

THIS MONTH:
HEART HEALTH

Matters of the Heart



GETTY

Responding to the pulse of Manchester’s heart care needs

■ Elliot’s new cardiac surgery program brings advanced care closer to home and families.

By Krysten Godfrey Maddocks
Special to the Union Leader

Ed Campbell, 72, of Londonderry, was Elliot Health System’s first open heart surgery patient. In early summer of 2025, Campbell began to feel extremely lethargic. As a career land surveyor, he was used to walking long distances, sometimes 10 or more miles a day. To be cautious, Campbell checked his blood pressure,

and it was very low. He immediately called his cardiologist, who ran imaging tests that revealed heart blockages. The cardiovascular team at Elliot discussed treatment options with Campbell and let him know he could receive cardiac surgery at Elliot, which was launching a new cardiovascular surgery program in July. “There were rumors that I was going to be the first open heart surgery performed at Elliot Health System,” he said. “Our children were born here; my wife, Linda, was a registered nurse at Elliot Health System for many years, and

it just felt right. Elliot has always been good to our family, and I had a lot of confidence in Dr. Sardella and his team.” Now, more than six months after his surgery, Campbell is back to doing things he loves with a lot more energy — including 6-mile walks in the woods. “I’m here, and I am looking forward to more time,” he said. **Surgery addresses full continuum of heart care** Heart disease remains the leading cause of death in New Hampshire, responsible for nearly one in five deaths statewide. After decades of decline, cardio-



PROVIDED BY ELLIOT HOSPITAL

Cardiothoracic surgeon Dr. Gerald Sardella leads the new Heart and Vascular Center, which offers a full range of cardiovascular services, at Elliot Hospital.

vascular mortality is on the rise, prompting health care systems to expand to in-

crease access to advanced cardiac care. The growing need for cardiac care in the community is what led Elliot Hospital to launch its expanded Heart and Vascular program, bringing heart surgery in-house for the first time. The program, based in Manchester on Elliot Way, now offers patients a complete continuum of cardiovascular care, from diagnosis through surgery and recovery. “When you look at the demographics of New Hampshire, we have the second oldest median age in the country,” said Dr. Greg Baxter, president and chief executive officer of Elliot Hospital. “The numbers

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Dartmouth named to Becker’s top 100 US heart programs

Provided by Dartmouth Health

Dartmouth Health was included in Becker’s Hospital Review’s annual ranking of 100 hospitals and health systems with great heart programs. Institutions on the list are included for their exceptional cardiovascular care, strong patient outcomes and their use of life-saving technologies, and cardiology research that is shaping and advancing the field. Other honorees include Cleveland Clinic, Johns Hopkins, Mass General Brigham and Mayo Clinic. Becker’s praised Dartmouth Health’s Heart and Vascular Center for providing expert, coordinated care across the full spectrum of cardiovascular disease. It also noted HVC’s research contributions to advances in cardiovascular medicine through investigator-initiated studies, national clinical trials and population-based research that frequently shape standards of care, as well as its commitment to education, training the next generation of cardiovascular specialists in an environment that emphasizes excellence and compassion. “This national recognition highlights programs that demonstrate clinical excellence, innovation and a strong commitment to patient-centered cardiovascular care,” said Dr. David B. Min, section chief of cardiovascular medicine at Dartmouth Health’s Dartmouth Hitchcock Medical Center. “Being named among the top 100 cardiology programs by Becker’s is a direct reflection of the incredible work happening across our entire Heart and Vascular Center every day.”

FOCUS ON WOMEN’S HEALTH



GETTY

It’s important for women to know their numbers, including blood pressure. This is just one factor that can increase the risk of a heart attack over time.

Heart health advice every woman should know

By Krysten Godfrey Maddocks
Special to the Union Leader

Jeannie Bolger, ambulatory director of nursing at Dartmouth Hitchcock Medical Center and a “New Hampshire Woman of Impact” helping lead this year’s American Heart Association Go Red for Women campaign, said many women underestimate their risk for heart disease and miss early warning signs. Heart disease is often misunderstood. Many women still believe heart disease is primarily a men’s issue and don’t realize it is the leading cause of death among women. As a result, symptoms are often ignored or dismissed. Symptoms of a heart attack can look different in women. Women may not experience classic chest pain. Instead, symptoms can include shortness of breath, back pain, sweating, indigestion or fatigue. During menopause, those symptoms are frequently attributed to hormonal changes rather than heart issues. • **Know your numbers.** Bolger emphasized the importance of understanding personal health metrics, including blood pressure, cholesterol, blood sugar and body composition. Many women don’t recognize how each of these factors increase risk over time, she said. • **Lifestyle plays a major role.** Lifestyle changes can have a meaningful impact

