



Heart Facts

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Comprehensive Adult and Pediatric Cardiovascular Care

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Cardiology Associates Welcomes Glenn A. Cochran, M.D.



The physicians of Cardiology Associates are pleased to welcome Glenn A. Cochran, M.D. to Mobile and to Cardiology Associates for the practice of clinical and invasive cardiology.

A native of New Orleans, Dr. Cochran is looking forward to locating to a city the size of Mobile that also keeps him close to his Louisiana roots. He joins us from his Fellowship program at Louisiana State University School of Medicine, where he served as Chief Fellow from July 2004 to July 2005. Prior to his Fellowship, Dr. Cochran attended undergraduate school at the University of New Orleans, then

graduated from Louisiana State University School of Medicine in New Orleans and completed his Internship and Residency at Louisiana State University School of Medicine as well.

Dr. Cochran will begin seeing patients in the Mobile offices of Cardiology Associates on July 11, 2005. Dr. Cochran's practice will be focused on seeing office patients, performing and interpreting diagnostic tests and catheterizations and implanting pacemakers.

Dr. Cochran and his wife, Janet, are parents to Spencer (8 years), Christopher (6 years) and Samantha (almost two years.) Dr.

Cochran enjoys sports, especially golf and basketball, and, with three young children, never lacks for someone to join him in a game. The Cochrans are looking forward to getting settled in Mobile this summer, enrolling the children in school and spending family time together before the school year begins.

INSIDE . . .

♥ Take the American Heart Association's Blood Pressure Test

♥ LightSpeed VCT and the Patient

How Low Can You Go ...?

The XYZ organization continues to push blood pressure to lower and lower desirable readings. To test your knowledge about blood pressure, take this quiz, reprinted from the American Heart Association website americanheart.org.

1. Which of the following is the most desirable blood pressure reading?

- A. 130/90
- B. 180/110
- C. 140/80
- D. Lower than 120/80

2. The main cause of high blood pressure is:

- A. Stress
- B. Obesity
- C. Unknown
- D. Aging

3. Which of following is more likely to contribute to high blood pressure?

- A. Physical Inactivity
- B. Salt/Sodium Intake
- C. High Cholesterol
- D. Ice Cream

4. If you or a close blood relative has high blood pressure, you have a higher risk of stroke. Do you know which of these is a stroke warning sign?

- A. Sudden numbness or weakness of the face, arm or leg, especially on one side of the body.
- B. Sudden confusion, trouble speaking or understanding.
- C. Sudden trouble seeing in one or both eyes.
- D. Sudden trouble walking, dizziness, loss of balance or coordination.
- E. Sudden, severe headache with no known cause.
- F. All of the above.



Answers:

1) D. Lower than 120/80 mm Hg

is the most desirable reading in this list. The American Heart Association recommends this as optimal. 120 to 139 over 80 to 89 is considered "prehypertension." Systolic blood pressure of 140 or higher or diastolic pressure of 90 or higher is considered high and should be evaluated by a physician immediately. If your blood pressure is 140/90 or higher, you're at high risk for stroke, heart attack and other complications from high blood pressure.



2) C. Unknown

In 90 to 95 % of high blood pressure cases, the cause is unknown. In fact, you can have high blood pressure for years without knowing it. But once you do know, you can take steps to control it and reduce your risk for stroke, heart disease and kidney disease. These steps include eating a low-salt, low saturated-fat diet, getting 30 - 60 minutes of physical activity on most or all days and limiting your alcohol intake. If these changes don't get blood pressure to a normal level, a doctor may prescribe medication.



3) B. Salt/Sodium Intake

Some people are "salt sensitive," so eating a lot of salt adds to their high blood pressure. Salt holds excess fluid in your body and puts an added burden on your heart. As little as one extra gram of salt



(half a teaspoon) could raise blood pressure as much as 5 mm Hg in people who are extremely salt sensitive. It's important to cut down on your sodium intake. Take special note of "hidden" sodium, in foods like canned vegetables, cheese, dried fruits and even medications!

Answers continued back cover..

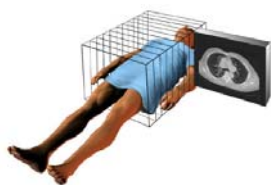
CT Angiography: New Technology is Finally Here

by Jason H. Cole, MD, MSc

For years, cardiology has been at the forefront of developing *treatments* for heart disease with new medications, pacemakers, balloon angioplasty, stents, and new “coated” stents, improving patient quality of life every single year.

