



Heart Facts

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Cardiology Associates Welcomes James A. Storey, M.D. and L. Daven Cave, M.D.

The physicians of Cardiology Associates are pleased to welcome James A. Storey, M.D., FACC to Mobile for the practice of electrophysiology.

Dr. Storey joined the group on July 3, 2006, performing procedures in the hospital and seeing arrhythmia patients in the office. He comes to Mobile after many years spent crossing the country to complete his specialty training. He and his family are looking forward to settling in Mobile and calling it home.

Dr. Storey began his medical training at Columbia University in New York, went on to Internship at the National Naval Medical Center in Bethesda, MD and to Residency at Wilford Hall Medical Center in San Antonio, TX. He completed his cardiology fellowship at the Naval Medical Center in San Diego, CA and his electrophysiology fellowship at University of California San Diego Medical Center.

Dr. Storey and his wife, Ana, have two daughters, Samantha (3) and Lindsay



James A. Storey, M.D. (2). They are looking forward to making new friends and enjoying all that the city has to offer. Mobile will be a great place to pursue some favorite pastimes – playing tennis, golf and spending time together as a family.



L. Daven Cave, M.D.

Cardiology Associates is pleased to welcome Daven Cave, M.D. for the practice of clinical and invasive cardiology. Dr. Cave, born and raised in Mobile, is pleased to be able to establish a car-

diology practice in his hometown. For this avid hunter, boater and outdoorsman, a career in Mobile allows him to achieve his professional goals as well as fulfill dreams for his family – his wife, Mary, their son, Luc (age 3) and daughter Alex (9 months). He feels that practicing medicine in the community in which he was raised adds an element of quality care that compliments today's technologically oriented medical advances. In his personal life, he looks

forward to doing the things with his wife and children that his parents did with him.

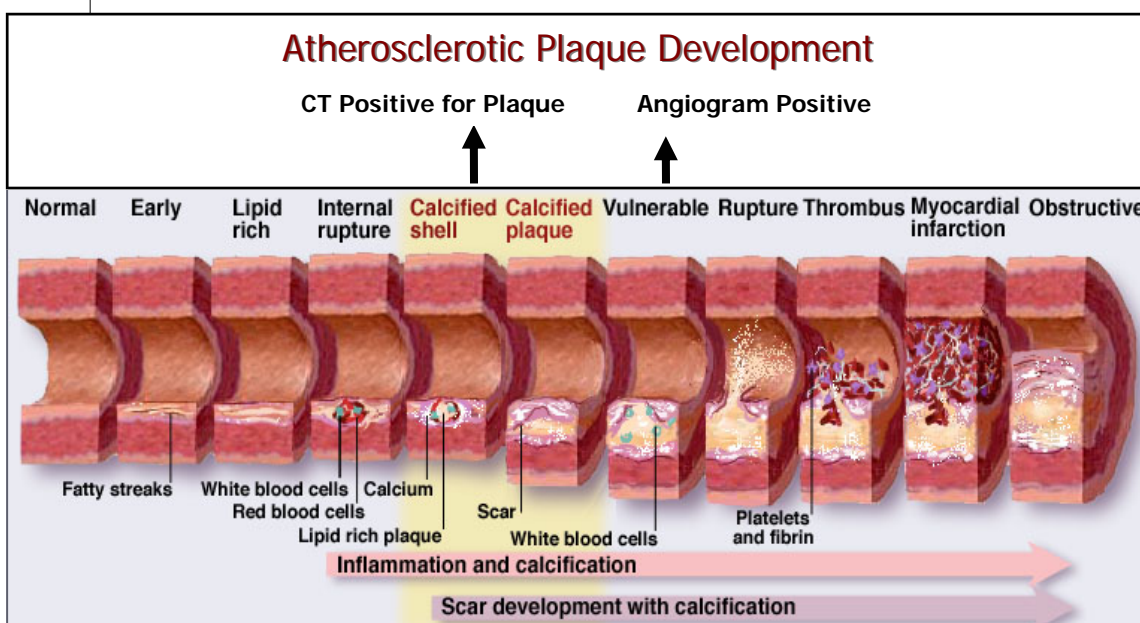
Dr. Cave completed all of his medical and cardiology training, including medical school, internship, residency and fellowship, here at the University of South Alabama. He will begin seeing patients on August 3, 2006 and his practice will focus largely on performing and interpreting diagnostic tests and heart catheterizations.

What Is Cardiac Calcium Scoring and How Can It Save My Life?

What Is Cardiac Calcium Scoring? A calcium score is a measure of how much calcified plaque is present in the arteries of an individual. Today's research shows a direct correlation between the amount of calcium in the arteries and the likelihood of a future cardiac event such as a heart attack or stroke.

none of them had a prior history of heart disease or signs or symptoms of cardiovascular disease).

In this study, persons with a calcium score of greater than 100 had a 10 times greater risk of experiencing a cardiovascular event, such as heart attack or stroke, than those whose calcium score was below 100.



"Recognizing heart disease early and preventing heart attacks is the key to saving lives."

