pivot was not just in terms of his recovery but also being reborn into a new lifestyle, as well as becoming an advocate for the Heart and Vascular Center.”

Boatright embarked on his rehabilitation at home with Alexa, initially trying to strengthen his lungs bit by bit. The HVC provided equipment to build up strength, and Boatright began to walk again by taking it 100 feet at a time, walking to his kitchen and back. Alexa was right by his side and his constant cheerleader — participating fully in Boatright’s recovery in every way from preparing healthy meals to helping him create an exercise regime.

“Today, we walk together 8 miles, twice per week,” said Boatright. “We try to



MARK WASHBURN

Dr. James DeVries, from DHMC’s Heart and Vascular Center, encourages people to listen to their own bodies and take action if something doesn’t feel right.

get in somewhere between 75 and 80 miles per month, rain or shine. People see us and say, ‘Hey, y’all are the people who walk. I see you walking.’ And I just say, ‘I have to.’”

Becoming your own health advocate

Each February in the United States, the nation celebrates Heart Health Month, and organizations raise awareness about heart disease and steps individuals can take to improve their heart health. People are often familiar with the traditional advice about watching one’s diet, exercising and quitting smoking. But the top advice given by DeVries is listening to the signs given by one’s body.

“I think one of the most important things a person can do to monitor their heart health is listen to their body and what’s happening with it,” said DeVries. “Even for people

who are very busy and occupied, there is almost always some warning sign that says, ‘Hey, something’s not right with me.’ Trust your instincts. Like with Shane, something did not set well with him and if he had blown that off, he wouldn’t be here today.”

DeVries stressed that it’s also important to be one’s own advocate and attend regular check-ups. Often, when people are taking care of others, their work or family, they put their own needs aside. It’s important to take the time to follow-up if you recognize that something doesn’t feel quite right. He said all of us tend to mute nagging intuitions at busy times in our lives but if that happens too often, we may miss something.

If you do receive news that changes must be made, Boatright’s wife, Alexa, suggests surrounding yourself with people who will care about you

and provide you with a support system. She knew that she and her husband were on this journey together.

“It’s about rebuilding your life in a way that’s best for both of you and your whole family,” she said. “All of the changes have been great for our health but also have been great for our marriage. This is the month of love, and there’s no greater expression than your husband or wife taking an interest in your health.

“Making health the best it can be is to have more time on the clock with one another, to have those special moments with each other and enjoying quality time. It’s about investing in yourself and your health. That’s what Shane did for me, and I try to support him in every way that I can.”

DeVries and the team at Dartmouth’s Heart and Vascular Center support their patients by first asking the question, “How can we make people better?” He believes it’s not achieved by simply doing a procedure or taking a picture, but integrating all of those things into a healthy lifestyle.

Good care also has a lot to do with timing.

“We’ve gotten very good at acutely dealing with issues where people come in and are kind of crashing,” he said. “But it’s always better to get to the patient just on the precipice before they fall off the cliff. I think that’s ultimately the time when you can really offer the most benefit with the least amount of risk to get people back on track. We feel very fortunate that we’ve had the opportunity to work with Shane because it could have gone a very different way. It was a team effort, and we won the Super Bowl. We really did.”



PHOTO PROVIDED BY DARTMOUTH HEALTH

Jean M. Bolger, BS, RN, RD

Bolger is community volunteer chair for annual luncheon

A Dartmouth Health nurse will serve as community volunteer chair at the upcoming New Hampshire Go Red for Women Luncheon. Jean M. Bolger, BS, RN, RD, ambulatory nursing director at Dartmouth Health’s Dartmouth Hitchcock Medical Center, heads the volunteer leadership team behind the New Hampshire chapter of the American Heart Association’s (AHA) annual event today in Concord, sponsored by Dartmouth Health.



“As a cardiac nurse, I am especially proud to chair the 2025 Go Red for Women Luncheon,” said Bolger, whose leadership team has set a fundraising goal of \$150,000 to fight heart disease and stroke in women. “This event features inspiration, education and community among women, and is a powerful and moving experience. Whether you’re a survivor, donor, volunteer or guest of a friend or your company, attending a Go Red for Women Luncheon will not only be fun and fulfilling, but it just might also be the one lunch that saves your life or the life of someone you love.”

