

# Go Red

FOR WOMEN

FEBRUARY 2018

## Your Guide to a Healthy Heart



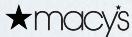
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#### THE MOVEMENT

# Be Your Own Advocate

*The most important person in the fight against heart disease is... you! During American Heart Month, learn more about your risk factors and how you can live a heart healthy life.*

Cardiovascular disease, which includes stroke, claims the life of a woman about every 80 seconds. But about 80 percent of cardiovascular disease may be prevented. Go Red For Women is a movement that starts with you! YOU can take control of your health, and YOU can lead by example! This year at Go Red, we are focusing on being your own advocate. This means knowing your own personal risks for heart disease and taking action to make positive lifestyle changes that will influence your health for the better.

Each February, during American Heart Month, the American Heart Association asks

women to join our mission by wearing red, committing to a healthy lifestyle and spreading the message of wellness. For more than a decade, Go Red For Women has promoted National Wear Red Day on the first Friday of the month of February to raise awareness in the fight against heart disease in women.

When you support Go Red For Women by advocating, fundraising and sharing your story, more lives are saved. Every dollar raised helps fund lifesaving research and awareness that adds more time to women's lives.

Together, we have the power to help create a healthier and stronger future for our community.

#### KNOW YOUR NUMBERS



Being your own advocate means knowing your risk factors for cardiovascular disease. In addition to factors like lifestyle risks and family history, it's important to have a full understanding of your current health, which starts with a routine physical with your doctor.

#### THE CRITICAL HEALTH NUMBERS YOU SHOULD KNOW:

1. Total cholesterol
2. HDL cholesterol
3. Blood pressure
4. Blood sugar
5. Body mass index (BMI)

▲ LEFT TO RIGHT: Dr. Nandini Madan, AHA Woman of Heart, JoAnn Magnatta, Go Red Chairwoman, Dr. Maribel Hernández, Medical Director of Lankenau Heart Institute's Women's Heart Initiative.

WHY NOT BOND OVER  
SOMETHING OTHER  
THAN HEART DISEASE?



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Heart disease is the single most common cause of death in women. But you knew that—or did you? The expert team behind the **Women's Heart Initiative** views knowledge as power. Which is why our goal is to keep you informed of risk factors and connect you to specialists, while advancing research to improve treatments and outcomes. Now that's powerful. // There may come a day when our advanced cardiac care will save your life. We spend every other day making sure it doesn't have to.

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AMERICAN HEART ASSOCIATION'S 2017-2018 PHILADELPHIA GOES RED CHAMPION.



# Fighting for Heart Health Equality

*As a cardiologist who specializes in heart rhythm disorders and Medical Director of Lankenau Heart Institute's Women's Heart Initiative, Maribel Hernández, MD, has spent her entire career educating women of all ages, races and backgrounds about their risk of heart disease.*



## ► What is the Women's Heart Initiative?

**It's a comprehensive program to educate women about risk factors for heart disease. The goal is to have women's unique risk factors for heart disease become common knowledge for women and their providers to ensure there is no delay in care for women at risk.**

## ► What achievements has the program made?

The program has created a closer collaboration between ob/gyns, primary care physicians and cardiologists at Main Line Health to help identify women who are potentially at high risk for heart disease. We also developed *A Woman's Guide to Protect Her Heart*, an educational guidebook that highlights the latest information on heart disease, specifically new risk factors that have been identified as having the greatest impact on women. Heart-to-Heart Conversations, a monthly cardiac support group for women, was also started.

## ► The Women's Heart Initiative isn't just for the public, right?

That's correct. In addition to educating women in the community about their risk factors, we also hold seminars and educational programs for our staff. We want them to recognize the unique factors and clinical presentation for heart

disease in women. This helps ensure they are properly diagnosing and treating women.

## ► You encourage all women to be advocates for their own health, why?

Even today, not all healthcare providers are aware that heart disease risk factors and symptoms may differ between men and women. It's very important for women to know these differences and talk to their doctors about being evaluated for heart disease. If you feel you're not getting the right attention, speak up or seek a second opinion.

## ► What special message do you have for Latina women?

Latinas tend to develop heart disease earlier in life than other segments of the population. Taking care of others before they take care of themselves is very common in the Latina culture. We help raise awareness of heart disease risk in women through *Go Red Por Tu Corazón*, where we combine education with salsa dancing, food and fun. It's my favorite event of the year.

## ► Why the connection between ob/gyns and cardiologists?

It's now known that certain pregnancy complications put women at greater risk for heart disease. For example, women who had ges-

tational diabetes, preeclampsia or hypertension during pregnancy may develop heart disease earlier in life even if the condition is resolved after delivery. In fact, the American Heart Association now lists a history of preeclampsia or gestational diabetes as a major risk factor for cardiovascular disease, equal to smoking, physical inactivity, obesity and family history.

## ► How long have you been interested in women and heart disease?

I remember reading a cardiology journal in the late 1980s that talked about how women didn't do as well as men after heart surgery. At the time, all the clinical research and educational programs were focused on men. I couldn't believe nobody was talking about this or focusing on women and heart disease. In my spare time, I began giving talks in the community to make women aware that they are just as much at risk as men.

