

Keeping in circulation



VASCULAR DISEASE
FOUNDATION

the official newsletter of the Vascular Disease Foundation

SPRING 2004
VOL. 4 No. 1

our mission

The Vascular Disease Foundation's mission is "To reduce the widespread prevalence and effects of vascular diseases by increasing public awareness of the benefits of prevention, prompt diagnosis, comprehensive management and rehabilitation."

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Abdominal Aortic Aneurysms (AAA)

Aneurysms are caused by the weakening of the wall of an artery resulting in a "ballooning" of the artery. The aneurysm can grow larger and eventually burst if it is not found and treated. Aneurysms occur most often in the aorta, the main artery in the chest and abdomen, and the most frequent form is the abdominal aortic aneurysm (AAA). The aorta carries blood from the heart to all parts of the body including vital organs and the legs and feet.

There are about 15,000 deaths a year related to the rupture (bursting) of an aneurysm. Ruptured aortic aneurysms are the 10th leading cause of death in men over 50 in the U.S. A ruptured aneurysm is an emergency and procedures must take place immediately to save one's life and avoid serious complications.

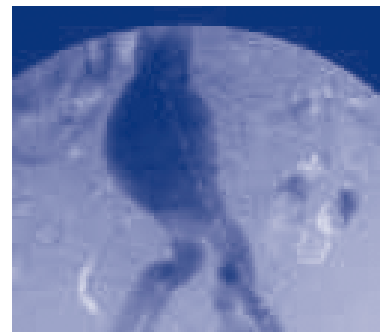
Cause of Aortic Aneurysms

Certain structural proteins in the wall of the aorta provide strength and flexibility to this large artery. This is similar to muscles and tendons that provide strength to the arms and legs. Aneurysms are caused by a breaking or wearing down over time of these structural protein elements that lead to a weakness of the wall of the aorta which can make it expand like a balloon. These structural proteins, collagen and elastin, may gradually break down with age or when other diseases are present. For example, inflammation associated with atherosclerosis (hardening of the arteries) may accelerate this process, which can occasionally occur in people in their 50's. Some of the body's naturally occurring enzymes may also contribute to the breakdown in the wall of the aorta. An excess of these enzymes or conditions that activate the enzymes may cause an aneurysm to form, or suddenly grow. An aneurysm may occur more frequently in members of the same family. There is still much to be learned about the cause of aneurysms and their growth.

Symptoms and Detection

Most of the time there are no major symptoms for AAA prior to rupture. Occasionally, patients may feel abdominal, back or side pain. Some people may feel a "heart beat" in the abdomen or may notice their book bouncing while reading. Seventy-five percent of the aneurysms that are discovered are detected from diagnostic tests (such as x-rays, or ultrasound or CAT scan studies) that were given for other health problems. Many aneurysms can be detected by a carefully performed abdominal examination by a physician, but many cannot be felt. If the person is overweight, this is difficult. Overall, relying on symptoms or an examination to detect AAAs will miss many.

Picture: This angiogram picture shows a typical aortic aneurysm. As the aneurysm gets larger, the risk of rupture increases greatly.



Continued on page 2

Abdominal Aortic Aneurysms (AAA)

CONTINUED FROM FRONT PAGE

Who Is At Risk?

- People over 60 years old (Or over 50 with a family history of AAA)
- Tobacco use
- A family history of AAA
- History of an aneurysm in another place
- High blood pressure
- History of heart disease
- Peripheral arterial disease (PAD) or hardening of the arteries outside the heart

The risk of AAA increases with age and AAAs are 5-10 times more common in men than in women. People who smoke are eight times more likely to be affected than non-smokers.

How is it Diagnosed?

When AAAs are found early, treatment is usually safe, effective and the aneurysm is cured! Aneurysms are often found when diagnostic tests are performed for entirely different reasons, such as checking the spine, kidneys or gallbladder. Most patients have no symptoms, so if you are at risk, it is important to tell your risks for AAA to your doctor. Your doctor will probably examine your abdomen as a first method to detect an AAA.

Although AAA can be found by physical examination, most are diagnosed today using an abdominal ultrasound scan or computerized tomographic (CT) scan. These are simple, non-invasive examinations done on an outpatient basis. These tests also measure the size and shape of the AAA—a very important factor when deciding the best treatment.

What are the Treatment Options?

If the AAA is larger than 5.5 centimeters in diameter (about the size of a lemon), it will need treatment. A doctor's decision to fix the AAA will take into account the risk of the aneurysm bursting, as well as the risk of the procedure and the general health of the patient with regard to other illnesses (such as heart disease or diabetes). Not all aneurysms, even large ones, will be safe to repair in individuals who are in poor health. As well, some smaller aneurysms that cause back or abdominal pain may need treatment, especially if they are found to be increasing in size rapidly.

Surgery

Open surgery on AAA has been performed routinely in this country for about 50 years. If done before the aneurysm ruptures, it is a very successful and long lasting procedure. During the surgery, the surgeon makes an abdominal incision, then replaces the diseased part of the aorta with a Dacron® or Teflon® graft that is carefully matched to the size of the person's normal aorta. This graft is sewn in place by the surgeon. Most patients stay in the hospital 5-7 days if no complications occur. It may take one to two months to return to a full and normal life.

