

NEWSLETTER

IN THIS ISSUE

Medicine Today.....1

Personal Health.....2

Kelsey's Korner.....3

BHH- State of the Art.....4

Centric Health-5
What's new ?

Recipe for Health.....7

Medicine Today – Dr. Baker

HYPERTENSION – How high is too high and how low is too low?

Hypertension is also known as high blood pressure, recognized as "the silent killer". It has no early significant symptoms but causes progressive injury to the heart and blood vessels. The consequences of hypertension include stroke, heart attack, heart failure and kidney failure, which occur after decades of poor blood pressure control. Currently 1 in 3 adults in the United States has high blood pressure. Unfortunately, in data from a 2003-2006 study, only 78% were aware of their condition, 67% on treatment and 45% had it controlled.

Hypertension is currently defined by the Joint National Commission on Hypertension 7 in four categories as: normal (less than 120 systolic and less than 80 diastolic), prehypertension (120-139 systolic and/or 80-89 diastolic), stage 1 hypertension (140-159 systolic and/or 90-99 diastolic) and stage 2 (at least 160 systolic and/or at least 100 diastolic).

Hypertension is not completely understood but appears to result from a combination of mechanisms including genetics, activation of the sympathetic nervous systems (the part of our nervous system responsible for control of blood pressure, heart rate and other bodily functions), obesity and increased dietary salt intake. After many years of poor control damage occurs to the aorta, small arteries, the heart, kidneys, retina of the eye and our brain. Such injury results in heart attack, stroke, heart failure and kidney failure which are consequences of hypertension. When high blood pressure is first identified at the time these problems occur, a great deal of damage is

already done. As in many medical problems, it is essential to diagnose hypertension early and treat it effectively to avoid these serious medical complications.



How to treat hypertension and what the target for control should be has been the subject of intense research since the 1930s. In 1958 the diuretic chlorothiazide became available to reduce the total body salt level and thereby reduce blood pressure. During the 1960s to 70s additional classes of drugs became available targeting other mechanisms of hypertension including medications known as ACE inhibitors, alpha and beta blockers. In 1977 the first report of Joint National Commission (JNC) on Detection, Evaluation and Treatment of High Blood Pressure was published. Reports have since been published every few years summarizing current knowledge and to make recommendations concerning patient treatment. During the 1980s a new class of drugs was added, the calcium channel blocking agents. In 1993 the ALLHAT trial was published by the NIH to determine whether the newer more expensive medications were more effective than the older cheaper medications, the diuretics.

We now have many options for the treatment of hypertension with the constant goal of preventing cardiovascular morbidity and mortality. One thing is clear and that is that the DASH diet which is high in fruits, vegetables and low fat, dairy products and low in salt is beneficial. Several different drug classes can be used for first line treatment. What has remained in question is the optimal target for blood pressure lowering. In the past 3 years studies have suggested that cardiovascular complications occurred at blood pressures over 115/75. JNC 8, published in 2014, indicated that in patients over 60 the goal should be less than 150/90 and for younger patients a target was identified as less than 140/90. In the SPRINT trial published in 2015, it

was determined that targeting a systolic BP of less than 120 lowered the incidence of cardiovascular events more than did less aggressive treatment. A recently published pool of 31,000 high-risk patients with age greater than or equal to 55, a history of cardiovascular disease or diabetes with organ damage was studied. It was concluded that for most outcomes (heart attack, stroke, heart failure hospitalization and cardiovascular death) the risk was lowest if the mean blood pressure was between 120 and 140 systolic and 70 to 80 diastolic. So it seems that based on our current understanding the risk of hypertension-related death and disability is lowest in patients at high risk if the blood pressure is 120 to 140 systolic and 70 to 80 diastolic.

The data I have summarized is based on medical research and for any individual there may be factors which suggest other targets. If you have high blood pressure remember to talk to your doctor about what is best for you. To assure us of the best hypertension management and best chance at a long healthy life we want our blood pressure to be like Goldilocks and the Three Bears soup, not too high (hot) and not too low (cold) but "just right".