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WOMAN OF HEART

## IMPROVING FAMILY HEART HEALTH

*Hint: Your kids are watching (and copying) you.*

To improve a child's health, you need to improve the health of his or her family. That's the approach **Nandini Madan, MD**, takes when speaking with families that have a child with heart problems. This is especially true when it comes to health issues that can be improved with lifestyle changes.

"Children copy parents, so chances are good that if parents live a healthy lifestyle their children will too," says Dr. Madan, a pediatric electrophysiologist at St. Christopher's Hospital for Children. "We can treat heart conditions with medications, surgery or medical devices, but we can't maximize a child's health without changing the family's health."

For her advocacy for improving heart health in children and their families, Dr. Madan will be named 2018's "Woman of Heart" by the Philadelphia chapter of the American Heart Association recognizing outstanding medical professionals who make a difference in the lives of those who have been impacted by heart disease.

At St. Christopher's, Dr. Madan cares for children with heart rhythm problems, which can run in families.

"We have probably saved as many parents' lives as we have children's lives, because if a child has a problem we often test the parents and discover the same problem in them," Dr. Madan says.

## FAMILY MATTERS

# Healthy Habits Start at Home

Most people think they don't have to worry about their heart health until their 40s, 50s or beyond. *Think again.*



**ACCORDING TO DOCTORS**, parents should instill heart-healthy habits in their children early in life to ensure those habits carry over into adulthood. This is important because research shows that fatty plaque buildup in the arteries can begin even in early childhood.

While genetics play a factor in some cases of heart disease, most are related to a person's long-term lifestyle choices, such as whether they smoke, the food choices they make and how physically active they are. This is where parents come in.

Parents have a huge influence on whether their children develop healthy habits, and it's never too early to start teaching children healthy habits. After all, the best medicine is prevention. Here are some tips and guidelines to help you get started:

**Be a good role model:** You don't have to be perfect all the time, but if kids see you trying to eat right and exercise, they'll take notice of your efforts.

**Encourage healthy eating habits:** Provide children with plenty of vegetables, fruits and whole-grain products. Limit the calorie-rich, high-fat, and high-sugar temptations in your home. Serve reasonably sized portions and try

substituting water for sugary beverages.

**Get the whole family moving:** Plan times for everyone to get moving together. Take walks, ride bikes, go swimming, garden or just play hide-and-seek outside.

**Limit TV, video game and computer time:** These habits lead to a sedentary lifestyle and excessive snacking, which increase risks for obesity and heart

disease. Limit to two hours a day.

**Stay positive:** Kids don't like to hear what they can't do, so tell them what they can do instead. Everyone likes to be praised for a job well done. Celebrate successes and help children develop a good self-image.

**Encourage fun physical activities:** Every child is unique. Let your child experiment with different activities until they

find something that they really love doing.

**Pick truly rewarding rewards:** Don't reward children with TV, video games, candy or snacks for a job well done. Find other, more engaging ways to celebrate good behavior.

**Make dinnertime a family time:** When everyone sits down together to eat, there's less chance of children eating the wrong foods or snacking too much.



# Treating Heart Disease Before it Starts

*The road to a happy heart starts with healthy lifestyle choices. **Vince Figueredo, MD**, Chair of Cardiology at Einstein Medical Center Philadelphia, can show you how to get on the right path.*



► **You specialize in preventive cardiology, what is that?** Put simply, it means treating heart disease before it starts. To do this, I focus on lifestyle modifications with patients—eating healthy, exercising regularly, not smoking and drinking alcohol in moderation. I also monitor and treat cholesterol and blood pressure so they don't get out of control and cause problems for patients later in life.

► **Why do you enjoy what you do?** Cardiovascular disease has robbed me of years with multiple family members. Both my parents and three grandparents had heart disease, with my grandfather dying of a stroke at age 52. I've always felt it was important that I stay heart healthy for myself and those I love, and that feeling has extended to my patients. Knowing I can help prevent heart disease through education is very satisfying.

► **Is there an age limit for getting heart healthy?** It's never too late to start, but ideally you should begin in childhood. As parents, we need to educate children to eat right, stay physically active and not smoke. We now know that cardiovascular disease can start as early as the teenage years.

► **How much do psychosocial stressors affect the heart?** Stressors in people's lives—work, finances, family—are associated with increased risk of heart disease and worse outcomes after heart attack. Depression can be especially harmful because it not only causes changes in the body that increase the risk of heart disease, it can also lead to negative behaviors that lead to heart disease, such as smoking, not taking medications or unhealthy eating. At Einstein, we screen for psychosocial issues when patients visit our cardiology offices and make referrals to mental health professionals when necessary.

► **What about people who say they don't have time to live a heart healthy lifestyle?** I often hear people say they don't have time to exercise or eat right, and that they're busy with work and family. But I tell them that they have to take care of themselves first if they're going to take care of others. The patients who stick out in my mind are the ones who thank me not for saving their lives but rather for keeping them around for the people they love.

► **What does the term "silent heart attack" mean?** When you think of a 'classic' heart attack you think of someone

clutching their chest in terrible pain. But women don't always have this classic symptom. They might be short of breath, have back pain, experience horrible fatigue or describe the worst indigestion they've ever had. This can lead to a delay in treatment and worse damage to the heart. Thanks to initiatives like Go Red for Women, women are starting to recognize these differing symptoms and are getting to the hospital faster. This has led to improved survival rates and less damage to heart muscle.

