

# Keeping in circulation

the official newsletter of the Vascular Disease Foundation

SPRING 2003  
VOL. 3 No. 1



## our mission

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

## inside this issue

Excellence in Care Award  
In the News  
Frequently Asked Questions  
Change Your Blood Pressure & Life  
Letters to the Editor  
A Daily Dose of Walking  
PAD Awareness—17 Associations Meet  
Stents—What Are They?  
Discount Drug Program

## Know Your Blood Pressure What Do Those Readings Mean?

Blood pressure is the force of blood against the walls of arteries. Blood pressure is recorded as two numbers—the systolic pressure (as the heart beats) over the diastolic pressure (as the heart relaxes between beats). The measurement is written one above or before the other, with the systolic number on top or first and the diastolic number on the bottom. For example, a blood pressure measurement of 120/80 mm Hg (millimeters of mercury) is expressed verbally as "120 over 80."

**Normal blood pressure** is less than 130 mm Hg systolic and less than 85 mm Hg diastolic.

**Optimal blood pressure** is less than 120 mm Hg systolic and less than 80 mm Hg diastolic.

## What High Blood Pressure Does to You.

High blood pressure is dangerous because it makes the heart work too hard. It also makes the walls of the arteries hard. As people get older, arteries throughout the body "harden," especially those in the heart, brain, and kidneys. High blood pressure is associated with these "stiffer" arteries. This, in turn, causes the heart and kidneys to work harder.

High blood pressure increases your chance (or risk) for getting heart disease, kidney disease and for having a stroke. It is especially dangerous because it often has no warning signs or symptoms. Regardless of race, age, or gender, anyone can develop high blood pressure. It is estimated that one in every four American adults has high blood pressure. Once high blood pressure develops, it usually lasts a lifetime. You can prevent and control high blood pressure, however, by working with your health care provider and taking action.

**Source:** National Heart, Lung and Blood Institute (NHLBI is part of the National Institutes of Health (NIH), the Federal Government's primary agency for biomedical and behavioral research. NIH is a component of the U.S. Department of Health and Human Services.)

## What Should You Do?

If you have high blood pressure (the medical term is hypertension), you need to take action. If you don't, you will greatly increase your chances for heart disease, stroke, kidney disease and diabetes. In most cases, your doctor will

Continued on page 6

## The Excellence in Care Award

The Vascular Disease Foundation is excited to announce a new program to recognize excellence in vascular care. Many of you have told us that your doctor, nurse, technologist, hospital or vascular care team gave you the best possible care. Now you have a perfect way to thank them. Honor them with the Vascular Disease Foundation's "Excellence In Care Award." We will provide your honoree with a certificate designating the honor, plus recognize them in our "Keeping In Circulation" newsletter.

And, it's easy. Simply send us a note or email with your tax-deductible donation telling us 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 send them their award. Also send us your name and address so we can thank you as well!

**FIND OUT MORE BY CONTACTING THE VASCULAR DISEASE FOUNDATION AT  
1-866-PAD-INFO TOLL FREE**

## We Need Your Help!



Summer is a great time to help the Vascular Disease Foundation. Organize your friends, families or social group to sponsor a fundraiser for us! The ideas are endless. You may want to do a walkathon, a golf tournament, bingo, bridge, a potluck or bake sale. Contact us for materials and for ideas and ways to make your ideas a success. You can make a difference.

We'll reward your efforts. We will give a gift to all fundraising events that raise \$150 or more. The gift, an electronic pedometer, can be used as a door prize or to recognize the top fundraiser. We'll also list your event in our newsletter along with any pictures you provide. It's a fun fundraiser that lets you decide what would be fun. Please help the Foundation. We're counting on you!

## Thanks To

our corporate sponsors who provided unrestricted educational grants for this newsletter.