on heart disease prevention. Bolger recommends that women increase physical inactivity, reduce stress and break out of sedentary routines to lower their risk. Small, gradual changes can help reduce risk, she said. • **Be prepared at appointments and advocate for your health.** Women should advocate for themselves during medical appointments by writing down symptoms and questions ahead of time. Ask for clarification and follow up with providers if they don’t understand next steps or you feel your concerns weren’t fully addressed, she said. • **Prevention matters.** Awareness, early action and education can help stop heart disease before it progresses. **Heart attacks in women: Know the signs, act fast** In the United States, someone suffers a heart attack roughly every 40 seconds, according to the American Heart Association. A heart attack occurs when blood flow to the heart muscle is significantly reduced or blocked, often due to the gradual buildup of cholesterol and other substances in the arteries. Heart attack symptoms in women may be subtle, come and go, or feel different from what people expect. Even mild or confusing symptoms should never be ignored.

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NH Women of Impact lead local Go Red for Women campaign

By Krysten Godfrey Maddocks
Special to the Union Leader

When Kathy LeClair first felt dizzy behind the wheel, she attributed it to stress. A busy banking executive, she had powered through puzzling symptoms that came and went, until one episode nearly caused her to pass out while driving on Interstate 93. “I’d be driving along and I’d be like, ‘Whoa. That was weird,’” LeClair said. “You’d feel like you were almost going to faint.” Those moments, she later learned, were signs of a serious heart rhythm disorder linked to radiation therapy she had received decades earlier as part of successful breast cancer treatment. Today, LeClair is using her experience to help other women recognize that heart disease doesn’t always present as expected. LeClair, director of health care banking at Ledyard Financial Group, is one of two New Hampshire leaders named Women of Impact as part of the American Heart Association’s 2026 Go Red for Women campaign, part of a nationwide effort to raise awareness of heart disease, the leading cause of death among women. “I don’t share this story,” LeClair said. “Even the people at work, this will be the first time they hear it.”



Kathy LeClair



Jeannie Bolger

Unusual symptoms lead to a diagnosis

LeClair, of Chester, was 39 when a routine mammogram detected breast cancer in its early stages, saving her life. The aggressive cancer was treated with surgery and high-dose radiation. She hadn’t experienced any unusual symptoms and had no family history of breast cancer. Twenty years later, LeClair began experiencing unexplained dizziness, heart palpitations and near-fainting spells. Initial tests showed nothing conclusive, and she was advised to reduce stress and cut down on caffeine. “It kept happening more frequently,” she said. “One time it happened so bad, I almost fell down a flight of stairs.”

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No Flavors this week

The monthly NHMedical section takes the place of this week’s Flavors section. Flavors, with Our Gourmet, returns next week.

Women

A business client of LeClair's, who had heart disease herself, urged LeClair to call her own cardiologist to get answers. The cardiologist called her back two hours later and said she should see him immediately. Tests revealed her symptoms were caused by severe premature ventricular contractions. Stress tests revealed that LeClair required a complex cardiac ablation.

Doctors later confirmed that radiation damage from her earlier cancer treatment had altered the structure of her heart, a long-term risk many patients are unaware of.

"Radiation," one physician told her, "is the gift that keeps on giving," she said.

LeClair said she is now feeling great. She takes daily medication and has an implanted cardiac monitor

“For women, the biggest misconception is that heart disease is a men’s disease. They think breast cancer is their biggest risk. It’s not.”

to track her heart rhythm. She remains active in a demanding career and has turned her personal experience into advocacy.

"You have to know your body. You have to advocate for yourself," she said. "When all of this happened to me, quite honestly, I was in the best shape of my life. I was going to the gym and working out a couple of times a week."

LeClair's decision to become involved with the American Heart Association came after attending a Go Red for Women luncheon. She joined the

New Hampshire Go Red for Women board two years ago and is now raising funds and awareness as a New Hampshire Woman of Impact, with a personal fundraising goal of \$5,000.

Hearing other women share their stories helped her realize how sharing powerful experiences can motivate change and encourage women to speak openly about heart health.

"Being a part of Go Red for Women is most rewarding to me because every single person on the committee with me has a story," she said.