Yet, despite all of this advancement, *diagnostic* testing in cardiology has changed remarkably little over this entire 20-year period. The main heart tests have been around for decades: treadmill testing and echocardiography since the 1970’s, nuclear cardiology since the 1980’s, and cardiac catheterization, which was first performed in 1958, and has changed little in technique since the mid-1960’s.

Newer techniques to view internal organs that have developed, such as CT and MRI, have not been used with heart patients primarily because the heart is constantly in motion. Therefore, images of the beating heart revealed

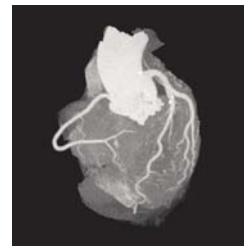


a giant blur. In 1998, however, “multi-slice” CT scanning began to emerge. These scanners had the ability to take 4 pictures (“slices”) through the body at one time, (as illustrated above) providing much

more detail than could previously be obtained. The speed of the scanners was also increasing, and by 2002 when “16-slice” scanners became available, physicians could—for the first time—start to visualize the heart with adequate detail. With today’s 64-slice scanner, physicians can view the heart in incredible definition and detail.

What type of patient might be right for a CT Angiogram? A very common cardiac problem involves a patient with a few cardiac risk factors (for example, elevated cholesterol and blood pressure levels combined with inadequate exercise) who comes to the cardiologist with a complaint of chest pain. After the EKG and physician examination, many, if not most, patients, will undergo a nuclear exam, involving some form of stress testing. If this patient’s a nuclear test suggests a possible abnormality but does not make the diagnosis, this patient might undergo cardiac catheterization. Aside from risk associated with “cardiac cath”, other patient considerations include having to take a day off work for the procedure, lying flat for a period of hours after the test, and then limiting vigorous activity for a week to allow the groin to heal properly—even if it turns out that there are no blockages at all.

With Cardiac CT, however, that same person might be scheduled for



Typical CT Image

a CT Angiogram. In this case, the patient will come into the office and

have an intravenous line (“IV”) placed in his or her arm, perhaps receive a dose of an IV medicine, lie down on the CT scanning table, hold his or her breath for 10 seconds, complete the test, and leave the office in about 15 minutes! It is also an excellent test to follow up patients who have previously had bypass surgery to determine if bypasses are still open. It can be used on younger people to determine if there is an “anomalous” coronary artery. It may be used to help in planning for pacemakers or other electrophysiological (EP) studies.

However, it may not be the right test for everyone. For example, patients with an irregular heartbeat, such as atrial fibrillation, cannot be routinely imaged at this time. But for many, CT Angiography may revolutionize cardiac care and GE’s recent advertising campaign that describes an ability to “see the entire heart in five heartbeats” looks to be true.

4) F. All of the Above.

These are all warning signs of a stroke and should not be taken lightly. If you, or someone around you, is having these symptoms, **call 9-1-1**

immediately. Do NOT attempt to drive a



victim to the emergency room yourself. Call 9-1-1 and get instructions! Stroke and heart attack are life and death emergencies - every second counts. Not all of these signs occur in every stroke. Sometimes they go away and return. If **any** occur, get help fast! New medications may stop strokes and heart attacks in progress, but these drugs must be given quickly after symptoms first appear, so don't delay!

According to recent estimates, nearly one in three U.S. adults has high blood pressure, but because there are no symptoms, nearly one-third of these people don't know they have it. In fact, many people have high blood pressure for years without knowing it. Uncontrolled high blood pressure can lead to stroke, heart attack, heart failure or kidney failure. This is why high blood pressure is often called the "silent killer." The only way to tell if you have high blood pressure is to have your blood pressure checked.

For More Information, To Take the Complete Quiz, or To Use the Blood Pressure Calculator, Visit www.americanheart.org, Click on Diseases And Conditions, then click on High Blood Pressure.

DID YOU KNOW?

Heart Attack Warning Signs

- Chest discomfort.
- Discomfort in other areas of the upper body.
- Shortness of breath.
- Other signs: These may include breaking out in a cold sweat, nausea or lightheadedness.



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