W
ter your tackling football players, sales quotas or household chores, you need to keep yourself in the best possible shape. From the early warning signs of a heart attack to the first signs of a receding hairline, your body is constantly sending out signals. Learn to get the signals straight and develop a game plan for health at a free program featuring former Miami Dolphins quarterback Don Strock and a panel of medical experts from Baptist Health.

8:30 a.m. Registration and continental breakfast

9 a.m. Winning Strategies: Keys to a Healthy Lifestyle.

Don Strock, head football coach at Florida International University and former Miami Dolphins quarterback.

9:30 a.m. Physician Panel Discussion

Stay at the Top of Your Game: Preventing and Treating Sports Injuries. Sports medicine specialist Harlan Selesnick, M.D.

How to Play It: New Techniques to Treat Prostate Cancer. Radiation oncologist Steven Olszewski, M.D.

Tackling Hair Loss. Hair transplant specialist Jeffrey Epstein, M.D.

Play It Smart: Preventing Heart Disease. Cardiologist Theodore Feldman, M.D.

11 a.m.-1 p.m. Extra Points. Free screenings for cholesterol, diabetes, blood pressure and leg blood flow (peripheral vascular screening). Also, “Ask the Experts” with fitness specialists and registered dietitians on hand to answer questions.

Enjoy exhibits and healthy snacks. Men — and the women who love them — are invited to this free event. Reservations are required. Call 786-596-2871.
Women & Health

In the United States this year, 65,000 more women than men will die from heart attacks. That’s right — women. And that’s the message that First Lady Laura Bush pledged to spread when she visited Baptist Hospital in February to speak to female heart disease survivors and healthcare workers.

Mrs. Bush’s visit coincided with the release of new women’s heart guidelines by the American Heart Association. The guidelines emphasize lifestyle changes to prevent heart attack, but also call for aggressive use of medications in high-risk women.

The Heart Association said women should receive treatment based on risk for a heart attack. A high-risk woman has already had a heart attack, or a stroke, or has diabetes. A moderate-risk woman may have high cholesterol and high blood pressure. A low-risk woman is healthy and within normal ranges for weight, cholesterol and blood pressure.

Aspirin therapy, ACE inhibitors and beta-blockers are recommended for women in the high-risk category. Aspirin therapy and drugs to lower cholesterol and blood pressure should be considered for the woman at moderate risk. (See related story on page 10.)

“In America,” Mrs. Bush said, “one woman dies each minute from heart disease. Heart disease kills more women than all forms of cancer combined. I urge you to get your cholesterol, your blood pressure and your blood sugar checked. Everyone needs to know that heart disease is the number-one killer of women.”

As Mrs. Bush spoke to the crowd, 18 women, heart disease survivors, sat behind the podium. They wore red in honor of The Red Dress, the symbol of The Heart Truth, a national campaign to raise awareness of women’s heart disease.

Mrs. Bush lauded the group’s efforts to exercise, lose weight and quit smoking. “If my mother-in-law, Barbara Bush, can swim 88 laps at a time, then you can walk 30 minutes,” she said. “There’s one absolute when it comes to exercise: Any is better than none.” The First Lady walks at least three times a week and also lifts weights.

“Mrs. Bush is a terrific role model,” said Pat Stephenson Cook, a professor at Miami-Dade College and part of the heart survivor group. “She’s very fit and shows a genuine concern for the issue.”

Ms. Stephenson Cook had a heart attack two years ago.

“It’s a subject that needs attention, and it was very comforting to hear the First Lady talk about it,” said Esther Arango. “When I had a heart attack 12 years ago, there was no information available about women and heart disease. We’ve made a lot of progress in those 12 years, but thanks to Mrs. Bush, more improvements will be coming.”

Mrs. Bush emphasized the importance of seeing a doctor to learn your risk factors. “The doctors, nurses and staff make Baptist Cardiac & Vascular Institute a national center of excellence for cardiac disease,” she said. “The best prevention is education.”

Cardiologist Abbe Rosenbaum, M.D., agreed, telling the audience that when a woman has a heart attack, she may not experience the crushing chest pain most men report. “The symptoms can be different, which is one of the reasons women are more likely than men to die from their first heart attack.”

— Adrienne Sylver
Kaylee Holler is a bionic baby, breathing on her own and happily living at home after doctors at Baptist Children’s Hospital gave her something she was born without — half a rib cage.

Kaylee was two months premature, weighing 3 pounds, 7 1/2 ounces when she was born Aug. 24 at Homestead Hospital. She was transferred to Baptist Children’s Hospital and put on a respirator when doctors discovered her rare birth defect known as Poland Syndrome. Six of the ribs on the left side of her body were missing, among other problems. As a result, her chest caved in when she tried to breathe.

“She would stop breathing every day,” her mother, Mitzi Holler, recalled. “I didn’t think she was going to make it.”