Focusing on prevention and awareness

Jeannie Bolger, ambulatory director of nursing at Dartmouth Hitchcock Medical Center, also was named a New Hampshire Woman of Impact.

Bolger, of New London, has spent more than 15 years caring for cardiac patients and now serves in a nurse leadership role overseeing cardiovascular services at Dartmouth. She first became involved with the Go Red for Women campaign in 2013 while working as a floor nurse, and in 2019 joined the executive board. Last year she agreed to chair the Go Red committee.

"The American Heart Association does a lot of fundraising that helps research," she said. "At Dartmouth, our Heart and Vascular Center does a lot of research and almost every physician has some sort of research responsibility. We partner with the Heart Association because it builds communi-

ty and helps us do outreach in our community."

Some of this outreach has included making blood pressure monitors available in local libraries. The system's HVC CARES program allows nurses in New Hampshire and Vermont to conduct cholesterol checks and blood sugar checks in other communities, she said.

The program is particularly important for people who don't have a primary care provider or health insurance.

Bolger said it's critical to educate women about heart disease. Only 43% of women realize that heart disease is the No. 1 killer of women, a misconception that needs to change so they can recognize symptoms and understand what to do to improve cardiac health.

"For women, the biggest misconception is that heart disease is a men's disease," Bolger said. "They think breast cancer is their biggest risk. It's not."

Bolger said many women don't recognize the warning signs of heart disease, which often differ from those experienced by men.

"Women can have back pain, shortness of breath, sweating, indigestion," she said. "And especially during menopause, they think, 'Oh, this is just menopause,' and they ignore it."

By knowing your numbers, which include blood pressure, blood sugar and body mass index, women can recognize and take steps to reduce their risk — especially as they age. While adopting a heart healthy lifestyle does require making changes, women don't have to become body builders or run marathons to make positive lifestyle changes, Bolger said.

Along with a team of 10 women from her organization, Bolger said she looks forward to supporting fundraising and community outreach efforts.

The Go Red for Women campaign runs through April, with a kickoff luncheon scheduled for Feb. 12 at the Grappone Conference Center in Concord. Women of Impact earn points through fundraising and awareness efforts.

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Advice

Common warning signs

- Pressure, tightness, squeezing, or pain in the center of the chest that lasts more than a few minutes or returns after going away
- Pain or discomfort in one or both arms, the back, neck, jaw or stomach
- Shortness of breath, with or without chest discomfort

Other possible symptoms

- Cold sweats
- Nausea

- Lightheadedness
 - Anxiety
 - Unusual fatigue or weakness
 - Upper back pressure that may feel like squeezing or tightness
- While chest pain remains the most common symptom for both men and women, women are more likely to experience additional symptoms that aren't always recognized as heart-related.

