

# NEWSLETTER

## IN THIS ISSUE

MEDICINE TODAY - 1

HORMONES, HOT FLASHES  
AND HEARTS - 3

KELSEY'S CORNER - 4

BHH - STATE OF THE ART - 5

CENTRIC HEALTH - 7

HEART HEALTHY EATING - 10

### MEDICINE TODAY – DR. BAKER

## HEART DISEASE IN WOMEN -There's a reason to "Go Red"

February of every year we have an opportunity to specifically focus on the major cause of death in women cardiovascular disease. For over 150 years coronary heart disease has been

considered primarily a disease of men. A casual review of the medical research, scientific studies and public health education reveals a field dominated with focus on preventing cardiac death in men. Until only the last decade, most studies enrolled

predominantly men. Much was not known about the disease in women. Scientific study and clinical experience has gradually taught us that cardiovascular disease (CVD) in women is indeed common and unfortunately lethal.

Cardiovascular disease including heart attack and stroke are the number one cause of death in women. One in 4 women dies from heart disease. Since 1984, more women have died of cardiovascular disease than men. Over 400,000 women die of CVD each year, about 1 per minute. This is the same number of deaths as the next 3 leading causes of death combined, including cancer. Whereas the CVD death rate has been steadily declining for the past 25 years, the rate of death from coronary heart disease in women ages 35-44 actually increased during the years from

1997 to 2002. Currently, 1 in 3 women is living with CVD, including nearly half of all African-American Women, 34% of white women and 31% of Mexican-American women. Stroke was prevalent among



2.7% of Mexican-American women, 3.3% of white women and 4.4% of black women. Heart diseases that specifically affect women more than men include coronary microvascular disease (affects predominantly the smallest of arteries) and "Broken Heart Syndrome" in which leads to severe but often short term heart muscle failure.

Heart attack is more lethal in women than men with one year survival in 74% women and 81% men. Cardiac disease is more likely to be silent in women as nearly 2/3rds of those who die experiencing no prior symptoms. The precise reason for this phenomenon is unclear but we do know that women's first symptoms are typically not chest pain, rather symptoms such as stomach upset, shoulder pain, nausea sweating, lightheadedness or severe fatigue. The diagnosis is often

missed or delayed until the disease is more advanced.

While traditional risk factors of smoking, diabetes mellitus, high cholesterol, high blood pressure and obesity affect both men and women, other risk factors unique to women include menopause, pregnancy complications which increase the long term risk of heart disease. The children of women who suffer pregnancy complications such as high blood pressure and diabetes may also have an increased risk of heart disease their future. The reduction in estrogen production associated with menopause specifically results in changes in the smallest heart blood vessels, the LDL "bad" cholesterol goes up and the HDL "good" cholesterol goes down. Blood levels of fibrinogen, an important promoter of blood clots, go up increasing the risk for heart attack and stroke. Women tend to be more inactive than men and this also increases heart attack risk. Among smokers, women die earlier than men and are twice as likely to die of sudden death as women who have never smoked. Women with inflammatory diseases such as rheumatoid arthritis or lupus may also have a higher risk of heart disease.

**So what can a woman do? The list is not long but very important:**

- 1) Quit or don't start smoking;
- 2) Exercise regularly (simply walking 30 minutes 5 days per week is best);
- 3) Maintain a healthy weight;
- 4) Eat a healthy diet which includes, whole grains, plenty of fruits and vegetables, legumes like beans and peas, fish and lean meat. Avoid saturated or trans fats, added sugars, simple carbohydrates like bread, potatoes and avoid added salt.
- 5) Treat and control disorders such as high blood pressure, diabetes and high cholesterol. Finally what about post-menopausal estrogen? There are many studies examining this issue and more information is needed but based on the current knowledge, the American Heart Association recommends that women not take estrogen with the goal of preventing heart disease.

So, GO RED as a bright reminder of what we know and what we can do to reduce the risk of cardiovascular disease in women.

