



Keeping in circulation



VASCULAR DISEASE
FOUNDATION

the official newsletter of the Vascular Disease Foundation

FALL 2003
VOL. 3 No. 3

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, comprehensive management and rehabilitation."

inside this issue

- Antiplatelet Medication to Prevent Stroke
- In the News
- Partner Spotlight—SIR
- New Board President
- How You Can Help
- A Daily Dose of Walking
- Frequently Asked Questions
- Staying Independent
- 2002 Annual Report

FOCUS ON VASCULAR DISEASES: CAROTID ARTERY DISEASE

What are the carotid arteries?

The carotid arteries are the blood vessels that carry oxygen-rich blood away from the heart to the head and brain. Located on each side of the neck, these arteries can easily be felt pulsating by placing your fingers gently either side of your windpipe. The carotid arteries are essential as they supply blood to the large front part of the brain. This is the brain tissue where thinking, speech, personality and sensory (our ability to feel) and motor (our ability to move) functions reside. Another smaller set of arteries, the vertebral arteries, are located along the back of the neck adjacent to the spine, and supply blood to the back of the brain.

What is carotid artery disease?

Carotid artery disease is defined by the narrowing or blockage of this artery due to plaque build-up. The process that blocks these arteries (atherosclerosis) is basically the same as that which causes both coronary artery disease and that causes peripheral arterial disease (PAD). The slow build-up of plaque (which is a deposit of cholesterol, calcium, and other cells in the artery wall) is caused by high blood pressure, diabetes, tobacco use, high blood cholesterol, and other modifiable risk factors. Over time, this narrowing may eventually become so severe that a blockage decreases blood flow to the brain and may tragically cause a stroke. A stroke can also occur if a piece of plaque or a blood clot breaks off from the wall of the carotid artery and travels to the smaller arteries of the brain.

The brain survives on a continuous supply of oxygen and glucose carried to it by blood. Cells deprived of fresh blood for more than a few minutes will be damaged, a condition known as "ischemia", or the brain cells may die, a condition known as "infarction". When blood flow to the brain is blocked, the result is sometimes called "an ischemic event". This could be a stroke, which is permanent loss

of brain function, or a "transient ischemic attack" (or TIA), which implies a temporary alteration of brain function. Brain damage can be permanent if this lack of blood flow lasts for more than 3 to 6 hours.

Stroke can also occur from other causes than carotid artery disease, for example from heart disease (heart valve problems, heart failure, or atrial fibrillation) or if bleeding occurs in brain tissue. Nevertheless, carotid artery disease is one of the most common causes of stroke. According to the National Stroke Council, more than half of the strokes in the United States occur because of carotid artery disease.

What are the risk factors for carotid artery disease?

Carotid artery disease is part of the arterial circulatory system and has similar risk factors as PAD and coronary heart disease:

- Family history of atherosclerosis (build-up of plaque in the peripheral, coronary or carotid arteries)
- Age (Men have a higher risk before age 75. Women have a higher risk after age 75)
- Smoking
- Hypertension
- Diabetes
- High cholesterol, and especially high amounts of "low density lipoprotein" (or LDL, the bad form of cholesterol)—although this risk factor appears to be less strong for stroke than it is for coronary artery disease



Continued on page 2



CAROTID ARTERY DISEASE

CONTINUED FROM FRONT PAGE

Most importantly, if you have an atherosclerotic artery disease such as PAD or coronary heart disease, you are at high risk for carotid artery disease and stroke.

What are the symptoms of carotid artery disease?

As for all artery diseases, there are usually no advanced warning signs for early forms of carotid artery disease. For many individuals, the first obvious sign often is a TIA or mini-stroke. Symptoms for a stroke or TIA are similar and may include blurring, dimming, or loss of vision; tingling around the mouth, difficulty with speech, the inability to normally move an arm or leg, the inability to feel (numbness) in a part of the body, and rarely, a sudden severe headache. The difference between a stroke and a TIA is that the symptoms of a TIA are not permanent and can last from a few minutes to 24 hours. A TIA is a very powerful warning sign; although the symptoms may resolve completely, the occurrence of a TIA offers an individual who is at risk of a permanent stroke an extra opportunity to take action. However, a TIA should still be treated as a medical emergency. *If you think you are experiencing a stroke or TIA, get medical attention immediately!*

How is carotid artery disease diagnosed and treated?