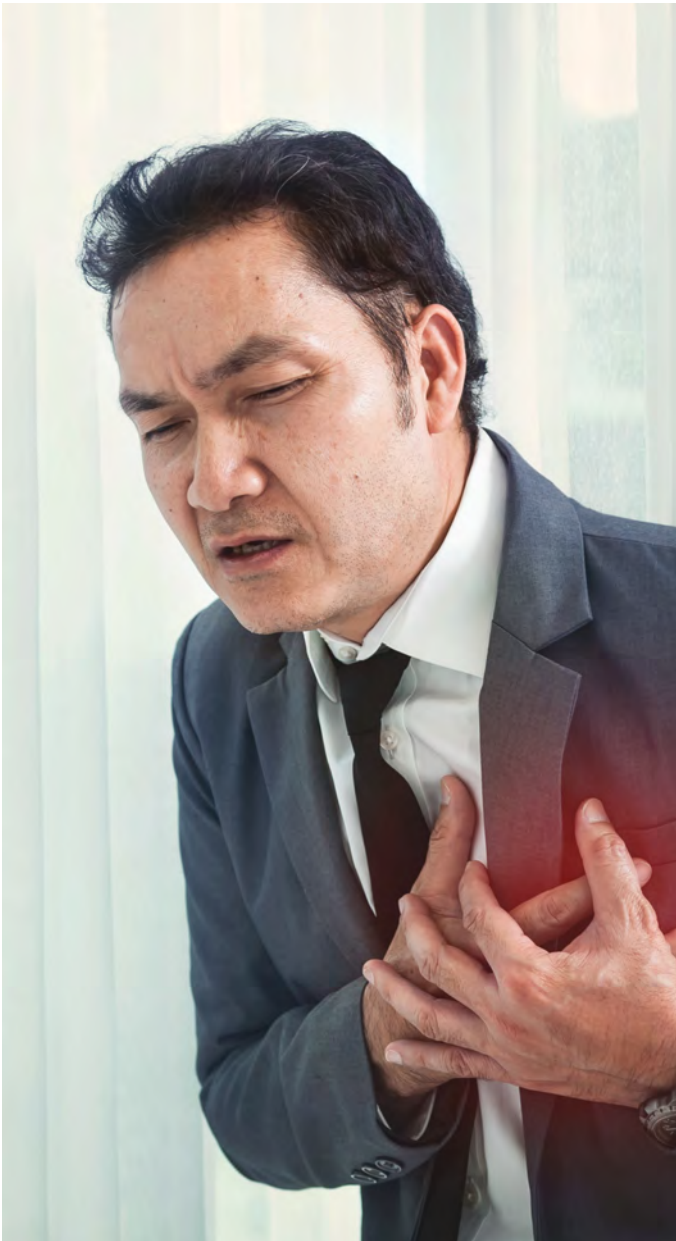
PERSONAL HEALTH

Symptoms of heart attack

- Pressure or tightness in the chest, pain in the chest back, jaw and other areas of the upper body that lasts more than a few minutes or that goes away and comes back.
- Shortness of breath
- Nausea
- Vomiting

Symptoms of stroke - FAST

- Facial drooping
- Arm weakness
- Speech difficulties
- Time to call 911



Kelsey's Korner – Kelsey Reason CEP

EXERCISE FOR REHAB AND FOR LIFE

Exercise: How often? How difficult? How long? What kind?

An explanation of the FITT Principle as it relates to Cardiac Rehabilitation

When designing an exercise program for a cardiac rehabilitation patient, there are a number of things to consider. The FITT Principle covers each aspect of an appropriate exercise prescription. To increase adherence to exercise and maintain safety the cardiac rehab patient must understand these components as well.

80% of their max HR. When the patient exercises at home, they may check with HR using a device but another method is to use the Borg Rating of Perceived Exertion scale. This 6-20 scale gauges exercise intensity and ranges from "very, very light" to "maximum exertion". Cardiac rehab patients are recommended to remain between 11 and 16 on the scale ("fairly

type of exercise is accomplished through rhythmic, continuous exercises using large muscle groups (ex. walking, cycling, swimming, etc.). Most importantly, the activity must be enjoyable for the patient so as to increase exercise adherence.

