Welcome to our newly redesigned Keeping in Circulation Summer/Fall 2010

The official magazine of the Vascular Disease Foundation

New Look!
Welcome to our newly redesigned Keeping in Circulation

This issue of Keeping in Circulation is made possible through support from Bristol-Myers Squibb/Sanofi Pharmaceuticals Partnership.

THE VASCULAR DISEASE OF
THE FACES
Dear Readers,

Since the fall of 2000, the Vascular Disease Foundation (VDF) has been proud to offer its Keeping in Circulation newsletter to those affected by vascular disease and their loved ones. Over the past 10 years, the newsletter has changed in design and increased its content from focusing mainly on peripheral arterial disease (PAD) to many other vascular diseases and conditions. Keeping in Circulation is mailed to a subscriber list of just under 20,000 patients, caregivers, family members and medical professionals each quarter.

VDF is now pleased to launch our first edition of the Vascular Disease Foundation’s Keeping in Circulation magazine! As the demand for vascular disease education grows, the foundation has made the decision to grow with the needs of our readers and expand into a new format. The educational material will be produced with the same high standards, written by medical professionals and peer-reviewed by a group of medical specialists. The publication will now accept advertising. This was the only way we could expand and continue to offer the publication free to our readers.

In this edition, we hope you enjoy our cover story of those affected by vascular disease; we also have articles on DVT, peripheral arterial disease and diabetes, as well as an update on the Centers for Disease Control and Prevention (CDC) grant focusing on women and blood clots.

VDF looks forward to this new version of our “official” publication and hopes that you continue to enjoy Keeping in Circulation in its new format. We welcome your comments and feedback.

Sincerely,

Anton Sidawy, MD, MPH
President
Vascular Disease Foundation
People with diabetes and Peripheral Arterial Disease, commonly called clogged arteries in the legs, have a much higher risk of serious complications such as heart attack, stroke, amputation and even death. Make the connection now, and do something about it. If you’re over 50 and have diabetes, talk to your health care provider about getting tested for P.A.D., because proper treatment saves lives.

Get a free Heart and Sole kit at padcoalition.org or 1-866-PADINFO (1-866-723-4636).
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AARP Conference

This fall, the Vascular Disease Foundation will be joining the Venous Disease Coalition at the annual AARP Life@50+ conference in Orlando. The conference occurs September 30-October 2. We have a booth in the exhibit hall where we will offer information and answer questions. There will also be presentations focused on vascular disease and maintaining vascular health.

New Video about Blood Clots

Visit www.vdf.org or VDF’s YouTube page and check out our new video, “How Blood Clots Form.” This short, four-minute video describes how blood clots form in the body. Deep vein thrombosis, or DVT, occurs when a blood clot forms in the deep veins of the legs or pelvis. Learn how these clots form, about risk factors, warning signs and symptoms along with treatment and prevention. Visit our YouTube channel today: VascularDiseaseFdn.

Online Patient Support Group Community

VDF’s new Inspire network is an online community designed to be a safe place for you to discuss your health with like-minded men and women. Topics include abdominal aortic aneurysm, Buerger’s disease, carotid artery disease, congenital vascular malformation, deep vein thrombosis, lymphedema, PAD, portal hypertension, Raynaud’s disease, thrombophilia, varicose veins and vasculitis. Visit http://vdf.inspire.com.

Support Vascular Disease Education

The Vascular Disease Foundation is the only national non-profit dedicated to providing the public with free, trustworthy and factual education about vascular disease. While we have wonderful corporate sponsors who help us in our efforts, we also rely on the generous support of the general public. Won’t you help support us today? All donations are tax-deductible, and 92 percent of our expenses support our programs.

You can make a donation by sending us a check, calling us toll-free at (888) VDF INFO, or online at www.vdf.org/donate/donation.php.

Thank you for supporting the Vascular Disease Foundation!

Social Media

VDF now has interactive pages on Facebook, Twitter and YouTube!

Visit us online and stay in touch:

Facebook  VDFMan
Twitter  Follow us at: http://twitter.com/vdf
YouTube  www.youtube.com/VascularDiseaseFdn
Vascular disease affects men and women of every age and from every walk of life. In this article, you will meet people who have a vascular disorder and hear their unique stories.

**Rita Smith, age 62**
Lorton, Virginia

“My experience with PAD made me depressed and angry.”

Rita Smith was a heavy smoker, but quit 17 years before she was diagnosed with peripheral arterial disease (PAD), which was about seven years ago. Other than that, she didn’t have risk factors. Rita had been an extremely active person, but PAD made it so that she couldn’t walk more than 50 yards. After complaining about her symptoms to her physician for six months, Rita finally got a diagnosis. She says she felt like her life was over. After a failed angioplasty and the impracticability of a stent, Rita met a vascular surgeon who she says saved her. He gave her clopidogrel bisulfate and cilostazol and sent her to the National Institutes of Health (NIH), where she was treated with an experimental drug. She also sought alternative treatment through acupuncture and grape seed, and she began a walking regimen. Rita says she rarely feels pain any longer. She believes that her treatments—both medical and alternative—and walking have helped her greatly. She now feels like she has taken back her life, and she encourages others to take the ankle brachial test and seek answers for their pain.

**Brian Chastain, age 17**
Aurora, Colorado

“Kids my age don’t get blood clots.”

That’s the impression Brian Chastain was left with when both a chiropractor and a pediatrician dismissed the possibility that he had a blood clot. When he was 14 years old, he had developed pain and swelling in his calf. Because of his young age and absence of other risk factors, the health care providers treating him didn’t initially suspect any type of vascular disorder. He was, however, eventually diagnosed, and he soon developed another clot. Brian says his recovery from both events was quick, but that he will spend the rest of his life watching out for further problems. Brian’s mom, Susanne, also has a history of blood clots, but when the family underwent testing, they found that Brian tested positive for factor V Leiden—something he inherited from his dad, not his mom.
Kelly Johnson, age 35
Bossier City, Louisiana

“It doesn’t make sense; I shouldn’t have to be using a shower chair in my early 30s.”