► **Are we winning the fight against heart disease?** We have a long way to go, but we're moving the ball down the field. We're paying more attention to risk factors such as high blood pressure and cholesterol. Improved therapies and interventions are saving heart muscle and preventing recurrent heart attacks. We've also increased people's understanding of heart disease and how to prevent it. It's a hopeful time.

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## Technological Breakthroughs Saving Lives

An explosion of technology in recent decades is advancing the fight against heart disease. **Bruce Klugherz, MD**, Director, Cardiac Catheterization Lab at Abington-Jefferson Health explains how.



## The Good News about Heart Disease

**Mohammed Murtaza, MD, FACC**, Director, Cardiac Catheterization Lab at Jefferson Torresdale Hospital, explains how improved treatments and research have led to better survival rates.



## HEART HEALTH CHAMPION

► **What advances have you seen over the years?** Drug-eluting stents to open blocked coronary arteries, plaque-cutting devices, and drug-coated balloons to open blocked arteries in the legs have been major ones. Just 20 years ago, the main tools we had were plain balloons and bare metal stents—rudimentary compared to today's options. Now, stents and balloons are coated with drugs that help keep the arteries open long term and reduce the need for repeat procedures.

► **Stents aren't the only devices that are changing the way you work, right?** Correct, in the past few years, we've seen the introduction of transcatheter aortic valve replacement (TAVR) for patients with aortic stenosis, the WATCHMAN device for patients with atrial fibrillation and the MitraClip device

for mitral valve repair. These devices offer alternatives for patients whose options are limited.

► **What has changed for people who have a heart attack?**

We have reduced "door-to-balloon time," meaning the time between arriving at the ER and having a blocked artery reopened in the catheterization lab. The quicker an artery is reopened the less damage to the heart and the faster the recovery. Now, patients with uncomplicated heart attacks often go home in 48 hours. In addition, more of our patients are enrolling in supervised cardiac rehab after a heart attack, helping them return to normal lives.

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## HEART HEALTH CHAMPION

► **What trends are you seeing in heart care?** The biggest trend is using less invasive procedures. Less invasive approaches decrease recovery time, lessen a patient's pain and improve safety. We have ongoing research on stents, the small mesh tubes that help open blocked arteries. Despite initial setbacks, the next big thing will be stents that are completely absorbable, meaning they dissolve after a few years when they are no longer needed.

► **What steps should someone take to improve heart health?** Everyone—even people who have heart disease or have had a heart attack—can make changes to improve their heart health or slow the progression of disease. I first recommend seeing a physician and getting a risk-profile assessment to get an idea of where you need to

improve. With the doctor's advice, you can work on modifiable risk factors like weight loss, eating healthier, controlling blood pressure, lowering cholesterol and exercising regularly.

► **What is the good news about heart disease?** The good news is there is a lot of research being done in this field, and we have made significant strides in improving survival rates and making procedures safer and less invasive. There is also more focus than ever on identifying, treating and preventing heart disease in women. This should lead to further improvements in outcomes.

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RED ALERT

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CHAIRWOMAN

### LONG-TIME LEADER STEPS UP

*The fight against heart disease is personal for JoAnn Magnatta.*



**JoAnn Magnatta** has a history of stepping up when it comes to the American Heart Association (AHA). A long-time volunteer leader, Magnatta didn't hesitate when asked to chair the AHA's 2018 Go Red For Women campaign.

"Over the years, I've met many wonderful women and men who have been affected by heart disease," says Magnatta, Senior Vice President of Facilities Design and Construction/Real Estate at Main Line Health. "I truly believe I should do as much as I can to fight this disease, and I was honored when I was asked to lead this year's effort."

The goal for the 2018 Go Red For Women campaign is \$1.7 million—money that will help fund local research and raise awareness of heart disease among women. The campaign culminates at the annual Go Red Luncheon in May. While the luncheon represents the finish line for this year's campaign, the fight against heart disease will go on for Magnatta.

"My mother and her six siblings had significant heart-related issues, as did my mother-in-law, so this effort is personal for me," she says. "I have a daughter and I know that either of us could be stricken with this disease. This is a lifelong commitment for me."



## Changing Lives with the Latest Advances

Structural heart disease is common but very treatable with minimally invasive procedures. **Nicholas Ruggiero II, MD, FACP, FACC, FSCAI, FSVM, FCPP**, Director, Structural Heart Disease and Non-Coronary Interventions at Thomas Jefferson University Hospitals, tells us how.



## Know Your Heart Disease Risk Factors

**Brett Victor, MD, FACC**, from Cardiology Consultants of Philadelphia at Jefferson explains why educating yourself about heart disease is the best way to stay heart healthy.



## HEART HEALTH CHAMPION

► **What is structural heart disease?** It's a defect or abnormality of the heart's valves, walls or chambers. Many conditions are present at birth, but it's also common for these abnormalities to occur later in life due to wear and tear from aging, infection or other underlying conditions. Most often, the parts simply wear out.

► **How common are these problems?** They're very common. As the population ages, the number of people with structural heart problems will continue to rise—usually beginning around age 65. Studies show that more than 1 in 8 people over age 75 will have moderate or severe aortic stenosis, caused by the narrowing of the heart's aortic valve.

