



EVERY

Heartbeat Matters

AMERICAN HEART MONTH

A Lake Sun Publication

**WHEN
EVERYTHING
CHANGED**

Glenn Gage Shares His
Open-Heart Surgery Story

**No Time
to Delay**

Warning Signs of
a Heart Attack

*Is Hormone Replacement Therapy
Safe for Women's Hearts*



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Is Hormone Replacement Therapy Safe for Women's Hearts?



Lake Regional Cardiologist
Zubair Khan, M.D., FACC.

It's been a tough choice for women: Should they use hormone replacement therapy to treat their menopause symptoms, or should they avoid an effective treatment because it might pose serious health risks, including dangers for their hearts?

"For decades now, women have received conflicting advice about whether hormone replacement therapy is safe for use in menopause," said Lake Regional Cardiologist Zubair Khan, M.D., FACC. "There is no easy, one-size-fits-all answer. Women need to talk with their doctors to decide whether the benefits outweigh the risks in their situation, and they need to make sure that discussion includes the risk of blood clots, which are a concern with hormone replacement therapy."

What is hormone replacement therapy?

Many women nearing or going through menopause experience difficult symptoms, including hot flashes, night sweats, sexual pain and other issues that result from female hormone levels going up and down.

Hormone replacement therapy, also called menopausal hormone therapy, helps steady those hormone levels. There are different kinds of hormone replacement therapy. Some use only estrogen, while others use estrogen and progestin. Most women take daily pills, but skin patches, vaginal creams, gels and rings also can deliver the hormones.

What are the concerns?

Hormones have impacts throughout the body. Potential risks of hormone replacement therapy include blood clots, breast cancer, endometrial (uterine) cancer, heart attack and stroke. However, the level of risk isn't the same for all women. Whether a woman's benefits outweigh her risks depends on several factors, including her age; the

severity of her menopause symptoms; the length of her treatment; which hormones she receives and how; and whether she has other health conditions that impact her risk for complications.

As a heart expert, Dr. Khan focuses on how hormone replacement therapy affects women's risk for heart attacks and blood clots, especially in the lungs and legs.

"I tend to be more aware of the risks associated with hormone replacement therapy for cancer, especially breast cancer," Dr. Khan said. "I want to make sure they also ask their doctors about how this treatment might impact their risk for blood clots and heart attacks."

Currently, research suggests the following about these cardiovascular risks:

Blood clots. Women who have a history of blood clots should not use hormone therapy. For these women, it's clear that the risks outweigh the benefits. In general, taking hormone replacement therapy may increase women's risk for blood clots. Women who are obese or smoke while taking hormone replacement therapy have an especially high risk.

Heart attack. Women who have had a heart attack or who have heart disease should not use hormone therapy. For other women, hormone replacement therapy is safest when taken before age 60 or within 10 years of starting menopause. It may increase the risk of developing heart disease in older women and in women who begin using estrogen more than 10 years after their last period.

I've talked to my doctor and decided to use HRT. Now what?

"There are two rules I would give women who decide to use hormone replacement therapy: 1) Take the lowest dose that helps, and 2) take it for the shortest time needed," Dr. Khan said. "Long-term use should be avoided because the risks increase the longer this treatment is used."

Dr. Khan is a member of a comprehensive heart care team at Lake Regional Health System that includes interventional cardiologists and a cardiovascular-thoracic surgeon, as well as registered nurses and X-ray technologists who specialize in heart care. As a Level II STEMI Center, Lake Regional is equipped to provide timely, definitive heart attack care 24 hours a day, seven days a week. Learn more at lakeregional.com/HeartCare.

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EATING FOR HEART HEALTH IN 7 EASY STEPS

You likely know some ways you could improve your diet for better heart health. But it is not easy to change the way you eat. Making too many changes at once can cause you to give up. So start small, knowing small changes can make a big difference with time. Here are 7 easy changes that are good for the heart. Pick one or two to get started.