Kelly Johnson began a journey of pain and confusion three years ago. At age 32, she started to experience pain in her right calf, discoloration in her leg and the inability to even put on her shoes. She was also unable to participate in her active job as a counselor at a boot-camp program for troubled teens. Initially, she thought she had pulled a muscle, so she treated it accordingly. The symptoms, however, didn’t go away. She soon began developing cold-like chest symptoms as well. She was told by an emergency-care physician that her problem was likely a combination of varicose veins and panic disorder. However, her problem worsened quickly. After experiencing red-hot veins and fainting, she was finally diagnosed with deep vein thrombosis (DVT) and pulmonary embolism (PE). Since her diagnosis, Kelly has baffled vascular specialists because of her young age and lack of other risk factors. Kelly says that because she isn’t a candidate for surgery, she’s not seeking cosmetic solutions, and that since she isn’t supposed to fly, she’s having difficulty finding a specialist in her area who can help her.

Kelly has had a second episode. She has had additional problems in her abdomen and her left leg, where she developed venous insufficiency. Doctors suspect she has antiphospholipid syndrome, but she has chosen to take a wait-and-see approach with that diagnosis rather than go on warfarin for the rest of her life.

John Ritter, Actor

On September 11, 2003, the entertainment industry and general public were shocked when beloved actor John Ritter fell ill on the set of his ABC sitcom, 8 Simple Rules for Dating My Teenage Daughter, and died later that day. It was determined that he suffered an aortic dissection. He was only 54 years old.

Aortic dissection is the most common catastrophe affecting the aorta, which is the large artery through which blood leaves the heart. Approximately 24 in every million people in the United States are affected by it each year.

For more information about vascular disease, please visit www.vdf.org. To Share Your Story and help raise awareness of vascular disease, please visit www.vdf.org/resources/share-your-story.php.
DVT
A National Health Concern

Deep vein thrombosis (DVT) is a serious medical condition. It affects thousands of Americans every year. Untreated, it can be fatal.

Until recently, few Americans were aware of the signs or symptoms.

Today, the Vascular Disease Foundation and other health organizations are working hard to change that. After all, the best way to prevent serious health problems is to keep patients informed.

Together DVT and PE may be responsible for more than 100,000 deaths each year, but there is reason to believe that the true incidence rate could be significantly higher, as several studies suggest that these diseases are often undiagnosed. One thing is undeniably clear—DVT and PE are major national public health problems that have dramatic, negative impact on the lives of hundreds of thousands of Americans each year.

What is DVT? Is it preventable?

Who is at risk?

DVT occurs when a blood clot forms in one of the veins deep inside the body. Blood clots are clumps that are created when blood coagulates, or changes from a liquid to a solid. Sometimes, a clot will break loose and move through the bloodstream. This is called an embolism. As it travels through the body, the embolism may become lodged in or near a major organ such as the heart, lungs, or brain with life-threatening consequences.

Blood clots may also occur in the superficial veins in a condition called phlebitis, however, these do not typically pose a serious medical risk.

Although DVT may occur anywhere in the body, it most commonly is found in the large veins of the lower leg and thigh.

Symptoms of DVT include:
- Sudden swelling of one leg
- Pain that may feel like cramping in the calf or groin
- Skin that is warm to the touch
- Fullness of the veins just beneath the skin (seeing these veins more easily or noticing a swollen appearance)
- Changes in skin color (blue, red or very pale)

About half the patients who are diagnosed with DVT experience no noticeable symptoms.

Causes

Essentially, anything that inhibits normal circulation or affects the natural clotting process may create a blood clot. There are, however, specific factors that are likely to increase the risk of developing DVT. These include:
- Sitting for long periods of time
- Family medical history
- Prolonged bed rest or paralysis
- Injury or surgery
- Pregnancy
- Cancer
- Heart failure
- Birth control pills or hormone replacement therapy
- A pacemaker or a catheter in a vein

■ Being overweight or obese
■ Smoking

When it comes to DVT, the more risk factors you have, the greater the likelihood that you will develop the condition. It is important to communicate with your physician and to take steps to control the factors that you can.

Diagnosis and treatment

To effectively diagnose DVT, physicians take advantage of a combination of tools beginning with a thorough examination and detailed family medical history. Often, ultrasound and blood tests are used to accurately diagnose the condition. Sometimes, the doctor may suggest a venogram. This is an X-ray that uses dye that is injected directly into the vein to locate the clot. Other tests may include an MRI or a CT scan.

Once a clot is detected, the doctor will provide options for treatment based on each individual circumstance. DVTs are often treated with medications that “thin” the blood or decrease the body’s clotting ability. Blood thinners do not break up clots that have already formed, but they can stop the clots from getting bigger, giving the body’s natural clot-breaking system the opportunity to dissolve the clump as well as eliminating the chance of additional clots.

If a more serious type of thrombosis is evident, the physician may administer a special medication known as a clot buster. Because these drugs may cause serious side effects such as bleeding, they are usually reserved for the most life-threatening situations.

If the thinners are not appropriate, the physician may insert a filter into a large vein. This filter prevents any clots that break loose from moving into the lungs, heart or brain.

People with DVT are also encouraged to wear prescription compression stockings. They help reduce pain, swelling, discoloration and ulcers.

In certain cases, it may be necessary to surgically remove the clot.

How can I prevent DVT and other vascular problems?