► **What treatments are available today that weren't in the past?** Not long ago, the only option

for valvular disease was open heart surgery. Today we can replace aortic valves during a catheter-based procedure while the patient is actually awake. In the case of mitral valves, we can make repairs using a trans-catheter approach, which is done through vein puncture in the groin. The full replacement of mitral valves is on the horizon.

► **What is it about this field that you enjoy?** It's incredibly rewarding to return people to the life they lived prior to their disease. I've seen patients who were in wheelchairs and on oxygen dance at their grandchild's wedding or return to the golf course. That's what it's all about.

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## HEART HEALTH CHAMPION

► **How preventable is heart disease?** In most cases it is preventable if we can identify and treat an individual's risk factors when they are younger and before they develop heart disease. In my practice, I see many younger patients who want to make sure they stay healthy, so I work with them on lifestyle modifications. We can do a lot for patients who already have heart disease, but nothing can beat preventing problems before they start.

► **Besides heart attack symptoms, how else do men and women differ when it comes to heart disease?** I've done some research on gender differences with regard to lipids (i.e. cholesterol), which are fat-like molecules that circulate in the bloodstream. We found that women are often undertreated for their high cholesterol which is a

major risk factor for the development of heart disease. There are theories about why this is so, but it reinforces the importance of educating yourself and being an advocate for your own best health.

► **What's one thing people don't know about heart disease?** People don't realize the connection between obstructive sleep apnea and heart disease. It's a problem that has gotten worse as obesity has increased. Sleep apnea increases your risk of high blood pressure, irregular heart rhythms and, to some degree, congestive heart failure. Sleep apnea is very treatable, so if you snore, you should talk to your doctor.

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# LIFE STYLE

**February is American Heart Month**, a time to take charge of your heart health. Today, heart disease continues to be our nation's #1 cause of death for both men and women. So, Penn Medicine continues to increase accessibility to superior cardiac care with over 15 Community Cardiology locations throughout the area. Make an appointment today. Your life is worth Penn Medicine.

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**Penn Medicine**



# Charting New Territory in Congenital Heart Disease

*Caring for adults with congenital heart disease is becoming a pressing issue in the medical community. **Yuli Kim, MD**, Medical Director, Philadelphia Adult Congenital Heart Center, explains why.*



## ► What is congenital heart disease?

Congenital heart disease is a problem with the structure of the heart that is present at birth. It is the most common type of birth defect and can involve the heart's walls, valves or arteries. Many of these problems are mild, but some can be very serious.

**► What is the Philadelphia Adult Congenital Heart Center?** It's a joint program between Penn Medicine and Children's Hospital of Philadelphia. Its mission is to care for adults who were born with congenital heart disease. This is a relatively new challenge, because historically many children born with heart problems did not survive to adulthood. Today, more than 90 percent survive thanks to medical and surgical advances. As a result, the number of adults with congenital heart disease has now surpassed the number of children with these conditions.

**► So this is uncharted territory?** In many cases, yes. We are continually learning about these patients, because we don't have a history of long-term outcomes, especially those with complex congenital heart disease. These are people who have been through untold procedures and surgeries as children, and are now growing up and

getting jobs, getting married and starting families.

**► What medical issues do these patients face?** It's a common misconception that if you had successful surgery as a child, you were fixed. Adults with congenital heart disease can face any number of problems, including a need for repeat interventions or surgeries, and women can have complicated pregnancies. There is also a psychological impact to growing up with this condition. One-third of adults with congenital heart disease suffers from depression or anxiety.

**► Is the treatment of adults affecting the way children with congenital heart disease are treated?** It's something we've begun to think about. For example, what can we do for young children now that will help them when they're 50? Are there things we can do surgically or medically that could improve their long-term outcomes? That's why the marriage of pediatric and adult cardiology in this center is so important.

**► Are adults ever diagnosed with congenital heart disease?** It happens all the time. They often go through life thinking

they are healthy and then someone picks up a heart murmur later in life. Or maybe a chest x-ray done for some other reason reveals an abnormality. All of a sudden they have a diagnosis they never expected. Some end up needing surgery to prevent heart failure.

**► What got you interested in this field?** During my fellowship, I felt a bit demoralized about caring for patients with heart attacks or acquired heart conditions. Often times, the problems were caused by unhealthy lifestyles. My program director at the time encouraged me to think about the patients I most enjoyed treating. The ones who stood out to me were the ones with complex congenital heart disease. Each had such a unique story of survivorship, and I just fell in love with these patients.

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## GENDER GAP

# A Woman's Guide to Heart Disease

*Women are just as likely as men to get cardiovascular disease. Here's what they can do to stay healthy.*

**Can heart attack symptoms differ between men and women?** Absolutely. Women don't always present with the same symptoms—crushing chest pain and a pain that radiates down the left arm. Instead, they may experience unusual fatigue, shortness of breath, lightheadedness, nausea and upper back, shoulder or jaw pain. Unfortunately, some women ignore these symptoms. We spoke with **Paulina Gorodin Kiliddar, MD**, a cardiologist and assistant professor of Medicine, Cardiology Division, at Drexel University College of Medicine, to better understand women's risk factors and what they can do to prevent heart disease.