Her tiny size made surgery a challenge. But with input from specialists at Johns Hopkins University in Baltimore, pediatric surgeons Juan Sola, M.D., and Donald Buckner, M.D., figured out a way to fashion the front half of the rib cage out of titanium mesh.

At 7 weeks old, Kaylee had the operation. About a month later, she went home to her family, parents Mitzi and Michael Holler, and big sister Kelsey King, 10.

By the new year, Kaylee had grown to more than 9 pounds and was doing well. She’ll need several more operations as she grows.

“I can’t believe everything that’s happened,” Ms. Holler said. “I’m so happy.”

— Patty Shillington

Baptist Children’s Hospital is moving its outpatient rehabilitation center to a new location with easy access, plenty of parking and a full staff of therapists and social workers. The Martha Ware Rehabilitation Center, named after benefactor Martha Ware, is located at 9035 Sunset Drive.

“We are so grateful for Ms. Ware’s support in making this happen,” said Randall Lee, Baptist Children’s Hospital administrator. “She’s a generous philanthropist who wanted to help disabled and developmentally delayed children get the help they need.”

With its kid-friendly decor, the Center is sure to put children at ease. The Center serves children who need physical, occupational and speech therapy, including babies and youngsters with developmental delays, spina bifida and cerebral palsy. In addition, therapists work with children who have had strokes or brain injuries, and those with feeding or swallowing problems. Children who stutter or have other speech problems see a speech therapist. For more information, call 786-596-5188.
Let's get jumping, girls!

For girls, a little high-impact exercise can go a long way toward keeping bones strong later in life, a study has found. Girls approaching puberty who strengthened their legs and back with jumping exercises increased their bone mass by 5 percent, researchers at the University of British Columbia discovered. That’s the equivalent of three to five years of post-menopausal bone loss.

In the study, published in the journal Pediatrics, fourth- through sixth-grade girls jumped for 10 minutes three times a week during two 10-month school years. A follow-up study showed similar benefits when girls jumped as few as five times three times a day.

Day of Smiles

or a year, 8-year-old Jawaan Sanders lived not only with the memory of his mother’s abuse, but also the deep long burn scar on his right cheek, caused by a curling iron. But today when the boy looks in the mirror, it’s a healing grin he sees on his face.

The scar was surgically removed for free last November by plastic surgeon Jhonny Salomon, M.D., during the Day of Smiles at Baptist Children’s Hospital. The hospital and 30 doctors, nurses, technicians and other staff volunteered their services to correct facial deformities for four children and one adult who could not afford the operations.

It was Baptist Children’s Hospital’s third Day of Smiles. In all, 21 children and young adults have received free surgery since the program began. And it’s not just the kids who end up feeling better.

Plastic surgeon Joel Levin, M.D., gets “instant gratification” from being able to make a profound difference in a child’s life with one short operation. Plastic surgeons Michael Kelly, M.D., Brad Herman, M.D., and Phillip Craft, M.D., and oral surgeon Joseph McCain, DMD, also participated.

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William Cohen, 61, was on the road to a stroke when doctors at Baptist Hospital opened a blocked artery in his neck with angioplasty and a stent instead of surgery.

“I was really grateful that they caught this in time, that I didn’t have a stroke and I didn’t have surgery, either,” said Mr. Cohen, who owns a small freight forwarding company in Coral Springs.

When Mr. Cohen was diagnosed with a 92 percent blockage in one of the carotid arteries in his neck, his doctor recommended a surgery called endarterectomy. Surgery prevents strokes by removing plaque in the artery that can shed clots and other fatty particles directly into the brain.

But Mr. Cohen wanted an alternative. He sought an expert opinion at Baptist Cardiac & Vascular Institute, where he entered a clinical research trial of carotid angioplasty and stenting. Both procedures have been used for years in the heart. But they pose special challenges in the neck because physicians are working so close to the brain.

For example, even before Mr. Cohen’s angioplasty could begin, a tiny, removable umbrella had to be positioned inside his carotid artery, downstream from his blockage, to trap any fatty debris that could come loose and cause a stroke.

And, unlike heart stents implanted deep within the body, carotid stents need to be flexible and uncrushable as the neck bends and twists and is touched and pressed. Today’s carotid stents are made of a special material called nitinol, which holds its shape at body temperature.

The first such stent is expected to be approved by the FDA this year. Soon afterward, the Institute will become a training center for other physicians who want to learn how to use it. That’s because Institute physicians have played a leading, national role in the development and testing of carotid stents. Barry Katzen, M.D., the Institute’s founder and medical director, helped organize one of the first national studies demonstrating that carotid stenting is equal to surgery in preventing strokes, with fewer serious complications.

Until stents were developed to open carotid arteries, surgery was the only preventive treatment. “Surgery has long been the gold standard for preventing stroke, and we expect it to continue to be an important option for patients with advanced carotid disease,” said Jose Alvarez, M.D., the Institute’s chief of vascular surgery.

