



**EVERY**

*Heartbeat Matters*

**AMERICAN HEART MONTH**

A Lake Sun Publication

# SECOND CHANCE

Laura Hanks Shares  
Her Heart Care Story

**Keep  
the Beat**

Lake Regional Cardiologist  
Explains AFib

**You Get One Heart**

Don't wait to start caring for it

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Cardiology



**Muthu Krishnan, M.D., FACC**  
Cardiology



**Kunle Tosin, M.D., FACC**  
Cardiology



**Jennifer Buckingham, FNP-C**  
Cardiology



**Patience McCoy, ACNP, PhD**  
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# Fitness the Fun Way

## Why You Can, and Should, Do a 5K This Spring

The return of spring means a return of 5Ks. These events are popular because the goals are personal, said Jody Corpe, E.P., M.S., manager of Lake Regional Cardiopulmonary Rehab.

"You don't have to be the fastest runner out there to feel proud," she said. "A lot of people do their first 5K just so they can say they have done one, and then they get hooked."

### Why Try a 5K?

#### 5K training has several benefits. A big one is motivation.

"A scheduled race provides a clear goal," Corpe said. "You can train for a 5K in eight to 12 weeks. Most people do better with a definitive deadline."

#### Another benefit is how you ease into fitness.

"Training usually starts with a combination of walking and running," Corpe said. "The first running interval can be as low as 15 seconds. It's encouraging to look at the week one schedule and think, 'I can do 15 seconds.' As the weeks go on, the time spent running slowly increases."

#### All the while, you'll be reaping health benefits.

"5K training gets your heart rate up into the calorie-burning zone," Corpe said. "It also builds core strength and improves balance."

And, you can train with friends.

"Workout buddies add to the motivation and fun," Corpe said.

#### Have a Plan

Find plans online, or try an app. Be sure to include a warm up and cool down for each training session.

"Build up slowly with clear, preset goals," Corpe said. "You'll have lots of little victories as you train. Take pride and celebrate all along the way."



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



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 **Lake Media**



## 5

## SURPRISING FACTS ABOUT HIGH BLOOD PRESSURE

It's a staggering statistic: Nearly 1 in 2 U.S. adults has high blood pressure.

"You can have high blood pressure and feel fine, but eventually, the negative effects will catch up with you," said Lake Regional Interventional Cardiologist Kunle Tosin, M.D., FACC. "The good news is the test to find high blood pressure is the simple blood pressure check taken at most doctor visits. And once it's found, high blood pressure can be treated and lowered."

**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 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," Dr. Tosin said.

### 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. Black Americans and women face unique risks when it comes to high blood pressure.

Black Americans have higher rates of high blood pressure and hospitalization for high blood pressure than any other racial or ethnic group. 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.

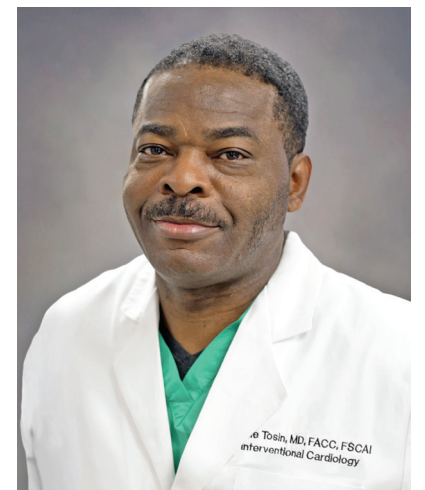
"If you are hoping to become pregnant, you should check your blood pressure, and if it's high, work with your health care team to control it," Dr. Tosin says.

### 4. High blood pressure may be linked to dementia.

Evidence suggests that having uncontrolled high blood pressure during midlife (ages 44 to 66) creates a higher risk for dementia later in life. "Getting checked and treating high blood pressure now could lower your risk for dementia later," Dr. Tosin says.

### 5. 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. "People have different reasons for not following their treatment plans," Dr. Tosin 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 challenges with your health care provider 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," Dr. Tosin says. "Healthy eating, regular exercise, not smoking and limiting alcohol are good ideas for heart health in general."