## How do men and women differ when it comes to heart disease?

→ Men tend to develop blockages of the heart's main arteries. Women more commonly have microvascular disease, which affects the heart's smaller arteries. Standard tests aren't good at detecting these smaller blockages, so women can be told they don't have a problem even though they are experiencing symptoms of heart disease.

## What other factors put women at risk for heart disease?

→ Not many women know they are at higher risk of heart disease later in life if they had preeclampsia or gestational diabetes while pregnant in their younger years. It's important for women to know

about this so they can take proactive steps to mitigate their risk later. Also, women are at a higher risk of heart disease once they hit menopause or if they have had radiation or chemotherapy for breast cancer. In all of these cases, it's important they be monitored more closely for heart problems and stay vigilant about their risk factors.

## Are women starting to get that they have the same risk of heart disease as men?

→ They are, but I think there is still a huge gap. This is especially true among minority women and those who face socioeconomic challenges. Often, heart disease is the last thing they're worried about in their life. It's a challenge for them to make time to focus on themselves, but I enjoy working with these women to find solutions for a healthier life.

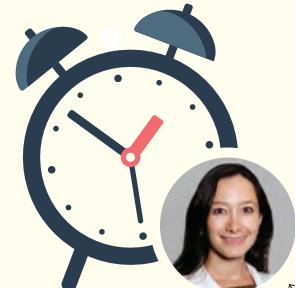
## What steps can women take to reduce their risk of heart disease?

→ I'm a big proponent of lifestyle modification—don't smoke, eat a healthy diet and exercise regularly. This approach is a lot more powerful than medication. A healthier lifestyle has so many other benefits, including weight loss, better sleep and more energy to name just a few.

## Do women need to advocate a little harder when it comes to their heart health?

→ I think they do. Too often, women's heart problems get labeled as anxiety, stress or depression. Because of this, they end up having greater problems later. If a woman feels something isn't right, she should speak up and take steps to get it addressed.

## When to Have Your Heart Checked



**Do I have a heart problem?** It's a question most people ask at some point in their lives. According to **Paulina Gorodin Kiliddar, MD**, Drexel cardiologist, "People who want to be assessed are those with a strong family history of heart disease or those with problems like diabetes, hypertension or high cholesterol that puts them at a greater risk of a heart problem."

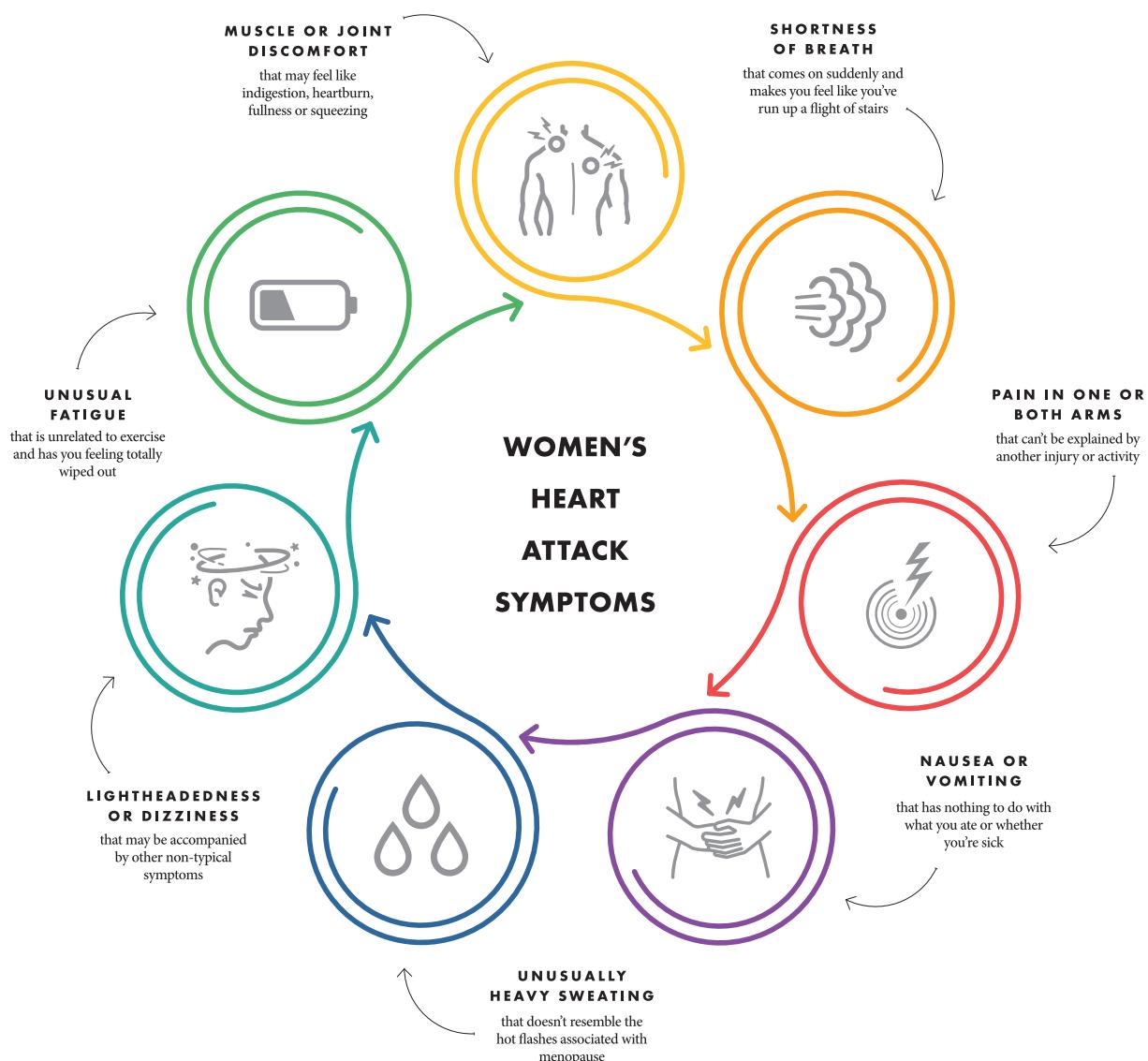
Determining whether someone has a heart problem begins during a heart disease risk assessment. "The first thing I talk to new patients about is their own medical history and their family's history," Dr. Kilidder says. "I also discuss their risk factors, smoking history, and their eating and exercise habits. We may then check blood pressure, cholesterol, glucose levels and vitamin D among other things."