For those who choose surgery, the Institute’s outcomes are outstanding: serious complications after carotid surgery are 50 percent lower than American Heart Association guidelines.

Now the Institute is participating in clinical research sponsored by the National Institutes of Health. “What’s exciting about this new research is that it enlists hundreds of the most skilled physicians across the country,” Dr. Katzen said. “We already know that stenting is less invasive than surgery. Now we will learn which procedure actually protects better against strokes in patients with advanced carotid disease.”

A dramatic difference can be seen after a blocked carotid artery (left) is propped open with a stent (right) to restore blood flow to the brain.

A tiny, removable umbrella is placed inside the carotid artery to catch any debris that could break loose and cause a stroke.
Every year, more than 800 stroke patients come through the doors of Baptist Hospital, making it one of the busiest stroke centers in the state. Today, patients in a race against the clock to stop their stroke and restore blood flow to the brain are met by Baptist’s Emergency Stroke Team.

The team swings into action as soon as the Emergency Center is notified that a stroke patient is on the way, according to neurologist Paul Damski, M.D., medical director of Baptist Hospital’s Stroke Program. A neurology nurse rushes to the ER to assist physicians there in assessing the stroke’s type and magnitude. An on-call brain specialist may then be summoned to perform one of a whole new arsenal of emergency stroke treatments.

Rafael Marino, 69, of Puerto Rico, was visiting his sister in Kendall when he suffered a life-threatening blockage in a major artery feeding his brain. “Luckily, he and my mother were just getting into the car to go out when he suddenly started shaking and twisting,” said Esperanza Perez, Mr. Marino’s niece.

Due to his quick arrival at Baptist, Mr. Marino received intravenous tPA, a clot-busting drug that is effective only for several hours after a stroke begins. Only 5 percent of stroke patients are able to receive tPA due to the usual delay in recognizing symptoms and getting the patient to a hospital.

In Mr. Marino’s case, however, tPA circulating throughout his body didn’t provide enough clot-buster directly to the stroke site. So much of the clot remained that it continued to constrict blood flow to the brain.

What happened next demonstrates just how far stroke treatment has advanced in recent years, according to Buddy Connors, M.D., medical director of interventional neuroradiology at Baptist Cardiac & Vascular Institute. Using a catheter threaded through an artery into Mr. Marino’s brain, Dr. Connors delivered clot-busting drugs directly to the blockage causing the stroke.

Within about a day of his arrival at Baptist, Mr. Marino also underwent angioplasty to flatten plaque that still partially blocked the artery where the stroke had occurred. According to Dr. Connors, fatty plaque often underlies a stroke-causing clot and must also be cleared.

Used in the heart for many years, today angioplasty in the brain is giving new hope to stroke patients and their families. Several months after his successful treatment, Mr. Marino passed a follow-up exam at Baptist Hospital and returned home to Puerto Rico with no stroke-related disabilities. “That’s a major win because stroke is the third-leading cause of death and the leading cause of disability in the United States,” Dr. Connors said.

Coming soon are even newer technologies to remove stroke-causing clots. For example, Baptist physicians will soon use a small corkscrew device mounted on a catheter to remove large portions of blood clots in the brain, making it easier for drugs to dissolve the parts that remain. Just like angioplasty, most new treatments will be non-surgical, allowing doctors to travel the body’s own arterial “highways” to reach the stroke site.

“With new catheter-based technologies, we are looking at the opportunity to reach and treat almost any kind of blockage in any artery in the brain,” Dr. Connors said.
Harlan Twible survived the sinking of the USS Indianapolis and five endless days in Pacific shark-infested waters where 880 crewmen perished in the waning days of World War II.

“I was a 23-year-old ensign just out of the Naval Academy, but I was the only officer in the water, responsible for all those lives,” Mr. Twible recalled.

At 82, Mr. Twible is again helping to write history. Almost six years ago at Baptist Cardiac & Vascular Institute, a device called a stent-graft was placed in his aorta to treat a life-threatening aneurysm.

Mr. Twible’s stent-graft immediately stabilized his aneurysm and kept it from bursting. Even more remarkable, his implant protects him today and is expected to do so for the foreseeable future. In this respect, Mr. Twible joins hundreds of other Institute patients who have received stent-grafts over the past decade.

“With a 10-year track record now behind us, we know that stent-grafts are durable and offer long-term protection against fatal aneurysm rupture,” said Barry Katzen, M.D., founder and medical director of the Institute.

Mr. Twible had a 2.5-inch aneurysm in the aortic artery supplying blood to the entire lower half of his body. He knew the stretched and weakened vessel in his abdomen could burst at any time, killing him in minutes.

After a nationwide search, Mr. Twible came to the Institute for intensive testing that qualified him for a clinical trial of a new stent-graft.