The diagnosis of carotid artery disease is usually based on the performance of an ultrasound study of the neck arteries (a carotid artery duplex scan). Alternatively, the artery can be visualized by a magnetic resonance angiogram (MRA) or standard angiogram. Treatment for carotid artery disease normally consists of normalization of those risk factors that cause artery blockages, specific medications (usually antiplatelet medications), and sometimes treatment to open the narrowed carotid artery with an angioplasty and stent, or by a surgical procedure. Anyone with any degree of narrowing of a carotid artery, or with any history of stroke or TIA, should quit the use of all tobacco products immediately, control their high blood pressure, normalize their blood cholesterol by diet and medications, and exercise regularly.

Doctors also will want to reduce your risk for developing blood clots in order to prevent stroke or heart attack. Your doctor may prescribe a daily antiplatelet medication, such as aspirin, Plavix (clopidogrel), Aggrenox (aspirin combined with dipyridamole), or warfarin. The choice of medication is one that is best made by your own physician. (See the story on page 3.) Individuals with severe blockages of the carotid artery (usually at least 60 - 70% blockage) may be recommended for a surgical treatment called carotid endarterectomy. During this procedure the plaque from inside the artery wall will be surgically removed and the blood flow is restored to normal. Carotid endarterectomy is successful because the plaque in the carotid artery is limited to a very small area in the mid-portion of the artery in the neck. This allows the procedure to be performed through a small incision, and in many cases under regional anesthesia. Most patients can go home the morning after surgery. Recovery from surgery is usually rapid and people can quickly resume their normal activities without any restrictions.

A new "nonsurgical" endovascular treatment uses angioplasty and stents to open blocked carotid arteries. This procedure's safety and efficacy continues to be studied in several medical centers. This procedure involves the placement of a small flexible tube (catheter) into an artery from the groin. The catheter is then directed to the neck to reach the carotid artery blockage. A balloon pushes open the artery wall and a stent (a small metallic coil) is often left to keep the artery open. (See Winter 2003 issue on stents, or visit www.vdf.org.)

Prevention

Take care of your health through exercise and proper nutrition and take all medications as your doctor prescribes. If you have risk factors for carotid artery disease you should talk with your health care professional. If you have any symptoms, never hesitate or delay to seek help. Minutes are critical. It's up to you to do all you can to reduce your risk. No surprise—prevention is the best medicine!

Farewell Dr. William Hiatt

The Vascular Disease Foundation was extremely fortunate to have had Dr. William Hiatt as a founding member of our Board of Directors. One of the nation's leading researchers and clinicians in vascular medicine, Dr. Hiatt helped form the early template for the Foundation and "brought along" several of his colleagues to join in the cause. His expertise in managing programs and knowledge of vascular diseases was tremendously beneficial during the planning stage of our early programs. Dr. Hiatt is President of the Colorado Prevention Center and Professor of Medicine and Chief of the Section of Vascular Medicine at the University of Colorado Health Sciences Center in Denver. He is leaving our Board as his term has expired, but will continue to support and help the Foundation. We wish you the best, Dr. Hiatt!



VDF BOARD OF DIRECTORS

Byron R. Chrisman, J.D.

Mark A. Creager, M.D. *Treasurer*

Alain Drooz, M.D. *President-Elect*

Janette Durham, M.D.

William R. Flinn, M.D.

Peter Gloviczki, M.D. *President*

Alan T. Hirsch, M.D. *Past-President*

Marge B. Lovell, RN, CVN, *Secretary*

Pamela McKinnie

Dennis Newman, *Chairman of the Board*

Judith G. Regensteiner, Ph.D.

Robert B. Rutherford, M.D.

Advisor to the Board

Anton Sidawy, M.D.

Kerry Stewart, Ed.D.

Preventing Another Stroke with Antiplatelet Medication

Editors Note: Having a stroke or brain attack is a scary thought for most adults. This article describes a treatment called “antiplatelet therapy” and how it helps to prevent having another stroke.

