

American Heart Association
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Aorta Reporter

The Mended Hearts, Inc. Atlanta Chapter #81
Founded 1951 Chartered 1973

It's Great to be Alive—and to Help Others

Dedicated to the Memory of Dr. Paul Ambery

DOUG DAVIS

WHITE OAK LANDSCAPE COMPANY, INC.

“HOW DOES YOUR GARDEN GROW?”

ALSO ELECTION OF OFFICERS

Tuesday, March 21, 2006

7:30 – 9 p.m.

SAINT JOSEPH'S HOSPITAL AUDITORIUM (ONE FLOOR BELOW LOBBY LEVEL)

FREE PARKING AVAILABLE

Drive past the hospital front entrance and watch for the Cancer Center parking deck on the left opposite the main entrance to the Cancer Center.

Ring the button at the parking deck entrance and tell the attendant who answers that you are attending the Mended Hearts meeting and the gate will be opened.

MARK YOUR CALENDAR FOR THE COVERED DISH DINNER

Tuesday, April 21, at 6:30 p.m. — Sandy Springs Christian Church

Installation of officers and covered dish dinner.

Contact Doug Steingraber to register.

PRESIDENT'S NOTES

I remember back in third grade when Miss Campbell asked this riddle: "What comes in like a lion and leaves like a lamb?" Needless to say, my third-grade brain could not imagine what the answer could be, let alone what did the riddle mean. Life is full of some of the most enigmatic questions and riddles with the most obvious answers—we just don't see. As the little girl said to her father in the grocery line, "You just don't get it, Dad."

How many times in our life do we confuse flurry with achievement? Sara will tell you I spend more time in flurry than achievement. In order to overcome this exercise of nothing to become a productive exercise, I have learned to write what I am going to do ahead of time as I list my goals for the week to fit into my flurry for the week. For example, I have been putting all my prescription bottles into two bags. One bag is marked *a.m.* the other is marked *p.m.* Then I take a yellow magic marker and mark my *a.m.* pills/label with yellow and my *p.m.* pills with a blue color. Get it—yellow for sunshine and blue for the evening moon? I have learned if I preplan the week with certain things I will not surrender and certain things I will negotiate with, I am no longer the lion of the house or at work; I am just a lamb.

The answer to the riddle is the month of March. Obvious...right???????????

Doug Steingraber

CHAPTER NOTES

Thank goodness spring is right around the corner; I can't wait. Not that it has been a bad winter (so far anyway); but the older I get, the warmer I like it. I also find it a lot easier to drag myself outside to walk when it is on the toasty side—but not too hot, mind you. And if it's getting to be springtime, it must be time for our election of officers and directors. Names of nominees are published on page 3. If your name isn't on that list, I hope you will consider becoming a hospital visitor, helping out when needed at the American Heart Association, and consider serving as an officer/director in the future. You know, we're all in the same boat here as heart patients, and the whole thing runs on the efforts of volunteers! With that in mind, I see where we have a date at the AHA just a few days after we go to press with this issue, so you all will be recognized next month.

In that we now have several satellite chapters and others are apparently interested in exploring the start of new satellites, consider this to be an open invitation to you folks involved to send in some write-ups of activities, meetings, or other information you'd like to see in the Aorta. Of course, your submission will be subject to review by our editorial board (joke)!

That brings to mind that a substantial article appeared in the AJC the other week again extolling the benefits of

humor. Not news to us, is it? One of the sites listed on the Internet was that of our old friend Dr. Neil Shulman. Since April is National Humor Month, I believe, maybe we'll explore that a little bit more next month. This sounds like a good excuse for throwing in a couple of humorous lines from our ever reliable South Jersey Devil:

This happened to me while I was bringing flowers to the cemetery. I noticed an old Chinese man placing a bowl of rice on a nearby grave. Curious of the custom, I walked up to the man and asked, "When do you expect your friend to come up and eat the rice?" The old man replied with a smile, "Same time your friend comes up to smell the flowers."

Then there was the new blonde secretary standing before the paper shredder looking a bit confused.