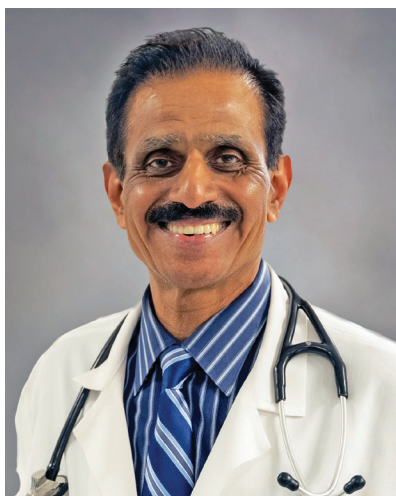


**Lake Regional Interventional Cardiologist Kunle Tosin, M.D., FACC**



# Keep the Beat

## Lake Regional Cardiologist Explains AFib



**Lake Regional Cardiologist  
Muthu Krishnan, M.D., FACC**

have brief episodes of AFib, while others experience it as a permanent condition.

“AFib is not always noticeable,” Dr. Krishnan said. “When people do experience symptoms, it may feel like their heart is racing, fluttering or pounding. AFib also can cause lightheadedness, extreme fatigue, shortness of breath and chest pain.”

A heartbeat seems so simple, but every “simple” heartbeat requires an orchestra of electrical signals. These signals coordinate the contraction and relaxation of the heart’s various chambers.

“If something goes wrong with those electrical signals, it can throw off the heart’s rhythm, a condition known as arrhythmia,” said Lake Regional Interventional Cardiologist Muthu Krishnan, M.D., FACC. “The most common cause of arrhythmia is discord between the heart’s upper and lower chambers. When these chambers aren’t pumping to the same beat, the result is atrial fibrillation, or AFib.”

### What happens during AFib?

If you have AFib, your heart may consistently beat too slowly or too quickly, or it may have occasional irregular beats. Some people

### What are the risk factors?

High blood pressure is a major risk factor for AFib and is involved in 1 in 5 cases of AFib. Other risk factors include advancing age; obesity; European ancestry; diabetes; heart failure; ischemic heart disease; hyperthyroidism; chronic kidney disease; moderate to heavy alcohol use; smoking; and enlargement of the heart’s left chambers.

### What are the complications?

AFib is a leading cause of stroke; about 1 in 7 strokes result from AFib.

“AFib causes irregular pumping that can allow blood to pool in the heart,” Dr. Krishnan said. “This pooling creates an opportunity for blood clots to form, and if a clot forms and then gets pumped to the brain, it can block a blood vessel and cause a stroke.”

AFib also can lead to heart failure and cardiac arrest.

### What are the treatments?

AFib and other arrhythmias may be treated with medicines or surgery.

“You also may need to make lifestyle changes and avoid activities that trigger your arrhythmia,” Dr. Krishnan said. “AFib is a very treatable condition and sometimes curable, and the right care plan may help you delay or even avoid serious complications.”

Learn more about heart care and meet the Lake Regional heart care team at [lakeregional.com/HeartCare](http://lakeregional.com/HeartCare).



# SECOND CHANCE

## Laura Hanks Shares Her Heart Care Story

Laura Hanks knew her heart was in trouble. But when she woke up with chest pain, she did what a lot of moms planning a daughter's wedding would do.

"I thought: 'I'm too busy. I have too many things to do,'" she said.

Hanks had a family history of heart disease. She knew the signs of a heart attack. Still, she found it easy to dismiss her chest pain as "probably just heartburn." Other women make a similar mistake because they do not think the discomfort they feel could signal something serious.

Chest pain is the most common symptom of heart attack – for women and men. But the pain is not always severe, especially in women. It can be easy for women to convince themselves they are fine when in fact, their hearts are in danger.

## NOT READY FOR CHANGE

Hanks, who was 54 at the time, went a whole day doing her best to ignore her chest pain. But the next morning, as she was driving from her home in Linn Creek to Jefferson City, she began to feel clammy and then the pain radiated to her left arm.