Protecting your heart

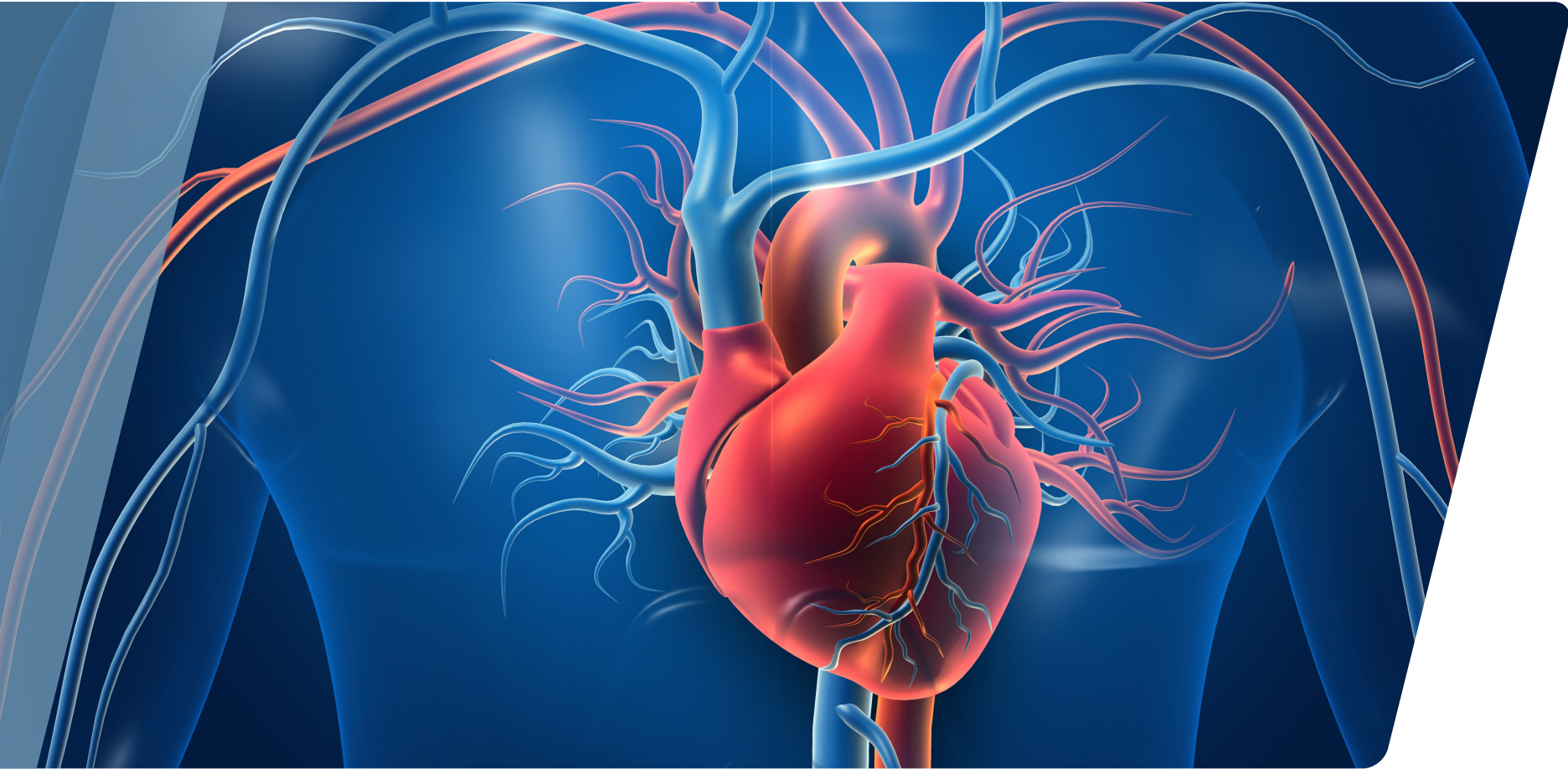
Heart disease is often

preventable. Health experts recommend:

- Talking with a health care provider about your personal risk factors
- Quitting smoking
- Staying physically active throughout the week
- Choosing a heart-healthy diet rich in fruits, vegetables, whole grains and lean proteins

Learning the warning signs — and acting quickly — can save lives.

Learn more at GoRed forWomen.org.



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Elliot Heart & Vascular Care



New Hampshire

Top Docs 2026



Dr. Jeffrey F. 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
MD, FACC, FSCAI



Dr. Omar N. Hyder
MD, FACC, FSCAI, FSVM



Dr. Jinu John
MD, FACC, FHRS, CCDS



Dr. Jamie H. Kim
MD, FACC



Dr. Jeanney Lew
MD, FACC



Dr. Sylvia Yang-Giuliano
MD, FACC, FSCAI

“

When Dr. Flynn recommended a PET scan, I was anxious about having to schedule a separate appointment at a hospital. But being able to have the scan right here at the practice made everything so much more efficient and convenient...a great experience!

~ June G.

I never ever anticipated facing a serious heart condition in my first year of college. It was extremely scary, but Dr. Kim and his staff really helped me understand my condition and the tests I had to undergo.

They were so kind and helpful.

When I had a question, the nurses were easy to reach and responded quickly. I can't thank Dr. Kim and the CSNE staff enough for all their amazing care and kindness! I would not go anywhere else!

~ Tommy F.



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Cardiovascular Specialists of New England (CSNE) has a unified mission of improving patient access to exceptional cardiovascular care. With a focus on providing timely, comprehensive, and personalized services, they built a practice rooted in compassion, innovation, and accessibility. They offer cutting-edge cardiovascular care, blending preventative services with advanced treatments to ensure the best outcomes for patients.

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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 as well as additional stress testing and cardiovascular ultrasound are conveniently located in-office, combining advanced technology with patient convenience and comfort.



Intensive Cardiac Rehabilitation Center

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

Vein and Vascular Diagnostic and Treatment Center

Recognizing an immense, unmet need for treatment of varicose veins—affecting over 30 million Americans, with only 1.9 million patients being treated—CSNE's Vein and Vascular Diagnostic and Treatment Center includes 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.

Shockwave Therapy for Coronary Artery Disease

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.