Go Red for Women is a worldwide initiative of AHA designed to increase women’s heart health awareness and serve as a catalyst for change to improve the lives of women locally, nationally, and globally.

“We are thrilled to have Jeannie’s experience, conviction and passion to help drive the Go Red for Women movement in New Hampshire,” said Rosemary Hendrickx, AHA-NH’s Go Red for Women director. “Together, we know that we will have a positive impact on the lives of women in our community and the families that depend on them.”

The Go Red for Women Luncheon will be held at the Grappone Center in Concord today. For more information and tickets, visit [heart.org/NHGoRed](http://heart.org/NHGoRed).

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# When it comes to heart health, these are the numbers you should know

The Ironton Tribune (TNS)

HEART DISEASE IS ONCE AGAIN the leading cause of death in the U.S., according to a new statistical report from the American Heart Association.

Cardiovascular diseases, which include heart disease and stroke, claimed more lives in the U.S. than all forms of cancer and accidental deaths — the No. 2 and No. 3 causes of death — combined. But that key stat from the annual update, published Feb. 3 in the AHA journal Circulation, is not the only one worthy of your attention.

Here are other details about the state of heart disease and stroke in the U.S. — and how you can use that info to increase your own odds of staying healthy.

## A post-COVID decline, but still a problem

1 According to the report, in 2022 (the most recent year for which final data is available) the overall number of cardiovascular disease-related deaths in the U.S. was 941,652, an increase of more than 10,000 from 2021.

But the rate of deaths from cardiovascular disease that adjusted for age fell slightly, from 233.3 per 100,000 in 2021 to 224.3 in 2022.

Cardiovascular-related deaths appear to be leveling off after an increase during the COVID-19 pandemic. Age-adjusted death rates dropped for all but one of the 10 leading causes of death: kidney disease.

But nearly 2,500 people in the U.S. are still dying from cardiovascular disease every day, Dr. Keith Churchwell, the AHA's president, said in a news release.

"Those are alarming statistics to me — and they should be alarming for all of us, because it's likely many among those whom we lose will be our friends and loved ones," said Churchwell, an associate clinical professor of medicine at Yale School of Medicine in New Haven, Connecticut, and an adjunct associate professor of medicine at the Vanderbilt School of Medicine in Nashville, Tennessee.

## The numbers behind those numbers

2 According to the update, nearly 47% of adults in the U.S. have high blood pressure, and 57% of adults have been diagnosed with Type 2 diabetes or prediabetes.

High blood pressure and diabetes are major cardiovascular risk factors. Cardiovascular disease is the leading cause of death and disability among people with Type 2 diabetes, which occurs when the body is unable to efficiently use the insulin it makes or when the pancreas loses its capacity to produce insulin.

Blood pressure levels may be affected by many factors, such as being overweight, smoking, not getting enough physical activity, eating a poor diet or too much sodium, or not getting good sleep.

Diet and exercise also are among the targets for reducing the risk of heart disease among people with Type 2 diabetes, along with managing blood sugar and cholesterol levels, not smoking and not drinking alcohol.



METRO CREATIVE CONNECTION

## Obesity remains a problem

3 Obesity is growing among young people and globally.

Around 40% of children in the U.S. have an unhealthy weight, which is defined as a body mass index in the 85th percentile or higher. About 20% have obesity, which is defined as a BMI in the 95th percentile or higher.

Globally, nearly 60% of adults have an unhealthy weight. In the U.S., about 71% of adults have unhealthy weight, and about 42% have obesity. (In adults, an unhealthy weight is defined as a BMI of 25 or higher, and obesity is defined as a BMI of 30 or more.)

"In the update, we noted calculations that found excess weight contributes to as many as 1,300 additional deaths per day in the U.S., nearly 500,000 per year," Dr. Latha P. Palaniappan, vice chair of the report's writing committee, said in the news release.

Excess weight lowers life expectancy by as much as 2.4 years compared with a healthy weight, said Palaniappan, a professor of cardiovascular medicine at Stanford University in California. "Being overweight is the new smoking when it comes to health threats."