"Need some help?" another secretary asked.

"Yeah," the blonde replied, "How does this thing work?"

"Simple," she said, taking the thick report from her hands and feeding it into the shredder.

"Thanks, but where do the copies come out?" the blonde asked.

As has become a routine for me each month, I take a peek into my back issues and find a few things to revisit. Our March 1987 issue featured Dr. Stan Pollock, professor of pharmacy at Mercer as our speaker. (Editor's note: always a great and informative speaker too!). Hospital visits were reported as 187 for the previous month. In my column, I reported that all but \$4.00 of our dues was tax deductible, and there was a one-liner inserted by editor Edna—"Rumors, without a leg to stand on, have an amazing ability to get around."

I should be the one to talk about not having a leg to stand on—that fits my column, all right! See you next month, God willing.

George Waterhouse

I have enjoyed my reign as our vice president for a few years, and I am now ready to devote myself to my teenage daughter and her pursuits. I plan to continue to help with the Aorta Reporter, trying to write a few words each month, serving on our board, and continuing to manage our web site. I look forward to our annual vote in March and plan to vote for Cathy Schmit to succeed me. I will give her my full support, and I am confident that you will too. I am eagerly awaiting our covered dish installation dinner in April and all the great things our new and continuing officers have in store for us.

I want to take this forum to remind everyone that our chapter of Mended Hearts has its own web site—www.mendedheartatlanta.org—and that we try to keep it updated with information about our meetings, current and back issues of the Aorta Reporter, upcoming events, etc. I urge everyone to check it out; and if you have anything to add or have any suggestions, please let me or one of our officers know.

Jill Wilkins

WELCOME NEW MEMBERS

To receive the most benefit from your membership, make it *YOUR* Mended Hearts chapter.

**Dr. Joseph P. Adelson*

LET'S VISIT AWHILE

Jack Maddox, one of our Saint Joseph's visitors, underwent back surgery on January 18 and will be out of action for the next two to three months. On the plus side, Harry Holding and his wife have returned from an extended stay in Florida. Harry will resume visiting at Saint Joseph's this month

We are again in need of visitors at all hospitals including Kennestone, where the new heart wing will be open soon and increase the number of heart surgeries they will perform.

We had a great reaccreditation session on Saturday, February 11. I appreciate the great turnout and all the discussion that took place. Two decisions were made that will become part of our visiting protocol:

1. Family visits — A visit will be counted as a family visit when the patient is absent and only family is present, and also if the patient is present but is non-responsive so that the visit is directed to the family.

2. Yellow copy of visitors' sheet — Visitors will leave the yellow copy of the visitors' sheet in the visitors' manual so the next visitor will know who has been visited. The visitor may make notes on the yellow sheet if he or she wants to leave a message for the next visitor. The original visitor will pick up his or her copy of the yellow sheet on the next visit to the hospital.

Herb Jardine

HOSPITAL VISITING REPORT

During the month of January 2006, we recorded 188 hospital and telephone visits at Emory University Hospital, Crawford Long Hospital, Saint Joseph's Hospital, Atlanta Medical Center, Piedmont Hospital, Grady Hospital, and WellStar Kennestone Hospital.

MEMBERS NOTE:

Our board meetings are routinely held on the second Tuesday of each month (except July) at 10:30 a.m. at the Metro Office of the American Heart Association, 1101 Northchase Parkway, Marietta, GA.

You are always welcome to sit in.

MARCH CARDIO-VERSARIES

1982	Ted Levy
1990	Hugh Weaver
1994	Alice Caldwell
1995	Johnnie Allen
1997	Dosh Jackson
1998	Vernon Darley
	John Crosbie
2000	Neal Barronton
2001	Rufus Moore
	David Scott
2002	Sara Hesterlee
	Robert Feeney
2003	Franka Austin
2004	Lee Husting
2005	Evelyn Bost
	Kevin Earle

UPCOMING ELECTION

Below is the slate of nominees for officers and board members for April 1, 2006, through March 31, 2007. The election will be held at the March meeting. Other nominees will be accepted from the floor. Officers and board members will be installed at our annual covered dish supper at the April meeting.