Gary Becker, M.D., Mr. Twible’s doctor and assistant medical director of the Institute, threaded a catheter through an artery in the groin up to the aneurysm site just below Mr. Twible’s kidneys.

The catheter was used to implant the stent-graft, a fabric and metal tube that channels blood through the weakened section of the artery.

“When blood flows through the stent-graft and not through the aneurysm, that relieves pressure and prevents the aneurysm from bursting,” Dr. Becker explained.

The Institute was among the first five research centers in the United States to use abdominal aortic stent-grafts in 1994. Since then, Institute doctors have placed hundreds in carefully selected patients, with far fewer deaths and complications than surgery.

As stent-graft technology advances, the Institute is conducting new research on devices for the section of the aortic artery passing through the chest. Dr. Katzen also recently became the second physician in the nation to implant an experimental stent-graft that can be threaded through the smaller arteries in women.

Best of all, Dr. Katzen noted, stent-graft research has produced a growing portfolio of devices. “No two abdominal aortic aneurysms are the same, and one stent-graft does not fit all patients,” he explained. “Our participation in so many successful studies ensures that we will be able to offer at least one device to the majority of patients.”

Mr. Twible returns to the Institute every year from his home in Sarasota to make sure his device is still in place and not leaking, and that his aneurysm — which once bulged with blood under high pressure — remains a limp and empty sac. Mr. Twible said he considers the protection he has received without grueling surgery well worth his hospital visits.

“As a person who had four heart attacks and was 75 years old, I was a poor risk for conventional surgery,” Mr. Twible said. “My stent-graft has given me almost six eventful years of life.”
The average human heart beats more than 100,000 times each day. But what may sound to you like a single heart-beat is really a series of smaller contractions that move blood through the four chambers of the heart and the lungs before pumping it to the farthest corners of your body.

Unfortunately, disease can short-circuit the delicate electrical system that coordinates the heart's contractions.

After a major heart attack, a person may suddenly develop irregular, fast heartbeats called tachycardia, which can progress to fibrillation, an uncontrolled quivering that makes the heart stop pumping altogether. When the heart's main pumping chamber, the left ventricle, goes into fibrillation and stops, the victim suffers cardiac arrest.

If an external defibrillator isn’t applied to the chest to shock the heart back into action in five or six minutes, a person in cardiac arrest may die. Such defibrillators can now be found in many public places, from health clubs to airplanes.

Today there are also computer-controlled defibrillators that can go everywhere a patient goes since they’re small enough to be implanted under the skin of the chest. These implantable cardioverter defibrillators (ICDs) can detect the beginning of a too-fast heartbeat and automatically administer a small electric shock through one or more small wires threaded into the heart.

ICDs are an extremely effective insurance policy for heart attack survivors who might, at any time, go into cardiac arrest,” said Efrain Gonzalez, M.D., medical director of electrophysiology at Baptist Cardiac & Vascular Institute. “Every year, they prevent thousands of deaths.”

Patients whose hearts can’t pump as much blood as they should are at a higher risk of cardiac arrest, Dr. Gonzalez explained. Under new guidelines, Medicare will now pay for such patients to receive an implantable defibrillator. Under the old guidelines, only about one in five patients who might be protected by an ICD actually got one.

About 650,000 Americans have first-time heart attacks each year. Close to 433,000 survive. Of those, at least 43,000, or 10 percent, have a pumping volume, or ejection fraction, of 30 percent or less — low enough to qualify for an ICD.

“This should encourage more survivors to go to their doctor and find out what their ejection fraction is, and to discuss whether they need an ICD in addition to anti-arrhythmia drugs,” Dr. Gonzalez said.

A new type of implantable pacemaker is also improving prospects for heart failure patients. Traditional pacemakers speed up slowing hearts by sensing when there’s a missed beat and sending out pulses of electricity so tiny they can’t be felt. The new pacemaker for heart failure, called a cardiac resynchronization device (CRD), senses when a heartbeat starts, then sends electrical signals to coordinate the contractions of the heart’s chambers to promote the strongest beat possible. Some of the new pacemakers also are defibrillators.

Dr. Gonzalez says cardiac resynchronization appears to help about 20 to 30 percent of heart failure patients live longer and with a higher quality of life. He recently made a video demonstrating to other physicians nationwide his method for quickly and accurately threading the new pacemaker’s wires to three different chambers in the heart.

By first grade, 6-year-old Amber Balda weighed 89 pounds, showed early signs of diabetes and had trouble finding friends at school. That’s when her mother, Monica Balda, entered Amber in a special program at Baptist Hospital for people of all ages who are at risk for diabetes and heart disease.

Amber learned better eating habits and even asked to join Kid Fit, another Baptist program where she began exercising for one hour, three times a week after school.