More involved tests are not ordered unless a red flag is raised such as symptoms or a significantly increased risk of heart disease.

BE READY

# Am I Having a Heart Attack?

Thanks to TV and movies, we all know how a heart attack looks, right? The man gasps, clutches his chest and falls to his knees in horrible pain. Problem is, women are just as likely to have a heart attack as men, but their symptoms may be far different:



**EXPERT TIP**

"A heart attack can be sudden and intense, but its symptoms can also appear more gradually. You might experience chest pain or pressure in the moments before a heart attack, or you could experience a slow build of symptoms like jaw pain, shortness of breath or unusual fatigue in the weeks or months before a heart attack. It's important to listen to your body. Don't delay care and call 911 immediately." - **Maribel Hernández, MD, Cardiologist, Lankenau Heart Institute**

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GET MOVING

# Kick Start your Heart Healthy Exercise Routine

Who says resolutions have to start on Jan. 1? When it comes to getting fit, there's never a right or wrong day to start. **Gina Mancuso**, a physical therapist and co-owner of Philly's CoreFitness, shares the most common exercise excuses she hears and how you can overcome them.



## I don't have time/I'm too busy.

If you have time to watch *Game of Thrones* or scroll through Facebook, you have time to exercise. Try fitting in a workout early in the morning, during lunch or after the kids go to bed. For less time, break it up into shorter sessions. A lot can be accomplished in a 15-minute burst.

## I'm too old/out of shape to exercise.

No matter your age or fitness level, it's never too late to start getting active—the benefits can be significant. Even if you have a chronic illness like heart disease, getting some form of exercise is important. Where to begin? Talk to your doctor and start off slowly to avoid injuries.

## The gym is too expensive.

Then don't go to the gym. Mancuso points out that there are plenty of exercises you can do outside of a gym that are free. Go for a walk, ride a bike or download a free exercise app on your phone. Also consider small-group training sessions to split the cost with others.

## I'm too tired to exercise.

When you're dragging and feeling too tired to work out, Mancuso says the solution is... to work out! Regular exercise boosts your energy level and gets you going. If you're too tired to exercise after work, try going before work, even if it means getting up when it's dark outside.

## I've tried before and failed.

Maybe you set your goals too high, says Mancuso. Start with small goals that are very attainable (hint: Your first goal shouldn't be "run a marathon"). That way you're more likely to feel like a success. As you progress, set the goals even higher but continue to keep them attainable.

## Exercise is boring.

The best way to avoid being bored is to find an activity you like. Hate running? Try walking, biking, swimming, boxing or dancing. An exercise buddy may help—you're more likely to stick with a routine if you know someone is expecting you to be there. There are tons of options for beginners, including apps that automatically generate workouts for you. Most gyms have classes for beginners and trainers who can guide you in the right direction. Don't get paralyzed with indecision. Remember: What you do is less important than just getting started.

VISIT [PHILLYMAG.COM/GORED](http://PHILLYMAG.COM/GORED) FOR MORE WAYS TO GET MOVING WITH #GOREDETFIT →

GET SOCIAL



## JOIN THE COMMUNITY

**#GOREDGETFIT** is a free American Heart Association program that provides a motivating and supportive environment for women who want to be healthy and fit for life.

.....

Women who sign up for Go Red Get Fit participate in quarterly challenges shared through the program's Facebook group. Challenges include taking more steps each day, reducing salt intake, drinking fewer sugar-sweetened beverages, and increasing physical activity. Challenges change every 12 weeks, which is about the time it takes to form a new habit.

Providing fitness expertise for the program are three nationally known trainers: Lita Lewis, Ary Nunez, and Scott Parker. Participants motivate each other by sharing and posting messages, photos and videos of their successes and struggles within the group.

The challenges don't just come with fitness and health rewards. Some participants are randomly chosen to win gift cards and Ideology active wear from Macy's.

Join today and begin a healthy life-style journey that will positively impact the way you look and feel, inside and out.

To learn more about our these initiatives visit [GoRedForWomen.org/GoRedGetFit](http://GoRedForWomen.org/GoRedGetFit) or join the online challenges by searching #GoRedGetFit on Facebook.