- 1. Choose lean meats.** Diets high in saturated fats are linked to an increased risk of heart disease. Meat is the primary source of saturated fat. Opt for skinless poultry and loin cuts of beef or pork, and keep the portion size to about the size of a deck of cards. Limit your intake of processed meats (cold cuts, bacon, sausage and hot dogs) as much as possible. Eat more fish instead.
- 2. Defat your dairy.** Dairy is another major source of saturated fat. Choose reduced fat or nonfat dairy products. Use less cheese.
- 3. Switch to heart-healthy fats.** Unsaturated fats help lower bad cholesterol and raise good cholesterol. Use vegetable oils instead of solid fats for cooking, and avoid processed foods that contain partially hydrogenated fats. Good choices for heart-healthy fats include nuts, nut butters, avocados and seeds. Butter or margarine? Whichever you prefer, but use it sparingly.
- 4. Eat more plants.** Plants contain important vitamins, minerals and antioxidants that protect us from disease. They are also high in fiber and low in calories. Think of ways to add even one extra serving of fruit or vegetable to your current diet. For example, add some fruit to your cereal. Add mushrooms, spinach, shredded carrots or other veggies to your pasta sauce. Pack an apple for a snack. Work your way up to at least five servings of fruits and vegetables daily.
- 5. Add more fiber.** Fiber helps reduce cholesterol, helps regulate blood glucose and fills you up. Switch to whole-grain breads and cereals. Look for fiber on the nutrition label. Five grams per serving for bread and cereal is a good goal.
- 6. Halt the salt.** High-sodium diets may increase blood pressure and cause stiffening of the blood vessels. The best thing you can do to control sodium in your diet is to start with raw foods and cook them yourself. Read labels, and choose foods with less than 300 milligrams of sodium per serving.

- 7. Limit alcohol and added sugar.** Too much alcohol increases your risk of heart disease and stroke. Sugar contributes unnecessary calories, so it can lead to obesity and decreased heart health. Cut out soda and other sugar-sweetened beverages, and replace them with water or sugar-free options. Limit the frequency of sugary snacks and desserts. Limit alcohol to no more than one drink per day for women or two for men.



Anita Marlay R.D., L.D.
Lake Regional Registered Dietitian

What else will improve your heart health?

- Lose weight if you are overweight. Cut back your portion sizes to control calories. Just a 5 or 10% weight loss will have a big improvement on your health
- If you smoke, quit. Smoking is the No. 1 preventable cause of death and disease.
- Get active. Any amount of exercise will improve your heart health. Aim for about 30 minutes every day of moderately intense exercise. Walking is a great place to start.
- Know your numbers. Have your cholesterol checked at least every four to six years. Learn what those numbers mean and what you can do to improve them.
- Get regular screenings for diabetes and high blood pressure. Both of these conditions dramatically increase your risk of heart disease.
- Get enough rest. Good sleep is important to allow your body time to recuperate each day.
- Reduce stress. Everyone has stress, but learning to manage it is crucial for good health.



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5 Surprising Facts about High Blood Pressure



What you do not know about high blood pressure could hurt you.

“Nearly 1 in 2 U.S. adults has high blood pressure, also called hypertension,” said Alicia Clark, DNP, APRN, FNP-BC, who cares for patients at Lake Regional Heart and Vascular in Osage Beach. “Many people

with high blood pressure feel fine, but the condition still raises their risk for heart disease and stroke. The good news is screening is as simple as the blood pressure checks taken at most doctor visits. Then, once you know you have it, it is possible to treat and lower high blood pressure.”

Following are five facts to know about this common condition, shared by the U.S. Centers for Disease Control and Prevention.

1. High blood pressure may be linked to dementia.

Recent studies show that high blood pressure is linked to a higher risk for dementia. Timing seems to matter. Evidence suggests that having uncontrolled high blood pressure during midlife (ages 44 to 66) creates a higher risk for dementia later in life.

“Taking steps now to know your blood pressure and to treat it if it’s high could lower your risk for dementia later,” Clark says.

2. Young people can have high blood pressure, too.

High blood pressure doesn’t just happen to older adults. Nearly 1 in 4 adults aged 20 to 44 have high blood pressure.

High blood pressure is a leading cause of stroke, a condition that is on the rise among younger people. Experts think the increased risk for stroke in this age group is a direct result of the rising rates of obesity, high blood pressure and type 2 diabetes — conditions that are preventable and treatable.