## Personal Health

### Symptoms of heart attack

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

### Symptoms of stroke-FAST

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



From the Editor- Dr. Baker

## Hormones, Hot Flashes and Hearts

A women's issue would not be complete without a review of hormone replacement therapy (HRT - also known as menopausal hormone therapy (MHT)). HRT is the use of estrogen with or without progesterone at the onset of menopause in order to control menopausal symptoms such as hot flashes, vaginal dryness and

and the British Million Women's Study published in 2015 followed other studies which sounded an alarm that these potential benefits were balanced by many potential risks. Potential risks include increased risk for heart attack, venous thromboembolism (blood clots), ischemic stroke, breast cancer,

Further, the USPSTF recommends that when considering risk versus benefit, HRT should not be used for the prevention of any chronic condition (including osteoporotic fractures or dementia). There is support among some researchers for a "timing hypothesis" which suggests that women who are at low cardiovascular



mood lability. About 80% of women experience menopausal symptoms and for 25% these are severe. Benefits of HRT may outweigh risks for many women under age 60. These benefits may include: reduction in vasomotor symptoms (hot flashes), improvement in quality of life, improvement in mood changes, improvement in urogenital symptoms (vaginal dryness, sexual function, abnormal urinary urgency and frequency), reduced risk of osteoporosis, reduced risk of coronary heart disease if HRT is started within 10 years of menopause, reduced risk of colorectal cancer, reduced risk of dementia (including Alzheimer's disease), reduction in the often cited increase in frequency of headaches among migraine sufferers during menopause.

Data from the Women's Heart Initiative begun in 1993 and published in 2004

endometrial (uterine) cancer and gallbladder disease. As potential risks and benefits are not insignificant, each woman must be carefully evaluated to determine the best plan of treatment at the time of menopause.

There has been considerable evolution in thought over the 14 years since the publication of the WHI. This study resulted in a dramatic reduction in the use of HRT. Long term follow-up from the WHI published in 2011 and other studies have resulted in a number of conclusions and recommendations which form the consensus of current best practices. Considering heart disease, the clear recommendation from the United States Preventive Services Task Force (USPSTF) and the American College of Obstetrics and Gynecology (ACOG) is that HRT should not be used for the primary or secondary prevention of coronary heart disease.

risk should be considered as candidates for HRT for relief of menopausal symptoms provided therapy is initiated near the beginning of menopause. Regarding cancer risk, it remains the opinion of the USPSTF and the National Cancer Institute (NCI) that there is a significantly increased risk of breast cancer in women receiving combined estrogen and progesterone HRT (required if the uterus is present). This risk is reduced in women who take estrogen alone after hysterectomy. For all HRT use there is a general consensus that the lowest dose possible should be taken for the shortest period of time to provide relief from menopausal symptoms. There is much to learn about HRT and risk, but this form of medical treatment certainly reminds all physicians of the caveat of the oath of Greek physician Hippocrates, "primum non nocere - first do no harm".

## Kelsey's Korner – Kelsey Reason CEP

# EXERCISE FOR REHAB AND FOR LIFE

## Exercising in Winter Weather: Indoors or Outdoors?

The winter months often result in a change to our eating and exercise plans, whether we like it or not. Never fear, the first of the year is here! Now that we've entered 2018 and gotten back to eating right, here are some things to consider as you get back to exercising.

Those with cardiovascular disease and asthma should take special care when exercising in the winter weather as the cold can aggravate these conditions. When your body is cold, you are less likely to feel angina symptoms that would have originally

presented earlier so listen to your body! Although we haven't seen snow in Bakersfield since 1999, we do still have some cold days. Here are some things to be aware of if you exercise outdoors in the cold:



- Blood flow to the muscles can be reduced so never skip your warm-up. Rather, do a few extra minutes to avoid injury.

- In some cases, your heart rate can be lower while exercising in the cold weather. So if your activity tracker shows a reading slightly less than normal, that's ok. Your exercise should range from feeling "somewhat hard" to "hard".

- If you are known to have cardiac arrhythmias, be sure you are regularly taking all medications as prescribed. These arrhythmias can be more pronounced while exercising in the cold.