OFFICERS

President	Doug Steingraber
Vice President.....	Cathy Schmit
Treasurer	John Crosbie
Secretary	Neal Barronton

DIRECTORS

Jill Wilkins	John Friese
Bob Fisher	Howard Fine
Daryl Thompson	Max Feinstein
	Wally Beard

SATELLITE MEETING INFO.....

Marietta Satellite

First Tuesday of the month – 6:30 p.m.
Kennestone Hospital Rehab Center (behind the hospital)
Call Doug Steingraber at 770-926-0157 for information.

Piedmont Satellite

Meetings are quarterly
Call Joann Gorell at 404-605-3283
for dates, times, and locations.

AMERICAN HEART ASSOCIATION CONNECTIONS

WOMEN'S CHEST PAIN NOT TAKEN AS SERIOUSLY AS MEN'S

Women with stable chest pain are less likely than men to be referred for diagnostic tests, receive revascularization procedures or be prescribed preventive medication, according to a study published in *Circulation: Journal of the American Heart Association*. After one year of follow-up, a European study found women with confirmed coronary artery disease (CAD) were twice as likely as men to suffer a heart attack or die.

"Women are under-investigated and under-treated," said Caroline Daly, M.B., lead author of the study and a cardiologist in training at the Royal Brompton and Harefield National Health Service Trust in London. "Women's symptoms are not investigated in the same way, whether it is invasive or non-invasive diagnostic testing."

"Something is happening here either in the way women impart their symptoms to physicians or the way that physicians interpret those symptoms," she said. "Even with a clinical diagnosis of stable angina, women aren't receiving medication to prevent death or heart attack to the same extent as men."

Stable angina (chest pain on exertion) is the most prevalent symptom of CAD, the buildup of fatty plaque in the arteries which can result in a heart attack. While the overall incidence of CAD is higher in men, stable angina is more commonly the initial symptom that sends women to the doctor.

Researchers collected diagnostic and treatment information on 3,779 stable angina patients in 197 centers across Europe. The patients, average age 61, mostly had mild to moderate stable angina. Women represented 42 percent of the group and the primary outcome was death or heart attack over 13 months.

Although women in the study were experiencing chest pain of similar severity, fewer women underwent the initial test to confirm the diagnosis or to determine if invasive testing was required. In most cases, the initial test was an exercise electrocardiogram (ECG), but may have been an alternative stress test if exercise was not possible for the patient. Seventy-eight percent of men and 73 percent of women had at least one ECG after the initial clinical diagnosis of stable angina.

Even when CAD was confirmed with exercise ECG, fewer women underwent coronary angiography (56 percent) than men (65 percent). Coronary angiography is an X-ray examination of the blood vessels of the heart to determine if blockages exist within the vessels. A small tube (catheter) is inserted in a blood vessel in the groin or arm, then is positioned in the arteries supplying the heart with blood. A contrast medium or dye is injected and is visible by X-ray.

If the results of the exercise ECG were inconclusive, women also were less likely to receive angiography. Forty-two percent of men and 34 percent of women with inconclusive findings had the procedure to diagnose possible blockages. When CAD was detected on angiography, women were more likely to have single vessel disease and men were more likely to have two or three vessel disease.

Women also were less likely than men to undergo percutaneous coronary intervention procedures such as stenting, or bypass surgery to provide adequate blood flow to the heart. Researchers found that even with proven CAD, women were 30 percent less likely to have revascularization procedures than their male counterparts.

After adjusting for severity of CAD, the difference in rates of revascularization procedures between men and women was not statistically significant but still showed a trend. Daly said men were more likely to have severe CAD requiring bypass surgery and women were more likely to have single vessel disease, which is a possible reason for the difference in rates of revascularization. "Revascularization procedures were not used in women in the same way the procedures were used in men," Daly said. "Women's symptoms aren't being treated as aggressively."