Ask your health care team how often you should check your blood pressure. You can get your blood pressure checked at a doctor’s office or pharmacy, and you can check it at home if you have a home blood pressure monitor.

3. High blood pressure usually doesn’t have symptoms.

High blood pressure is sometimes called the “silent killer.” About 1 in 3 U.S. adults with high blood pressure aren’t even aware they have it.

“The only way to know your blood pressure is to check it regularly,” Clark said.

4. Diagnosis isn’t enough. Treatment makes the difference.

Not only do many people fail to get a diagnosis, many people who know they have high blood pressure fail to follow through on prescribed treatments. In fact, at least a quarter of U.S. seniors with Medicare Part D prescription drug insurance are not taking their blood pressure medicine as directed. They may skip doses or stop taking it altogether.

“People have different reasons for not following their treatment plans,” Clark said. “Some do not see the point of taking medication for something that is not bothering them. Some may worry about side effects. Some may just forget. It is important to take your medications regularly and discuss with your health care provider why you

may be having trouble taking your medications to find a plan that works best for you.”

Also know that not everyone needs medication to control high blood pressure.

“A healthy lifestyle can prevent high blood pressure or help lower it,” Clark says. “Healthy eating, regular exercise, not smoking and limiting alcohol are good ideas for heart health in general.”

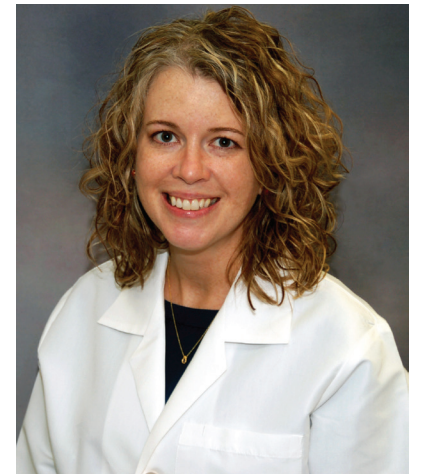
5. Women and African Americans face unique risks when it comes to high blood pressure.

African American men and women have higher rates of high blood pressure and hospitalization for high blood pressure than any other racial or ethnic group. Experts think these health disparities are tied to higher rates of obesity and diabetes.

Women with high blood pressure who become pregnant are more likely to have complications during pregnancy than those with normal blood pressure. High blood pressure during pregnancy can harm a mother’s kidneys and other organs, and it can lead to premature delivery and a low birth weight.

Some types of birth control also can raise a woman’s risk for high blood pressure.

“If you are hoping to become pregnant, you should check your blood pressure, and if it’s high, work with your health care team to control it,” Clark says.



Lake Regional Nurse Practitioner
Alicia Clark, DNP, APRN, FNP-BC

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SIMMERING IN STRESS?

Your Heart Asks You to Turn Down the Heat

You've seen it on TV: Someone gets really upset and suddenly has a heart attack. But does this happen in real life? Actually, it does.

"Explosive stress can cause heart attacks," said Jody Corpe, E.P., M.S., manager of Lake Regional Cardiopulmonary Rehab. "But for most people, the greatest threat is chronic stress, or stress that's simmering quietly — but constantly — in the background." Chronic stress can lead to high blood pressure, high cholesterol and other changes associated with increased heart disease risk. "The stress response itself can lower immunity and interfere with digestion and sleep — all changes that can harm the heart," Corpe said. "And then there's the problem of negative coping techniques. Drinking alcohol, smoking and overeating are not good for the heart."

You cannot remove all stress from your life, so you need to learn how to limit its negative effects. Corpe gives three tips for managing stress well.