■ Stay active. Walking helps with blood circulation and with weight loss.
■ STOP smoking.
■ Maintain a normal body weight and eat a healthy diet.
■ Discuss risks of birth control or hormone replacement therapy with your health care provider.
■ If you are hospitalized for any medical or surgical condition, ask the doctor what he or she is planning to do to decrease your risks of DVTs and PEs.
■ Find out if there is any family history of DVT or abnormal blood clotting. If so, discuss any tests or steps you should take with your health care provider.
■ If you take long airline or auto trips, get up and walk every hour or so, and tighten the calf muscles by flexing your foot and raising on your toes 10-15 times each hour. Additionally, avoid alcohol and drink plenty of fluids.
■ Follow your health care provider’s instructions to keep any medical conditions under best control.
Q. In the spring issue of Keeping in Circulation, in the article titled “Compression: When and Why It May Be Necessary” the authors recommend against washing compression garments in Woolite®. Why do they make this recommendation?

A. We recommend not to use Woolite® as it has some bleach in it and this breaks down the fibers of the compression stocking. The stockings can be hand-washed/line-dried, or some companies recommend machine washing, so it is best to follow the directions of the specific manufacturer.

Q. Will walking clear leg arteries of blocked arteries in time? I am 70 years old with a blocked artery in one leg, which causes poor circulation in my lower leg and foot.

A. Walking will not necessarily “clear” the blockage, but walking exercise has been shown to improve how far people can walk until they get pain and how far they can walk before they have to stop because of pain. This is likely due to improvements in the ability of the muscle to use the blood that it has. VDF has an excellent walking brochure for patients with PAD that includes a walking log. You may download the brochure online at www.vdf.org/resources/pamphlets.php. Or e-mail us with your name and address at info@vdf.org and we’ll be happy to mail you a free copy.

Q. Is PAD hereditary? My father had PAD and died from a heart attack. He smoked for many years.

A. There is a hereditary component to PAD, but there are also definite risk factors. The biggest risk factor associated with PAD is smoking. The others are diabetes, high blood pressure, high cholesterol and older age. These are also risk factors for heart disease. It is possible that the cause of your father’s disease was as much from smoking as heredity.

Q. Is it OK to get massages if you have PAD?

A. In general, Swedish or European traditional massage is fine for PAD patients. Other types of massage are likely OK too. Of course, let your massage therapist know that you have some vascular disease.
National medical guidelines recommend that certain individuals be tested for PAD. Review the following sentences and place a check in any box that applies to you.

☐ I am under 50 years of age, have diabetes and at least one other risk factor:
   ☐ History of smoking
   ☐ Abnormal cholesterol
   ☐ High blood pressure

☐ I am 50 years or older and have diabetes
☐ I am 50 years or older and am a former or current smoker
☐ I am 70 years or older
☐ I have one or more symptoms of PAD:
   ☐ Fatigue, heaviness, tiredness or cramping in the leg muscles (calf, thigh or buttocks) that occurs during activity such as walking and goes away with rest
   ☐ Foot or toe pain at rest that often disturbs sleep
   ☐ Skin wounds or ulcers on the feet or toes that are slow to heal (or that do not heal for 8 to 12 weeks)

If you checked one or more boxes, talk to your health care provider about being tested for PAD.

For more information, please visit www.padcoalition.org or call 1-866-PAD-INFO (1-866-723-4636)

Take the PAD quiz!

Make sure peripheral arterial disease doesn’t stop you in your tracks

NEW VDF HEALTHCASTS

The Vascular Disease Foundation is proud to continue its audio HealthCasts that cover all aspects of vascular disease. Our guests are the leading scientific and clinical experts in their respective fields. For more information or to download and listen to VDF HealthCasts, visit www.vdf.org/interactive/podcasts/

HealthCasts are hosted by Dr. David Meyerson and produced by Dr. Kerry Stewart. Dr. Meyerson is a cardiologist at Johns Hopkins and a member of its scientific advisory board. Dr. Stewart is a Professor of Medicine at Johns Hopkins and a former member of the VDF Board of Directors.

Here are the latest HealthCast episodes:

Episode 36:
New Exercise Treatment for PAD
Though supervised walking on a treadmill is the standard of care for most patients with peripheral artery disease (PAD), some patients find walking to be a challenge because of severe leg pain or other health conditions that might limit their walking ability. The primary topic for this episode is a new exercise treatment for PAD.

Episode 37
Diet, Diabetes, and Vascular Disease
The primary topic for this episode is the special role of dietary choices in preventing and treating vascular disease.
NEW RADIO CAMPAIGN

This summer, the P.A.D. Coalition released a new radio campaign to educate the public on peripheral arterial disease. Three different ads were released to 1,000 radio stations across the country. Listen to the spots by going to this location on our Web site: www.padcoalition.org/media/psas.php.

In another partnership during PAD Awareness Month, the P.A.D. Coalition is joining with select hospitals, the Society for Vascular Nursing, ev3 Endovascular, Inc. and BioMedix, Inc. to inform Americans about the risk factors, warning signs and consequences of peripheral artery disease. Free PAD screenings will be offered at the following hospitals:

- Sutter Heart & Vascular Institute, Sutter Memorial Hospital, Sacramento, Calif.
- Shelby Baptist Medical Center, Alabaster, Ala.
- Hunterdon Medical Center, Flemington, N.J.
- St John Hospital, Detroit, Mich.
- Georgetown University Hospital, Washington, D.C.

In addition, select African Methodist Episcopal churches, regions of the National Baptist Church and Christian Methodist Episcopal churches will distribute PAD information to their congregations in September.

Learn about PAD, signs and symptoms and more at www.padcoalition.org. Or call us at (866) PAD INFO (866-723-4636) to get a free educational pamphlet about PAD.