After fifty years of doing this surgery, the facts show that:

- More than 95% of patients make a full recovery from surgery
- Once patients have recovered, their aneurysms are permanently cured in most patients.

Endovascular Treatment of AAA

Recent advances in catheter-based technologies have led to exciting new treatments for aortic aneurysms. Now, endovascular grafting allows the repair of the AAA by inserting a graft through a small incision in the groin. The graft is placed through the incision into a catheter or tube inserted into a groin artery. X-rays are used to make sure the graft is positioned in the right place in the AAA. The graft is then expanded inside the aorta and held in place with metallic hooks rather than stitches. The stay in the hospital is only one or two days and most patients can return to work or normal daily activities in about a week. Patients with other medical problems or those that could not survive major surgery can be considered for repair by an endovascular graft.

Endovascular grafting may not be possible or the best choice in every case. Endovascular grafts are specially manufactured and don't "fit" for every case. Regular surgery may still be best choice for many people. Endografts are fairly new, having been utilized for AAA repair for only a few years, as compared to a 50-year track record of success with surgery for AAA. Talk to your doctor about the best choice for you.

AAA CONTINUED FROM PAGE 2

When an AAA ruptures it is an emergency!

- Ruptured (burst) aortic aneurysm is the 10th leading cause of death in men over 50 in this country.
- Many people with a ruptured AAA don't make it to the hospital. If they do, they often have very serious complications.
- More than 15,000 Americans die each year due to ruptured aneurysms!

If I'm at risk, how can I prevent AAA?

All individuals at risk for AAA should control high blood pressure, high cholesterol, stop smoking, and avoid weight gain and inactivity. Regular checking by ultrasound, beginning at age 45-50, to make an early diagnosis is essential. Be sure to remind your doctor of your risks and the need for an ultrasound or other diagnostic test.

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T'ai Chi and Raynaud's: A Patient's Story By Evelyn Doyle Harris

Raynaud's Disease and Raynaud's Phenomenon, or cold fingers and toes, are annoying conditions that seem to plague women more than men. During the attack, the small vessels that supply blood to the skin in the hands, and sometimes the toes, nose, or ears constrict (go into spasm and become very narrow, restricting circulation to that area). The result is numbness and a pale or bluish tint.

I can recall "grossing out" my elementary school friends by showing them my waxy white fingers. The condition disappeared when I entered high school, but now that I am AARP eligible, it's back with a vengeance.

I asked the doctor about it, and he advised me to avoid getting my hands cold in the first place. He told me to wear gloves to take something out of the freezer, wear mittens outdoors when it's cold and so forth. But my fingers turn a corpse-like hue when I enter an air-conditioned room in the middle of the summer. I once tried wearing gloves to the grocery store to buy frozen food. The checkout clerk asked about the gloves, and suggested if I were more pious, I would not have the problem. Stress is another trigger of my problem, and I have seen my hands turn white in the heat of August.

My usual remedy was to run warm water over my hands. If I had no access to warm water, I would rub my fingers together, but this would take a long time. Then, one night while taking T'ai Chi at my local gym something happened that surprised me and everyone there. I was under a lot of stress at the time and my fingers looked like Fred Munster's (the monster on an old TV show). After a few minutes of T'ai Chi, the color visibly returned to my fingers, one by one. My teacher said she had seen the same phenomenon with a friend of hers. The friend, a scientifically oriented nurse, had the same problem that I do. Although the nurse was sure it would not work, She agreed to assume the "standing meditation stance." To do this, the knees are slightly bent, the shoulders are relaxed, the elbows are higher at the wrist, and the hands are slightly rounded. She was surprised to find color return to her hands.

T'ai Chi is an ancient Chinese martial art that is usually practiced at a slower, more thoughtful pace for its health benefits. These include better breathing, balance and flexibility. With its graceful movements and the poetic names for these movements ("grasp the swallow's tail, fair lady works the shuttle, cloud-hands"), it is an increasingly popular offering in health clubs, community colleges and senior centers. I find T'ai Chi most helpful for my symptoms if I practice it regularly.

Most people have Raynaud's independently of other conditions. However other individuals may have Raynaud's as a consequence of other diseases such as scleroderma, rheumatoid arthritis or lupus. Smoking, other arterial diseases, and some medicines can also lead to this condition. Therefore, Raynaud's patients should check with their doctor to assure that no other disease is present first. But if you want to try to control the symptoms, you may want to "grasp the swallow's tail."

Evelyn Doyle Harris lives in Crofton, Maryland where she enjoys T'ai Chi and tries to keep her fingers warm.

Editor's note: While there are many claims about the power of T'ai Chi, there are no large scientific studies to support a benefit for Raynaud's Phenomenon or Raynaud's Disease.



Please share your experience with vascular disease with us. Email your stories to info@vdf.org, or send by mail to Editor, Keeping In Circulation, Vascular Disease Foundation, 3333 S. Wadsworth #B104-37, Lakewood, CO 80227.

WELCOME TO DR. JAN NUNNELEE!



We are delighted to welcome Jan Nunnelee as our new associate medical editor. With more than 30 years working in the vascular field she brings tremendous expertise to our staff. She is a certified vascular nurse and an adult nurse practitioner, and has served as a past-president of the Society for Vascular Nursing, as editor to other professional journals and has published many articles.

