



PEP

TALK



PULMONARY EDUCATION PROGRAM LITTLE COMPANY OF MARY HOSPITAL FEBRUARY 2010

NEW TGIF EVENT FOR PEPPER SHAKERS AT THE GYM

BY TOM MELTON

Now being offered to PEP Pioneers on a regular basis in the Pulmonary Rehab Gym on Fridays are Strength and Balance Exercises. Led by a very fit and energetic nurse by the name of Cynthia Rohrer from the Cardiac Rehab group, Cynthia is sensitive to the strengths and weaknesses of those whom she is working with and is also very helpful



on an individual basis.

The Pepper Shakers who have been attending Rehab for exercise on Fridays are enthusiastically participating in Cynthia's new program in ever increasing numbers, and with "word of mouth" communication of this new event to others, Friday gym attendance is increasing as well. (I think some Pepper Shaker ladies want to be ready for the beach this summer and are using these exercises to work themselves into shape now.) Seriously, those joining this new program are having a great deal of fun and at the same time exploiting the opportunity to gain strength and improve balance by doing these

exercises with Cynthia. Currently being conducted in the northeast corner of the Rehab Gym, Cynthia started this exercise program on a trial basis in late November or early December. Several Pepper Shakers immediately joined in the program she offered and by the last Friday of January, if I counted correctly, there were as many as fifteen of us exercising with Cynthia.

A video of a TGIF (Thank God it's Friday) session in mid-December was



taken and can be seen on our website at <http://www.peppioneers.org>. The two pictures below are from that video and show the attention given to Cynthia, our instructor, by the Pepper Shakers.

IN MEMORIAM

We regret to report that **Clarise Lerian** passed away January 15th, after lengthy declining health. No other details available at this time.

SAVE THESE DATES!

Speakers & Events:

February 18 th	Dr. Jackson Luncheon at Sizzler 12-2 pm
March 18 th	Carvella Brown "Stroke Awareness"
April 15 th	Dr. Casaburi COPD studies
April 29 th	Palm Springs Follies
May 20 th	Dr. Wishon confirmed...needs topic
June 17 th	Kristie Dickhens, RD Nutrition
July 15 th	PEP Picnic
August 19 th	No speaker scheduled yet
August	Del Mar Race Track (If there is group interest)
September 16 th	No speaker scheduled yet
October 21	Derlyn Hudson Diabetes Maintenance
November 18 th	Dr. Chang Topic to be determined
December 16 th	Christmas Lunch (still 9 days away from holiday)

We are looking for local places of interest to schedule day trips to. We need to consider parking, walking and bath room convenience. Last year we

went to the Old Time Theater in El Segundo and had a great time. Most of us never knew that this was there. If you have a favorite place to visit that is easy to do please let us know. We will investigate it, put out a sign up sheet in the gym and get a group of Pioneers to share the day with. Our next trip will be at the Flight Path Museum in El Segundo. Details to follow very soon...keep tuned to PEP Talk or check the website at peppioneers.org for specific information.

The following Pioneers won free lunches for the entire year of 2010 at our annual Christmas drawing:

Silvia Arenas
Bob Hart
Fay Igawa
Cleola Randle
Lynn Rasmussen
Desmond Woodhouse

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WELCOME

PEP Class 198 Graduates Feb 19, 2010

DONNA & JEAN MIRASSOU

ELLEN JORDAN

ERMA JOHNSON

LUCILLE & ARAM BOGOSIAN

JOYCE HOY

We hope you'll join us at luncheons and the gym. You'll meet a lot of other nice folks like yourselves, and have some fun and get some much needed, beneficial exercise too!

The PEP Pioneers are an independent group of graduates of the Pulmonary Rehabilitation Program at Little Company of Mary Hospital that are dependent on private donations and fundraisers to finance events and purchase equipment that benefit all of their members. Donations may be sent to BCACC, attn Pulmonary Rehab, y be sent to BCACC, 514 No. Prospect Ave, Suite 160, Redondo Beach, CA. 90277

ATRIAL FIBRILLATION (AF)

"People with atrial fibrillation, a common type of irregular heartbeat, should be referred for a surgical treatment called catheter ablation if an oral medication is not effective," said the authors of a study released recently.

In a head-to-head comparison of the two forms of treatment catheter ablation was so superior in resolving the disorder and helping patients to feel better that the study was halted early. The results will be published in the Journal of the American Medical Assn.

Atrial fibrillation, which affects more than 2 million Americans, occurs when the heart's two small upper chambers quiver instead of beating effectively. It can cause blood to pool and clot, raising the risk of a stroke. The condition can go undetected indefinitely, though many people have symptoms such as palpitations, dizziness, chest pain, fatigue and shortness of breath. Once considered a nuisance, the condition is now recognized as a potential precursor to stroke that should be treated.

"It's really important that we have advances in treating atrial fibrillation because the risk climbs dramatically as you age," said Dr. Douglas Zipes, past president of the American College of Cardiology and a cardiologist at Indiana University School of Medicine. Zipes was not involved in the study. *"I always say - only partially tongue-in-cheek - that if you live long enough, you'll have atrial fibrillation."*

The first choice for treating the condition is oral medications to reduce the heart rate. They work by slowing the conduction of the electrical impulses in the heart. Such medications, however, are ineffective in a large portion of people with the disorder.

"For those who continue to feel unwell, catheter ablation should be recommended," said Dr. David Wilber, director of the Cardiovascular Institute at Loyola University Chicago Stritch School of Medicine and the lead author of the study.

"Atrial fibrillation has always been difficult to treat," Wilber said. *"Certainly, the effectiveness of the drug therapies is about 50% at best. The likelihood of a second drug working is about 20%. So the role of this study is to point out that there isn't much point in going to a second drug."*

During catheter ablation, doctors make a small incision in the patient's neck or groin and insert a thin, flexible tube to reach the heart. They then apply radio-frequency energy to cauterize - or burn off - small pieces of abnormal tissue triggering the irregular heartbeat.

The study was performed at 19 medical centers and included 167 atrial fibrillation patients who had failed to benefit from at least one drug. The patients, whose average age was 55, were randomly assigned to receive ablation or try a different medication than what they had already tried. Most took flecainide or propafenone.

One year later, 66% of the ablation patients were free of an irregular heartbeat or symptoms, compared with 16% of those treated with drugs.

"This is an excellent study," Zipes said. "It confirms what other studies have also found."

Longer studies are needed to assess whether the treatment provides a long-term cure and if it reduces stroke and " death, Wilber said.

Catheter ablation has been in use for several years but is still underutilized, said Dr. Shephal K. Doshi, director of electrophysiology and pacing at Saint John's Health Center in Santa Monica. Doshi was not involved in the study.

There are risks associated with the procedure. Rare complications include damage to the esophagus and stroke. Damage to veins is a more common complication but is treatable.

"It has to be used appropriately, but in the right hands it's a very powerful tool for the management of atrial fibrillation," Doshi said. "There is a 1% risk of having a stroke during the procedure. So that's not trivial. For a young patient, a patient who feels bad, it may be worth it."