SEPTEMBER IS PAD AWARENESS MONTH

The P.A.D. Coalition is using PAD Awareness Month in September to increase awareness of the risk factors and warning signs of peripheral artery disease. During this month, the Coalition is urging Americans to find out if they should be tested for the disease. Also as part of its September educational campaign, the P.A.D. Coalition is joining with WomenHeart: The National Coalition for Women with Heart Disease and the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) to engage cardiac rehabilitation centers. Key components of this campaign will include:

- Trained WomenHeart Champions will conduct sessions at cardiac rehabilitation centers to educate high-risk patients about peripheral artery disease.
- Resources (videos, slides, talking points, handouts) will be made available for cardiac rehabilitation centers to promote peripheral artery disease awareness and conduct education sessions within their facilities.
- Educational tools, such as banners, Web ads and press releases, will be created to disseminate peripheral artery disease messages in communities through the participating cardiac rehabilitation centers and their affiliated hospitals.

PAD Screenings!

Find out if there is a free screening for peripheral arterial disease (PAD) in your neighborhood at www.legsforlife.org.

VDF corporate partner Life Line Screenings offers screenings for PAD and other vascular disease at various locations across the country for a modest fee. Visit www.lifelinescreening.com to find a location near you. Join Life Line Screenings in the “Say Yes to Vascular Disease” campaign and make a tax deductible donation to VDF today: www.active.com/donate/sayyestovdf.

November is Diabetes Awareness Month!

Visit the P.A.D. Coalition Web site (www.PADCoalition.org) or the VDF Web site (www.vdf.org) to learn how vascular diseases relate to diabetes.
Multi-tasking for Life
What You Can Do To Manage Diabetes with PAD

By Susan L. Comer

Diabetes and peripheral arterial disease (PAD)—it’s a dangerous combination. Between 25 and 29 percent of persons with diabetes over the age of 50 live with PAD. But, with the right steps toward preserving life and limb, this dual diagnosis is increasingly treatable.

Double dilemma
PAD is a vascular disease that develops when fatty deposits build up in the lower extremities, causing narrowing and blockages that restrict blood flow to the legs and feet. PAD increases the chances of a heart attack or stroke by four to five times; the risk is even greater when diabetes is present. Approximately one in three persons with both diseases will have such an event over the course of five years without treatment.
Another concern with PAD in diabetes is limb health. As the two conditions are frequently accompanied by neuropathy, or lower-leg nerve damage, diabetics with PAD often experience a loss of sensation in the limbs.

“This could lead to the development of an injury or ulceration of the foot,” says Peter Sheehan, MD, president of New York-based Sheehan Health Management Consulting and treasurer of the P.A.D. Coalition. “If they have underlying PAD, that [injury or ulceration] may not heal and that could ultimately lead to an amputation.”

Thus, aggressive monitoring of PAD is crucial for diabetics. Says Dr. Sheehan, “We want to save the life and also to save the leg.”

Treatment objectives, then, are twofold. One is to address the increased risk of heart attack and stroke; the other, to prevent disability and limb loss.

**Keeping PAD in check**

You can help avoid heart attack and stroke by managing your blood sugar, hypertension and cholesterol, and by quitting smoking. Targets are as follows: a hemoglobin A1c below 7 percent; blood pressure below 120/80, and LDL cholesterol below 100 mg/dL (and sometimes below 70 mg/dL). Most diabetics with PAD should take a statin drug to lower cholesterol.

When a diabetic develops a cardiovascular disease such as PAD, says Dr. Sheehan, the factors of blood pressure, cholesterol, and smoking cessation take on a higher priority than blood sugar itself. “So people [with both conditions] should be sure to control those three things first,” he says.

In addition, aspirin or the prescription medication clopidogrel are recommended as a deterrent for blood clots, which can lead to heart attack, stroke, or gangrene.

To reduce leg symptoms and maximize function, Dr. Sheehan recommends 30-minute walks most days of the week, even if it’s a “stop-and-go” process due to intermittent claudication (leg pain, relieved by rest, which occurs with walking). “It seems to be more effective if it’s supervised by a health professional, such as in a cardiac rehab center,” he says.

Other essential measures for limb preservation include good podiatric, skin and nail care, as well as prescription footwear to prevent injury and ulceration.

**PAD meets tech**

According to Dr. Sheehan, recent advances in technology have proved of great benefit to patients with diabetes and PAD.

“We’ve made a lot of progress in the last five years with newer surgical techniques,” he says, “what are called endovascular interventions, using devices like balloons, stents and atherectomy catheters. [An atherectomy is a procedure in which plaque is removed from arteries using a laser catheter.] So we’ve been able to manage patients with less surgery than in the past.”

In addition, currently under way are a number of clinical trials involving angiogenesis, or the growth of new blood vessels, utilizing gene therapy and cell therapy.

Says Dr. Sheehan, “Those are two pretty exciting things.”

For more information on managing diabetes while living with PAD, visit www.vdf.org and www.padcoalition.org.
CDC Grant Will Help Create Public Awareness about DVT

By Ginny Gaylor

You know the symptoms of a heart attack. You probably know the signs of a stroke. But do you know what deep vein thrombosis (DVT) is? The Centers for Disease Control and Prevention (CDC) aims to fix that. The CDC has given the Vascular Disease Foundation (VDF) a $1 million grant to develop a public awareness program about blood clots over the next five years.

What is DVT?