"I turned around in Eldon and drove myself to the Lake Regional Emergency Department," she said.

Hanks would like to say that she learned her lesson after that first heart attack. She received two stents and completed 12 weeks of cardiac rehab at Lake Regional. The cardiac rehab team designed an exercise program for her, monitored her progress and taught her how to improve her diet, manage stress and make other heart-healthy changes.

Hanks, however, resisted their advice, and six years after her first heart attack, a stress test revealed new concerns.

"But I was still feeling fine and postponed the recommended treatment until after my retirement trip," she said. "While in Spain, I had trouble keeping up and had chest pain. I felt exhausted 24/7. If I had a do-over, I wish I would have received treatment before my two weeks in Europe."

## A NEW ATTITUDE

Hanks couldn't change the past, but she determined to do better for her future. After her trip, she had an angiogram, another stent placement and once again, went to cardiac rehab.

"I fought the program hard the first go-around and didn't give it 100 percent," Hanks said. "I was wrong to have that attitude. This time, I decided that if I want to see my two grandbabies grow up, then I need to be stronger, more flexible and in better shape. I plan to continue with rehab because I am not disciplined enough to do it on my own. I want to tap into the energy of the staff for one hour, three times a week, so I can bottle it up and take it with me. They are great cheerleaders. They care about how I am feeling both mentally and physically. I may feel tired at the end of a session, but it's a good tired."

## "DO NOT WAIT"

In July, Hanks will celebrate her 40th anniversary with her husband and high school sweetheart, Dan. She has retired after 30 years with the state, works part-time, sews, quilts, reads and goes on adventures with her grandkids.

She's thankful to still have the opportunity to make these memories and encourages other women, as well as men, to take care of their hearts.

"My advice to anyone who thinks they are having a cardiac event or if something just feels off is, 'Do not wait,'" she said. "Make an appointment with your primary caregiver or see a cardiologist. Participate in health screenings, and take advantage of wellness opportunities offered by your insurance plan. If you do need to have a cardiac procedure done, consider doing it close to home. I trust my physicians and other caregivers at Lake Regional Health System."



# You Get One Heart

## Don't wait to start caring for it

How old do you need to be before thinking about heart health?

Now is good, says Jody Corpe, E.P., M.S., Lake Regional Cardiopulmonary Rehabilitation manager.

"The earlier in life you commit to taking care of your heart, the better chance you will have for avoiding heart disease," Corpe says.

Tragically, more and more Americans are losing their lives to cardiovascular disease in middle age. According to research published in 2020, almost two-thirds of all U.S. counties experienced increasing rates of death among 35- to 64-year-olds from premature heart disease during 2010-2017.

"What makes this situation even more tragic is most cardiovascular deaths are preventable," Corpe said. "Adults in their 20s, 30s, 40s and 50s need to be proactive to protect their hearts. Lifestyle changes can go a long way in improving cardiovascular health."

### YOU HAVE THE POWER

Easy said, not so easy done. But, Corpe says, it's worth the effort.

"Changing your lifestyle requires changing your habits, and that takes dedication," she says. "So it's essential to find motivation. Think about what you want out of life. Simple things like being active with your kids and grandkids, being able to work as long as you want, continuing hobbies and even just being here — not being one of the thousands of Americans who die in middle age from a preventable heart attack or stroke. These are the priorities to keep in mind as you commit to lifestyle changes."

#### Your goals should include:

- eating a healthy diet
- maintaining a healthy weight
- getting enough physical activity
- not smoking or using other forms of tobacco
- limiting alcohol use

**Diet.** "Focus on eating healthier, not on eating less," Corpe says. "A healthy, balanced diet includes foods from all five food groups while limiting unhealthy fats, salt and added sugars."

**Weight.** Being overweight or obese increases your risk of developing many diseases, including type 2 diabetes, heart disease and some cancers. You can determine if you are overweight or obese using the Body Mass Index, a simple tool available online that requires entering your height and weight. Another important measure is your waist circumference. Waist circumferences greater than 40 inches for men and greater than 35 inches for women are associated with higher risk.