- Dress correctly by wearing between 2-3 layers of clothing. Start with a light, inner layer followed by a warmer second layer. If it is windy or rainy, wear a third layer to repel these elements. Be sure these layers can vent heat to reduce sweat build-up. Always wear appropriate footwear to reduce risk of slips and falls.

If you have access to an indoor facility where the temperature is controlled, this is a great option. Not only are you sheltered from the winter weather, you are provided the option for non-weight bearing machines/exercises (ex. recumbent stepper/bike, swimming pool, etc.) which can prevent injuries in older

patients. And you don't need a gym membership to exercise indoors – the Valley Plaza Mall is open early to walk and window-shop!

Whether you exercise indoors or outdoors, just getting active to some degree will be beneficial for your heart and body. If you are currently exercising, keep up the good work and do not let yourself be discouraged if you had a holiday setback. If you are ready to start exercising, talk to your doctor, start slow, and gradually work into exercising regularly.

# 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.

Bakersfield Heart Hospital, Kern County's heart and vascular leader, is focused on providing the latest and most effective technologies and treatments to 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.

## Heart and Vascular Services

People with heart and vascular conditions can find a variety of specialized services at Bakersfield Heart Hospital. Our 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

## Heart Failure Doesn't Mean Your Heart Has Stopped Beating

**Heart Failure is a condition in which the heart cannot pump enough blood to the body's organs.**

### This can be from:

- Narrowed arteries that supply blood to the heart
- Past heart attack
- High blood pressure
- Heart valve disease
- Heart defects from birth
- Infections of the heart valves or the heart muscle itself

After your heart has been damaged, it enlarges to make up for its weak pumping capacity. However, there comes a point when no matter how large your heart becomes, it cannot pump blood to the body and the result is fluid build-up and congestion. Fluid can be retained in the lungs, abdomen, legs, feet and hands. For most patients, Heart Failure is a chronic condition, which means it can be treated and managed but not cured.

## When to Seek Treatment

- Shortness of breath that seems to be getting worse or causes difficulty sleeping
- Waking up at night with shortness of breath
- Sleep is better in a semi-upright position in a chair or recliner than flat in bed
- Shortness of breath develops with mild exertion and is worse than usual
- Unusual fatigue that is not relieved with rest
- A dry cough that will not go away or seems otherwise unusual
- Swelling in the ankles, feet, or legs that does not go away

**If symptoms listed above are severe or of sudden onset, seek immediate emergency care.**

For questions about Bakersfield Heart Hospital's services or programs, please contact

**Stephanie Marina, Physician/Community Liaison, at 661-852-6189 or [Stephanie.marina@bakersfieldheart.com](mailto: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.

### CDC Adult immunization schedule

Influenza-once yearly all ages

Trap-Once then every 10 years

PPSV23-once > 65 years

PCV13-once > 65 years

Shingrix (zoster vaccine recombinant, adjuvanted) – adults age 50 and older, 2 doses–initial dose followed by a second dose 2 to 6 months later

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

### Personal Health for Women – Current Recommendations

#### Pap Smears

Ages 21-65 – frequency every 3 years with HPV (human papilloma virus) testing

Ages 30-65 – frequency every 5 years with HPV testing

More frequent if prior Pap revealed precancerous cells, diagnosis of cervical cancer, exposure to DES (diethylstilbestrol) before birth, HIV infection, weakened immune system

Stop at age 65 if prior Pap smears normal or post hysterectomy for non-cancer diagnosis

#### Mammogram

ACOG (American College of Obstetrics and Gynecology) 2017

Start age-50 Interval-every 1 or 2 years Stop age-75

USPSTF (US Preventive Services Task Force) 2016

Start age-50 Interval-every 1 or 2 years Stop age-74

ACR (American College of Radiology) 2010

Start age-40 Interval-Annual Stop age-when life expectancy <5-7 yrs

ACP (American College of Physicians) 2015

Start age-50 (offer at 40-49) Interval-every 2 yrs Stop age-74

# Centric Health

Centric Health is a multispecialty medical group comprised of many of the most outstanding medical professionals and medical groups in Bakersfield with the dedication to provide the highest quality of medical care in a rapidly changing 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 services designed to meet the many needs of patients.