At one year, researchers also discovered that women with confirmed CAD were less likely than men to be prescribed cholesterol-lowering drugs and the combination of cholesterol-lowering and anti-platelet drugs. Women with confirmed CAD also were less likely to have successful treatment for their chest pain, with only 43 percent of women reporting no angina at study end compared to 53 percent of men.

The results don't indicate that every woman with stable angina should have coronary angiography, but the guidelines for appropriate treatment for cardiovascular disease need to be applied equally in men and women, Daly said.

"Angina is not something to be taken lightly," she said. "Women with angina need to be worked up appropriately and secondary prevention implemented as necessary."

In an accompanying editorial, Viola Vaccarino, M.D., Ph.D., associate professor of medicine, Emory University School of Medicine, division of cardiology in Atlanta, Ga., said results of this study indicate the need to continue striving towards improving cardiac care of women. Vaccarino also suggested the use of appropriate noninvasive diagnostic techniques in women with chest pain, and a better education of clinicians towards risk assessment and management of women with suspected or confirmed CAD.

Vanessa G. Garrity
Volunteer and Communications Coordinator

MEDICINE & TECHNOLOGY

PAVING THE WAY FOR SAFER, MORE EFFECTIVE DRUGS, FOOD, AND MEDICAL PRODUCTS

New technologies and tools have been developed as a direct result of the nation's decade-long effort to understand the entire sequence of the molecule that holds the genetic information that makes us who we are.

The effort to decode the sequence of the molecule called deoxyribonucleic acid—DNA for short—is called the Human Genome Project. It is the basis for understanding the blueprint that directs our external appearance, such as hair and eye color, skin color, sex, height, and behavior, as well as the quality of our internal organs.

This special issue of *FDA Consumer* presents the Food and Drug Administration's response to several of these emerging technologies as they relate to the discovery of and the safety assessment of the food, drugs, biologics, and medical devices it regulates.

The gene is a unit or segment of the DNA that contains the information for a protein, which is a building block or a catalyst in each of our cells. The complete DNA content of our cells, called the human genome, contains many such segments or genes. A gene or set of genes are expressed, that is, function, when there is a need for the building blocks to sustain the life of the organism. In this way, the genome contains the architectural blueprint that dictates each individual's makeup.

The '-Omics' Defined

Humans develop from a single fertilized egg to become a multicellular organism made up of a variety of organs and tissues. The DNA of the human genome contains all the information that prescribes whether a particular cell becomes part of the liver, or part of the brain, kidney, or bone. This comes about mainly through the extremely well-coordinated and differential expression of genes within the particular cell. When this ordered expression of genes goes awry, called perturbed by scientists, diseases such as cancer can result.

Functional Genomics is the study of gene function on a whole or partial genome scale that includes the study of gene expression using DNA microarray technology. It measures the expression of genes under normal and perturbed conditions and attempts to predict the gene expression profiles for these conditions.

Structural Genomics involves identification of genes that predispose people to various diseases, including cancer. Those working in structural genomics also study genes that may alter a person's response to a drug or other substance, resulting in an adverse event. An example of the latter is the recent episode of some patients' reaction to Vioxx (rofecoxib) and other Cox-2 inhibitors. Functional and structural genomics are considered emerging technologies that will help the development of personalized medicine to eventually replace the "one size fits all" approach to medicine.

Proteomics, the protein complement expressed by the genome of an organism, is the global analysis of cellular proteins. Proteins play a role in maintaining the structure of the cell or organism and also can act as enzymes or catalysts converting one molecule into another.

The molecules that are altered by enzymes are termed metabolites. Metabolomics, also called metabonomics, is the study of metabolite profiles in biological samples, in particular urine, saliva, and blood plasma. In some instances, cerebrospinal fluid may be the source for analysis. The Holy Grail of these new technologies is to prove that the study of metabolites can accurately predict gene expression and protein production using only a sample obtained from a patient in a non-invasive way.