These four components are not mutually exclusive but rather must work together to create an exercise prescription suitable for



Frequency: Cardiac rehab patients will meet for supervised exercise either 2 or 3 days a week for a total of 12 weeks. As the patient progresses through the program we encourage them to exercise on their own in addition to their monitored sessions. It is recommended that cardiac rehab patients exercise 4-7 days per week.

Intensity: During supervised exercise, the patient's heart rate is monitored continuously. An appropriate intensity of exercise for the cardiac rehab patient is 40-

light" to "hard").

Time: Supervised exercise sessions last one hour and include the warm up, training, and cool down phases. The recommendation for cardiac rehab patients is to exercise for a total of 20-60 minutes. This exercise can be continuous or intermittent in minimum bouts of 10 minutes.

Type: Cardiovascular endurance is attained through aerobic exercise; this

the cardiac rehab patient. For example, the recommendation for cardiac rehab patients to increase the functional capacity of the heart is to exercise at a lower intensity for a longer duration. If you have any questions about your current exercise program or if you wish to start one, you should contact your doctor.

BAKERSFIELD HEART HOSPITAL

In 1995, a group of local physicians came together to bring a new standard of heart and vascular care to Bakersfield. After thoughtful planning, they developed a strategy for a specialized heart hospital and the concept of a 47-bed hospital dedicated to patient-focused care was realized.

The original focus of Bakersfield Heart Hospital was on cardiac care, but other services have been added through the years to meet the needs of the community.



Bakersfield Heart Hospital, Kern County's heart and vascular leader, is focused on providing the latest and most effective technologies and treatments for its patients. By specializing on the nation's number one killer, heart disease, Bakersfield Heart Hospital is able to provide comprehensive, physician-directed, and patient-centered care resulting in excellent patient outcomes.

Each month we will highlight programs and new procedures to keep you up to date with Bakersfield Heart Hospital's advances in medical technology, treatment and health care.

Heart and Vascular Services

People with heart and vascular conditions can find a variety of specialized services at Bakersfield Heart Hospital. Bakersfield Heart Hospital's goal is to protect and restore your heart's health by offering comprehensive cardiovascular programs and treatments for all types of heart and vascular conditions.

Bakersfield Heart Hospital is proud to offer patients:

- Minimally invasive coronary and vascular interventions
- Complex cardiac interventions requiring concurrent Impella support
- Minimally invasive structural heart disease interventions
- Vascular and Cardiac Surgery
- Catheterization & Electrophysiology Labs
- Cardiovascular Rehabilitation
- Women's Heart Center

For questions about Bakersfield Heart Hospital's services or programs, please contact **Stephanie Marina**, Physician Liaison, at 661-852-6189 or Stephanie.marina@bakersfieldheart.com.



Bakersfield Heart Hospital is owned in part by certain physicians who practice at the Hospital. A list of physician investors is available upon request.

SILLECT MEDICAL CENTERS



J. Foster Campbell, MD



**Central Nephrology
Medical Group**



Kern Endocrine Center

**BAKERSFIELD NEUROLOGY
ASSOCIATES**

**GOLDEN STATE
HOSPITALISTS**

Access Imaging Associates

**Southwest
Internal Medicine**



Rasha Kuran, MD

**LUNG & SLEEP
DISORDER CENTER**

Centric Health is a multispecialty medical group comprised of many of the most outstanding medical professionals and medical groups in Bakersfield dedicated to providing the highest quality of medical care in an environment of rapid changes in the health care landscape. Centric Health was developed to enable physicians to do their best work and to assure access to high quality care for residents of our community. Centric Health includes a broad spectrum of medical specialties and addition of all services designed to meet the many needs of patients.

What's new in Centric?

Centric Health is pleased to welcome new Cardiologists, Dr. Niraj Doctor and Dr. Ajay Patel. Dr. Doctor is highly skilled in Advanced Non-invasive Cardiology and Cardiovascular Imaging, and Dr. Patel's specialty is Interventional Cardiology and Structural Heart Disease.