NHLBI AWARDS \$45 MILLION TO FIGHT VASCULAR DISEASE

The National Heart, Lung and Blood Institute, part of the National Institutes of Health, recently awarded twelve five-year grants totaling about \$45 million for research related to Peripheral Arterial Disease (PAD). This is a monumental step toward finding treatments and technologies to improve the care and management of this disease. The purpose of awarding these grants according to the NHLBI was "to develop improved therapeutic and preventive approaches for atherosclerotic arterial diseases of the peripheral vasculature" through clinical research studies. The results of these studies will provide new insights for better clinical management of the disease, and improved strategies for diagnosis, therapy and prevention of PAD. This is exciting and offers hope for all affected by PAD. We are grateful for NHLBI's focus on PAD and look forward to the results of these important studies.

PARTNER SPOTLIGHT



2003 marked the historic merger of the Society for Vascular Surgery (SVS) and the American Association for Vascular Surgery (AAVS), both long-standing VDF partners. With a proud heritage of over fifty years, the new SVS now represents the largest organization of dedicated vascular specialists in this country. The majority of members are vascular surgeons, but the SVS also includes other medical specialists dedicated to excellence and innovation in vascular care. The mission of the SVS is to improve diagnosis and management of patients with vascular disease, to promote clinical and basic science research in vascular disease, and to provide education about all major vascular disorders to health care professionals at every level. One of the key initiatives of the SVS for 2004 has been to increase public awareness of vascular health and the important role of vascular specialists in comprehensive vascular care. The VDF is proud to have the SVS as one of our societal sponsors and to have their representatives, Dr. William Flinn and Dr. Peter Gloviczki, serve on the Vascular Disease Foundation's Board of Directors.

Letters to the Editor

"Your efforts to inform people of vascular diseases are so appreciated! We thank you very much."
—Pat & Ray L

"I like your magazine. It is the best in the world. I've been reading it for sometime...but I have to use a magnifying glass to read it because my eyes are so bad. Please make your letters bigger and darker. Thank you."—M. Keigan

Editor's response. Thank you for the nice compliment as well as for your suggestion for improvement. We have so much information to share, but funding provides only a limited amount of space. Nevertheless, we agree with you. In response, we have enlarged our type size. Hopefully, you will notice an improvement in this issue.

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Who Knows? Raynaud's!

Raynaud's phenomenon is a medical condition in which the arteries in the fingers and toes become suddenly narrowed in response to cold exposure, causing the digits to turn sequentially white, blue, or red. It is named after the French physician, Maurice Raynaud, who first described it. Although fingers of healthy individuals may become pale in response to severe cold, the effect is exaggerated in individuals with Raynaud's symptoms, so that even mild cold exposure, such as within one's home, can cause significant symptoms. Raynaud's symptoms have been estimated to be present in as many as one in twenty people, so it is helpful to understand this condition and what may help.

Primary "Raynaud's disease" refers to vasospasm (severe, temporary narrowing of the arteries) that happens with cold or stress without any other related medical condition. Some people have other medical illnesses, such as scleroderma or systemic lupus erythematosus. In these cases, the term, secondary "Raynaud's phenomenon" is used to describe vasospasm of the digits in response to cold.

Raynaud's disease affects women more often than men, occurs more commonly in youth (between ages 15 and 35 years) and may occur more frequently in members of the same family. The cause is not known.

- 80% of sufferers are women
- As many as 5% of the US population has it
- Most people have primary Raynaud's disease
- Most common before age 35 (women age 15-40)
- Arteries are normal between attacks

People with Raynaud's disease experience an attack during which their fingers initially turn white and become cold and numb. The finger looks as though there is no blood flow, because during the attack the finger arteries are very narrow and blood flow is decreased. Attacks may happen in one or both hands. Toes are less commonly affected. The whiteness may affect just the tip of a single finger, or involve many fingers. The fingers may then turn a dusky, dark shade of blue. When the artery constriction ends, blood rushes into the arteries making the finger turn red and warm and may cause a burning, throbbing pain. Not all of the changes occur in the order described, nor do all occur in each attack.

Most of the time, the skin texture stays normal. In some cases, the skin may thicken. In persons with severe recurrent episodes of Raynaud's phenomenon, ulcers or sores on the tips of the fingers may result. This happens rarely in patients with primary Raynaud's disease. Patients should seek advice from a health care provider if sores occur.

Treatment of Raynaud's Disease

The best treatment is to avoid the cause(s) of the attacks. Most individuals can achieve satisfactory control of the frequency and severity of attacks by avoiding cold, using protective garments (including extra layers of clothing, hats, mittens, and warm socks and shoes), or occasionally taking medications that relax the arteries. Usually, a decrease of attacks is achievable, but there is no "cure" for Raynaud's.

Some helpful suggestions for Raynaud's Disease:

- Avoid abrupt changes in temperatures —especially going from warm air into air conditioning.
- Do not go outside without a coat and mittens (gloves allow more cold air to get between the fingers). Wear a hat.
- Use mittens to take anything out of a freezer.
- Do not smoke.