- **Central Cardiology Medical Center**
- **Preferred Family Care**
- **Sillect Medical Centers**
- **Central Nephrology Medical Group**
- **Kern Endocrine Center**
- **WF Baker MD and Associates**
- **Dr. Kuran and Dr. Soogoor - Infectious Disease**
- **Dr. Viridi-Neurology**
- **Dr. Fontaine & Dr. Child - Radiology**
- **Dr. Ashraf - Pulmonology**
- **Dr. Nisim - General Surgery**
- **Southwest Internal Medicine**
- **Golden State Hospitalists**
- **Centric Health Imaging**
- **Centric Urgent Care**
- **Centric Infusion Center**
- **Centric Priority Care Clinic**

## What's new at Centric?

**It is an exciting time at Centric Health as we grow to better serve our community. With the commencing of the 2018, we are pleased to announce the following developments:**

- Our new Magnetom Wide bore MRI is now up and running. This MRI has one of the largest bore (opening) that is currently on the market—accommodating patients weighing up to 500 lbs. The MRI suite offers the additional comforts, where patients undergoing a scan may have their heads completely outside the magnet to alleviate claustrophobia. We are pleased to offer this to our provider community. Give us a call at **(661) 716-4770** to schedule appointments.
- Centric Health would like to welcome to our family of providers, Dr. Avi Nisim, a General Surgeon and Fellowship Trained Colorectal Surgeon. Dr. Nisim has extensive clinical background in minimal invasive surgery and is well versed in the needs of our community.
- Centric Urgent Care is now open. It will focus on a time-saving process designed to enhance the urgent care experience. People are busy with work, school, kids' activities and everything else that fills the day making it a challenge to find time for healthcare. To this end, Centric offers another option to meet our providers' and patients' needs and help them get the timely care they need to feel better and get back to their lives. Clinical care attendants will be trained to do everything from registration, vitals, symptom assessment and laboratory or x-ray services while working with a nurse practitioner or physician for diagnosis and treatment. This bypasses the time spent transferring care from one professional to another.

In addition to treating non-emergency conditions such as cold, flu, sore throat and minor sports injuries, the clinic will offer school/sports physicals, flu shots and after-hours occupational health services. The clinic will be open **8 a.m. – 9 p.m., 7 days a week**, at **4531 Buena Vista Rd., #100 Bakersfield, CA 93311 / Ph. (661) 865-5600.**

# *Centric Health is Pleased to Welcome Avi Nisim, MD General Surgeon*

Dr. Abraham Avi Nisim completed his General Surgery Residency at Cedars Sinai Medical Center in Los Angeles, California. Subsequently, he was trained in Minimally Invasive Surgery with a focus in Colorectal Surgery at the University of California, Irvine.

As a General Surgeon, his practice includes the full spectrum of general surgical care. His clinical interests include diagnosis and surgical intervention of digestive abnormalities and diseases. He strongly believes that successful surgical outcomes are optimized through proper nutrition, as well as physical, mental and spiritual health. Dr. Nisim has conducted extensive clinical and basic research, and has published his findings in numerous medical and scientific journals. Since arriving to Bakersfield, Kern County, Dr. Nisim became professionally familiar with the community and its needs by being previously employed by both Kaiser Permanente and Adventist Health Physicians Network.



Born in Israel, Dr. Nisim resided in both New York and New Jersey before settling down in Southern California. He relocated, along with his family, to Bakersfield where he sought to enjoy the small-town family-oriented way of life, while having the opportunity to access nearby coastal and mountain communities. On his days off, Dr. Nisim spends his time engaged in his son's sports activities. He also enjoys saltwater sportfishing along the California coastline.

Dr. Nisim is multilingual with fluency in English, Spanish and Hebrew.



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# 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 and fruits over processed and complex grains and fresh sources of protein. Make sure your plate is at least half

fruits and vegies. Below are a few simple guidelines from the website verywell.

"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

- 1) Eat only enough calories to maintain a healthy weight.
- 2) Eat lots (and lots) of fruits and vegetables.
- 3) Use whole grain breads and pastas.
- 4) 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.)