## HEALTHY EATS

# Recipes to Please the Palate—and the Heart

This chocolate-covered delight proves you can have your cake—er, donut—and eat it too.

VISIT [PHILLYMAG.COM/GORED](http://PHILLYMAG.COM/GORED) FOR THIS AND MORE DELICIOUS HEART HEALTHY RECIPES.

### AVOCADO DONUT

Never thought you'd hear "guilt free" and "donuts" in the same sentence? Try these and thank us later.





## SURVIVOR STORY

## RADIO ICON AND STROKE SURVIVOR ADVISES WOMEN: "PUT YOURSELF FIRST"

*Too busy to slow down, Patty Jackson ignored the signs of stroke until it was too late.*

**F**or 35 years, radio icon **Patty Jackson** has graced the Philadelphia airwaves with her trademark velvety voice. But look beyond her public persona and you'll find a woman who is up to her neck juggling life's many responsibilities, just like many American women. This balancing act came crashing down in 2015 when Jackson suffered a stroke.

"It happened two weeks after my mother died and a week after I turned 52," says Jackson, a fixture on WDAS-FM. "I fell outside my house, but I brushed it off as being clumsy. Looking back, I realized I had been feeling a little 'off' for a while and I was experiencing weakness on my right side. Still, I pushed on because that's what I do."

Two more days went by before Jackson sought out medical care and received the news that she had had a stroke. It's not an uncommon diagnosis—nearly 800,000 Americans have a stroke each year. It is especially prevalent in African Americans, who are twice as likely to have a stroke as Caucasians and who tend to be stricken earlier in life.

The irony of Jackson's situation is that she was very familiar with stroke. Her mother had one years ago that left her permanently disabled. The warning signs that should have

been a wakeup call for Jackson went unheeded. Like too many others in the same situation, she put her own wellbeing last.

"Life is busy, and you think it won't happen to you," explains Jackson, who spent nearly two months recovering from her stroke in the hospital and a rehabilitation center.

Today, Jackson is back on the air but continues her recovery. She walks with a small limp and still works with a physical therapist a few times a week. She also has made several lifestyle changes to improve her health, including drinking more water, eating healthier and exercising regularly.

"I'm aware that I'm at risk for another stroke, so I have to watch my health," she says. "Sometimes I just want to 'go, go, go' like I used to, but I have to stop and remind myself to set aside time to rest."

Jackson's stroke led her to realize the importance of making time for herself. The days of trying to be everything to everyone wasn't sustainable.

"As women, we take on a lot and so much is expected of us," Jackson says. "But we're not superwomen, sometimes the cape has to come off. Sometimes it's OK to say, 'I can't do it all.' You have to realize that it's important to take care of yourself first."



## Know How to Spot a Stroke FAST

It could save a life—possibly yours.

Last year, many of the 795,000 Americans who suffered a stroke did not get the right lifesaving treatment in time. But you can help save lives and improve recovery by thinking **F.A.S.T.** These simple letters can help you recognize the signs of a stroke so you can get help right away.

### F FACE DROOPING

Does one side of the face droop or is it numb?

### A ARM WEAKNESS

Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?

### S SPEECH DIFFICULTY

Is speech slurred, is he or she unable to speak or hard to understand? Ask the person to repeat a simple sentence. Is the sentence repeated correctly?

### T TIME TO CALL 9-1-1

If the person shows any of these symptoms, even if the symptoms go away, call 9-1-1 and get him or her to the hospital immediately.



My Dad's advice  
was to **follow**  
**my heart.**

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Thankfully it led me  
to **Mercy Heart**  
**& Vascular** for  
my care.

**Live better**  
with Mercy



**Mercy Health System**  
A Member of Trinity Health



## Executive Leadership Team

The Go Red For Women Executive Leadership Team raises funds and awareness to fight heart disease in women. These corporate and community leaders serve as key advocates for this important cause in the Greater Philadelphia Region.

**Back Row:** Alison T. Young, Drexel University; Amy Novak, Torcon, Inc.; Berita Aldrich, Chair, Heart Champion Society; Lisa Detwiler, FS Investments; Jenny Andrius, Rodyn Companies, Inc.; Megan Guernsey, Conrad O'Brien.

**Middle:** Cathleen Parsons-Nikolic, La Salle University; Dawn Zier, Nutrisystem; Dr. Julianne Bernholz, Janssen; Trina Middleton, Chair, Passion Committee, University of Pennsylvania; Kathy Lennini, PECO Energy.

**Front Row:** Celeste Ayjian, Chair, Auction, Northeast Exterminators; Dr. Nandini Madan, Woman of Heart Award Recipient, St. Christopher's Hospital for Children; Dr. Maribel Hernandez, 2018 Heart Champion, Lankenau Heart Institute; JoAnn Magnatta, Chair, Go Red Campaign, Main Line Health; Stephanie Austin, Chair, Circle of Red; Anne Papageorge, University of Pennsylvania.

**Not Pictured:** Danielle Gureghian, CSMI LLC; Melissa Blanton, Schnader Harrison Segal & Lewis LLC; Rosemary Loverdi, Dilworth Paxson LLP; Suzanne Mayes, Cozen O'Connor; Theresa Loscalzo, Schnader Harrison Segal & Lewis LLP; Carol Albright Rohrbaugh, Genesis HealthCare.