Dr. Raj Patel and Dr. Geetanjali Sharma of Preferred Family Care have expanded with the addition of Dr. Rich Rodriguez and Dr. Lorene Rodriguez, both Board Certified in Family Medicine and Integrative Medicine. Their addition allows Preferred Family Care to offer Extended Clinic Monday to Friday from 8:00 am to 9:00 pm and Saturday 8:00 am to 6:00 pm.

- ▶ Central Cardiology Medical Center
- ▶ Preferred Family Care
- ▶ Sillect Medical Centers
- ▶ Central Nephrology Medical Group
- ▶ Kern Endocrine Center
- ▶ WF Baker MD and Associates
- ▶ Rasha Kuran, MD and Malini Soogoor, MD – Infectious Disease
- ▶ Maheep Viridi, MD – Neurology
- ▶ Arthur Fontaine, MD and Jeffrey Child, MD – Radiology
- ▶ Muhammad Ashraf-Alim, MD – Pulmonology
- ▶ Southwest Internal Medicine
- ▶ Clinica Del Valle
- ▶ Golden State Hospitalists
- ▶ Centric Health Imaging
- ▶ Centric Infusion Center
- ▶ Centric Priority Care Clinic



CONGRATULATES

**Dr. Bhambi, Dr. Sharma,
Dr. Fontaine, Dr. Kuran,
Dr. Baker, Dr. Baer,
Dr. Duggal, Dr. Viridi**

**Winners of
Bakersfield Life Magazine
Top Docs 2017**



Brijesh Bhambi, MD
Cardiovascular Disease



William Baker, MD
Internal Medicine



Sanjiv Sharma, MD
Cardiovascular Disease



Harold Baer, MD
Nephrology



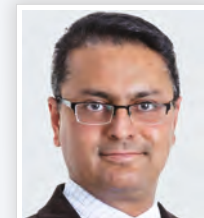
Arthur Fontaine, MD
Radiology



Jasleen Duggal, MD
Endocrinology



Rasha Kuran, MD
Infectious Disease



Maheep Viridi, MD
Neurology

GET YOUR SHOTS!

Flu season is fast approaching. The Center for Disease Control (CDC) has recommended adult immunizations to protect all adults from certain highly communicable disease.

Below is the recommended Adult Immunization Schedule. Be sure you are protected!

Ask your doctor NOW regarding all of your immunizations.

CDC ADULT IMMUNIZATION SCHEDULE

- Influenza – once yearly all ages
- Tdap – once then every 10 years
- PPSV23 – once > 65 years
- PCV13 - once > 65 years
- HZV – 1 dose > 60
- MMR* - 1-2 dose ages 19-60
- VAR* - 2 doses > 19 years old
- HPV female – 3 doses ages 19-27
- HPV male – 3 doses ages 19-22
- Hepatitis A, B, meningococcus, hemophilus influenza are indicated in certain populations. MMR* and VAR* if there is no history of prior vaccination or infection. Tdap-tetanus, diphtheria, and pertussis; PPSV and PCV – pneumococcus; HZV – herpes zoster (shingles); MMR-measles, mumps, rubella; VAR-varicella (chickenpox); HPV-human papilloma virus

HEART HEALTHY EATING



The **ChooseMyPlate.gov** website has many great ideas and recipes to help us eat healthy. A diet low in simple carbohydrates and fat (especially trans fats) is the healthiest for our heart and our general well-being. Some foods which seem healthy such as bananas are high in potassium but also very high in simple sugar. Yogurt, even if low fat, may also have healthy nutrients but may also be high in simple sugars. So to eat healthy it is important to know what you are eating. Favor fresh vegetables, fruits, complex grains and fresh sources of protein over processed foods. Make sure your plate is at least half fruits and veggies. Below are a few simple guidelines from the website **verywell.com**

"While everyone seems to agree that eating a heart-healthy diet is important for

preventing cardiovascular disease, there has been a lot of confusion in recent years as to what, exactly, a heart-healthy diet really is. Should you eat a low-fat diet? A low-carb diet? Something else?