Celebrating the 1,000th Watchman Implant

Watchman Device Implant for Atrial Fibrillation (A-Fib)

In partnership with Catholic Medical Center, CSNE's Dr. Jamie Kim recently performed the 1,000th 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.

Insertable Cardiac Monitor (ICM) Device for Arrhythmias

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/CSNE were the first in New Hampshire to perform this procedure in the physician-office setting offering comfort and convenience to patients.

A Trusted Voice in Cardiovascular Health

Dr. James Flynn, co-founder of CSNE, reflects on the practice's growth and commitment: "In a very short time, 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."



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Elliot

From Page B1

tell us that patients in that age range will be more likely to have heart and vascular diseases, and it goes up.”

Since opening its doors to patients in July 2025, Elliot’s cardiac surgery program has already performed nearly 30 open-heart surgeries, a rapid start that hospital leaders say reflects both community demand and patient confidence.

Baxter said while the program is new to Elliot Hospital, it comes with an experienced team. As the health care landscape in Manchester has shifted and more providers sought to keep their practices local, Elliot saw an opportunity to step forward.

“We were able to launch our program with a number of very experienced personnel,” Baxter said. “So, while cardiac surgery was new to the Elliot Hospital, it was not new to the team that we formed.”

The Elliot Heart and Vascular Center, led by cardiothoracic surgeon Dr. Gerald Sardella, offers a full range of cardiovascular services, beginning with advanced, noninvasive imaging and extending through complex surgical care.

Patients can receive diagnostic testing such as echocardiograms, cardiac CT scans, cardiac MRI, PET imaging, and cardiac catheterization to evaluate heart structure, blood flow and function.

On the surgical side, the program now provides open-heart procedures, including coronary artery bypass surgery, aortic and mitral valve repair or replacement, and treatment of certain aortic conditions.

The center also supports catheter-based and minimally invasive procedures for rhythm disorders and structural heart disease,



PROVIDED BY ELLIOT HOSPITAL

The new operating room at the Elliot Heart and Vascular Center is under construction and is expected to be completed in March.

allowing many patients to be evaluated, treated and followed by the same care team throughout their diagnosis and treatment.

“They were doing everything up to the surgery,” Sardella said. “And then could not finish that final step. To get to that next level, you need (to be able to provide) cardiac surgery.”

To support the program, Elliot also has invested in major infrastructure upgrades, including a dedicated cardiac operating room, expected to open in March 2026. The nearly 1,000-square-foot space was designed with direct input from Sardella and the surgical team.

Once operational, the new space is expected to significantly increase Elliot’s surgical capacity.

Experience, patient focus at the heart of expanded program

Sardella, a cardiothoracic surgeon with more than 30 years of experience, joined Elliot in January 2025. Throughout his career, Sardella has performed nearly 5,000 open-heart surgeries in New York and New England. He came to Elliot after helping stabilize and grow cardiac surgery programs elsewhere, including at Catholic Medical Center and Concord Hospital.

While Elliot’s heart and vascular surgery program is new, Sardella emphasized that the clinicians who make up the care team have years of expertise.

“It’s a team sport,” he said. “My team probably consists of at least a dozen people ... and most people have 10 to 20 years’ experience.”

That experience, he said, will allow the program to grow deliberately and thoughtfully, particularly in its first year. Unlike high-volume centers where patients can feel rushed or anonymous, Elliot surgeons and providers have time to talk to patients and get to know them.

“We are a small program,” Sardella said. “We’re not trying to run hundreds (of patients) through every month to get the numbers up. I come in at 5 a.m. for every elective case, to meet them in the lobby before their surgery and walk them from the lobby up to the ICU. It reassures them that I’m there, wide awake, and ready to go.”

Positive surgical outcomes are the goal of every cardiac surgery. Sardella expects that 70% of his team’s clinical volume will

include bypass surgery, as well as aortic and mitral valve surgery.

“Volume is one thing, but patient outcomes are another. I have 0% mortality in the last three years at CMC and here,” Sardella said, referencing more than 400 cases. “So, I feel like it’s not just about my experience, it’s my outcomes.”

The ability for patients to see the same physician and care teams from diagnosis through recovery provides an advantage to patients who prefer to receive all of their cardiac care in the community. For doctors and health care providers, having cardiology, vascular care, imaging and surgery integrated in one location reduces fragmentation and can speed up decision-making.

“One of the benefits of being under one roof is

familiarity,” Baxter said. “Medicine’s complex. We want to make it less complex if we can.”