Until several years ago, scientists were limited to studying a single gene at a time and to attempting to understand how that gene contributed to the normal physiological status of an organism. Sometimes, the gene studied was chosen because of its importance in specific disease pathways or because the product of that gene, a protein, was a target of a drug that was under development. The data generated were generally small in quantity and could easily be assessed by the person developing the hypothesis to try to understand how the gene works.

Today, however, scientists have the capacity to simultaneously study all the expressed genes in an organism. In humans, there are about 30,000 genes that can be expressed during the course of a human's normal life cycle. Sometimes, these genes are inappropriately expressed at an inopportune time because of a genetic defect of an individual or because an individual may have been exposed to a chemical or physical agent, either accidentally or purposefully, that induces toxicity or some pathology in that individual. The inappropriate expression of a gene or set of genes may result in cancer, heart or blood vessel disease, a behavioral change, or some other adverse event.

The study of thousands of genes at a time requires the use of another discipline called bioinformatics. This scientific discipline encompasses computer science and engineering, statistics, and mathematics. The necessary bioinformatic tools include a repository for the large amounts of data developed, a database; tools to analyze and visualize the data in a format that is familiar to the scientist developing the hypothesis; and tools to help the scientist interpret that information stored in the database. Ideally, the database is available to any interested party and is public; however, in some instances, the data are proprietary, such as the data assessed by the FDA, and, therefore, not available to the public.

The new technologies discussed in this issue of *FDA Consumer* are being used in a variety of different scientific disciplines including the discipline of toxicology, which attempts to understand how adverse events are induced in organisms as a function of exposure

to potential toxic substances or poisons. The term toxicogenomics is used to describe a new subdiscipline of toxicology that combines the emerging technologies of functional and structural genomics, proteomics, and bioinformatics to address biological or toxicological problems and to identify and characterize the action of known or suspected toxic substances.

The FDA's Role

Why is the FDA interested in encouraging the applications for approval of these new technologies? There are many reasons. The most important one, in my opinion, is bridging the data gaps that exist in preclinical and clinical studies used to assess the efficacy and safety of products regulated by the FDA.

Pharmaceutical companies develop drugs to alleviate or prevent human diseases. The process of drug discovery and approval includes identifying a chemical that targets a specific cellular molecule associated with a particular disease and assessing the safety and efficacy of the proposed drug.

The safety of these proposed compounds usually is evaluated initially in preclinical studies done in rats, mice, dogs, and sometimes monkeys. If these studies don't reveal unacceptable toxicity, safety and efficacy are evaluated in humans in clinical studies.

In many instances, the human studies are not large enough to identify a rare toxic or adverse event that a drug may induce in a small subset of susceptible individuals. To identify these events generally requires prescriptions of millions of doses of a drug. Scientists in the pharmaceutical industry and the FDA are interested in predicting these adverse events prior to the approval and marketing of a drug, thus the intense interest in determining the value of these new technologies in preclinical and clinical studies. The great value of these new tools is their application in the assessment of the safety of a product in non-human model systems and in the human. Such assessments result in the development of more relevant data used to identify the potential toxicity of a drug prior to prescribing it to many individuals.

Another reason the FDA is interested in these technologies is that they will be used not only in the discovery phase of potential products, but also in the safety evaluation phase of development and submission to the FDA. So, it is important for agency employees to become experts in understanding the value of these tools to avoid becoming a barrier to medical product development.

It benefits the FDA and the public to be actively involved in the development, standardization, and validation of these new technologies. One example of the FDA's role as a facilitator is the recent publication of a Pharmacogenomic Guideline for submission of data generated using these technologies to the FDA.

These technologies have great merit because they can be used to assess potential adverse events in patients and in animal model systems that are used to mimic the human. If a chemical or drug induces an adverse biological response, such as cancer, there are usually early

indicators of this response or markers we call biomarkers that predict an adverse response. A biomarker that most people are familiar with is the metabolite called cholesterol. Scientists have shown that a certain quantity of cholesterol in the blood indicates an increased probability that the person with this level of cholesterol will have an increased risk of developing heart disease. To reduce the possibility of an adverse heart disease, drugs have been developed to reduce the amount of cholesterol and consequently reduce the risk of heart disease.