## Concerns about kidneys

4 While age-adjusted death rates dropped in nine other categories in 2022, kidney disease death rates increased 1.5%.

"Kidney disease has actually been on the rise over the past decade," writing committee chair Dr. Seth S. Martin said in the news release.

"The reason this is important is that, first, cardiovascular disease is a major contributor to kidney disease," said Martin, a professor of medicine and cardiologist at Johns Hopkins School of Medicine in Baltimore. "Second, the risk factors of these diseases are closely inter-related. These include high blood pressure, obesity and diabetes — all health conditions that are rising substantially across the U.S. and the world."

Among Medicare beneficiaries, kidney disease increased from 9.2% in 2011 to 14.2% in 2021, the report said. The global prevalence of kidney disease has increased more than 27% in relative terms since 2010, Martin said.

## Cardiovascular disease is not the same for every group

5 In an editorial that accompanied the statistics report, Dr. Dhruv S. Kazi, head of health economics and associate director of the Richard A. and Susan F. Smith Center for Outcomes Research in Cardiology at Beth Israel Deaconess Medical Center in Boston, wrote it was important to acknowledge that "although (cardiovascular disease) affects us all, it doesn't affect us all equally."

Some examples:

- Overall obesity prevalence ranged from a low of 14.5% among Asian women to a high of 57.9% among Black women.
- Overall diabetes prevalence ranged from a high of 14.5% among Hispanic men to a low of 7.7% among white women.
- Black women had the highest rate of high blood pressure at 58.4%; the lowest rate, 35.3%, was among Hispanic women.

"These disparities in risk and outcomes call for tailored interventions among high-risk populations," wrote Kazi, who also is an associate professor at Harvard Medical School.

"A good place to start is to ensure that every member of the population can access affordable, high-quality care for the prevention and treatment of (cardiovascular disease)."

## Good news on tobacco and cholesterol

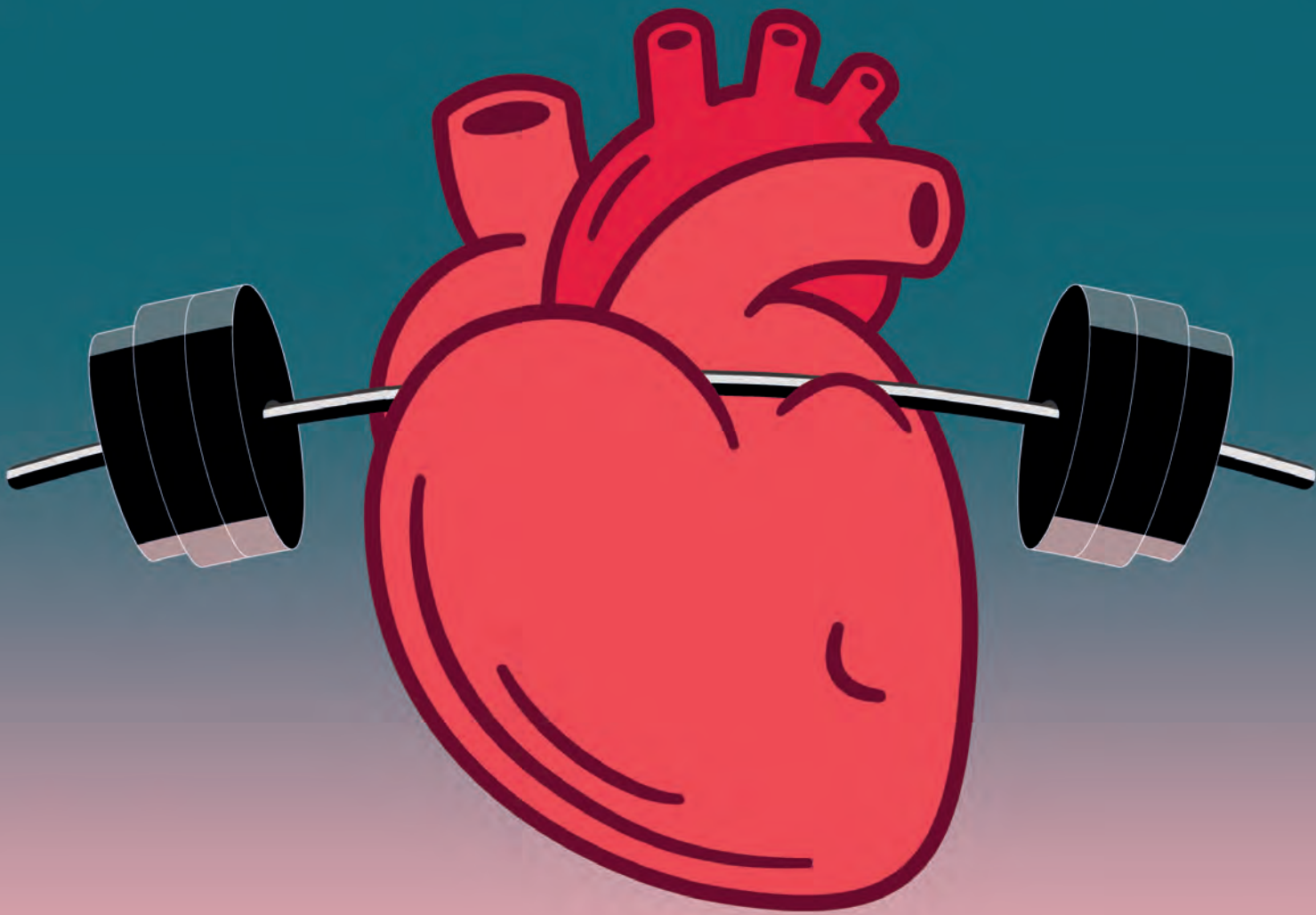
6 Smoking greatly raises the risk for heart disease and stroke. So it's good news that smoking rates have been on a steady decline. The AHA update says:

- Since the U.S. surgeon general's first report on the health dangers of smoking, age-adjusted prevalence of smoking among adults has declined, from 51% of men smoking in 1965 to 15.6% in 2018. Among women, it has fallen from 34% in 1965 to 12% in 2018.
- In 2023, 12.6% of high school students reported current use of any tobacco product, compared with 16.5% in 2022.
- About 28% of high school students reported ever using any tobacco product in 2023, compared with about 34% in 2022.
- Among high school students, 10% reported using e-cigarettes in 2023, compared with 14.1% in 2022.

"Another positive trend over the years has been a reduction in the rates of high cholesterol," Churchwell said. "That's likely thanks, in part, to increased awareness about the dietary and lifestyle factors that impact cholesterol levels, along with the availability of medications and better clinical control."

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# Study uncovers link between infections, heart failure

■ Collaborative study by the University of Minnesota and Mayo Clinic included more than 14,000 people over two decades.

By Jeremy Olson  
Star Tribune (TNS)

People hospitalized for infections — almost any infections — are at substantially increased risk years later for heart failure, according to collaborative research by the University of Minnesota and Mayo Clinic. The study of more than 14,000 people over two decades doesn't establish cause and effect, but advocates said that it establishes a strong enough correlation that people should take heed and try to reduce their infection risks.

"These are 'sit-up and take notice' findings," said Sean Coady, a deputy branch chief for cardiovascular sciences at the National Institutes of Health's National Heart, Lung, and Blood Institute.

Heart failure, which affects 6.7 million Americans, is a weakening of the heart that prevents it from pumping sufficient blood and oxygen. Researchers were surprised to find that hospitalizations resulting from common skin and urinary tract infections increased heart failure risks, alongside respiratory infections such as influenza and blood infections such as sepsis.

That suggests that the body's response to infection is a big part of the heart failure risk, said Ryan Demmer, an epidemiologist who led the study at the University of Minnesota and continued it after he moved to Mayo in 2023.

"There's some notion that really severe infections sort of turn on the immune system in a way where it just doesn't quite turn off, and it stays revved up, possibly for many years," he said.

Other possibilities include that serious infections cause genetic or biological changes that lay dormant after hospitalizations but emerge later in life to cause heart failure, he said. Other studies have found hospitalizations increase risks of health problems later in life, so Demmer said it's possible infections are driv-



SNOWINGG/TNS  
Heart failure, which affects 6.7 million Americans, is a weakening of the heart that prevents it from pumping sufficient blood and oxygen.

ing people to as-yet unknown risks from those hospital visits.