Most strokes are caused by a lack of blood flow to the brain from brain arteries becoming blocked by clots. Such clots form from a mixture of platelets (a type of blood cell) and fibrinogen and other related proteins involved in the clotting process. Normally, platelets are crucial in helping blood cells stick together to form clots that stop bleeding after a cut or injury. However, platelets may become active and may form clots inside arteries as a response to atherosclerosis. It was found that the formation of blood clots could be reduced if activation of the platelets was reduced and ischemic events like stroke or TIA could be prevented or made less severe. However, too few platelets are associated with an increased risk of bruising and bleeding and so physicians assess many factors to determine the medication and dose appropriate for each individual. Antiplatelet drugs thus are designed to reduce platelet aggregation or clumping to each other and to the artery to prevent stroke or heart attack in individuals who are at risk.

Taking antiplatelet drugs after a stroke or transient ischemic attack (TIA or ‘mini-stroke’) reduces the risk of having another one. There are now several approved medications available. The most commonly used drug for prevention of stroke recurrence is aspirin. Originally, aspirin was marketed primarily as a pain reliever and advertisements for this drug 75 to 100 years ago trumpeted the fact that aspirin had *no effect* on the heart or brain. Today, aspirin is a major tool in the fight against heart attacks and stroke! However, too high of a dose of aspirin may actually be associated with increased risk of either bleeding or clotting. This may partly explain why some people have strokes even on larger doses of aspirin. In the past, doses up to 1300 mg were used for stroke prevention. Current research suggests that doses as low as 50 mg may be effective for stroke prevention. In the United States, the typical dose is 81 mg (one ‘baby aspirin’) up to 325 mg (one ‘adult aspirin’).

Overall, aspirin alone can reduce the risk of stroke by about twenty to twenty-five percent as compared to no drug therapy at all. Still, there are limitations to the use of aspirin. Aspirin cannot prevent all strokes caused by clots, some people may not be able to tolerate the side effects of aspirin (stomach upset or development of ulcers), or may be allergic to it. As a result, newer prescription medications have been developed that further decrease the risk of stroke.

The first of the newer antiplatelet drugs that was approved for stroke prevention was ticlopidine (Ticlid®). The medication reduced the risk of stroke by 21% over aspirin. However, ticlopidine was associated with a number of side effects including stomach upset, nausea, and diarrhea. Additionally, there was a small risk that this medication might decrease the white blood cell count and/or cause irreversible bleeding, so this drug has been largely replaced by clopidogrel (Plavix®).

Clopidogrel is chemically very similar to ticlopidine, but has fewer side effects. It is tolerated as well if not better than aspirin. A study conducted on a large group of stroke, heart attack or peripheral arterial disease (PAD) patients using clopidogrel demonstrated a small (nine percent) relative risk reduction in stroke, heart attack or death as compared with aspirin (325 mg). Additional data from further studies suggests that the benefit of clopidogrel is significantly enhanced in some patients after heart attacks when used in combination with aspirin. Whether such combination therapy is effective and safe in other individuals with stroke, PAD, or heart disease is now being studied.

The alternative to clopidogrel is a sustained-release form of dipyridamole and very low dose of aspirin (25mg) taken twice daily. This combination medication, Aggrenox®, decreases the risk of clot formation. In one large European study with patients with a history of stroke or TIA, the risk of stroke decreased by twenty-three percent as compared with very low dose aspirin.

Antiplatelet drugs do not take away all risk for having another stroke, but they help and are cost-effective. There is strong evidence that antiplatelet therapy is safer and just as effective for most types of stroke as compared to anticoagulation with Coumadin®, a blood thinner, generically known as warfarin. In fact, warfarin should usually be reserved for only very specific circumstances, such as strokes that result from atrial fibrillation (an abnormal heart rhythm), clots in the heart, or strokes that occur as a result of certain specific blood disorders associated with increased risk of clotting. Overall, antiplatelet medications are the preferred drugs following most strokes or TIAs, with Coumadin being the preferred medication for strokes that are caused by atrial fibrillation. Additionally, new combination therapies using aspirin and clopidogrel, or combinations of aspirin and sustained-release dipyridamole, are more effective than aspirin alone. Many

Continued on page 6

NEW WAYS TO SUPPORT VDF

Now there are new convenient ways to financially support our efforts at the Vascular Disease Foundation:

ONLINE GIVING



You can make donations through online giving. With just a few clicks and a credit card, you can make a secure donation on the internet. Simply click on the Online Giving Button on our web site.