The scientific community, especially toxicologists, search for biomarkers of toxicity, cancer, reproductive problems, behavioral deficits, and other problems in an effort to prevent their occurrence.

Although I have concentrated on the use of these technologies in evaluating the safety of human drugs, they are applicable to understanding the safety of other FDA-regulated products such as medical devices, animal drugs, and biologics. Additionally, they are tailor-made for understanding the nutritional components in food and the safety of food additives, food contaminants, and dietary supplements.

by Daniel A. Casciano, Ph.D.

Contributed by Daryl Thompson, FDA (Ret.)

NUTRITION NOTES

WILD RICE IS MORE THAN A DELICACY, IT HAS BIG HEALTH BENEFITS

In some parts of the world, the word for "to eat" literally means "to eat rice." It may be the world's most popular food, supplying as much as half of the daily calories for half of the world's population. The most nutritious kinds of rice are brown and wild rice, say doctors at Louisiana State University. They have high amounts of fiber, complex carbohydrates, and essential B vitamins. And they contain a compound that reduces the amount of cholesterol produced by the body.

In the mineral department, a cup of wild or brown rice contains half the daily value of manganese, 27 percent of selenium, 20 percent of magnesium, and 18 percent of a person's daily requirement of tryptophan. Half a cup of brown rice contains two grams of fiber. This means it passes quickly through the colon, reducing the risk of cancer.

The fiber in brown and wild rice binds with estrogen so there is less of the hormone circulating in the bloodstream. High levels of estrogen have been shown to trigger changes in the cells that can lead to breast cancer. While white rice is softer and fortified to contain B vitamins, it lacks fiber, containing only 1/10th the amount in brown rice. Long-grain and wild rice are the gourmet's favorites. Short-grain, however, has similar health benefits.

BROWN AND WILD RICE PILAF

In a sauce pan, combine 1/2 cup chopped onion, 1/2 cup sliced fresh mushrooms, 1/4 cup chopped celery (or green pepper), and a clove of garlic. Add a tablespoon of butter and cook until tender but not brown.

Stir in 1/2 cup brown rice and 1/4 cup wild rice, 1-1/2 teaspoons instant chicken or beef granules, pepper, and 2 tablespoons dry sherry if desired.

Add 1-1/2 cups water. Bring to a boil, decrease heat, then simmer for 40 minutes until rice is tender and liquid is absorbed.

Stir in 2 slices of crisp-cooked bacon, crumbled.

PAGES Editorial Service, Inc.

THE VENT-RICLE

A couple ordered a meal at a restaurant, and their meal was brought to them in an iron pot. The lid lifted up, and the wife saw two beady-looking eyes, then the lid flopped down. She called to her husband, and he saw the same thing happen. He called to the waiter and told him there was a problem.

The waiter asked, "What did you order?"

The man said they ordered the Chicken Surprise.

The waiter said, "Oh, my goodness, this is the Peeking Duck."

**WHAT KIDS HEAR**

When my twin daughters were young, I taught them to say a prayer before going to bed. As I listened outside their door, I could hear them say, "Give us this steak and daily bread, and forgive us our mattresses." My husband and I always had a good laugh over this. That was over 50 years ago, and the memory remains in my heart.

From San Francisco, CA: When I was a child, I learned a prayer as "Our Father, who art in Heaven, Howard be thy name." I always thought that was God's real name.

Groton, MA: My mother spent her early childhood saying, "Hail Mary, full of grapes."

Missoula, MT: My son, who is in nursery school, said, "Our Father, who art in Heaven, how didja know my name?"

Uniontown, OH: I remember thinking a prayer was "Give us this day our jelly bread."

Covina, CA: I recall reading something years ago about the Pledge of Allegiance. Some child thought it began, "I led the pigeons to the flag."

Cleveland, OH: When I was little, I often wondered who Richard Stands was. You know, "I pledge allegiance to the flag and to the republic for Richard Stands."

Schenectady, NY: I once knew a child whose favorite Sunday School song was "Gladly, the Cross-Eyed Bear."