Some might say that 6 is too young to have a lifestyle, much less a lifestyle change. But in just three months, Amber was both a happier and healthier little girl, Ms. Balda said.

Amber’s story only goes to prove you’re never too young or too old to adopt a healthy lifestyle, said Lois Exelbert, R.N., director of Baptist’s Diabetes Care Center.

For information on the risk reduction program, call 786-596-8747. For information about Kid Fit, call 786-596-2424.
Cecille Samms of West Kendall was luckier than most women having a heart attack. She felt the same kind of crushing chest pain that men do, dialed 911 and was rushed to the Emergency Center at Baptist Hospital.

For two weeks before her attack, Ms. Samms, 75, had been too busy caring for her sick husband and moving to a new house to notice her chest discomfort — until finally, “terrible pain” woke her from a Sunday afternoon nap.

“The fact that I suddenly had pain not during activity but at rest really shook me up and made me think something might be happening to my heart,” Ms. Samms recalled. Before that fateful moment, she said, “I just wasn’t aware how vulnerable women are because I thought a heart attack was supposed to be a man’s problem.”

The fact is, heart disease is the leading cause of death for both women and men, although the two genders often have different heart attack symptoms and triggers.

New research even shows that sudden cardiac arrest, when the heart beats wildly and stops, is much more likely to be triggered in women by emotional stress. (For men physical exertion is the more common trigger.) This is ominous news, considering the heavy emotional burdens most women carry as family caregivers.

“Toxic emotional stress places real physical stress on the heart, and is so overwhelming that many women overlook their physical symptoms,” said Susan D’Agostino, R.N., manager of cardiac rehabilitation at Baptist Cardiac & Vascular Institute.

In effect, Ms. Samms didn’t have time for a heart attack, and that is precisely what made her attack inevitable. “I was under so much stress for a whole year that I didn’t have time to pay attention to myself,” she recalled.

After undergoing angioplasty and receiving a stent, Ms. Samms, a retired hotel manager and mother of two, entered cardiac rehabilitation at the Institute to strengthen her heart and learn how to handle stress. She is still enrolled today, more than a year after her attack.

Before her heart attack, Ms. Samms had no reason to suspect she was at risk. She was careful with her diet, had been physically active most of her life, was not overweight and did not have a family history of heart disease, high blood pressure or high cholesterol.

Her concern for other women led her to help organize a local chapter of the Women’s Heart Support Network. For information about the support group, call 786-596-6564. The coordinator for the group, Annie de Velasco, R.N., is an Institute nurse who has suffered a heart attack. “That gives me empathy and insight into how other women feel,” Ms. de Velasco said.
Two-thirds of people with diabetes die of heart disease or stroke, yet only 30 percent are aware of their high cardiovascular risk, according to a recent survey.

Take almost any heart or circulatory problem you can imagine and it will be worse in a person who has diabetes, leading to more illness, disability and death.

“Cardiovascular disease can really ravage a person with diabetes,” said Theodore Feldman, M.D., medical director of wellness and prevention at Baptist Cardiac & Vascular Institute.

“The focus in diabetes care has rightly been on controlling blood sugar. But we must also aggressively treat problems like high blood pressure and cholesterol that are very common in diabetics and contribute in a major way to heart disease,” Dr. Feldman explained.

About 60 percent of people with diabetes have blood pressure greater than 130/80, compared with only about 15 percent of the general population.

“A lot of research over the past 10 years shows that lowering blood pressure and cholesterol leads to sizable reductions in death rates among people with diabetes,” Dr. Feldman said. Death rates from heart attack and stroke were 30 percent lower in patients with diabetes who took a cholesterol-lowering statin drug, a recent research study showed.

With obesity and Type II diabetes soaring, many experts believe that a new wave of diabetic heart patients will soon follow.

“The rising tide of obesity-related diabetes in the U.S. is pretty scary. This is certainly no time to throw up our arms and say that heart disease is inevitable in people with diabetes,” Dr. Feldman said.

Even after heart disease is advanced, there is a new treatment option for people with diabetes. It’s called a drug-coated stent.

Zagorka Matkovsky, 73, of Pinecrest, received a drug-coated stent at the Institute immediately after it was approved by the FDA last year. Since then, more than 1,000 Institute patients have received the new stent, many of them people with diabetes.

Stents are tiny, metal mesh tubes inserted into an artery after an angioplasty has cleared fatty build-up blocking the vessel. Before stents, heart arteries closed back up after angioplasty about half of the time. With stents, vessels reblocked in about 25 percent of patients.

But people with diabetes never fared that well. Even with a stent, their vessels reblocked about 40 percent of the time.

In clinical trials, the new stent Ms. Matkovsky received kept vessels open in all but 8 percent of patients with diabetes. That’s because the stent is coated with a time-released drug, sirolimus, that prevents the growth of scar tissue.