DESIGNATE US AS YOUR CHARITY OF CHOICE IN THE COMBINED FEDERAL CAMPAIGN

Federal and military employees can donate to us by designating the VDF as their donation of choice in the Combined Federal Campaign that occurs in the fall. Put our official campaign number #2527 on your pledge card. See www.bestcfc.org for further information. If you know any federal or military employees, please request that they to designate the VDF on their pledge card.

ANNUAL FUNDRAISING CAMPAIGN

Our annual fundraising campaign will be underway soon. We hope you will give generously to support the Foundation's efforts to increase education and awareness about vascular diseases.

EXCELLENCE IN CARE AWARD

The Vascular Disease Foundation EXCELLENCE IN CARE AWARD is a way to recognize a health care professional who has done an outstanding job in the field of vascular medicine. To nominate a health care professional, send us a note or email with a tax-deductible donation telling us who you wish to honor and why they deserve the recognition. 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!

UPCOMING EVENTS

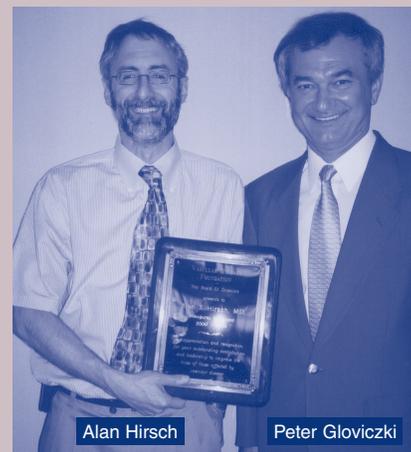
LIFE@50+—The Vascular Disease Foundation will have an information booth at the national AARP convention called Life@50+. You will be able to obtain lots of information on vascular diseases and the opportunity to meet our staff members. A special lecture will be offered this year, "**The Facts About Circulation: What You Should Know**," which is scheduled on Saturday, September 6, from 2:00 - 2:30 pm, on Stage D. Please stop by the VDF booth #1432, at Chicago's McCormick Place, on September 5-7, 2003.

FREE SCREENINGS—September is National Peripheral Vascular Disease Awareness Month. From September 6-13, Legs For Life® is sponsoring hundreds of sites where those at risk for PAD can be screened. To find out if there is a site near you, go to our web site at www.vdf.org and link to the Legs for Life web site.

Board Leadership

VDF Board President, Dr. Alan T. Hirsch Closes Successful Term of Leadership.

During the June Board of Directors meeting, Dr. Alan T. Hirsch of the University of Minnesota was honored and thanked by the Board for his energetic and tireless three years of service as our President. During his term, the organization experienced incredible expansion and took advantage of astounding opportunities. Dr. Hirsch was instrumental in designing the board structure to include representation from diverse vascular societies, plus leading our efforts to organize a framework for a major PAD public awareness campaign. VDF is the only national (and perhaps international) public awareness organization to join together such a diverse group to work successfully towards one cause for the public for vascular disease.



Stepping into the President's position is Dr. Peter Gloviczki of Rochester, Minnesota's Mayo Clinic. Dr. Gloviczki takes the reigns with enthusiasm and fresh ideas as the Foundation proceeds with its national awareness efforts. Thank you to these two outstanding leaders – we couldn't succeed without you!!!

A DAILY DOSE OF WALKING: IT'S GOOD MEDICINE

This is a feature section to help you improve your vascular health through exercise.

- 1.** Think of walking like food, both are an every day essential. You need nutrition for your body; your muscles and legs need 'exercise nutrition'. Strive to walk every day, knowing that if you miss a day here or there, you will still meet the recommended 5 times a week!
- 2.** 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, it's too Monday-ish, I'm too busy, I'm too bored, I'm too bald.....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). 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.