Treatment of Raynaud's Phenomenon

The physician should evaluate the patient for other illnesses associated with Raynaud's phenomenon. These include: connective tissue disorders (lupus, rheumatoid arthritis, and scleroderma), vibration injury from use of power tools, thoracic outlet syndrome, and other arterial diseases that compromise blood flow to the hands. Tests for secondary Raynaud's may include non-invasive blood flow studies of the hand and arm, a blood test called an ANA or rheumatoid factor.



(Photo courtesy of Rooke Vascular-Osborn Medical. 1-800-535-5865)

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Even If It's NOT Broke, Fix It!

Mr. M. wanted to tell his story on abdominal aortic aneurysms (AAA) because his experience scared him so and he hopes others can learn from his story. He came to my office at age 67 for a routine physical examination. The abdominal examination showed what appeared to be a fairly large aneurysm (6-7 cm). "The way they can tell is that they push on 2 sides of your belly and bring their fingers together on each side of the big artery in the belly" says Mr. M. "I was told to go to the hospital that day for an ultrasound or sonogram of the abdomen. I did not want to go, but was finally convinced it was important." After the sonogram showed a 7 cm aneurysm, Mr. M. was told he needed to see a specialist, and might need a graft or a stent-graft inserted into his aorta to prevent the aneurysm from rupturing. He was also told to tell his siblings to be screened. He declined, "I don't talk to my brothers much and since this does not hurt, I can't see where I need it fixed." He stated, "I went home and forgot about it."

We continued to check on Mr. M. every few weeks, but he still did not want treatment. Suddenly, about three months after he was diagnosed and about a week after we last checked on him, he phoned. "My older brother just died when his aneurysm burst. Can they still fix me?"

Within a week he had an endovascular repair (see article on AAA) and was home in 3 days. Today, four years later, he keeps busy with his many retirement activities. When he was called for this interview, he very simply stated, "I thought if it did not hurt it could not be bad. Was I wrong! Now all of my brothers (he has no sisters) have been screened and the youngest brother is being followed very closely by his physician for a small aneurysm. I hope everyone who is at risk will tell their health care provider, and be screened."

About the Author: *Janice D. Nunnelee, PhD, RN, CVN, ANP*

Janice is the new associate medical editor of "Keeping in Circulation." She is a certified vascular nurse and an adult nurse practitioner.



Thank You!

GRANTS RECEIVED: The Vascular Disease Foundation has recently received several important grants. **Astra-Zeneca LP** has provided an educational grant allowing VDF to produce several important new patient-focused publications. **Sigma-Tau Research** and **United Therapeutics** have provided grants to provide new clinical trial information on the VDF web site. Other recent grants were received from **Bristol-Myers Squibb/Sanofi-Synthelabo Partnership** for our PAD publications, **Fairview Health Services** for a public awareness program throughout Minnesota and **Otsuka Pharmaceuticals, Inc.** for sponsoring our web site. These grants are critical to enabling the Foundation to provide our information services and programs. We appreciate the generosity of these companies. If you know an individual or organization that might be interested in assisting the Vascular Disease Foundation in a project to increase vascular disease awareness and education, please contact Linda Regensburger at Linda@vdf.org or **1-888-VDF-4INFO**.

ANNUAL FUNDRAISING DRIVE: Thank you to all who contributed to our recent Annual Fundraising Drive. According to VDF's executive director, Sheryl Benjamin, we more than doubled our previous record! She added, "We really appreciate the wonderful support which enables us to continue to provide our vital messages about vascular diseases."

HOW YOU CAN HELP...

eBay sellers—designate VDF as your charity of choice!

Donate your car to VDF—Call 1-866-332-1778.

LIVING WITH VASCULAR DISEASE

Reprinted from Vol. 1, No. 2 of “Keeping In Circulation”



“I suppose I have a borderline case,” he said after having another ankle-brachial index test and watching his doctor and nurse exchange glances. “No,” replied his doctor. “You definitely have periph-

eral arterial disease. We just need to decide exactly what is best to do about it in your case.”

Thus began a change in lifestyle for Mike Falink. But more than three years later, he says it was well worth it. His advice to others is to do the same. His story is proof that it is possible to live successfully with PAD without a lot of drugs or operations.

Mike knew something was wrong seven years ago when he began having problems walking. The pain in his legs only grew worse and kept him from participating in many activities. “It felt like a dull toothache, even when resting or doing nothing,” he said once the pain became constant. His regular physician conducted Doppler blood flow studies on his legs. The pulse readings were good, causing the doctor to merely shrug his shoulders without an explanation. Mike began to believe he was going to have to tough it out and hope it would eventually get better.

This wasn't Mike's first experience with health problems. He had his first heart attack in 1979 and a second one in 1982. In 1986 he had a quadruple bypass. Unfortunately, years of heavy smoking likely contributed to much of Mike's heart and vascular problems. He quit smoking entirely in 1985. He also has had Type 2 diabetes for years. Coincidentally, it was while waiting in his endocrinologist's office that he read a pamphlet describing the symptoms of Peripheral Arterial Disease (PAD). Mike knew he had almost every one of them and brought them to his doctor's attention. He was referred to a vascular clinic where he was given an ankle-brachial index test (ABI), followed by other non-invasive examinations. Being diagnosed with PAD stirred up many feelings in Mike—relief to know the pain wasn't imaginary combined with the anxiety of knowing that getting and feeling better would not be easy.