Even without cause and effect established, Demmer said the results should encourage people to prevent infections through vaccines and good hygiene. People who have already been hospitalized because of infections can talk with their doctors about ways to reduce cardiac risks.

The findings are the latest from a surveillance program called Atherosclerosis Risk In Communities (ARIC), which enrolled thousands of people at around age 54 in the late 1980s from the Minneapolis area and three other U.S. sites. Researchers followed up with them two to three decades later to see how their health changed.

Demmer and colleagues had already discovered in 2023 that infection-related hospitalizations increased the risk for dementia later in life.

Over the course of three decades, about 1 in 4 people in the surveillance program suffered episodes of heart failure. The risk was more than twice as likely among patients who at some point had been hospitalized for infections, according to the latest study by Demmer's group, published Thursday in the Journal of the American Heart Association.

Risks were highest following bloodstream and respiratory infections, but were also significant for skin and urinary tract infections. Digestive in-

fections were only weakly correlated with heart failure later in life.

Heart failure can lead to cardiac arrest or damage the kidney and liver. Treatments range from medications to increase blood flow to surgeries to implant pacemakers or remove obstructions in blood vessels.

Establishing a precise cause-and-effect relationship between infections and heart failure will be difficult, because researchers can't deny preventive care to patients just to see if it increases their risks, Demmer said. "It would be unethical, for example, to say we want to randomize people to receive or not receive the flu vaccine."

Instead, Demmer said he has been studying whether it improves outcomes to add infection-related hospitalizations to calculators that assess patients' risks for cardiac episodes and their need for preventive treatments.

The study period predated the pandemic, but Demmer said COVID-19 is likely to increase heart failure risks as well.

In Minnesota, COVID-19 has caused more than 100,000 hospitalizations over the past five years and has lingered post-pandemic, causing more than 3,200 hospitalizations since the end of September. Influenza also has sent more than 4,200 people to hospitals in that time, especially after Christmas when hospitals reported that their emergency rooms were overwhelmed.

# Research highlights heart benefits of a regular avocado eating habit

By Robin Bradshaw  
The Telegraph, Alton, Illinois (TNS)

February is national Heart Month, a great time for people to set goals to improve their heart health. Recent studies highlight the many benefits of regularly consuming avocados to improve health.

Packed with vitamins and nutrients, avocados are also high in calories, averaging around 225 calories per medium fruit, according to a report from Food & Wine. However, while also loaded with fiber, the nutritious fatty fruit stabilizes blood sugar and helps people feel full and satisfied longer amid the high nutritious content.

A recent study of nearly 69,000 women and nearly 42,000 men published in the Journal of the American Heart Association in 2022 found that a regular avocado habit is linked to good cardiovascular health, the report said. The study found that people who ate at least two servings a week of avocados had a 16% lower risk of cardiovascular disease and a 21% lower risk of coronary heart disease compared with people who never or rarely ate avocados.

The consumption of avocados has become more widespread and popular in recent decades, according to HCA Healthcare in Houston. "Since 1985, U.S. avocado consumption has increased sixfold, from a modest 436 million pounds a year to a whopping 2.7 billion pounds in 2022," a portion of the report read.

Healthy trends include avocado toast as a healthy substitution for butter; of course, people enjoy it on salads, sandwiches, tacos, eggs, and almost everything. Many fruit smoothies or healthy protein shake recipes suggest frozen avocados as a nutritious option to make the smoothie or shake more creamy and loaded with vitamins and minerals.

The vitamins and minerals in avocados also support benefits for brain function, aid in Alzheimer's and memory illnesses, and also improve eye health and function, a portion of the HCA Healthcare report said. While supporting blood sugar levels, research has shown that avocados are dense in nutrition and packed with fiber, potassium, magnesium, and polyunsaturated fatty acids, adding that avocados as part of a regular dietary intake can benefit weight control, lower bad cholesterol levels, and help support a healthy heart.