“Until now, we often had to send patients with diabetes to open-heart surgery instead of giving them angioplasty and a stent,” said Ramon Quesada, M.D., medical director of interventional cardiology at the Institute. “The new drug-coated stents are giving these patients protection without the pain and trauma of surgery.”

Ms. Matkovsky said she expects lasting protection from her new stent. “I feel secure this new stent will not get blocked.”

Women’s warning signs

“Most female victims of sudden, fatal cardiac arrest have no prior history of heart disease,” said Abbe Rosenbaum, M.D., a cardiologist at South Miami Hospital. “For that reason, women need to pay attention to their peculiar warning signs so they can get to a doctor and prevent a major heart attack from happening.”

Here are the main heart attack warning signs experienced by women, according to the American Heart Association:

70 percent: unusual or unexplained fatigue
48 percent: sleep disturbances
42 percent: shortness of breath
39 percent: indigestion
35 percent: anxiety
30 percent: chest discomfort
Pneumonia vaccine is a real shot in the arm

If you could reduce your chance of getting pneumonia, would you? It’s not a panacea, but one simple shot can help protect seniors against the lung infection, a leading cause of sickness and death among older Americans.

That’s why the Centers for Disease Control (CDC) recommends that everyone 65 and older (as well as younger people with certain medical conditions or risk factors) get the pneumococcal vaccine at least one time.

Promoting the vaccine among seniors — as well as an annual flu shot each fall — is part of the U.S. Department of Health and Human Services’ national initiative, Healthy People 2010.

The goal is for 90 percent of Americans 65 and older to get the pneumonia vaccine by 2010 (as well as an annual flu shot). In 2000, the pneumonia vaccination rate for people 65 and above was about 50 percent; and the flu shot rate about 66 percent.

The vaccine protects against nearly two dozen types of pneumococcal bacteria, which can cause pneumonia and lead to serious blood infections and meningitis.

“Pneumococcal bacteria cause about one third of pneumonias, so it’s definitely worthwhile to take the vaccine,” said South Miami Hospital pulmonologist Jeremy Tabak, M.D., who follows the American College of Physicians’ recommendation to vaccinate everyone over age 50.

The vaccine cannot, however, protect people from all types of pneumonia.

“There are many different germs that can lead to pneumonia,” said Homestead Hospital pulmonologist Steven Turpin, M.D. “Pneumococcus happens to be the most common bacteria that cause pneumonia.”

At her cardiologist’s urging, Heidi McMullan of Coral Gables got the pneumonia vaccine in 2000. Last year, she was treated briefly at South Miami Hospital for “a touch of pneumonia.” She attributes the mild nature of her illness to the vaccine. “It wasn’t anything serious, but imagine if I’d gotten the whole brunt of it,” Ms. McMullan said. “I believe in the flu and the pneumonia shot. I do what I can to stay healthy.”

Across the country, some hospitals are getting involved in projects to offer the pneumonia and flu vaccines to patients who qualify.

“The hospital has the opportunity to talk to patients about this,” Dr. Tabak said. “Even though doctors know about the pneumonia vaccine, it doesn’t always come up in routine office visits.”

Homestead Hospital has launched an effort to vaccinate high-risk patients, including all seniors. Before the project began, fewer than 10 percent of patients who qualified were getting the pneumonia vaccine in the hospital. Today, almost half the patients are vaccinated before they leave the hospital (at hospitals nationwide, the pneumonia vaccination rate is 25 percent).

At South Miami Hospital, all patients in the medical-surgical unit are now being asked if they’ve had a pneumonia shot, said Jana Nesbit, R.N., quality manager for performance improvement. Nurses treating pneumonia patients go one step further, contacting physicians to see if they want the patients to get the vaccine.

“When questioned, many patients don’t know if they’ve had the vaccine, Ms. Nesbit said. “Administering the pneumonia vaccine to those at high risk is going to become widespread practice.”

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A booster is not going to hurt anybody,” Dr. Tabak said, “and it may help provide a better immune response. Unfortunately, we can’t prevent all pneumonias, but we can prevent this particular type and we definitely should take advantage of that.”

— Patty Shillington

You’re younger than you think

Whatever your age, subtract five years. This may be your truer age, according to the Harvard Health Letter. Researchers have calculated that 70-year-olds today are equivalent to 65-year-olds 30 years ago, as far as health is concerned.

Medical advances, as well as social and economic factors, have helped turn back the clock on aging. That means doctors are reevaluating treatments for the so-called “young old,” people up to age 80 or even 85. Hip replacements, coronary bypass and cholesterol-lowering drugs are proving to be useful at more advanced ages.

Fitness guru Jack LaLanne is 89 years young.
SPRING CALENDAR

If you’re 55 or older, take advantage of the programs and health screenings offered by Baptist Health. There is a $5 charge for most programs; however, Senior Advantage members attend free unless otherwise noted. To get a Senior Advantage card, call 786-596-3895. Registration is required for all programs, including those that are free. Call 786-596-3812. For Spanish programs, call 786-596-3814.