However, patients who receive cardiac care at Elliot can still opt to get heart surgery elsewhere and can expect “warm handoffs” to surgeons in other hospital systems, he said.

Cardio-oncology: Addressing a growing specialty

As cancer survival rates improve, a growing number of patients are living long enough to experience the cardiovascular side effects of chemotherapy and radiation, an emerging field known as cardio-oncology.

Baxter explained that some cancer treatments can lead to heart complications that require specialized monitoring and intervention. More people are successfully completing cancer treatment and experiencing complications from radiation and chemotherapy.

Elliot has responded by bringing in a cardiologist who specializes in cardio oncology, a move Baxter says strengthens the hospital’s ability to care for complex patients without sending them elsewhere.

“We’re fortunate to have a cardiologist on staff who’s a cardio oncology specialist,” he said. “It’s not available other places.”

As cardiovascular disease continues to evolve as the population ages, Elliot’s Heart and Vascular Care program is ready to keep pace with patient demand and advances in technology. Hospital systems that offer integrated services are best positioned to take advantage of emerging technologies, such as AI, to offer advanced insights into clinical decision-making and follow-up care, Baxter said.

Several Hundred New Hampshire Nursing Home Residents are Experiencing Severe Medicaid Cuts



Despite bipartisan efforts by Gov. Ayotte and legislators to shore up Medicaid funding, care in many nursing homes, including Holy Cross Health Care Center in Manchester, took severe cuts January 1.

Sister Jacqueline, a former school principal, is among Holy Cross residents affected, as her care funding was cut 11.74%, or \$31.14 per day. Holy Cross was one of 19 hard-hit nursing homes where daily care cuts were no less than \$10.47 per resident and as much as \$45.89 for another small nonprofit.

The state budget cannot be "balanced" through such cuts.

For more information, see savenhseniors.com

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February is Heart Health Month. Take this opportunity to learn more about your heart health and the comprehensive cardiovascular services available at Concord Hospital Cardiovascular Institute. You don't have to leave the state to receive high-quality, compassionate heart care; we have locations in Berlin, Colebrook, Concord, Laconia, Lancaster, and New London.



Cardiovascular Institute



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What habits should I start to improve my heart health?

Mayo Clinic News Network (TNS)

DEAR MAYO CLINIC: Heart disease runs in my family, and I really want to avoid developing it myself if I can. What heart-health habits should I consider starting?

ANSWER: When it comes to heart health, prevention still delivers the greatest return. Taking steps now — no matter how small — provides far greater benefits than managing heart disease later. Fortunately, there are many practical, sustainable ways to lower your risk, even if heart disease is common in your family.

A good place to begin is with the simple, everyday choices that influence your long-term cardiovascular health. To build healthier habits, start gradually. Improving your diet one step at a time, moving your body throughout the day and avoiding long periods of sitting can make a measurable difference. Small changes add up, and consistency matters more than perfection.

Emotional well-being also plays a vital role in heart health. Activities that bring meaning or connection, such as

walking with a friend or focusing on purpose in daily life, can lower stress and support healthier behaviors.

Taking medications as directed is another key factor in preventing heart attacks or stroke. If you have been prescribed treatment for high blood pressure, high cholesterol or other risk factors, following your clinician's guidance and monitoring your numbers ensures those risks stay under control.

Here are eight additional steps that can strengthen your heart-health plan.

1. Avoid tobacco

Smoking or using smokeless tobacco damages the heart and blood vessels, and it lowers the oxygen available to your body, forcing the heart to work harder. The benefits of quitting begin almost immediately, and the risk of heart disease decreases significantly within a year.

2. Get moving every day

Aim for 30 minutes or more of physical activity most days of the week. Brisk walking, cycling, gardening, taking the stairs

and even brief movement breaks throughout the day all contribute to better cardiovascular fitness.

National guidelines recommend at least 150 minutes of moderate or intense activity weekly, but any amount of movement is better than none. If you've been inactive, increase your activity gradually.

3. Follow a heart-healthy eating plan

Diet affects many major risk factors, including blood pressure, cholesterol and blood sugar. Heart-healthy patterns such as the Mediterranean diet and DASH eating plan emphasize fruits, vegetables, legumes, fish, lean protein, low-fat dairy products, whole grains, and healthy fats like olive oil and avocado.

Limiting salt, added sugars, refined carbohydrates, alcohol, saturated fat and processed foods, including processed meat, further protects your heart.