6 General Guidelines for Heart-Healthy Eating

- Eat only enough calories to maintain a healthy weight.
- Eat lots (and lots) of fruits and vegetables.
- Use whole grain breads and pastas.
- Try to limit red meat, and use fish (preferable), chicken and legumes as primary protein sources. (However, the idea that saturated fat is universally bad for your heart now appears to have been exaggerated.)
- Avoid trans fats.
- Avoid processed foods in general, and processed carbohydrates in particular.

If you follow these simple guidelines for a heart healthy diet, a lot of the confusion should disappear.

What About Low-Carb and Low-Fat Diets?

Proponents of low-fat diets have been engaged in a long-running battle with proponents of low-carb diets, regarding which dietary approach is right and which is

wrong. But if you look at the more recent recommendations from both camps, you will see that those recommendations seem to be converging.

Low-fat mavens have finally had to admit that some fats are actually good for you. In fact, official dietary guidelines no longer stress low-fat diets at all. Low-carb zealots have had to admit that some carbohydrates are healthy and desirable.

And as a result, the dietary recommendations from proponents of the low-carb diets and the low-fat diets increasingly resemble each other - much more than either party would like to admit. In fact, they look a lot like the six rules for healthy eating, listed above.

The Mediterranean Diet

Currently, the Mediterranean Diet is the popular diet whose "heart-healthy" credentials are backed up by the most compelling clinical evidence. This diet, with a few variations, can be seen as a "compromise" between low-fat and low-carb viewpoints. It is a compromise that also looks a lot like the six rules.

Other Tips for Heart-Healthy Eating



"It's good that you're eating more fresh fruit and vegetables, but be careful to chew more thoroughly."

In addition to the six general rules, there are a few other things you can do to improve your heart-healthy diet. These include:

- Get plenty of omega-3 fatty acids.
- Eat nuts.
- Use alcohol only in moderation.

You should also talk to your doctor about whether salt restriction might be beneficial"



GRILLED PORK AND PEACH SALAD



Ingredients

- 1 pound pork tenderloin, trimmed and cut into 1-inch cubes
- 2 medium peaches or nectarines, pitted, and cut into 1-inch cubes
- 2 tablespoons honey
- 2 tablespoons orange juice
- 1 tablespoon low-sodium soy sauce
- 1/2 teaspoon curry powder
- 1/4 teaspoon ground black pepper

- 3 cups torn fresh Bibb lettuce
- 3 cups fresh baby spinach
- 1/4 cup bias-sliced green onions (2)

Directions

1. On four 10-inch skewers, thread pork cubes. On three more 10-inch skewers, thread peach cubes. For a charcoal grill, place skewers on the grill rack directly over medium coals. Grill, uncovered, for 8 to 10 minutes or until peaches are browned and for 10 to 12 minutes or just until pork is slightly pink in the center, turning occasionally. (For a gas grill, preheat grill. Reduce heat to medium. Place skewers on grill rack over heat. Cover and grill as directed.)

2. Meanwhile, in a large bowl stir together the honey, orange juice, soy sauce, curry powder, and pepper. When pork skewers are done, remove pork and peaches from skewers and place in honey mixture; toss to coat.

3. To serve, arrange lettuce and spinach on serving plates. Spoon pork and peaches evenly over greens. Sprinkle with green onions. Makes 4 servings (1-1/2 cups lettuce, 3/4 cup pork mixture, and 1 tablespoon green onions each).

Nutrition Facts Per Serving:

Servings Per Recipe: 4

PER SERVING: 207 cal., 3 g total fat (1 g sat. fat), 54 mg chol., 444 mg sodium, 20 g carb. (3 g fiber, 17 g sugars), 26 g pro. Diabetic Exchanges

Lean Meat (d.e): 3.5; Other Carb (d.e): 0.5; Vegetables (d.e): 1; Fruit (d.e): 0.5;

Source: www.diabeticlivingonline.com/diabetic-recipes



Quotes worth considering from Satchel Paige

“Work like you don't need the money. Love like you've never been hurt. Dance like nobody's watching.”

“Age is a case of mind over matter. If you don't mind, it don't matter.”

“How old would you be if you didn't know how old you are?”

“Don't look back. Something might be gaining on you.”