It is a clot that primarily forms in the deep veins of the legs, and may break off and go to the lung arteries. Clots can also occur in an arm or in the pelvis, but 90 percent or more come from a leg. Called a pulmonary embolism (PE) if the clot travels to the lung, DVT affects just as many people every year as heart attacks and strokes. Risk factors include: hospital stays for surgery or medical illness, any extended bed rest, paralysis and cancer. Obesity, smoking and long haul travel (such as a long airplane flight) increase a person’s risk of developing DVT. Also, if you have a family member with a history of DVT, you should take extra precaution.
Symptoms and prevention

How do you know if you have DVT? Symptoms include swelling, pain, tenderness and redness in one leg. It is rare to have DVT occur in both legs. If the clot travels to a lung, the symptoms are very similar to a heart attack—sudden shortness of breath and chest pain. If the clot makes it to the lung the person might also cough up blood. PE can cause sudden collapse and death.

Preventing DVT can be fairly simple. If you know your family has a history of DVT, you should let your health care provider know prior to any surgery. They can then prescribe blood thinners to stop a clot from developing. There are also mechanical measures that can be taken in the hospital to stimulate the blood in the calves. On your own you can wear compression socks to help keep the calf muscle stimulated. During a long plane or car ride be sure to get up and walk around.

Educating women about DVT

The CDC grant creates a program to educate the public about DVT that is directed specifically to women. Dr. Suman Rathbun, director of vascular medicine at the University of Oklahoma and one of the main investigators for the grant, explains that women were chosen as the target for two reasons. First, because they make the majority of healthcare decisions for their families, and second, because they have unique risk factors due to hormonal changes from birth control methods, childbirth and menopause.

“Women and men have an equal risk for DVT,” says Dr. Rathbun, “But women have unique risk factors because of hormones and because they make 70 to 80 percent of the healthcare decisions for their families. Targeting women is important.”

According to Dr. Rathbun about 600,000 people in the United States are affected by DVT and PE every year. It is estimated that about 100,000 people die as a result of this kind of blood clot.

“There have been lots of studies coming out saying that DVT is important and the public doesn’t know anything about it,” says Dr. Rathbun. “We need to educate the public. DVT and PE kill more people every year than AIDS, breast cancer and traffic accidents combined. The nice thing is, unlike cancer or AIDS, we can more easily prevent the majority of DVT occurrences, save lives and save healthcare resources.”

Creating public awareness

There are two parts to the grant’s education program. The first is to recognize the risk factors for DVT because effective prevention is available. The second part is ensuring that the public knows the signs and symptoms of DVT.

Working with Dr. Tom Ortel at Duke University and VDF staff, Dr. Rathbun and the team have created numerous ways to get this education out. “I am used to scientific grants. This is a public awareness grant, so we have employed people with expertise in public awareness,” says Dr. Rathbun. The team has partnered with Spirit of Women® during the grant’s first year. Spirit of Women is a private group that works with more than 75 hospitals to provide healthcare education for women.

Through the grant, Dr. Rathbun hopes that the public will not only understand how common DVT is, but also learn the signs and risks. By educating the public, especially women, the study will provide them the knowledge they need to be their own advocate. “This is a public health crisis. That is why the CDC is putting resources into this,” she says.

For more information, visit www.thisisserious.org.
“In Memory of” and “In Honor of” Envelopes Available

VDF has created a preprinted envelope in response to request from supporters who have contributed to “In Memory of” and “In Honor of” a loved one. This will simplify and expedite your desire to memorialize or honor a special person through a donation to VDF. If you would like to receive these special envelopes, call us at (888) VDF 4INFO or by e-mail at info@vdf.org.

Watch for Our Annual Appeal Mailing this Fall

Please give generously. Your gifts help us continue our programs. If you or someone you know works for the federal government, ask them to contribute to the VDF through the Combined Federal Campaign. All they need to do is to provide our charity number: 11581.

NEW! Interactive Map of Your Veins and Arteries

To assist you in understanding the “highway” that is your vascular system, VDF is proud to announce our new interactive map of the veins and arteries. When you click on part of the online interactive figure, you will see an up-close look at the major arteries and veins in your body. In general, arteries are blood vessels that carry oxygen-rich blood away from your heart, and veins carry oxygen-poor blood back to your heart. Check it out online: http://www.vdf.org/interactive/vein-artery-map.php

Order Your Holiday Cards and Help VDF!

This holiday season, order your personalized greeting cards online and support VDF! There are over 100 designs available to choose. You can personalize your card, or you can upload your photo to send a photo card. Depending on quantity ordered, prices range from $1.75 – $2.95 including the stamp! It’s easy and fast.

The quality and cost of the cards are competitive with those available at a card shop but with the added benefit that a portion of sales support VDF. Shop today at our VDF Web site at www.vdf.org/cardcafe.
ANNUAL MEETING
SCHEDULED SEPTEMBER 21

The Venous Disease Coalition will be holding its fourth annual meeting on September 21 in Alexandria, Va. The keynote address will be given by Dr. Christopher Parker, deputy director, Division of Blood Disorders, Centers for Disease Control and Prevention (CDC). A number of other speakers are scheduled to attend, covering a variety of topics from public awareness to research.

In conjunction with the annual meeting, the Venous Disease Coalition will unveil a new program developed in cooperation with the CDC. This program, which focuses on women and DVT, will not only debut at the annual meeting but it will also be occurring at dozens of hospitals across the country.

Also debuting at the annual meeting will be a slide set on DVT and PE that health care providers can use to educate the public.

New DVT Campaign Launches This Fall

The Venous Disease Coalition will launch the “This is Serious” national DVT awareness campaign with the Spirit of Women hospital network in October at dozens of hospitals as a “Girls’ Night Out” event.

Information on deep-vein thrombosis (DVT) and pulmonary embolism (PE) will be presented at the events which occur in an entertaining setting—with fun activities and opportunities to meet other women in their community. To see what the campaign is about, go to www.thisisserious.org.