He was given three options: an exercise program, medications, or an attempt at revascularization by surgery or angioplasty. The medications available three years ago were not guaranteed to greatly improve his condition and he wanted to leave surgery as a final alternative. Afraid that the cure might be as bad as the illness, Mike decided to start with the least invasive approach—an exercise program.

Mike began his physician's recommended treatment plan—to walk around the lakes by his home near Minneapolis, an activity he had given up because of the pain in his legs. He was told to walk frequently to the point of pain, then stop and rest. Repeating this was “nature's way” of compensating and would improve the efficiency with which the muscles dealt with the more limited supply of oxygenated blood reaching them. Improvement took a long time but progress was steady. The two-mile walk required him to stop 22 times in the beginning. He would walk a short distance until the pain was sharp and then rest for one to five minutes before continuing. He stuck with this program three to five times per week determined not to face his doctor with failure.

On his own, Mike developed several “tricks” to keep himself moving. He counted the number of steps he made during each walk and after a few weeks, he noticed that it was 21 stops, then 20 and then 19. Next, he decided to keep a record of his progress. As he walked he rated how he felt on a scale of “1 to 10”. A good day would earn a 7 or 8, bad days a 3 or 4. After a few more weeks he noticed that the high ratings seemed to be increasing. He attributed it to the fact that he was starting to lose weight from the exercising and was actually beginning to feel better. Another motivating factor was that his wife, Mary, encouraged him by walking with him. She finished at a quicker pace, but would wait for him.

The exercise program worked! A year later, he was able to walk the two miles around the lake in 30 minutes without stopping. Mike had lost 38 pounds and he was able to reduce his diabetes medication.

Today, at age 65, Mike spends winters walking the beaches by his winter home near Wilmington, North Carolina. He still walks three to five times a week at a pretty good pace and pain free. Knowing where he was a few years ago and now that he's regained his

Living with PAD, continued from page 8...

boasts that now he does all the things he wants to do—part-time consulting, enjoying time with his grandchildren, traveling, gardening, and golf.

Mike happily offers advice to others with PAD. “Give yourself a chance to beat it. Find the right doctors and regimen, then find a way to stay motivated.” He found tracking his results helped and might help others, too. “Don’t overdo it. You can’t compress in a month what takes a year to change.” He acknowledges that the hardest part is that it doesn’t happen overnight—improvement takes a long time. But, he stressed, “it’s possible and definitely worth it. I’m living proof.”

Editor’s Note: Mike experienced intermittent claudication. This is a condition of pain or cramping brought on by walking and quickly goes away when resting. This pain occurs after walking the same distance and resting about the same amount of time.

2004 Follow Up on Mike’s Story

Mike Today

We interviewed Mike Falink to see how he was doing, since it has now been three years since his story appeared. His first words were “I’m doing well!” He continues to walk about two miles every other day (on the beach in the winter) and he rarely has to stop because of pain. He golfs at least 3-4 times a week and joked, “I don’t hit the ball far enough to get any claudication pain.” His diabetic medications have been cut in half with his continued daily exercise, his heart medications have been decreased, and he still takes aspirin daily.

He feels his battle with PAD would not have been successful unless he had seen a vascular specialist. He says, “If someone is monitoring you, you do better.” He feels that he continues his success daily by walking, keeping his weight down and keeping in touch with his doctor. That is his advice to everyone with PAD. Additionally he states that it helps to set tangible (or measurable) benchmarks for yourself and achieve them. He did this originally by counting the times he stopped to walk the mile around the lake and by rating his performance daily.

Mike wants the VDF to keep getting the word out to people so that they know about PAD.

Mike’s tips for a successful exercise program

1. Find a doctor to help you find the right exercise schedule for you.
2. Chart your activities. Include exercise time, distance, number of stops, how you felt during the exercise.
3. Try different shoes. Mike found that shoes with heels placed less strain on his calf than tennis shoes. He walks in loafers!
4. Find a walking or exercise companion.
5. Be patient. It takes time for good results.

What is PAD?

What are the Risk Factors and Symptoms

Peripheral Arterial Disease (PAD) is a common disorder that occurs in the circulatory system and is often referred to as Atherosclerosis. Arteries carry oxygen rich blood from the heart to all areas of the body. For those with PAD, the arteries to the legs slowly become narrowed and then blocked by the build up of cholesterol containing plaque. As a result, blood flow to the muscles and skin of the legs decreases. Less blood to the muscles may cause them to hurt and cramp during exercise. Most people with PAD do not have symptoms.

You may be at risk for PAD if you:

- ★ smoke, or used to smoke
- ★ have diabetes
- ★ have high cholesterol
- ★ have high blood pressure
- ★ are over 50 years old
- ★ have a family history of heart or vascular disease
- ★ have pain in your legs when you walk that goes away quickly when you rest.

Contact the Vascular Disease Foundation at 1-866-PADINFO or www.vdf.org

May is Stroke Awareness Month

What you should know...