- 5) Avoid trans fats.
- 6) 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

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

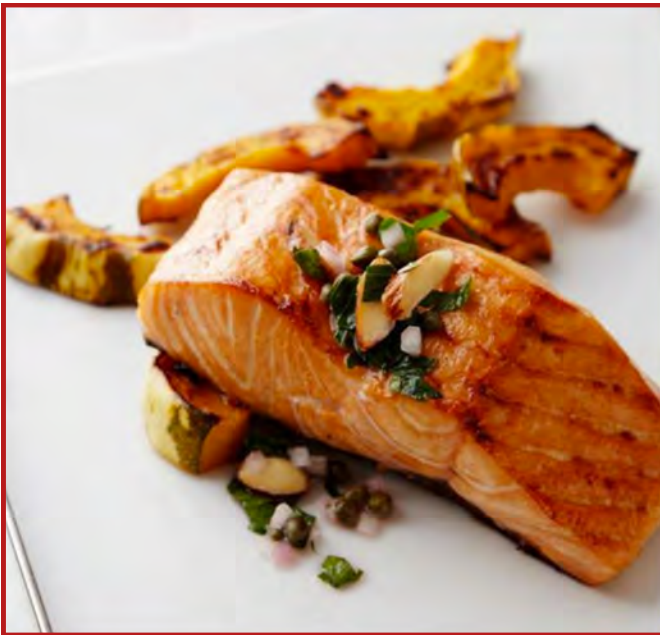
Get plenty of omega-3 fatty acids.

Eat nuts.

Use alcohol only in moderation.

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

## OVEN BAKED SALMON



Time: 20 minutes

Prep: 5 min

Cook 15 min

Yield: 4 servings

Level: Easy

### Nutrition Info

Nutritional Analysis per serving

Calories 177

Total Fat 11 grams

Saturated fat 2.5 grams

Cholesterol 47 grams

Sodium 170 milligrams

Carbohydrates 0 grams

### Ingredients

12 ounce salmon filet cut into 4 pieces

Coarse grained salt

Freshly ground black pepper

Toasted Almond Parsley Salsa

Baked squash

1 shallot

1 tablespoon red wine vinegar

Coarse grain salt

2 tablespoons capers, rinsed

1 cup fresh flat leaf parsley

½ cup roasted almonds

Extra virgin olive oil

### Directions

#### Reheat the oven to 450 degrees F

Season salmon with salt and pepper. Place salmon skin side down, on a non-stick baking sheet or in a non-sticking pan with an oven-proof handle. Bake until salmon is cooked through, about 12-15 minutes. Serve with Toasted Parsley Salad and squash if desired.



"I'm supposed to eat kale for smoother skin, turkey for stronger nails, fish for thinner thighs, oats for cardiovascular benefits, cabbage for leaner abdominals, salmon for softer hair, beets for a healthier colon, steak for muscle tone, blueberries for lower cholesterol, pasta for greater endurance, cheese for younger teeth and bones...."

### Toasted Almond Parsley Salsa:

Mince the shallot and add to a small bowl. Pour the vinegar over the shallots and add a pinch of salt. Let sit for 30 minutes.

Roughly chop the capers, parsley and almonds and add to the shallots. Add the olive oil, tasting as you go. Mix again and adjust the seasonings.



**Step 1: apply Miracle Cellulite Cream to problem areas. Step 2: run 10 miles a day.**



**"I lost 5 pounds this week, but if you convert it to metric, then factor in dog years and the wind chill factor, it's more like 15 pounds."**

**MARGARET THATCHER**  
1925 - 2013

“

Where there is discord, may we bring harmony. Where there is error, may we bring truth. Where there is doubt, may we bring faith. And where there is despair, may we bring hope.

”

**MOTHER TERESA**  
(1910-1997)

NOT ALL OF US CAN DO GREAT THINGS. BUT WE CAN DO SMALL THINGS WITH GREAT LOVE

~~I'M TIRED.~~  
~~IT'S TOO COLD.~~  
~~IT'S TOO HOT.~~  
~~IT'S RAINING.~~  
~~IT'S TOO LATE.~~  
**LET'S GO!**