WELCOME NEW BOARD AND STAFF

This summer we welcome two new members to our Board of Directors. **Anton Sidawy, MD, PhD**, has joined the Board representing the Society for Clinical Vascular Surgery. Dr. Sidawy is a Professor of Surgery at George Washington University and Georgetown University and Chief of Surgical Services at the VA Medical Center in Washington, DC. **Janette Durham, MD, MBA**, has also joined our Board representing the Society of Interventional Radiology, of which she is president-elect. Dr. Durham is Associate Professor of Radiology at the University of Colorado Health Sciences Center. Both of these physicians are nationally renowned for their dedication to vascular care and to public education.

We also welcome a new Director of Development. **Linda Regensburger** brings a remarkable twenty-year background in fund development, public relations and marketing. The Board of Directors and Staff look forward to working with her as she develops strategies for corporate relations and fund raising. You can give her a call at **1-866-PAD-INFO** or email her at **Linda@vdf.org** to welcome her or share your fundraising ideas.

PARTNER SPOTLIGHT



SOCIETY OF INTERVENTIONAL RADIOLOGY

Enhanced care through advanced technologySM

We are proud to have the **Society of Interventional Radiology (SIR)** as one of our societal sponsors. SIR is a professional society for physicians who specialize in interventional radiology or minimally invasive procedures. SIR is a non-profit, national scientific organization deeply committed to its mission to improve health and the quality of life through the practice of cardiovascular and interventional radiology. The Society promotes education, research, and communication in the field while providing strong leadership in the development of health care policy. The SIR is represented on the VDF Board of Directors by Dr. Janette Durham, and Dr. Alain Drooz.

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

Antiplatelet Medications, Continued from page 3: factors, including an individual's own medical history and risk of side effects, are taken into account by doctors before prescribing the best treatment for reducing one's risk of having another stroke. If you are at risk of stroke, or have suffered a TIA or stroke, be sure you do all that you can to decrease your future risk. Antiplatelet medications are central to the strategies used today to lower this risk.

About the Author: Michael J. Schneck, MD, is an Associate Professor in the Vascular Neurology and Critical Care Division of the Department of Neurology, Loyola University Chicago, Stritch School of Medicine. He serves on staff at Rush-Presbyterian-St. Luke's Medical Center and Cook County Hospital in Chicago. Dr. Schneck is on the Board of Directors of the American Heart Association of Metropolitan Chicago and chair of the Medical Subcommittee of the American Stroke Association's Operation Stroke of Metropolitan Chicago. Dr. Schneck is also a member of the Advisory Faculty, Stroke Module Quintessential Program of the American Academy of Neurology.



FREQUENTLY ASKED QUESTIONS

Q. I've had severe claudication for some time and my legs were diagnosed as 100% blocked in 1996.... Also, my ability to have sex disappeared a few years back! Not even Viagra 50 mg allows it. If I follow your outline and stop smoking entirely plus start an exercise program, can the benefits you describe also include the ability to have sex again...or at age 66 is that now impossible to recover?

A. Thank you for your question that likely others have wanted to ask. Your problem with sexual performance could be a result of the same basic vascular problem that caused your claudication. Erections are produced by a buildup of blood in the shaft of the penis. Poor blood flow into the penis can result in difficulty having erections. Blockage of blood vessels by atherosclerosis (also called hardening of the arteries) can lead to both impotence and symptoms of PAD, such as intermittent claudication, if the disease is in the arteries that serve as inflow for both. Even though both may be a result of hardening of your arteries, the treatments differ. Treating your leg pain with exercise therapy can not be expected to improve your other symptoms and result in return of your sexual function. Your exercise therapy works on the leg muscles, improving leg circulation only. However, if the same blocked arteries are involved in producing both symptoms, it may be possible that they can be opened with a balloon-stent or bypass surgery. In this situation, one treatment could relieve both symptoms. The feasibility of these treatments can be determined by imaging tests showing where the blocked arteries are and if they can be opened up.