Individuals with peripheral arterial disease (PAD) and carotid artery disease have been shown to have a high prevalence for stroke. Atherosclerosis in the arteries can speed the clotting process that can lead to stroke. We urge you to take advantage of Stroke Awareness Month—take time to learn more about stroke and stroke prevention. Call **1-800-STROKES** or visit **www.strokeassociation.org** or **www.stroke.org**. Also, our fall 2003 issue (Vol.3, No.3) had a lot of information about stroke prevention and what causes stroke.

According to the National Stroke Association:

- **Every 53 seconds someone in the US experiences a stroke.**
- **Stroke is the third leading cause of death in this country.**
- **One third of strokes occur in women under the age of 65.**

High blood pressure is one of the key risk factors for stroke because it puts unnecessary stress on blood vessel walls. Some other risk factors include age, smoking, diabetes, PAD, heart disease or family history of heart disease or stroke, a TIA (mini-stroke), high cholesterol or atrial fibrillation (irregular heart rhythm).

For more information about stroke resources, visit our web site at **www.vdf.org**.

Symptoms of Stroke*

Call 911 for help if you have or think someone is having any of these symptoms. Treatments need to be initiated within a few hours to be most effective. The symptoms of stroke are distinct because they happen quickly with no known cause.

- Sudden numbness or weakness of the face, arm, or leg (especially on one side of the body).
- Sudden confusion, trouble speaking or understanding speech.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.

**Source: NINDS National Institutes of Health*

SAVE ON PRESCRIPTION MEDICATIONS: The Vascular Disease Foundation provides an opportunity for you to purchase discounted medications through a mail service of Quality Pharmaceutical Services, Inc. (QPS). You can save up to 30% off retail prices of brand name pharmaceuticals and even greater savings on generic medications. This program is totally free. There are no costs, enrollment fees, annual fees, shipping fees or handling fees. In addition, a special Retail Pharmacy Discount Card, honored at 50,000 pharmacies nationwide, is offered. Call QPS toll-free at 1-866-500-3680 for free price quotes and enrollment. Be sure to say you're with the Vascular Disease Foundation.

In The News

VDF CALLS FOR NATIONAL PAD PUBLIC AWARENESS PROGRAM

In February, an article was published in the *Journal of Vascular Surgery* calling for the creation of a national public awareness program to focus on PAD to improve public health. This article was written on behalf of the Foundation by several members of its board of directors, including Dr. Alan T. Hirsch, Dr. Peter Gloviczki, Dr. Alain Drooz, Marge Lovell and Dr. Mark A. Creager.

The article is also being co-published in several other professional journals including the *Journal of Vascular Nursing*, *Journal of Radiology Nursing*, *Journal of Vascular and Interventional Radiology*, *Vascular and Endovascular Surgery*, *Vascular Medicine* and *International Angiology*. Co-publication of the article is intended to serve the memberships of those societies that support the VDF mission, as well as its allied public health advocacy organizations that support the goals of a PAD awareness program.

The authors review the laudable mission of the national "Healthy People 2010" program, which provides a congressional mandate for national cardiovascular health, as promoted by the National Institutes of Health's National Heart, Lung and Blood Institute. These well-known programs—such as the National High Blood Pressure Education Program, the National Cholesterol Education Program, and Women's Heart Health Education Initiative—have each achieved a large positive impact on national heart disease awareness and demonstrated clear progress toward achieving measurable health goals.

VDF's manuscript calls for creation of a comparable national PAD public awareness campaign, ideally linked to health provider educational efforts. This success would serve as an excellent template for other efforts to improve the long-term vascular health of the American public. From this concept, we imagine creating a world in which knowledge about PAD risk factors, prompt diagnosis, and access to effective treatments might lead to fewer heart attacks, fewer strokes, less disability, fewer amputations, and improved community health.

(Read the article posted on our web site at www.vdf.org)

FREE SCREENINGS

On May 14th, the American Vascular Association will conduct its third annual public screening for vascular disease including PAD, AAA and carotid artery disease. To find the location of a site near you, call **1-410-553-6008** or **1-877-AVA-2010**.

UPCOMING MEETINGS

VDF staff will be attending several professional meetings in the coming months which provide the Foundation with opportunities to introduce our goals, mission and publications to professionals involved in the everyday care of people with vascular diseases. Meetings we will be attending include: **The American College of Cardiology**, **Society for Interventional Radiology**, **Society for Vascular Nursing**, **American College of Physicians**, **Society for Vascular Medicine and Biology** and the **Society for Vascular Surgery**. For the American College of Physicians meeting, VDF was invited to develop a workshop to help teach primary care physicians how to perform ankle-brachial index tests used to test for peripheral arterial disease (PAD).

PAD on PBS

The TV Series "Healthy Body, Healthy Mind" recently produced an excellent program called "Peripheral Arterial Disease: Poor Blood Flow." It ran on numerous PBS stations across the country during February and March. If you missed the show, or would like to order a VHS copy of the program, please call the show producers at 800-463-6488. The cost per tape is \$19.95 plus \$5.00 for shipping & handling.