New Resources Available

The Venous Disease Coalition has been working on many new educational materials for both the general public and health care providers. These materials include new brochures on cancer and DVT; something that might be informative for those with cancer, as cancer creates an increased risk for DVT.

Another new resource is a risk-assessment calculator to determine one’s risk for DVT.

To get a copy of these new brochures, call (888) 833-4463, or to view them and to take the risk assessment, go to the “resources” tab of the Coalition’s Web site: www.venousdiseasecoalition.org.

Excellence in Care

If you would like to nominate someone for the Excellence in Care Award, please send us a note or e-mail with a tax-deductible donation of $50 or more telling us who you are honoring and why he or she deserves the recognition. Nominees can be any medical professional who has helped you or your family or has shown special kindness which you feel deserves recognition.
Treatments for Carotid Artery Disease

Face Off in CREST Study

By Wes Isley
More than 780,000 strokes occur in the United States each year, according to the National Institute of Neurological Disorders and Stroke. Stroke causes more serious long-term disabilities than any other disease, and is the third leading cause of death in the country. The risk of having a stroke more than doubles each decade after age 55, and nearly three-quarters of all strokes occur in people over age 65. One-third are caused by atherosclerosis, or hardening of the arteries, a condition in which plaque collects on the walls of the carotid arteries located on either side of the neck and restricts blood flow to the brain.

To treat blocked neck arteries, physicians choose between a traditional carotid endarterectomy (CEA), in which a neck incision is made and plaque is removed from the artery, or the relatively new carotid artery stenting technique (CAS), in which a balloon angioplasty catheter is used to insert a stent (umbrella-like device) into the artery to hold it open and restore blood flow to the brain.

Both procedures have demonstrated success in preventing strokes, but until now, they had never been compared in a clinical trial to determine if one or the other was statistically more effective. The CREST study, which officially ends in 2011, has done just that.

Recently published results of the Carotid Revascularization Endarterectomy Versus Stenting Trial (CREST) confirm what many vascular surgeons, interventionalists and stroke neurologists had suspected: Both CEA and CAS procedures are similar in safety and effectiveness.

“Physicians now have validated data to say that if you have a serious carotid artery blockage, we can offer two procedures that are safe and durable for treatment,” says Robert M. Schainfeld, DO, associate director of vascular medicine at Massachusetts General Hospital. “CREST provides us with more reassurance that both procedures are comparable in terms of their outcomes.”

**Good data by design**

Sponsored by the University of Medicine and Dentistry, New Jersey in collaboration with the National Institute of Neurological Disorders and Stroke, CREST was launched in 2000, eventually enrolling 2,502 patients with significant carotid artery disease at 108 medical centers in the United States and nine in Canada. Eligible participants fell into two camps: symptomatic or asymptomatic. Symptomatic patients had to have experienced a transient ischemic attack (TIA) or mild stroke within the past six months. Asymptomatic patients were those who had not had a stroke or TIA within the past six months but who did have stenosis, or narrowing of a carotid artery, of 60 percent or more.

Once patients met eligibility criteria, they were randomly assigned to undergo either CAS or CEA. Participants were then monitored at regular intervals, most importantly at 30 days after the procedure and then at four years. The primary clinical endpoint, or goal, was to determine whether any patients suffered a post-procedural stroke, heart attack or death.

Dr. Schainfeld, who was not a participating CREST clinician but who manages patient care as a vascular medicine specialist, says the design of the study should help settle heated debates in the medical community about whether either procedure—CEA or CAS—is more safe or effective. “Historically, the decision about which procedure to recommend has been up to the surgeon or cardiologist, but they don’t necessarily have the same experience and training as a neurologist,” says Dr. Schainfeld.

“The design of CREST—prospective, multicenter, randomized, controlled—with the important caveat being that the clinical endpoints were blinded and adjudicated by independent stroke neurologists, helps level the playing field.”

Another factor that strengthens the CREST data, says Dr. Schainfeld, is how thoroughly participating surgeons were screened. They had to demonstrate a large volume of successful CEA or CAS with low rates of complications or deaths, and each site was required to have a team consisting of a neurologist, an interventionalist, surgeon and a research coordinator.

**Results and trends**

CREST indicated that the overall safety and effectiveness of both procedures are statistically the same, with 7.2 percent of patients who received CAS experiencing a stroke, heart attack or death, and 6.8 percent of patients who received CEA having the same results. The study did reveal a few trends. Data showed that patients older than 70 years of age who received CAS had a greater incidence of stroke and fared better with CEA. In general, younger patients appeared to benefit more from CAS. This was due in part to the fact that patients receiving CEA had twice as many heart attacks post-procedure than those receiving CAS. Such trends, says Dr. Schainfeld, need to be examined further before definitive conclusions can be drawn about the risks of particular outcomes for either procedure.

Dr. Schainfeld says that the takeaway message from CREST for patients with carotid artery disease is “to keep an open mind about available treatment options and to get second or even multiple opinions, especially when the procedures are so comparable—and most imperative, whether they need a procedure done in the first place.”

(Transient ischemic attack) is a “transient” stroke that comes and goes quickly. It happens when a blood clot blocks a blood vessel in your brain. This causes the blood supply to the brain to stop briefly.
Abdominal Adversary
Learn the risks, symptoms and treatments of mesenteric artery disease

By Jennifer Sellers

Pain in the abdomen. Trouble eating. Vomiting. Irregular bowel movements. With symptoms like these, what do you suspect as the cause? Perhaps a stomach virus or a common gastrointestinal disorder? Would you ever guess an artery disease as the culprit? It may not be the conclusion most of us would jump to, but in rare instances, these symptoms can be caused by mesenteric artery disease.