Tampa, FL: When my husband was six years old, he thought the Apostles' Creed said, "He suffered under a bunch of violets." The real words were "under Pontius Pilate." To this day, we still snicker in church whenever that creed is read.

Lake Forest Park, WA: When I was a little girl, we sang a song in Sunday School about Noah. Part of the chorus was, "And the rains came down, and the floods came up." We lived next door to a couple of charming little girls who always sang this song while playing in their garden. Their words were, "And the rains came down, and the spuds came up."

Grand Junction, CO: When I was younger, I believed the line was "Lead a snot into temptation." I thought I was praying for my little sister to get into trouble. I remember once hearing a little boy singing God Bless America. He sang "Stand beside her and guide her through the night with a light from a bulb."

I had to show my eight-year old daughter the song in the church hymnal before she would believe it was "Oh, Come All Ye Faithful" and not "Oh, Connie Be Faithful."

Any woman can have the body of a 21-year-old—as long as she buys him a few drinks first.

My memory's not as sharp as it used to be. Also, my memory's not as sharp as it used to be.

Know how to prevent sagging? Just eat till the wrinkles fill out.

I've still got it, but nobody wants to see it.

I'm getting into swing dancing. Not on purpose—some parts of my body are just prone to swinging.

It's scary when you start making the same noises as your coffeemaker.

I think I've reached my sexpiration date.

Also, my memory's not as sharp as it used to be.

These days, about half the stuff in my shopping cart says, "For fast relief."

I've tried to find a suitable exercise video for people my age, but they haven't made one called "Buns of Putty."

Don't think of it as getting hot flashes. Think of it as your inner child playing with matches.

Don't let aging get you down. It's too hard to get back up.

Remember: You don't stop laughing because you grow old; you grow old because you stop laughing.

APPLICATION FOR MEMBERSHIP

We (I) would like to join Mended Hearts, Inc., Chapter #81

Atlanta or Satellite: Marietta Piedmont

NAME _____

SPOUSE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ DATE OF BIRTH _____

DID YOU HAVE:

Bypass Surgery Balloon Pacemaker Heart Attack

Valve Surgery: Mitral Tricuspid Aortic Pulmonary

Other _____

New member family dues are \$32.00 and new member single dues are \$22.00.
Please make your check payable to:
The Mended Hearts, Inc., Chapter #81
Mail to: John Crosbie, Treasurer
3401 Winter Wood Court
Marietta, GA 30062-1247

RETIRED YES NO

DATE OF CARDIAC EVENT OR SURGERY: _____

TYPE OF MEMBERSHIP: FAMILY SINGLE

Membership covers a twelve-month period from date of enrollment and includes:

- Insignia pin
- Chapter newsletter
- Subscription to quarterly national magazine, *Heartbeat*

Aorta Reporter

A copy of *Aorta Reporter* is mailed for three consecutive months following your hospital stay or referral as a heart patient. It is our way of keeping in touch while you continue to recuperate. We enjoyed meeting you and hope you received some comfort and encouragement from us. Having lived the same experiences, we are willing to take time out of our lives because we want to share our experiences in your recovery. As you become active again, you and your family are invited to attend our Atlanta Chapter #81 or any other chapter meetings as guests. In getting to know us, we hope you will decide to join us in helping each other. Our 7:30 p.m. meetings are the third Tuesday of each month.

Mended Hearts

Mended Hearts is a nationwide support organization, affiliated with the American Heart Association, for individuals with heart disease, including persons recovering from heart attacks or open-heart surgery. Members give hope and encouragement to others by providing living proof that persons with heart disease can lead full, productive lives. Family and friends are also welcome to attend the free monthly sessions. For information, call 678-385-2062 or your local American Heart Association.

**Visit Chapter #81 at
www.mendedheartatlanta.org**

ATLANTA MENDED HEARTS, CHAPTER #81

678-385-2062

c/o American Heart Association
1101 Northchase Parkway; Marietta, GA 30067-6421
678-385-2000

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