4. Maintain a healthy weight

Excess weight, especially around your belly, raises the risk of high blood pressure, high cholesterol, type 2



DREAMSTIME/TNS

Small, consistent changes can add up to meaningful improvements in long-term cardiovascular health.

diabetes, sleep apnea and heart disease. Even modest weight loss of 3% to 5% can improve blood sugar, triglycerides and metabolic health.

5. Prioritize quality sleep

Adults typically need at least seven hours of sleep each night. Poor sleep is linked to obesity, high blood pressure, diabetes and heart disease. Maintain a consistent sleep schedule and a restful environment. If you snore loudly, wake up gasping

or feel excessively tired despite adequate sleep, talk to your clinician about screening for obstructive sleep apnea.

6. Manage stress in healthy ways

Chronic stress can elevate blood pressure and affect lifestyle choices. Techniques such as mindfulness, yoga, relaxation exercises, mindful breathing, physical activity and seeking social support can lessen stress and improve overall well-being.

7. Stay up to date with screening tests

High blood pressure, high cholesterol and high blood sugar often develop silently. Regular screenings allow early detection and treatment. Your clinician can recommend how often to check your numbers based on your age and risk profile.

8. Prevent infections

Good dental care and staying up to date on vaccinations reduce risks associated with infections that can harm the heart or worsen existing conditions.

While you can't change your family history, you can adopt many habits that strengthen and protect your heart. Start with small, manageable steps, stay connected emotionally, take medications as prescribed, and partner with your care team to monitor your health.

Prevention is a powerful investment and right now is a perfect opportunity to begin.

Francisco Lopez-Jimenez, M.D., Cardiovascular Medicine, Mayo Clinic, Rochester, Minnesota.

Heart failure deaths have accelerated in US since COVID pandemic

By Jason Gale
Bloomberg

The COVID pandemic didn't just kill people directly. It appears to have accelerated a long-brewing reversal in U.S. heart failure deaths, with mortality climbing faster since 2020 after years of decline, new research shows.

The increases have been most pronounced among younger adults and Black Americans, pointing to disruptions in care and worsening conditions such as diabetes, obesity and high blood pressure that intensified

during the health emergency, according to a study published Monday in the Journal of the American College of Cardiology.

Heart failure has emerged as one of the clearest signals of the pandemic's lasting impact on chronic disease. Unlike heart attacks or strokes, which are sudden events, heart failure reflects cumulative damage and is especially sensitive to gaps in routine care and long-term management.

The pattern reflects a convergence of forces rather than a single cause, said co-author Harlan Krumholz, a Yale Univer-

sity cardiologist and the journal's editor-in-chief. Rising cardio-metabolic risk factors have been appearing earlier in life for years and didn't pause during the pandemic, while disruptions in care, delayed diagnoses and fragmented follow-up left some patients more exposed, he said.

"What we are seeing reflects a mix of worsening cardiometabolic risk, structural and health system failures, and the lingering effects of pandemic-era disruption, rather than a new biology per se," Krumholz said in an email.

Nationally, age-adjusted heart

failure death rates declined from 1999 through about 2011 before reversing course. The rise accelerated during the early COVID period and has persisted, with particularly steep increases among adults under 65, men, Black people, rural populations and residents of the South and Midwest, the report found.

Heart failure was listed as the underlying cause of more than 92,000 U.S. deaths in 2024 and as a contributing cause in over 423,000 others, according to the National Center for Health Statistics. Mortality rates were

highest among older adults, but the sharpest increases occurred in younger and middle-aged groups — an unusual shift that has unsettled cardiologists.

The findings add to evidence that the pandemic's cardiovascular toll didn't end when hospitals reopened or vaccines arrived. If heart failure mortality continues to rise, it risks becoming a dominant driver of post-pandemic heart disease deaths, threatening to reverse decades of progress — especially for populations already bearing the highest burden of chronic illness.

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What television gets wrong about CPR — and why it matters

By Hanna Webster
Pittsburgh Post-Gazette

Physicians have said the HBO Max drama “The Pitt” offers one of the most accurate depictions of medicine on television.

But there are plenty of shows that don’t offer such realism — and they may be having real-world consequences when it comes to the public understanding of best practices for bystander CPR.

Bystander cardiopulmonary resuscitation can double or triple a person’s chances of surviving a cardiac arrest, the American Heart Association has found, but many are hesitant to intervene in an emergency situation or may have misconceptions about what bystander CPR involves.

Seeing television as a potential driver of public health attitudes, researchers at Pitt watched hundreds of hours of scripted American TV to add hard numbers to depictions of bystander CPR. The team hopes the findings can clarify common CPR misconceptions, and that these misconceptions can later be corrected. This is the first time a study has analyzed bystander CPR depictions in scripted media.