To schedule a cardiac calcium score screening, talk with your primary care physician or call: 251 340-6807

Why Do Doctors Believe It Is Important To Look for Coronary Calcium? Coronary calcification (hardened calcium in artery walls) is always caused by atherosclerosis (fatty build-up in the arteries comprised partially of cholesterol and calcium that can rupture and lead to a heart attack or stroke). The calcium by itself does not cause an event, but calcium deposits signal that plaque is present in the walls of the artery.

An Overview of the Risks Results were recently published of a study that looked at 5,585 patients (mean age 59 years; 30% of patients were women;

How Can Cardiac Calcium Scoring Save My Life? Although the screening test does not look for individual areas of blockage in the heart, it is an overall assessment of global risk for heart disease and is the only screening test that looks directly at the heart's arteries. The amount and density of the calcium plaque can predict the likelihood of a cardiac event, such as heart attack or need for coronary intervention, over the next one to two years. Recognizing heart disease early and preventing heart attacks is the key to saving lives.

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Cardiology Associates' EP Team Grows To Provide Expanded and Improved Services To Patients In Need of Specialized Care

Electrophysiology (EP), is a growing subspecialty of cardiology involving electrical pathways that signal the heart to beat. In Mobile, the addition of Dr. Storey to Cardiology Associates' existing EP team of Dr. Stephanie Grosz and Dr. Scott Kirby, will allow them to provide expanded services to EP patients.

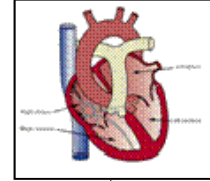
Electrophysiology is expanding in two ways 1) As technology advances, many more treatment options are available for people who suffer from electrical disorders of the heart. 2) More and more people are surviving heart attacks and living longer with heart disease. Because of damage these

surviving hearts have incurred, a percentage of these patients eventually develop electrical or pumping problems in the heart and then become candidates for electrophysiological intervention or treatment.

One of the very newest technological advances currently available is St. Jude's En Site mapping system. Cardiology Associates' En Site system is one of only two in the state of Alabama. The En Site allows cardiac CT images to interface with EP mapping systems, resulting in the most precise images electrophysiologists have ever viewed to find the disruptive lo-

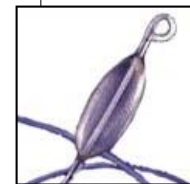
cation of an electrical pathway, correct it and restore regular rhythm to the beating of the heart.

The EnSite System is the most advanced computer-based technology for mapping arrhythmias and navigating EP catheters. The system's electrode technology allows physicians to create 3-dimensional graphic displays of the heart, navigate the heart, and perform 3D cardiac mapping. The system's one-of-its kind catheter technology identifies the pattern of an arrhythmia in a single heartbeat to facilitate therapy delivery.



The theory behind cardiac mapping is that certain rhythm disorders, caused by small areas of abnormal heart tissue, interrupt the heart's normal electrical flow. To diagnose and treat a

rhythm disorder, your doctor has to know exactly where the abnormal tissue is located.



Cardiac mapping locates these areas in the heart's electrical system. The EnSite Ar-

ray Catheter collects real-time cardiac electrical information and translates it into a three-dimensional map, allowing physicians to locate and diagnose arrhythmias in as little as a single heartbeat.

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How Coronary Calcium Scoring Predicts Progression of Heart Disease

Calcium Score	Amount of Plaque Present	Risk of Current Heart Disease	Risk of Heart Attack	Plan
0	No Plaque	<5%	Risk for Heart Attack is Very Low	Continue the healthy lifestyle habits you have in place.
1-10	Minimal Plaque	<10%	Risk for Heart Attack is Low	Risk is low, but consider quitting smoking, improving diet and/or exercising regularly.
11-100	Mild Plaque	Mild coronary disease	Risk for Heart Attack is Moderate	Daily ASA Talk with your doctor about quitting smoking, improving diet, getting regular exercise or any other treatment needed.
101-400	Moderate Plaque	Probably non-obstructive	Risk for Heart Attack Is Moderately High	ASA Risk modification as above. Physician may recommend additional testing such as stress test.
>400	Extensive Plaque	More than 90% chance plaque is blocking at least one of the coronary arteries.	Risk for Heart Attack is High	ASA Stress Test

Know Your EF!

Ejection Fraction (EF) is a key indicator of heart health and is often used to determine the pumping capacity of the heart. The EF is the amount of blood pumped out of the heart during each beat or contraction.



An EF above 50% indicates that your heart is pumping well and able to deliver an adequate supply of blood to your body and brain.

An EF that falls below 50%, could indicate that the heart is no longer pumping effi-

ciently and is not able to meet the body's needs.

A low EF has been connected with heart failure, as well as increased risk of dangerously fast and potentially deadly heart rhythms called Sudden Cardiac Arrest (SCA).

The only way to treat SCA is with defibrillation, either with an external device like the paddles often seen on tv or with an Implantable Cardioverter Defibrillator (ICD).

Patients at risk for Sudden Cardiac Arrest should be screened by their physician. A commonly used screening test to determine EF is echo-

cardiogram or "echo." It is a simple, painless test, often performed in a physician office. By using ultrasound or sound waves, measurements are taken of the heart and with these measurements the pumping function the heart is calculated.

People Who Should Be Screened for ICD Therapy Are Those Who:

- Have heart failure
- Have had a heart attack
- Have family member who experience Sudden Cardiac Arrest

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