## Circle of Red

Go Red For Women's Circle of Red Society is a powerful, passionate group of men and women dedicated to making an impact in our community's fight against heart disease and stroke.

**Back Row:** Ralph Mauro; Denise Friedland-Cohen; Stephanie Austin, Chair; Dawn Zier; Michael Monahan.

**Front Row:** Andrea Frazier; Andrea Zomber, JoAnn Magnatta, Sally Sharkey, Lisa Detwiler.

**Not Pictured:** Barbara Krancer; Daniel Fitzpatrick; Danielle Gureghian; Donn Rappaport; Eileen McDonnell; Emily Reiner; Emmy Miller; Esther Book; Haley Lesser; Janet Frederick; Joanna Ryder, Beneficial Bank; Marsha and Dick Rothman; Dr. Matthew Austin; Paul Bruno; Richard Vague; Rosemary Loverdi; Thomas Gravina; Vail Jacoby.

# Event Calendar

## National Wear Red Day

Feb. 2, 2018

All day, nationwide

## 61st Annual Philadelphia Heart Ball

Feb. 10, 2018 | 6 p.m.

PHILADELPHIA MARRIOTT DOWNTOWN  
1201 Market Street, Philadelphia, PA

## Taking Care of Your Heart

Feb. 20, 2018 | 6:30 p.m. - 7:30 p.m.

MAIN LINE HEALTH CENTER EXTON SQUARE  
154 Exton Square Parkway, Exton, PA

## Take Charge Healing Hearts Event

Feb. 24, 2018 | 9 a.m. - 12 p.m.

JAMES LOGAN ELEMENTARY SCHOOL  
1700 Lindley Avenue, Philadelphia, PA

## Reducing Cardiovascular Risk in Women

Feb. 26, 2018 | 6 p.m. - 7 p.m.

LUDINGTON LIBRARY  
5 South Bryn Mawr Avenue, Bryn Mawr, PA

## 6ABC Live Facebook Chat

Feb. 27, 2018 | 6 p.m. - 6:30 p.m.

LANKENAU HEART INSTITUTE AT PAOLI HOSPITAL  
[facebook.com/6abcactionnews](http://facebook.com/6abcactionnews)

## Senior Supper Club: Dinner, Conversation and Health Tips

Feb. 28, 2018 | 4:30 p.m.

RIDDLE HOSPITAL  
1068 West Baltimore Pike, Media, PA

## Stroke Coordinator Boot Camp Conference

March 29, 2018 | 7 a.m.

DOUBLETREE BY HILTON  
301 West Dekalb Pike, King of Prussia, PA

## Rock the Red Fashion Show & Silent Auction

April 18, 2018 | 6 p.m.

MASONIC TEMPLE  
One North Broad, Philadelphia, PA

## Heart Science Forum

May 4, 2018 | 8 a.m.

CHEMICAL HERITAGE FOUNDATION  
315 Chestnut Street, Philadelphia, PA

## Strive to Revive Conference

May 4, 2018 | 7 a.m.

DOUBLETREE BY HILTON  
301 West Dekalb Pike, King of Prussia, PA

## 15th Annual Go Red For Women Luncheon

May 11, 2018 | 10:30 a.m.

CRYSTAL TEA ROOM  
100 E. Penn Square, Philadelphia, PA

## 21st Annual Home Runs For Heart

May 2018 | 8 a.m. - 4:30 p.m.

CITIZENS BANK PARK  
One Citizens Bank Way, Philadelphia, PA

## Monthly Support Groups

### Heart-to-Heart Conversation

3rd Thursday each month | 4:30 p.m.

LANKENAU MEDICAL CENTER  
100 East Lancaster Avenue, Wynnewood, PA

### Heart-to-Heart Conversation

4th Wednesday each month | noon

BRYN MAWR HOSPITAL  
130 South Bryn Mawr Avenue, Bryn Mawr, PA

### Healing Hearts and Minds

1st Wednesday each month | 4 p.m.

PAOLI HOSPITAL  
255 West Lancaster Avenue, Paoli, PA



## NOMINATE NOW

## Recognize a "Caring Heart" Today

The American Heart Association is looking for one extraordinary individual to honor with its Caring Heart Award celebrating extraordinary caregivers who dedicate their time and effort to making life a little easier for survivors of cardiac arrest or stroke. The award will be presented to the individual who has made the most significant impact as a caregiver at the Go Red for Women Rock Your Red Fashion Show at the Masonic Temple in Philadelphia on April 18, 2018. **Nominations must be submitted by March 1, 2018.**

For more information about award criteria and how to apply, visit [PHILLYMAG.COM/GORED](http://PHILLYMAG.COM/GORED).

← Marissa Stutzman and her mom, the 2017 Caring Heart Award recipient Julia Stutzman. Marissa's mom performed lifesaving emergency CPR on Marissa roadside on a Florida highway.

# Compassion leads the way. Technology follows.

**Heart and Vascular.** We believe medicine is nothing without heart. That's why our heart specialists create personalized care plans for each patient and lead the region in advanced, life-saving techniques such as the transcatheter aortic valve replacement (TAVR). Because caring for our community is a work of heart.



More than Medicine

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CARDIAC REHAB | CARDIAC ANESTHESIOLOGY | ECHOCARDIOGRAPHY | ELECTROPHYSIOLOGY



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