“We want people making these shows to be more aware of the influence they have on public health,” said Ore Fawole, research coordinator and incoming medical student at Pitt for fall 2026, and lead author on a new paper about bystander CPR in the media published this month in an American Heart Association journal.

Whether through a medical drama like “The Pitt” or the Pittsburgh-set tear-jerker “This is Us,” which tackled dementia and its impact on families, certainly series can help



Noah Wyle stars in the HBO Max Emmy-winning drama “The Pitt.”

fuel larger conversations about our health. Some research draws a more direct link between public health and media, including a 2011 study that found birth control storylines on Indian television were associated with a drop in the fertility rate in the country.

For the new study, University of Pittsburgh Public Health researchers watched 169 American scripted TV episodes — “Breaking Bad,” “CSI,” “The Walking Dead” and “Yellowstone” among them — that included the words “defibrillator,” “resuscitation,” “cardiac arrest,” “CPR,” “mouth-to-mouth resuscitation” and “cardiopulmonary resuscitation” and analyzed how these shows depicted cardiac arrest and bystander CPR.

They found that correct bystander CPR was illustrated in 30% of the

episodes, and that many scenes showed people age 21 to 40 experiencing a cardiac arrest, while the average age for the event is 62 years old. TV depictions also were more likely to show cardiac arrest occurring in public, despite about 80% of them happening at home.

Bystander CPR is misunderstood in general.

In 2008, the American Heart Association updated its guidelines for the practice to include only chest compressions and calling 911. This is distinct from CPR given by a trained medical provider, which involves checking for a pulse and giving rescue breaths with a barrier over the mouth.

Pitt researchers found that nearly half of the viewed episodes showed bystanders giving rescue breaths to victims and 42%

checking for a pulse, both outdated techniques for bystander CPR.

“The important thing for bystanders is to make it as simple as possible,” said Saad Mahmood, emergency medicine physician and chief medical officer at Allegheny General. “We know that many people do not receive CPR from bystanders.” Mahmood is also a board member of the Greater Pittsburgh chapter of the American Heart Association.

When Beth Hoffman, assistant professor at Pitt Public Health and senior author on the paper, volunteered to teach CPR to youth, she noticed this confusion and misconception, and some students saying the first step should be to check for a pulse.

Students who told Hoffman and her colleagues they’d seen CPR performed

on TV inspired her to look into what these portrayals actually looked like, and how they may influence perceptions of cardiac arrest.

The study also found that white men were most likely to receive CPR on television, despite Black men being more likely to suffer out-of-hospital cardiac arrests in real life.

The research did not explore success rates of bystander CPR for cardiac arrest, an important component in understanding the event, said Faina Linkov, associate professor in the health sciences at Duquesne University, specializing in chronic disease.

Just 10% of people survive a cardiac arrest when they happen at home, and 20% survive them in public or at a hospital.

“It’s a pretty lethal event,” said Linkov. “If you watch

TV, people go into cardiac arrest and they are magically revived, alert and well within minutes, whereas in real life that doesn’t actually happen.”

The brain is a fragile organ with high oxygen demands: Just a few minutes of lost oxygen can mean future memory problems, seizures and movement disorders.

“People need to be aware of the potential harms of TV portrayals of cardiac arrest,” she said. “They can create false expectations for bystanders and families, and they underestimate seriousness.”

Fawole, who as a Pitt undergrad double-majored in film and natural science, thinks there’s potential for TV shows to work on correcting these inaccuracies.

“Shows like ‘The Pitt’ have shown that you can be authentic and still have a lot of viewers and a big following,” said Hoffman. “So I think there are opportunities.”

If it’s logistically difficult for actors to portray accurate chest compressions — doing it right involves depressing the chest 2 inches and often breaking ribs — Hoffman suggested that media companies could partner with public health agencies to add public service announcements after episodes about correct bystander CPR and where to find resources.

Hoffman and her team also want to dive more into viewers’ takeaways from these medical shows and how these perception shifts may be changing behavior. And continuing her work with kids, she said she sees the study’s results as an opportunity to broaden the conversation on media literacy.

“Anything we can do to change the way CPR is shown in media can only improve CPR rates,” said Mahmood.

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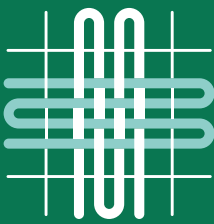
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