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- **Preventative Cardiovascular Care:** With a focus on prevention, the team helps patients understand and reduce their risk of heart disease through screenings, cardiac and vascular monitoring, and lifestyle guidance.
- **Advanced Diagnostics:** Office-Based PET Scan: The state-of-the-art PET scanner, conveniently located in-office, combines advanced technology with patient convenience and comfort.

For patients like June G., affected by heart disease, access to in-office PET scanning has made a significant impact. “When Dr. Flynn recommended a PET scan, I was anxious about having to schedule a separate appointment at a hospital,” June shares. “But being able to have the scan right here at the practice made everything so much more efficient and convenient...a great experience!”

June’s cardiologist, Dr. James Flynn, notes, “Having an in-office PET scanner is truly a game-changer. It allows us to detect issues with incredible precision, while providing the comfort and convenience our patients deserve enabling timely diagnosis to devise a personalized treatment plan for patients like June.”

### Paving the Way Using Innovative Technologies to Treat Heart and Vascular Conditions

Recognizing an immense, unmet need for treatment of varicose veins—affecting over 30 million Americans, with only 1.9 million patients being treated—CSNE recently launched their **Vein and Vascular Diagnostic and Treatment Center**. The facility includes three dedicated rooms within the practice to address this significant gap in vascular care. Using the latest technologies in venous ablation, the in-office procedure focuses on patient comfort with minimal recovery period.

In September 2024, Dr. Fahad Gilani of CSNE introduced **Shockwave therapy for heart disease** at St. Joseph Hospital in Nashua. The Shockwave’s coronary intravascular lithotripsy technology is an add on treatment to stents that are commonly used to open the arteries. By treating calcium upfront, this procedure increases stent durability and decreases the need for repeat stent procedures.

In partnership with Catholic Medical Center, CSNE’s Dr. Jamie Kim recently performed the 900th **WATCHMAN device implant**, a minimally invasive procedure for patients with atrial fibrillation (A-Fib), that reduces stroke risk by permanently closing the left atrial appendage where most clots form. Dr. Kim is ranked among the top five in New England for this procedure and number one in New Hampshire.

CSNE is also leveraging state-of-the-art technology to detect and monitor heart arrhythmias. The **LUX-Dx II Insertable Cardiac Monitor (ICM) System** is a small device implanted under the skin to provide continuous heart activity monitoring for up to three years. This technology accelerates clinical decisions and minimizes in-person appointments. Dr. David Chang of CSNE was the first, within a private practice, in New Hampshire to perform this procedure.

### A Trusted Voice in Cardiovascular Health

Dr. James Flynn, co-founder of CSNE, reflects on the practice’s growth and commitment: “In just a few months, I’m proud of what we have been able to accomplish. Our mission has always been to combine compassion and innovation to deliver the highest quality cardiovascular care. From preventative services to groundbreaking treatments, everything we do is centered around improving our patients’ lives and making cardiovascular care more accessible for the New Hampshire community.”



**PATIENT STORY**

After 2 years of suffering from unexpectedly passing out, and 2 hospitals and 7 cardiologists later, I felt I was not being taken seriously and dismissed. Then I met **Dr. David Chang**. He explained I was experiencing multiple syncopal episodes and recommended a cardiac ablation. Within 3 days after the procedure, I was able to go back to work. I’m beyond thrilled! I can’t help but get emotional every time I think of Dr. Chang and what he has done for me.

**Dr. Chang is an angel – a gift from God.**

Bonnie Lawler



Dr. Jeffrey Bleakley,  
MD, FACC, FSCAI



Dr. David Chang,  
MD, FACC, FHRS



Dr. James M. Flynn,  
MD, FACC, FSCAI



Dr. Fahad Gilani,  
MD, FACC, FSCAI



Dr. Stephan Heo,  
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# Options for treating congestive heart failure are as varied as the causes

■ With appropriate therapy, about 50% of patients are expected to have improved heart function.

By Blake Alsup

Northeast Mississippi Daily Journal (TNS)

The key to treating congestive heart failure is addressing the underlying causes, and treatment is highly tailored to each patient's needs.

Chris Bell, an acute care nurse practitioner who specializes in heart failure and arrhythmia management, has worked with heart failure patients for more than 20 years at Cardiology Associates of North Mississippi in Tupelo.