## IN THE NEWS

### Lower blood pressure decreases heart attack risk in diabetics with clogged leg arteries

According to a study reported in the February 3, 2003 issue of *Circulation: Journal of the American Heart Association*, lowering blood pressure can reduce heart attacks and other cardiovascular events in people with diabetes who also have clogged leg arteries, known as peripheral arterial disease or PAD. In PAD, fatty deposits build up along artery walls and reduce blood circulation, mainly in arteries leading to the legs and feet and can lead to cardiovascular events such as heart attack or stroke. Key risk factors for PAD include diabetes and high blood pressure. PAD affects 8 to 12 million Americans. About 50 million Americans have high blood pressure.

According to the publication in the journal *Circulation*, researchers for the Appropriate Blood Pressure Control in Diabetes (ABCD) study followed 950 people with type 2 diabetes (also called adult-onset diabetes) for five years. At the beginning of the study, 480 had normal blood pressure, and 53 had PAD. Participants were split into two groups.

Patients in the moderate treatment group took a placebo and had average blood pressure of 137/81 mm Hg (millimeters of mercury) during the last four years of the study. Those assigned to the intensive treatment group took the blood pressure-lowering medicines enalapril (an ACE inhibitor) or nisoldipine (a calcium-channel blocker) and had an average blood pressure of 128/75 mm Hg. Researchers also measured patients' ankle brachial index (ABI), which is an indication of blocked arteries in the leg. There were 22 PAD patients in the intensive treatment group and 31 in the moderate treatment group. In patients with PAD, 12 cardiovascular events (38.7 percent) occurred among those on moderate treatment compared with three events (13.6 percent) on intensive treatment.

The ABCD study showed that intensive blood pressure lowering was effective in reducing the risk of cardiovascular events in PAD patients. Additional studies will need to be performed to determine whether intensive blood pressure control improves cardiovascular outcomes in patients with PAD. The study confirmed that blood pressure control is especially advantageous in the diabetic population.

## Frequently Asked Questions

**Q.** Is Buerger's Disease hereditary? My mom has it and had to have both legs amputated and finger and thumb. She also just had a 2nd massive stroke. Is that related to her disease? Does it or has it ever been linked with strokes?

**A.** Are you sure it is Buerger's disease? This term has been used indiscriminately. The disease is now relatively rare in this country and even less common in females. Buerger's disease is very directly related to tobacco use, so if both you and your mother smoke, that would be the most likely linkage. There is probably no hereditary component with Buerger's Disease (also called Thromboangiitis Obliterans or TAO), but over 50% of patients with TAO reported a family member with atherosclerosis—either coronary artery disease, stroke, or claudication. There are no studies indicating a direct hereditary link for Buerger's or TAO. Data from the Mayo Clinic shows a very low number of people reporting another family member with TAO, but again a high percentage with atherosclerosis. Stroke does occur in patients with TAO, but the age-adjusted risk has not been compared to smokers without TAO or to nonsmokers. For you and your siblings, the best advice is to live a healthy lifestyle and avoid all tobacco exposure.

**Note:** for more information on Buerger's Disease or TAO, visit our website at [www.vdf.org](http://www.vdf.org)

**Q.** I have started having pain in my buttock, hip and thigh down the back and outside on the right leg only. The pain is much worse when I sit (have tried many different positions thinking I was cutting off circulation) and at night unable to sleep. I am 64 years old and while I am active, I do not have an exercise program. Any suggestion?

**A.** The symptoms for peripheral arterial disease (PAD) do include pain in the buttock, thigh and calf but it usually occurs when walking, and then stops when you stop. This is not your situation, so you probably do not have PAD. This can easily be determined by having an ankle brachial index (ABI) that compares blood pressure measurements at the ankles with those at the arms. Because your pain occurs mostly when you sit, it sounds as if it might be more likely related to nerve compression in your back. We strongly suggest you see a health care professional, particularly a spine specialist (orthopedist or neurosurgeon) for a complete checkup. Once your pain has been cleared up, you should ask your physician what exercise would be best for you, as the benefits from exercise would be helpful for your general health.

**Q.** Is bicycle riding good for reducing claudication pain?

**A.** While riding a bike is good exercise and good for your heart, it does not work the muscles that are impacted by the claudication as well as walking. Walking has been proven to be the best form of exercise in treatment for PAD. It will increase the time by one-half to three times before the onset of the pain of intermittent claudication.