BAPTIST MEDICAL PLAZA AT WESTCHESTER
8840 Bird Road, Suite 400 - Health Resource Center

Abdominal Aortic Aneurysm: Diagnosis and Treatment. Monday, March 8, 10:30-11:30 a.m., Deborah Coningsby, nurse practitioner.


Looking Your Best: Latest Treatment for Beautiful Skin. Tuesday, March 30, 7-8 p.m., Dr. Arthur Colsky, dermatologist.

Consumer Protection Against Fraud and Scams. Thursday, April 8, 10:30-11:30 a.m., Leonard Elias, Miami-Dade County Consumer Protection. Free.

Get Control of Your Cholesterol (in Spanish). Wednesday, May 5, 7-8 p.m., Drs. Nestor Guaty, Jorge Pereira and Guillermo Lopez, internists.

Sexuality: Like Fine Wine, It Gets Better with Age. Wednesday, May 12, 10:30-11:30 a.m., Dr. Ana Rivas-Vazquez, psychologist.

Medication Checkup: The Pharmacist Is In. Wednesday, May 19, 10:30-11:30 a.m., Yamile Coto-DePani, pharmacist.

BAPTIST MEDICAL PLAZA AT WEST KENDALL
13001 N. Kendall Drive, Suite 300 - Health Resource Center

Loud and Clear: Solutions for Hearing Loss. Tuesday, March 9, 10:30-11:30 a.m., Dr. Robert Pickard, ear, nose and throat specialist.

Pillow Talk: How to Get a Good Night’s Sleep. Thursday, April 29, 10:30-11:30 a.m., Dr. James Krainson, pulmonologist.

Managing Pain with Non-drug Techniques. Tuesday, May 18, 10:30-11:30 a.m., Pat Collins, R.N., pain resource nurse.

SOUTH MIAMI HOSPITAL • U.S. 1 and SW 62 Avenue, Victor E. Clarke Education Center

Herbals: Benefits and Risks. Friday, March 5, 1-2 p.m., Dr. Linda Marraccini, family medicine practitioner.

When to Take the Keys Away: When Driving Is No Longer Safe. Wednesday, April 7, 7-8:30 p.m., Dr. Richard Hamilton, psychologist, and panel of experts.

Healthy Body, Healthy Mind. Thursday, May 13, 2:30-3:30 p.m., Dr. David Tobolowsky, psychiatrist.

HOMESTEAD HOSPITAL • 160 NW 13 Street

Redefine Your Curves: Facts on Body Contouring. Wednesday, March 31, 7-8 p.m., Dr. Francisco Rafols, plastic surgeon.

HOMESTEAD SENIOR CENTER • 43 NE 16 Street

Stay Healthy: Protect Yourself from Common “Bugs.” Tuesday, April 20, 10-11 a.m., Barbara Russell, director of infection control.

Tips for Staying Safe. Wednesday, May 26, 10-11 a.m., Connie McGovern, Homestead Police Department victim advocate.

ONGOING PROGRAMS

CADRE (Cardiovascular and Diabetes Risk Eradication). A weight-loss and exercise program specifically designed for people who are at high risk for developing either cardiovascular disease or diabetes. For information, call 786-596-3696.

Cardiac Screening. Screening and consultation available by appointment. Fee $30. For information, call 786-573-3755.


Dia-Beat-It. A personalized weight-control program designed especially for adults with diabetes, pre-diabetes or insulin resistance syndrome. For information, call 786-596-3696.

Osteoporosis Screening. Screening and consultation available by appointment. Fee $15. For information, call 786-596-3812.

RESOURCES
Construction begins on new Homestead Hospital

Groundbreaking is scheduled for April for the new Homestead Hospital. The 307,000-square-foot hospital is being built on a 60-acre site just east of the Florida Turnpike on the north side of Campbell Drive (SW 312 Street). The $130 million project, which includes a medical office building, will replace the existing hospital.

“The hospital’s exterior is a traditional Mediterranean design accented with modern touches, while the interior will be more contemporary,” said CEO Bo Boulenger. “All facets of the new hospital, from patient care and clinical areas to public waiting rooms and landscaping, are designed to create a welcoming and healing environment.”

The new Homestead Hospital will have 120 private patient rooms, an Emergency Center triple the size of the existing one and more clinical space for outpatient diagnostic services and minimally invasive surgery. To accommodate a growing population, the five-story building will have the capacity to expand to six stories. The structure also will be built to withstand a Category Five hurricane. The hospital will have the most technologically advanced equipment, including bedside computer stations, paperless medical record archives, filmless radiology and cardiology departments and wireless communication devices for physicians and staff.