Raynaud's CONTINUED FROM PAGE 5

Some helpful suggestions for Raynaud's Phenomenon:

- Keep your hands from getting cold
- Do not use vibrating tools
- Wear mittens instead of gloves
- Avoid excessive stress
- See your doctor if you get worse-or if you notice a finger sore

In rare cases, medications such as calcium channel blockers or alpha adrenergic blockers can be used to dilate finger arteries. You should consult with your health care provider before starting any prescription or over the counter medication, or even herbal remedies as none have been shown to be effective. Biofeedback is safe and occasionally effective, and may be something to discuss with your physician. In patients with secondary Raynaud's phenomenon and severe, persistent digital vasospasm, and threatened fingers, a surgical procedure called "digital sympathectomy" may be considered if other measures fail.

Frequently Asked Questions

- Q.** When young persons in their 20's or 30's get PAD, is it because of an unusual hereditary problem with the structure of their arteries at birth, or a speeding up of the aging process?
- A.** First, one has to be sure that the young person has an accurate diagnosis of PAD. If so, PAD can occur even at an early age in the presence of the same risk factors that cause PAD in older individuals: smoking, diabetes, high cholesterol, high blood homocysteine, and a family history of PAD or coronary heart disease. While it is quite unusual to develop symptoms of PAD before age 40, we know that artery damage starts at young ages (we find evidence of artery damage even in young healthy soldiers who are killed in war). However, not all artery blockages in young individuals are due to PAD, but may be due to other conditions that can block the arteries to the legs (such as "fibromuscular dysplasia" or certain leg artery cysts). Other medical conditions can also lead to artery blockages at younger ages, including severe kidney disease, transplantation, or trauma.
- Q.** My husband was diagnosed with hardening of the arteries. He is 52 and has had numerous health problems, atrial fibrillation at 40, a stroke at 45 and since then many TIAs. He is a heavy smoker and we do know that he definitely needs to quit in order to slow this progression. Since he has been on Coumadin® and medications for these conditions for many years, why would this happen?
- A.** It is never possible to know for certain why some individuals, like your husband, would have so many health problems in their 40's or 50's. As you are likely aware, stroke can occur from either atrial fibrillation alone or from damaged carotid arteries that lead to the brain, or both. In order to best decrease his risk of stroke, the Coumadin prevents blood clots from the atrial fibrillation from traveling to the brain. The other medications prevent artery damage and thus decrease both heart attack and stroke risk. But, while these medications are effective in decreasing "risk", and are essential, they are not curative. The impact of continued smoking is profound, and can diminish the benefit of Coumadin (tobacco use makes the blood clot more easily); of blood pressure pills (tobacco use raises blood pressure); and of cholesterol lowering drugs (tobacco directly damages the artery wall). He needs to stop smoking. Until then, taking medications regularly and as prescribed likely has helped your husband more than not being on them, by providing him at least some protection.

Coumadin® is a registered trademark of Bristol-Myers Squibb Company

COMING SOON...

Watch for information about VDF's new Legacy Club

EXCELLENCE IN CARE

Congratulations to our honorees!

J. Garry Wrobleski, Jr., D.O.

Vascular surgeon, Dr. Wrobleski of Carbondale, Pennsylvania was nominated by one of his patients, Patricia Michitsch. She states, "in October this wonderful young man saved my life. In November, he saved my right arm. He is definitely very special to me and my family."

Kathryn Mulligan, M.D

Rosemary Amb is honoring Dr. Kathryn Mulligan, an internal medicine physician of Dyer, Indiana. Ms. Amb said that Dr. Mulligan "probably saved my life by ordering a venous test. I had a DVT and an embolism in my lungs!"

*To nominate a health care professional, simply send us a note or email with your tax-deductible donation stating who you are honoring and why they deserve the recognition. Checks or credit card charges of any amount are accepted. Be sure to identify the honoree's name, address and phone number so we can let them know of this honor. Also, send us your name and address so we can thank you as well! Find out more by contacting the **Vascular Disease Foundation** toll-free at 1-888-VDF 4INFO.*

REMEMBER A LOVED ONE— CREATE A VDF MEMORIAL FUND

Your gift can honor the memory of a family member, friend or other loved one who struggled with vascular disease—and help us continue our work to make the public aware of these deadly conditions.

Upon receipt of your contribution (\$10 minimum, please), an acknowledgment card will be sent to the family. No mention will be made of the amount of the gift. You will also be notified by email that the gift has been received. If you would like to further recognize your honoree, please send us a photograph so that we may post it on our web site.

Friends and family can also contribute to the fund after it has been initiated.



In November, VDF president Dr. Peter Gloviczki, met with Senator Bob Dole, the key note speaker at a vascular meeting attended by VDF. Pictured (L to R), Dr. Kenneth Ouriel, Senator Dole and Dr. Gloviczki.

For more information about memorial funds, contact Linda@vdf.org or check out our easy, secure and convenient online giving option at WWW.VDF.ORG.

FUNDRAISER FOR VDF

Conduct a golf tournament, bingo or bridge party, potluck or bake sale with the proceeds going to the VDF.

Contact the Vascular Disease Foundation at 1-866-PADINFO or www.vdf.org

Walking Guide: It's Good Medicine!

By request, the Vascular Disease Foundation is pleased to provide a single list of the many tips for walking that were featured over several issues of Keeping in Circulation. Post this adapted version where it can remind you to get out and WALK!