What is mesenteric artery disease?
Mesenteric artery disease—also known as chronic mesenteric ischemia—is the hardening of the arteries in the blood vessels that supply the body’s intestines, says Ashraf Mansour, MD, a Grand Rapids, Mich., vascular surgeon. “This is the same process that occurs with arterial blockages elsewhere,” he says.
There are two types of mesenteric artery disease: acute and chronic. The acute form of the disease is typically caused by a clot, and can be immediately life-threatening. Chronic mesenteric artery disease comes on more insidiously, says Dr. Mansour.

What are the symptoms?
In acute cases of mesenteric artery disease, the main symptom is severe abdominal pain. Should this occur, immediate diagnosis and treatment are necessary. Symptoms of chronic mesenteric artery disease, however, can begin more subtly. “A primary symptom is pain with eating,” says Dr. Mansour. “As it progresses, patients complain of ‘food fear’ because it hurts to eat. Then, weight loss will occur because of less food intake. In very advanced stages, intestinal gangrene can develop.”
Additional symptoms of mesenteric artery disease include gastrointestinal difficulties such as vomiting and bloody stool, as well as other symptoms like an abnormal drop in blood pressure and a rapid accumulation of white blood cells in the blood.
Who is at risk?

While mesenteric artery disease is not all that common, you may be at increased risk for it if you have certain other health conditions. “It’s rarer than blockages in the other arteries,” says Dr. Mansour. “Only about 1 percent to 2 percent of our patients have it.

“Patients at risk are heavy smokers, who have other risk factors such as diabetes, coronary heart disease, obesity, high blood pressure, high cholesterol or peripheral artery disease,” he continues. In addition, the chance of developing a visceral artery occlusion such as mesenteric artery disease increases if you’re over age 50.

How is it diagnosed?

If you’re at risk for mesenteric artery disease and you are experiencing any symptoms of the disease, there are a couple of methods your health care provider may use to diagnose you, including color duplex ultrasound or CT angiogram, says Dr. Mansour. Other diagnosis techniques include arteriography and MR angiogram.

How is it treated?

If you are diagnosed with mesenteric artery disease, your health care provider—a vascular specialist—will most likely treat it with a balloon angioplasty and stent. “Surgery, usually bypass or endarterectomy, is another option reserved for healthier patients,” says Dr. Mansour.

The bypass will reroute the blood flow, whereas an endarterectomy will surgically remove plaque from the artery. In some cases, thrombolysis may be an option. This method allows the clot to be dissolved or broken down by certain drugs.

The outcomes of these treatments are quite favorable, says Dr. Mansour. “The results with surgery are excellent,” he says. “The results with angioplasty are quite good, with some people having recurrence after two or three years.”

It is important to pursue treatment options right away, to avoid any additional complications of the disease.

Can it be prevented?

Because mesenteric artery disease is a visceral artery condition caused by atherosclerosis (hardening of the arteries), healthy lifestyle choices can play a big role in its prevention. If you have already had the disease, lifestyle changes can help prevent a recurrence of it or other atherosclerotic diseases.

Key lifestyle changes to consider, include:

- Quitting smoking
- Lowering blood pressure
- Lowering cholesterol
- Losing weight and eating a low-fat diet
- Controlling your diabetes, if you have it

While mesenteric artery disease has the potential to be harmful, healthy choices may keep it at bay. Should you develop any of its symptoms, an accurate diagnosis and quick treatment can lead to a positive recovery and outcome. So if you are having any of the painful abdominal symptoms listed in this article, see your health care provider right away.
Mock-Southern Sweet Potato Pie

Crust
1 ¼ cups flour
¼ teaspoon sugar
¹/³ cup fat-free milk
2 Tablespoons vegetable oil

Filling
¼ cup white sugar
¼ cup brown sugar
½ teaspoon salt
¼ teaspoon nutmeg
3 large eggs, beaten
¼ cup fat-free evaporated milk
1 teaspoon vanilla extract
3 cups sweet potatoes (cooked and mashed)

Preheat oven to 350°F.

To prepare crust:
Combine flour and sugar in bowl. Add milk and oil to flour mixture. Stir with fork until well mixed. Form pastry into smooth ball with your hands.

Roll ball between two 12-inch squares of wax paper, using short, brisk strokes, until pastry reaches edges of paper. Peel off top paper and invert crust into pie plate.

To prepare filling:
Combine sugars, salt, nutmeg and eggs. Add milk and vanilla. Stir. Add sweet potatoes and mix well.

Putting it together:
Pour mixture into pie shell. Bake for 60 minutes, or until crust is golden brown. Cool and cut into 16 slices.

PLAVIX® (clopidogrel bisulfate) tablet, film coated

WHO IS PLAVIX FOR?
PLAVIX® (clopidogrel bisulfate) is a prescription-only medicine that helps keep blood platelets from sticking together and forming clots. PLAVIX is for patients who have:

- had a recent heart attack.
- had a recent stroke.
- poor circulation in their legs (Peripheral Artery Disease).

PLAVIX in combination with aspirin is for patients hospitalized with:

- heart-related chest pain (unstable angina).
- heart attack.

Doctors may refer to these conditions as ACS (Acute Coronary Syndrome).

WHAT IMPORTANT INFORMATION SHOULD I KNOW ABOUT PLAVIX?
The effectiveness of Plavix is reduced in people with a certain genetic makeup, leaving you at greater risk for heart attack and stroke. Your doctor may recommend testing for genetic makeup. Your doctor may also consider alternate treatments or an increased dose of Plavix. Don't stop taking PLAVIX without talking to your doctor as your risk of heart attack or stroke may increase.