Viagra works in approximately 70% of men with vascular impotence who receive prescriptions. Other therapies using medications that widen the blood vessels may sometimes be better alternatives. We highly encourage you to discuss this problem openly with your doctor or request a referral to a physician that specializes in male sexual function. Problems with sexual functioning could arise from a number of causes other than atherosclerosis, such as medications you are taking, nerve damage, diabetes, depression, hormonal imbalances, pituitary gland dysfunction, thyroid problems and other diseases.

We also encourage you to stop smoking. Any treatment or exercise program you would undertake for your claudication would not be totally effective if you still smoked and also makes you more susceptible to heart attack and stroke. Please take some time to read our information on Smoking and PAD on our web site (http://www.vdf.org/smoking_info.htm) or in our winter newsletter 2002 (http://www.vdf.org/winter_2002_vol.htm).

Q. I was prescribed a drug with niacin. I thought that was what you took for heart pain, which I don't have. How does it help my leg pain?

A. You may be confusing niacin with nitroglycerin. Nitroglycerin is often prescribed when someone has a discomfort or pain in the chest area that is presumed due to blockages in the arteries that supply the heart muscle. This discomfort is called angina. Niacin is one of the B vitamins. This vitamin, when taken in the right doses, can often improve your total cholesterol, HDL cholesterol, and lipoprotein(a). Improving these risk factors can help reduce your risk for vascular problems including heart disease, stroke and peripheral arterial disease. Niacin is not now known to improve leg pain or claudication, although this is under study.

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.

STAYING INDEPENDENT

At the age of 72, Helen was left with only a slight right-sided weakness following her stroke. The rehabilitation center where she received therapy recommended that Helen consider moving to an assisted living apartment. Because Helen was sometimes forgetful, assisted living staff could remind her to take her medications at the right time and also see that she ate three meals a day. In addition, help would be available 24 hours a day if she needed special assistance while allowing her to live independently in her own apartment. Not wanting to leave the house her husband had built for her, Helen decided to return to her own home. Helen didn't have any children and most of her long-time friends were gone. She was lonely and frequently forgot to take her medications. Within months, she began to lose weight and had frequent falls. One day, Helen sustained a second stroke, which was much worse than the first. Helen was now completely paralyzed on her right side and lost her ability to speak. Because Helen could no longer care for herself, an assisted living apartment was no longer an option and she was placed in a nursing home. What happened to Helen is common. Yet, there are several factors that often cause older adults to lose their ability to remain independent. The most common include physical changes as we age, hospitalizations, medication interactions and chronic diseases.

Physical Changes: The physical changes which occur with aging frequently pose problems with performing basic activities of daily living, such as bathing, dressing, walking, toileting, and eating. The limitations in performing activities of daily living (ADLs) are considered predictors of nursing home placement, increased use of physician and hospital services, less use of primary and preventative care, and quality of life.

Diseases and Hospitalizations: Older adults are particularly at risk for a decline in level of independence when hospitalized. It often becomes more difficult to cope with an acute illness, and one may be susceptible to complications or infections from their hospital stay. Often times those over 80 years of age are unable to recover ADLs, which may be lost during treatment (for example, unable to walk or get out of bed, or may have confusion or memory loss caused by medications). Although the decline in independence caused by an illness may be reversible, the length of time to recuperate may be long. In some instances one may never reach the level of independence enjoyed prior to the illness. Older patients are at particularly high risk of decline in independence when placed in situations in which there is a loss of function. This loss occurs when they stop doing things they would normally do for themselves. Although this frequently occurs in the hospitalized patient, acute illness in any setting can result in the same decline in activities. Similarly, progressive deteriorating chronic diseases, such as Parkinson's disease, arthritis, and peripheral arterial disease, are frequently associated with limitations in the ability to perform ADLs independently. (See Table above.)

FACTORS COMMONLY CAUSING A DECLINE IN INDEPENDENCE

- Caregivers assuming that the older adult can't complete the task so it's done for them.
- Unnecessary restrictions on physical activity (e.g. bedrest) in situations where increased activity would not cause harm.
- Not understanding all treatment options, knowledge of all options and impact on independence may cause a change in choice of treatment.
- Lack of knowledge regarding alternative living arrangement options (e.g. skilled nursing facilities, assisted living) which may promote independence.