- Get regular exercise. Just 30 minutes per day of walking can help boost your mood and reduce stress.
- Learn a relaxing activity. Deep breathing, progressive muscle relaxation and mindfulness meditation are proven practices for reducing stress. "Belly breathing is one simple deep breathing technique," Corpe said. "It might take some practice, but once you have the hang of it, you can use it anywhere." Here's how:
 - Sit with your back straight and both feet on the floor. Let your shoulders drop.
 - Place one hand on your chest and one just below your rib cage.
 - Take a deep breath in through your nose for about four seconds. Feel your stomach move out against your lower hand. The hand on your chest should remain as still as possible.
 - Tighten your stomach muscles, and feel your stomach fall as you exhale through pursed lips. The hand on your chest should remain as still as possible.
 - Repeat until you begin to relax.
- Stay connected. Friends and family provide emotional and other support. You also want to stay connected to a health care team. "If you need help managing stress, tell your primary care provider," Corpe says. "Ask for help."



Jody Corpe, E.P., M.S.
manager of Lake Regional
Cardiopulmonary Rehabilitation



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After a heart attack, heart surgery or diagnosis of heart disease, you might have questions about your future: How should your diet change? What sorts of exercises should you try? What's safe for you to do?

Lake Regional's Cardiac Rehabilitation team will help you answer these questions. And, the program provides supervision to help you build up your strength, stamina and self-confidence.

"You'll get regular exercise, learn relaxation techniques and stay connected with cardiac rehab," Corpe says. "It's a great way to manage the stress that comes with managing a heart condition."

Learn more at lakeregional.com/CardiacRehab.



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WHEN EVERYTHING CHANGED

Glenn Gage Shares His Open-Heart Surgery Story

Glenn Gage was worried. An active 67-year-old, he kept needing more and more breaks on his regular Ha Ha Tonka hikes with his wife, Judi. “I didn’t think I was going to get a retirement,” he said. “I just kept getting worse and worse, and I just kept thinking, ‘I guess this is it.’ Once I found out what the problem was and had the surgery, that all changed.”

The problem was coronary artery disease. Lake Regional Cardiovascular-Thoracic Surgeon Randy G. Brown, M.D., FACS, said seeking care when he did likely saved Glenn from a heart attack.

“His heart needed more blood flow to the muscle,” Dr. Brown said. “Stenting was not the best option. For optimal long-term benefits, coronary artery bypass (CABG) was required.”

Glenn and Judi had retired to the Lake of the Ozarks from St. Louis, and several of his friends and family members told him he should return there for his open-heart surgery. But Glenn’s previous experiences with Lake Regional — including his father’s heart care — convinced him to stay, and “I’m so happy I did,” he said.

“Dr. Brown and his surgical team did a fabulous job,” he added. “The ICU is tremendous. Everyone did such a great job with me. I don’t think I would’ve gotten as good of care in St. Louis.”

His double-bypass surgery was just the beginning. Recovery also was a critical time.

“It’s not something that’s over quickly,” Glenn said. “It’s a long process, and it’s very hard emotionally. It was the hardest thing I’ve ever done.”



Glenn's recovery began with Lake Regional Home Health. His nurses and therapists helped him improve from being too weak to sit up in bed to being up on his feet and ready for 12 weeks of cardiac rehab. The Lake Regional Cardiopulmonary Rehabilitation team designed an exercise program for him, monitored his progress and taught him how to use his medications, control his blood pressure, improve his diet and more.

"I had a lot of anxiety going in, but the staff was tremendous," he said. "They didn't give me more than I could do. It was hard, but they helped me. I finished my 12 weeks, and I'm still going."

Now, he's on the maintenance phase, and Judi joins him for his workouts, a benefit they didn't expect.

Glenn said he also didn't expect the wide range of improvements to his health.

"I don't just feel better hiking," he said. "My vision has actually improved. My memory has improved. My whole body is better. It doesn't just improve your heart. It improves your whole body."

Seven months since his surgery, Glenn is feeling good about his future. He and Judi are celebrating their first grandchild's first birthday this month and their 26th anniversary in May, and they're looking forward to many more hikes at Ha Ha Tonka together.

"Now I feel like I have a long retirement ahead of me," Glenn said. "Looking back, the day I had surgery was a gold star day on my life. It wasn't a negative day; it wasn't a bad day. Actually, it was one of the best days because I was given more life."



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NO TIME TO DELAY

Pop quiz: What are the major signs of a heart attack?

If you struggle to name more than one or two, you could miss something important.