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The new facility is the first new hospital to be built in Miami-Dade County in more than 30 years. Physicians, Board members and hospital staff spent a year designing the new hospital with HKS Architects. Area residents provided input about services needed at community forums held last year. The hospital is expected to open in late 2006.

— Tanya Racoobian

Tops again — twice!

For the fourth time, Baptist Health has been named to Fortune magazine’s list of “100 Best Companies to Work For.” And for the third consecutive year, Baptist Health was the top company on AARP’s nationwide list of the 25 “Best Employers for Workers Over 50.”

Baptist Health was recognized for such worker-friendly benefits as flexible job schedules, free fitness centers and wellness programs, on-site daycare, tuition reimbursement and scholarship programs, and phased-in retirement. Baptist Health was the only Miami-area company to make Fortune’s most recent list, and the only Florida employer on AARP’s list.
Like dad, like daughter

On March 21, 1960, David Trautman made history as the first baby born at South Miami Hospital. Proud parents Jean and Murray Trautman welcomed their baby boy just seven hours after the hospital’s maternity unit opened.

On October 30, 2003, the Trautman family celebrated another first as David and his wife, Galia Sanchez-Rossell, delivered their first baby, Daniella Jean, at South Miami Hospital.

A healthy way to get fit

Working out is about fitness, not image. And fitness is about health. So where better to exercise than in a wholesome medical setting, guided by highly trained exercise professionals? Baptist Health Club, on the third floor, West Tower, of the Baptist Medical Arts Building at 8950 North Kendall Drive, is open to the public and offers individual fitness assessments and programs to help people reach their goals. For information, or to arrange a tour of the club, call 786-596-2424.

Free cancer screening

Baptist-South Miami Regional Cancer Program encourages you to get a free skin cancer screening. A Board-certified dermatologist will examine your skin for signs of skin cancer during the month of May. Starting May 1, call 786-596-0051 for information about participating dermatologists.

Baptist Health Resource Center at Informed Families, 2490 Coral Way, opened in January. It is patterned after similar Baptist Health facilities, with an emphasis on health education. Exercise classes include tai-chi-style and yoga-style sessions.

There are fees to attend some programs. For information, call 786-596-3898.

Jean Trautman welcomes baby David in 1960; David Trautman and Galia Sanchez-Rossell (inset) pose with newborn Daniella Jean last fall.
Research benefits patients, community

Last summer, Marta Bejarano Torres fell strangely ill. The 38-year-old mother of three felt weak in her arms and legs. Her head pounded in pain and she fainted frequently. After months without a diagnosis, Ms. Bejarano ended up at Baptist Hospital, where doctors discovered a hole in her heart that was causing small strokes.

Not long ago, repairing the common heart defect required risky open heart surgery and was rarely an option. But now, Ramon Quesada, M.D., medical director of interventional cardiology, is pioneering a less-invasive operation at Baptist Cardiac & Vascular Institute to close such holes in the heart with an experimental device. Dr. Quesada’s work reflects the commitment to medical research at Baptist Health, where more than 200 clinical research studies are underway.

Ms. Bejarano was back at work two weeks after Dr. Quesada repaired her heart last November. “When I think of how they used to have to open up a patient to correct this type of problem, and now they can do it through a small catheter, it’s incredible,” Ms. Bejarano said.

In the past year, Dr. Quesada has done 10 such operations after patients suffered strokes and the heart defects were discovered. The defect is called a patent foramen ovale, or PFO. It occurs when the opening between the two chambers of the heart fails to close after birth. As many as one in five people has a PFO but will never know because in most cases it never causes a problem.

This year, the Institute will participate in a study comparing the rate of stroke recurrence in patients with PFOs. Some of the patients’ PFOs will be closed through the procedure Dr. Quesada uses. Other patients will receive only blood-thinning medication, the current standard of care.

The Institute will participate in another upcoming study investigating a possible link between migraine headaches and PFOs.

“When you have a research program, it really raises the bar as far as how you look at things,” said Margaret Kovacs, R.N., Ed.D., the Institute’s research manager. “You look for connections. You have a proactive approach. You do what’s newest and best.”

Baptist Health’s Institutional Review Board reviews and approves all research according to federal guidelines. “The Board makes sure the physician keeps the patient at the forefront,” said Kelly Cohn, R.N., manager of clinical research, who runs the Board. “They consider if the research is something good for patients, science and mankind in general.”

Barry Mintzer, 66, is one research success story. The retired school principal has a rare form of leukemia. Conventional treatment “was very debilitating.” In 2001, he joined a Baptist Health physician’s clinical trial testing a new drug, Gleevec, which has fewer and milder side effects. Gleevec soon became known as a “magic bullet” for his condition.

Today, Mr. Mintzer is still taking Gleevec, still playing golf and enjoying his retirement. “It’s an exciting time in medicine and I’m happy and lucky that I had the opportunity to take this drug,” he said. “Now, if I could only improve my golf game.”

— Patty Shillington