# CHANGING YOUR BLOOD PRESSURE CAN CHANGE YOUR LIFE



“We’ll have to postpone your surgery. Your blood pressure is too high.” Those were not welcome words. The elective surgery to repair a hernia was scheduled so recovery would be completed and life would be back to normal just before her youngest daughter and family came to visit for Christmas.

Connie Johnson knew that she had a tendency toward high blood pressure. She had taken medication for fifteen years. Her doctors kept moving or changing their practices. Each new doctor commented that her blood pressure was elevated, but would continue with the same medication. It never seemed a big deal, after all it was only “a little high.” Now it seemed very important. This new doctor said it was too high at 180/100 and gave her another new medication. But that had the opposite affect and increased her blood pressure was 210/102! Now her surgery would be delayed.

Somehow her blood pressure had crept up over the years. Connie felt fine, and actually in all other aspects, she was healthy. She had rarely been sick in her 79 years. Besides, she was too busy to be sick, having raised 7 children and been a math teacher. Although, her children were out of the “nest,” she now kept busy with husband, Wayne, church and volunteer activities.

Her doctor adjusted her medications, putting her on two. Over the next 2 months she went weekly to his office in northern Indiana to have it checked. And it began to come down. At her last visit, it was 155/85. Her doctor tweaked her medication again, trying to fine tune it. He wants to try to reach the goal of 130/80. She also wants to.

Many people have stories similar to Connie’s. They do not seriously address high blood pressure until it causes a major problem. Sadly, these major problems are significant. Heart disease, kidney disease, PAD, stroke and diabetes are all possible results from having high blood pressure over time. And unfortunately, this damage cannot be reversed. Serious attention to your blood pressure is vital to helping prevent these conditions.



Connie is now in Florida for the winter. She is faithfully taking her medication, watching her diet, and reducing her salt. She expects that this time, her surgery will be performed as scheduled after she returns to Indiana in May. Her blood pressure is getting better and Connie is glad it is finally being corrected. She knows she will be healthier and live longer if she can keep it normal. Besides with 16 grandchildren and 1 great-granddaughter, Connie has lots of reasons to live longer.

## More News...Study Suggests Diuretics For Treating High Blood Pressure

The results from the largest antihypertensive trial and the second largest lipid-lowering trial were reported in December. The trial, called ALLHAT, compared the drugs for use in beginning initial treatment for high blood pressure. It was conducted over eight years in 623 sites throughout the U.S, Puerto Rico, the Virgin Islands, and Canada and enrolled 42,418 participants and was supported by the National Heart, Lung, and Blood Institute (NHLBI), part of the National Institutes of Health.

Results showed that less costly, traditional diuretics (sometimes called water pills) work better than newer medicines to treat high blood pressure and prevent some forms of heart disease. The newly reported findings showed a slightly greater percentage of patients got their blood pressure below 140/90 when they used the diuretic compared with the ACE inhibitor or calcium channel blocker. Researchers also found the diuretic was better than the calcium channel blocker in preventing heart failure and better than the ACE inhibitor in preventing stroke, heart failure and chest pains. Not all patients can take diuretics, so it is essential to talk with one’s physician before stopping or changing any medication.

## LETTERS TO THE EDITOR

“My wife and I went to a screening where PAD was checked. They also gave me an ultrasound and discovered that I have an abdominal aortic aneurysm (AAA) which I did not know I had. It was small, but I was told it should be checked every six months. Thanks for the PAD information as it inspired me to get screened and, I found a different problem. Also, all your articles on ‘walking’ are excellent. I’m keeping your newsletter in a binder to show friends. Thanks so much.” —Mr. V.

*Great idea to keep copies of our newsletter in a binder and share with others. Your friends are welcome to get their own copies by calling or writing us.*

“Thank you kindly for your very informative publication. Yes, I have health care providers, but none that relate like your “Keeping in Circulation.”

—Ned W.



## A DAILY DOSE OF WALKING: IT'S GOOD MEDICINE

Some tips to help you improve your vascular health through exercise.