HOW SHOULD I TAKE PLAVIX?
Only take PLAVIX exactly as prescribed by your doctor. PLAVIX should be taken around the same time every day, and it can be taken with or without food. If you miss a day, do not double up on your medication. Just continue your usual dose. If you have any questions about taking your medications, please consult your doctor.

WHO SHOULD NOT TAKE PLAVIX?
You should NOT take PLAVIX if you:

- are allergic to clopidogrel (the active ingredient in PLAVIX).

- have a stomach ulcer.

- have another condition that causes bleeding.

WHAT ADDITIONAL IMPORTANT INFORMATION SHOULD I KNOW ABOUT PLAVIX?

Drug interactions: Tell your doctor all the medications you are taking, including prescription or over-the-counter medications. Taking Prilosec (omeprazole) with PLAVIX may reduce the effect of PLAVIX.

Bleeding: You may bleed and/or bruise more easily and it may take you longer than usual to stop bleeding when you take PLAVIX alone or in combination with aspirin. Report any unanticipated, prolonged, or excessive bleeding or blood in your stool or urine to your doctor. The risk of serious bleeding increases with age in patients 65 and over.

Surgery: Inform doctors and dentists well in advance of any surgery that you are taking PLAVIX so they can help you decide whether or not to discontinue your PLAVIX treatment prior to surgery.

Discontinuation of Plavix: Do not change your dose or stop taking PLAVIX without talking to your doctor first.

Stroke Patients: If you have had a recent TIA (also known as a mini-stroke) or stroke taking aspirin with PLAVIX has not been shown to be more effective than taking PLAVIX alone, but taking aspirin with PLAVIX has been shown to increase the risk of bleeding compared to taking PLAVIX alone.

TTP: A very serious blood condition called TTP (Thrombotic Thrombocytopenic Purpura) has been rarely reported in people taking PLAVIX. TTP is a potentially life-threatening condition that involves low blood platelet and red blood cell levels, and requires urgent referral to a specialist for prompt treatment once a diagnosis is suspected. Warning signs of TTP may include fever, unexplained confusion or weakness (due to a low blood count, what doctors call anemia). To make an accurate diagnosis, your doctor will need to order blood tests. TTP has been reported rarely, sometimes in less than 2 weeks after starting therapy.

WHAT ARE THE COMMON SIDE EFFECTS OF PLAVIX?
The most common side effects of PLAVIX include gastrointestinal events (bleeding, abdominal pain, indigestion, diarrhea, and nausea) and rash. This is not a complete list of side effects associated with PLAVIX. Ask your doctor or pharmacist for a complete list.

WHAT SHOULD I KNOW ABOUT TAKING OTHER MEDICINES WITH PLAVIX?
You should only take aspirin with PLAVIX when directed to do so by your doctor. Certain other medicines should not be taken with PLAVIX. Be sure to tell your doctor about all of your current medications (prescription or over-the-counter), especially if you are taking the following:

- aspirin
- nonsteroidal anti-inflammatory drugs (NSAIDs)
- warfarin
- heparin
- heartburn or stomach ulcer medicines, like Prilosec

Be sure to tell your doctor if you are taking PLAVIX before starting any new medication.

WHAT SHOULD I TELL MY DOCTOR BEFORE TAKING PLAVIX?
Before taking PLAVIX, tell your doctor if you're pregnant or are breast feeding, if you are taking any other drugs or if you have any of the following:

- gastrointestinal ulcer
- stomach ulcer(s)
- liver problems
- kidney problems
- a history of bleeding conditions

OVERDOSAGE
As with any prescription medicine, it is possible to overdose on PLAVIX. If you think you may have overdosed, immediately call your doctor or Poison Control Center, or go to the nearest emergency room.

FOR MORE INFORMATION
For more information on PLAVIX, call 1-800-633-1610 or visit www.PLAVIX.com. Neither of these resources, nor the information contained here, can take the place of talking to your doctor. Only your doctor knows the specifics of your condition and how PLAVIX fits into your overall therapy. It is therefore important to maintain an ongoing dialogue with your doctor concerning your condition and your treatment.

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I look the picture of health in our family photo.

But my poor leg circulation doubles my risk for heart attack or stroke.

PLAVIX can help. Peripheral Artery Disease (P.A.D.) is often described as poor leg circulation, which puts you at double the risk of heart attack or stroke. That’s because, if you have poor blood circulation in your legs, you may also have it in your heart and brain. You may feel nothing, but the most common symptom of P.A.D. is pain or heaviness in the legs.

Take the next step. So if you’re diagnosed with P.A.D., ask your doctor about a treatment clinically proven to help reduce your risk of heart attack and stroke associated with P.A.D. PLAVIX helps keep blood platelets from sticking together and forming dangerous clots, the cause of most heart attacks and strokes. Ask your doctor about PLAVIX.

Find out more at plavix.com/PAD or call 1-888-578-9165.

IMPORTANT SAFETY INFORMATION: Certain genetic factors and some medicines such as Prilosec reduce the effect of PLAVIX leaving you at greater risk for heart attack and stroke. Your doctor may use genetic tests to determine treatment. Don’t stop taking PLAVIX without talking to your doctor as your risk of heart attack or stroke may increase. People with stomach ulcers or conditions that cause bleeding should not use PLAVIX. Taking PLAVIX alone or with some other medicines, including aspirin, may increase bleeding risk, so tell your doctor when planning surgery. Tell your doctor all medicines you take, including aspirin, especially if you’ve had a stroke. If fever, unexplained weakness or confusion develops, tell your doctor promptly. These may be signs of TTP, a rare but potentially life-threatening condition, reported sometimes less than 2 weeks after starting PLAVIX. Other rare but serious side effects may occur.

Please see Important Product Information including BOXED WARNING on the previous page.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.