1. Walk as if your life depended on it. Because it does! Walking increases your good (HDL) cholesterol, decreases the chance of blood clots, drives calcium into your bones and is a great stress and depression reliever.
2. Reward yourself...for making positive behavior changes in your activity status. Set a goal of walking at least five days a week. The distance or time doesn't matter at first. You are just trying to establish a healthy habit, not win a marathon. Then reward yourself each week that you achieve this goal.
3. Walk because you still can! So many people with PAD can't. If you can only go 20 steps, do it. Then rest. Then walk again.
4. Variety is the spice of life. While it's good to have a regular walking route to measure improvement, you may get bored. A change may give you new motivation to keep walking. Try a different neighborhood, the mall, a park, the zoo, a nature trail, along a lake.
5. If the shoe fits...wear it around the block. If it doesn't, throw it out. Treat yourself to some really good walking/exercise shoes. It will keep your feet protected and make the walk easier.
6. Leave your cigarettes at home! One of the best ways to help yourself quit smoking is to go for a walk when the craving strikes. That craving will pass even if you don't smoke. WALK! Breathe in some good oxygen instead of tar and nicotine. Your arteries will be happier and healthier.
7. March to a different drummer. Invest in a small portable tape or CD player and headphones and listen to your favorite music as you walk. It's easier to forget the aches and pains if you have a pleasant distraction.
8. Speaking of marching...when your calf muscle starts to hurt when you are walking, start marching instead of walking. It rests the calf muscle a bit more than walking yet keeps you exercising. When the calf muscle has recovered, start walking again.
9. Book 'em, Dano! Now that you have the tape player, how about listening to books on tape? Nothing like looking forward to the next chapter of a suspenseful mystery to get you out walking. No fair cheating! Only allow yourself to listen when you are out walking.
10. Be your own competition for all those who just have to compete. Try to better YOUR previous walking record.
11. A friend in need (of a walk) is a friend indeed. Research shows that having a companion who will walk with you helps you stick to a regular walking program. Find someone who will match your level of walking and won't mind slowing down or stopping if you need a breather. And chose someone who will try to talk you into walking on those days when you call to say you don't want to!
12. Fall off the wagon? So you got out of the walking habit. It's just a relapse into your old behavior and it doesn't have to be permanent. You can start again. Just slap on those walkin' shoes and put one foot in front of the other. Soon you'll be back in the groove.
13. Sunrise...sunset. Just like finding a different place to walk, experimenting with a different time of day for your walk may give you new inspiration. Anyone for a moonlight stroll?
14. Once begun...half done. Make a pact with yourself. When your will power is down, promise yourself that you aren't allowed to decide about walking until you are dressed and out the door and have started your walk. Half the battle is usually getting out the door. Once you've put forth the effort to get out the door, you might as well keep walking.
15. Walking is like food. Both are an every day essential. You need nutrition for your body; your muscles and legs need 'exercise nutrition'. Walk every day, knowing that if you miss a day here and there, you will still meet the recommended 5 times a week!
16. It's too hot, it's too cold, it's too windy, it's too rainy, it's too snowy, it's too early, it's too late, I'm too busy, I'm too bored...you want cheese with that "whine"? Right now, write down a list of all the good reasons why you should walk and another list of all the bad things that will happen if you don't walk. Keep those lists handy (right next to your list of rewards for when you DO walk) and refer to it when your will power is weakening. Nine times out of ten, half way through your walk you won't even be able to remember why in the world you didn't want to walk.

Author Mitzi Ekers, MS, ARNP is a nurse practitioner who has been working with vascular patients for more than 30 years. She is Director of Vascular Services at the Heart and Vascular Institute of Florida in St. Petersburg. She helped start both the Society for Vascular Nursing and the Society of Vascular Ultrasound.



Five Minutes of Your Time...

The Vascular Disease Foundation is constantly seeking to improve its core program of patient education. Please take a minute to help us help you—fill out this questionnaire and send it to us as soon as possible. Thanks!

What do you like about Keeping in Circulation?

- Personal stories
- Risk factor information
- Other _____
- In-depth disease information
- Treatment information
- Lifestyle tips
- Current news about vascular diseases

How could it be improved?

Is there a particular topic you would like to see addressed?

How did you learn about the Vascular Disease Foundation?

- Friend/family
- Television public service announcement
- Other _____
- Community health screening
- Doctor/other caregiver
- Internet
- News article

How often do you visit our web site?

- Daily
- Weekly
- Monthly
- Never visit

How many people read your copy of Keeping in Circulation?

- Just me
- 1-5
- 5 or more

Do you or a family member have vascular disease?

- Yes
- No

What disease information is most valuable to you?

- PAD (peripheral arterial disease)
- Carotid artery disease
- DVT (deep vein thrombosis)
- Other _____
- Intermittent Claudication
- Other arterial disease
- Venous thromboembolism
- Critical Limb Ischemia
- AAA (abdominal aortic aneurysm)
- Other venous disease

I am: Female Male Age: Under 40 40 – 50 51 – 60 61 – 70 71 – 80 Over 80

THANK YOU!

Clip and Send To

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Keeping in circulation™

the official newsletter of the Vascular Disease Foundation

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Newsletter designed by Concepts Unlimited

Thanks To

the following for providing unrestricted educational grants
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