1. Be your own competition. For all those who just have to compete, compete only against yourself. Try to better YOUR previous walking record.
2. 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!
3. 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.



*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 for Vascular Ultrasound.*

## NHLBI, Vascular Disease Foundation and 15 Organizations Meet on Peripheral Arterial Disease: Developing a Public Awareness Campaign

After nearly a year of planning, representatives from seventeen different vascular and medical fields and members of the public assembled in Bethesda, Maryland in January for a unique strategy meeting to increase public awareness of Peripheral Arterial Disease or PAD. The meeting provided an opportunity for a coalition of health care professionals to create consensus regarding the science-based messages that should be offered to the public—both those “at risk” for developing PAD and those already affected by the disease. The first day of the two-day meeting was a workshop created by The National Heart Lung and Blood Institute (NHLBI), part of the National Institutes of Health. The highlight of the meeting came during the workshop from listening to a focus group made up of individuals who have suffered with PAD. All five participants recounted their struggles of having a disease and symptoms that they had never heard of prior to its diagnosis.

As hoped, the meeting ended with participants voicing an interest in taking the next steps to create a national PAD awareness campaign. In addition to the NHLBI and the Vascular Disease Foundation, organizations which participated included the American Association of Cardiovascular and Pulmonary Rehabilitation, American Association for Vascular Surgery, American College of Cardiology, American College of Physicians-American Society of Internal Medicine, American Diabetes Association, American Heart Association, American Podiatric Medical Association, The American Radiological Nurses Association, Peripheral Vascular Surgery Society, The Society of Diagnostic Medical Sonography, The Society of Interventional Radiology, The Society for Vascular Medicine and Biology, The Society for Vascular Nursing, The Society for Vascular Surgery, and The Society for Vascular Ultrasound.



If you are interested in participating in the efforts to bring about the public awareness campaign, contact Sheryl Benjamin at **1-866-PADINFO**. The Workshop findings will be published by the NHLBI and posted on [www.vdf.org](http://www.vdf.org) late this Spring.

## Blood Pressure *continued from page 1*

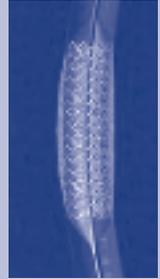
begin by suggesting dietary changes to reduce your blood pressure. Often this includes reducing your sodium or salt. Be sure to check with your healthcare provider before starting a diet, or dietary supplements, on your own. Your doctor will likely also prescribe medication to help reduce your blood pressure. One of the most common mistakes people make is reducing the dosage or stopping the medicine because they feel OK, or because their blood pressure becomes normal. DON'T! Your doctor will try to find the right dosage and balance of medications, but you have to do your part and take all medications as instructed. High blood pressure is not something that is cured. When asked if they have high blood pressure, people whose blood pressure has been controlled often mistakenly say, “no.” If you have been found to have high blood pressure, you always have it. What changes is how well it is controlled. And you will need to continue to keep it controlled in order to stay healthy.

# oSTENTacious STENTS

You may have heard of stents. Maybe a friend or neighbor even has had one inserted in his or her heart or leg arteries. So, just what are these amazing miniature devices?

## What is a stent?

It is surgical device made of an expandable wire mesh tube that is inserted into an artery narrowed by plaque. Once inserted it can expand and hold open the artery, allowing the blood to flow through. They are often latticed and made from a metal, though they come in a variety of textures and sizes.



## When is it used?

Stents may be recommended for individuals with peripheral arterial disease and coronary artery disease. Stents are also useful in treating narrowed kidney arteries and to treat abdominal aortic aneurysms. The decision whether a stent procedure is best for you is based on the size, extent and location of the blocked artery. Also strongly considered will be the extent of blockage in other arteries leading into the same area.

## How is the procedure completed?

Inserting a stent requires no major incision. Loaded on a balloon catheter, the stent is threaded through a tiny nick in the skin of the upper thigh over the major artery in the groin, and then slid up into position in the blocked area of the artery. As the balloon inflates, the stent expands and is pressed against the artery wall. The balloon is deflated and removed, but the stent remains permanently to hold the artery open for blood flow.