“If you or someone close to you had a heart attack without chest pain, would you recognize the emergency from the other signs?” said Lake Regional Cardiovascular-Thoracic Surgeon Randy G. Brown, M.D., FACS. “If you aren’t sure, now’s a good time to learn all the warning signs of a heart attack.”

Heart attack symptoms vary from person to person. The National Institutes of Health recommends being aware of these common warning signs:

- Chest pain or discomfort. In most cases, this discomfort is in the center or left side of the chest. The discomfort usually lasts for more than a few minutes or goes away and comes back. It can feel like pressure, squeezing, fullness or pain. It also can feel like heartburn or indigestion. The feeling can be mild or severe.
- Upper body discomfort. You may feel pain or discomfort in one or both arms, the back, shoulders, neck, jaw or upper part of the stomach (above the belly button).
- Shortness of breath when you are resting or doing a little bit of physical activity (more common in older adults).
- Breaking out in a cold sweat.
- Feeling unusually tired for no reason, sometimes for days (especially if you are a woman).
- Nausea and vomiting.
- Light-headedness or sudden dizziness.
- Rapid or irregular heartbeat.

Heart attack symptoms may hit suddenly, or they may take hours, days or weeks to develop.

“If you experience any symptoms of a heart attack, do not wait — call 911,” Dr. Brown said. “During a heart attack, blood does not flow freely to the heart, and without proper blood flow, the heart muscle begins to die. Fast action limits the damage and can save your life.”



Randy G. Brown, M.D., FACS



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ACHING LEGS COULD BE MORE THAN SORE MUSCLES

What cramps, fatigue might be saying about your heart

If walking makes your legs ache or you've been told you have poor circulation, it could be a symptom of peripheral artery disease, or PAD.

The peripheral arteries are outside the chest and abdomen and supply blood to the arms and legs. PAD develops when these arteries harden or become clogged with plaque, leaving the arms or legs without adequate blood flow and oxygen. This obstructed blood flow puts a strain on the entire cardiovascular system — including the heart itself — but the problem often goes undiagnosed until there's major damage.

"Peripheral artery disease is a common problem, but many people don't realize they have it," said Laurie Lowther, Lake Regional's Wound Healing Center director. "The symptoms can be subtle, especially in the early stages. But left untreated, PAD can increase the risk for heart attack or stroke. In some extreme cases, it leads to lower limb amputation."

Symptoms

Although PAD can affect the arms, it's more likely to affect the legs and feet. Symptoms include cramping, fatigue, heaviness, and pain or discomfort in the legs and buttocks, especially during activity. Other symptoms include chronic toe or foot sores; numbness in the extremities; weakness in the calf muscle; cold legs and feet; or feet that turn pale when elevated.

"If you have these signs, talk with your doctor," Lowther said.

Risk Factors

A major risk factor for PAD is diabetes. In fact, the American Diabetes Association reports an estimated one out of three people older than 50 who have diabetes also have PAD.

Other factors besides diabetes and age that increase an individual's risk for PAD include smoking, high blood pressure, abnormal cholesterol, being overweight, being physically inactive, and having a personal or family history of heart disease, heart attack or stroke.

"The risk factors for PAD are the same as those for heart attack and stroke," Lowther said. "The good news is the same actions will improve all of these forms of cardiovascular disease."

Treatments

Treatment options for PAD include lifestyle changes, such as regular exercise and quitting smoking. In addition, a doctor may prescribe medication to reduce blood pressure or to control cholesterol or diabetes.

Improved foot care to reduce the risk of non-healing injuries or advanced therapies may be necessary.

"It's important to take care of your feet and legs," Lowther said. "When you have reduced blood flow to your feet and legs, even scrapes and injuries can more easily lead to serious infection."

Tests

Before treatment can begin, PAD must be diagnosed. Testing for PAD often includes an ankle-brachial index, or ABI. Talk to your primary care provider about whether you need this test.

"The ABI test compares the blood pressure in the legs to the blood pressure in the arms," Lowther said. "This can reveal problems with circulation."

The American Diabetes Association recommends that people with diabetes who are older than 50 have an ABI to test for PAD.

"Finding PAD early and treating it can save a limb or even your life," Lowther said. "If you have concerns, talk with your doctor."

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