It's a mistake to view congestive heart failure as a disease, Bell said. Instead, it's a syndrome.

"It's not one particular thing but several different maladies that can occur to the heart that causes the heart to be congested," Bell said.

People tend to think of heart failure as resulting from a heart attack, bypass or stent, but it can also be caused by irregular rhythm, bad valves, high blood pressure, diabetes and more.

"There are a number of things that can make the heart weak," Bell said. "When that occurs, the heart becomes inefficient and it can't process volume. And when that occurs, that's congestion."

Due to advances in health care, people tend to live longer with more complex diseases, Bell said.

"Part of the reason we're seeing such an uptick in heart failure — not just in Mississippi but all over — is we're doing well managing chronic disease processes," Bell



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Thanks to improvements in treatment and more personalized attention to patients, people with congestive heart failure can live longer and better lives.

said. "People are living longer with those processes, and we run into the inefficiencies with the heart."

### Signs and symptoms

An early symptom that tends to occur with heart failure is dyspnea, which is shortness of breath or difficulty breathing.

"Anyone can have shortness of breath if they do something that's a little more exertional than maybe they're accustomed to," Bell said. "But dyspnea means, oftentimes, having shortness of breath with common tasks — things that maybe months or some time ago were really simple, but now it's a struggle."

Another common symptom is swelling that can manifest in several areas of the body.

"Some people swell in their abdomen and they feel bloated when they wake up," Bell said. "Others will oftentimes have a great deal of

swelling in their legs."

Symptoms in later stages of heart failure include orthopnea, shortness of breath while lying down, along with paroxysmal nocturnal dyspnea (PND), sudden shortness of breath during sleep.

### Types and treatment

There are two broad categories of heart failure — ischemic and non-ischemic. Ischemic is someone who has a blockage, while non-ischemic is when the heart failure results from some other malady with the heart.

Heart failure also falls into two sub-types — reduced ejection fraction, meaning the heart can't squeeze with the strength it should, and preserved ejection fraction, meaning the heart appears to be squeezing normally but is inefficient enough that it causes congestion, usually due to stiffening.

"Almost any cardiovascular malady can lead to heart failure at some point," Bell said. "We just need to try to make our treatments as efficient as possible to prevent that."

If that root cause is addressed before fibrosis, a thickening or scarring of tissue, develops in the heart, patients often see improvement, Bell said.

"We expect about 50% of our patients to actually have improved heart function with appropriate therapy," Bell said. "Our expectation now is, the majority of the time, to see some improvement if not recovery. Then, depending on how severe it is and what causes it, there are multiple therapies that can be used."

For those with a reduced ejection fraction-type heart failure, medications are used to relax the pressure the heart has to pump against, settle the speed of the

heart, decrease fibrosis in the heart and improve cardiac and kidney function.

When it comes to preserved ejection fraction-type heart failure, medications are used to take the workload off of the heart by relaxing blood vessels and reducing fibrosis.

Surgical options for heart failure treatment are just as varied as the underlying causes.

"If we have a blockage, there are a number of ways that we can re-vascularize and open up a blockage whether that's through stenting or bypass," Bell said. "If it's driven by valvular disease, there are surgical considerations there, and now there are some new percutaneous ways that we can address valves without surgery. If it's driven by an irregular rhythm, we have some incredible techniques now that are almost corrective. If it's driven by blood pressure, we have medicines and now there's a new technique called renal denervation where we can actually correct blood pressure without multiple medicines."

The good news, Bell said, is that for almost every form of heart failure, there's an opportunity to improve cardiac function if it's treated early enough.

"We don't treat paper, we treat people," he often tells medical students. "Every patient is unique. Every patient has the potential to respond to a medicine differently. And you really have to work out the individual therapy that works for that patient or patient group to have success."

For those living with heart failure and their caregivers, Bell recommends visiting together-inhf.com, presented by the Heart Failure Foundation, for additional information about the syndrome.

*"Our expectation now is, the majority of the time, to see some improvement if not recovery. Then, depending on how severe it is and what causes it, there are multiple therapies that can be used."*

CHRIS BELL

acute care nurse at Cardiology Associates of North Mississippi

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