## Are there any complications?

Sometimes the artery will narrow again at the site of the stent. This is called restenosis and can occur in approximately 20 percent of patients within six months of the procedure. There is also a slim chance of blood clot formation blocking the artery in the first three weeks. Antiplatelet and blood thinning medications may be prescribed to minimize this risk.

## Discount Drug Program for VDF Friends and Families!

The Vascular Disease Foundation announces 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 as well. For free price quotes and enrollment, call QPS toll-free at 1-866-500-3680.

Be sure to say you're with the Vascular Disease Foundation.

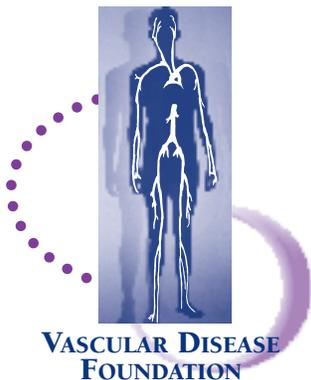
## UPCOMING EVENTS. . .

May is STROKE AWARENESS MONTH. Take time to learn more about stroke and stroke prevention. We'll have information in our next issue of "Keeping In Circulation." Also, **contact 1-800-STROKES or visit [www.strokeassociation.org](http://www.strokeassociation.org) or [www.stroke.org](http://www.stroke.org)** for activities coming to your area.

**FREE SCREENINGS** –This May, the American Vascular Association will conduct its annual nationwide public service screening for vascular disease. People will be screened for PAD, AAA and carotid disease. To find the location of a site near you, **call 1-877-AVA-2010.**

## FOR MORE INFORMATION ABOUT VASCULAR DISEASES

**Contact the Vascular Disease Foundation  
CALL 1-866-PAD-INFO OR VISIT [www.vdf.org](http://www.vdf.org)**



Non-Profit Org.  
U.S. POSTAGE  
**PAID**  
Boulder, CO  
Permit No. 94

3333 SOUTH WADSWORTH  
SUITE B-104-37  
LAKEWOOD, CO 80227



# Keeping in circulation™

the official newsletter of the Vascular Disease Foundation

© 2003 Vascular Disease Foundation

Newsletter designed by Concepts Unlimited

## Thank You to Our Recent Contributors!

Ms. Kalpana Bavishi	Ms. Emilie Kelley
Ms. Joan Baltgalvis	Ms. Viola Klasek
Drs. Gary and Patricia Becker	Dr. Gary Lemmon
Mr. George Branella	Mr. and Mrs. James Linkhorn
Ms. Julie Breuer	Ms. Doris Marr
Dr. Evan Chambers	Ms. Jean Martin-Cinelli
Ms. Dorothy Chidsey	E. T. Monahan
Mr. Ted Denney	Mrs. Velma Moorehead
Mr. Santo DiPietro	Dennis and Patricia Newman
Ms. Angela DiMare	Dr. Landy Paoella
Dr. Joseph Durham	Mr. Eduard Penerian
Dr. Gustav Eles	Ms. Patricia Pfau
Ms. Mary Farrell	Ms. Natalie Ross
Ms. Gloria Fine	Ms. June Ryan
Ms. Arlene Finkelstein	Ms. Louise Serebin
Frances Frank	Mr. David Seymour
Mr. Harry Fries	Dr. Hector Stella
Ms. Jean Groves	Mr. Paul Toomey
Ms. Dolores Hanson	Mr. Wayne Vath
Ms. Lillian Juhler	Cdr. H.K. Wallace
Mr. William Kaslaitis	Mr. Keith Walli-Ware
	Mr. Ned Waltman

## Memorials

In loving memory of my brother, **C. Renn Remsberg**, Connie Johnson

In memory of **Dorothy Drooz**, Alain Drooz & Lissa Carter

# Keeping in circulation™

## Free Subscription

For a FREE subscription to "Keeping in Circulation," call 866-PAD-INFO toll free or write to the Vascular Disease Foundation, 3333 South Wadsworth, Suite B-104-37, Lakewood, CO 80227.