MEDICATION SAFETY TIPS

- Know why you are taking each medication.
- Know how long you will be taking each medication.
- Know how to take it (e.g. 1 tablet twice a day).
- Know the side effects of all medications.
- Don't take medications for their "side effects" (e.g. use of diphenhydramine, Benadryl®, or Tylenol PM® for sleep).
- Use one pharmacy.
- Use one prescribing physician for most of your pills if possible.
- If using a mail order pharmacy, have a local pharmacist review all your medications periodically (including over the counter medications, vitamins and other supplements).
- Discuss all of your medications with your health care provider from time to time with the goal of reducing the total number to 8 or less if possible.

Medical Interactions: Although hospitalization frequently creates a risk to staying independent, the effects of many medications may pose an even greater risk for losing one's independence. Adverse drug reactions often account for many hospitalizations as well as loss of independence in those living at home. Although some of these serious effects are related to side effects, many more are the direct result from combining medications. Even over the counter medications should be used with caution. For instance, diphenhydramine is the active ingredient in many sleep aids because of its sedating side effect, however, its effects on memory in older adults poses a potential risk to independence. Therefore, even over the counter medications should be discussed with your healthcare provider. The table at the left lists a few medication safety tips, which may be useful in staying independent.

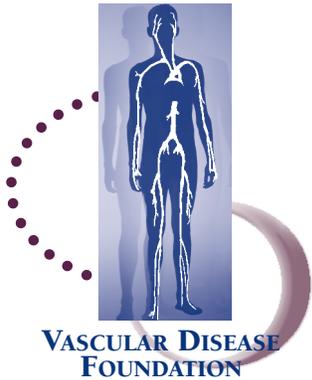
Help and Treatment: The loss of independence is frequently reported by older adults as their greatest fear. However, many times this fear further complicates the risk. In an effort to maintain independence it's not uncommon to refuse assistance. Research studies report that older patients who choose to stay at home with home health support frequently do worse than if they had chosen to live temporarily with family or in an assisted living apartment.

What to Do: Discuss the impact of illness and treatment on independence and quality of life with healthcare providers and family members. In my experience, patients are read detailed lists of the complications related to treatment, with little time spent on making sure they understand the results

of treatment or the unfavorable potential impact on lifestyle. For example, does the patient with an aortic aneurysm and emphysema understand the possibility of becoming dependent on a breathing machine after surgery? Similarly, like Helen at the beginning of this article, does the stroke patient who's forgetful and living alone, understand that an alternative living arrangement, such as assisted living, is more likely to help her stay independent longer than by living alone? Staying as independent as possible is a journey. Just as one would gather certain information before plotting a map for a trip, information should be collected when faced with a situation in which a danger to staying independent exists. These situations may include: hospitalization, any acute illness that causes a restriction in physical activity, frequent falls, and confusion or increased forgetfulness. Key information in developing a plan to stay independent should include: what ADLs will be affected and for how long; what are my options regarding assistance to address my ADL needs; and, what resources are available to assist me to stay independent. Although staying independent is important to most individuals, accepting assistance when needed is probably the most important step to successful aging.

About the Author: Karen L. Rice, MSN, APRN, BC is an Adult Nurse Practitioner and Geriatric Resource Nurse at the Ochsner Clinic Foundation in New Orleans, Louisiana. She has written many articles on the subject of vascular disease. She received a Nightingale Award in 2002 as the Advanced Practice Nurse of the Year in Louisiana for her contributions to improving care of hospitalized older adults.





VASCULAR DISEASE
FOUNDATION

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

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



Keeping in circulation™

the official newsletter of the Vascular Disease Foundation

© 2003 Vascular Disease Foundation

Newsletter designed by Concepts Unlimited

Thanks To

the following for providing unrestricted educational grants
for this newsletter:



Boehringer
Ingelheim



Pioneering Medicines
for a Better Life™

Keeping in circulation™

Free Subscription

For a FREE sub-
scription 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.