**Physical activity.** The American Heart Association recommends 2 hours and 30 minutes per week of moderate exercise (breathing and heart rate are noticeably faster but conversation is still possible) or 1 hour and 15 minutes per week of vigorous exercise (heart rate is increased substantially and breathing is too hard and fast for conversation). "Exercising 30 minutes a day, five days a week will meet the recommendation," Corpe says. "Also, find opportunities to be more active throughout the day — take the stairs, park farther away, and if you work at a desk, spend a minute or two up and moving every hour."

**Smoking.** Not only does smoking cause about one of every five deaths in the United States, it also makes millions of Americans sick by causing lung disease, heart disease, cancer, respiratory problems and osteoporosis. "No matter how old you are, quitting smoking will improve your health," Corpe says. "Talk to your doctor to get the support you need."

**Alcohol.** Drinking too much alcohol raises a person's blood pressure. Men should have no more than two drinks per day, and women, only one.

"Don't feel like you have to make all of these changes at once," Corpe says. "Fixing even one of these areas will result in encouraging benefits. Start small, and plan to build on your achievements."



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



### Get Motivated

Lake Regional Cardiopulmonary Rehab helps people with heart disease get motivated to make healthy lifestyle changes.

Learn more at  
[lakeregional.com/CardiacRehab](http://lakeregional.com/CardiacRehab).



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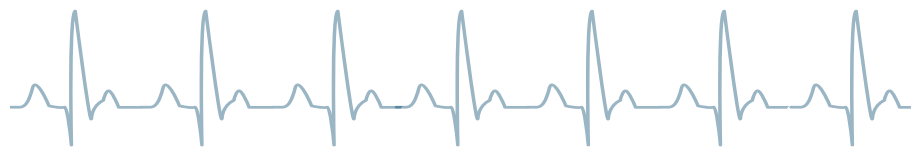
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# KNOW THE SIGNS

**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.

“Most people know chest pain is a sign of heart attack, but not every heart attack has this classic symptom,” said Lake Regional Cardiovascular-Thoracic Surgeon Randy G. Brown, M.D., FACS. “It’s important to learn all of the signs and to take action if any of them appear, regardless of whether chest pain is present.”



**Lake Regional  
Cardiovascular-Thoracic Surgeon  
Randy G. Brown, M.D., FACS.**

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 experiences any symptoms of a heart attack, do not wait — call 911 immediately,” 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.”

Learn more about heart care and meet the Lake Regional heart care team at [lak-regional.com/HeartCare](http://lak-regional.com/HeartCare).

## Happy Heart Awareness Month. We put ours into everything we do.

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# HEART ATTACK, CARDIAC ARREST AND HEART FAILURE:

## Lake Regional Cardiologist Explains the Differences

Heart disease is the leading cause of death for both men and women in the United States. There are many forms of heart disease, and it can be difficult to keep the terms straight. Three common heart conditions people often confuse are heart attack, sudden cardiac arrest and congestive heart failure.

“All three of these heart problems are serious, but their causes are different and they require different treatments,” said Lake Regional Interventional Cardiologist Zubair Khan, M.D., FACC. “Because all three are common, it’s a good idea to know how to recognize each one and what to do if someone is showing signs of any of these conditions.”

### What is a heart attack?

A heart attack happens when there’s a sudden blockage in the flow of blood to a section of the heart muscle. If blood flow isn’t restored quickly, the affected section of the heart begins to die.

The leading cause of heart attack is coronary heart disease, also called coronary artery disease.

“In this disease, plaque builds up inside the coronary arteries,” Dr. Khan said. “A blood clot can form on the plaque’s surface, and if the clot grows too big, it can mostly or completely block blood flow.”

The most common symptoms of heart attack — in both men and women — are chest pain and discomfort; upper body discomfort; and shortness of breath. Other possible symptoms include breaking out in a cold sweat; feeling unusually tired for no reason, sometimes for days; nausea and vomiting; and light-headedness or sudden dizziness.

“If you think you or someone else may be having a heart attack, call 911,” Dr. Khan said. “Immediate treatment is needed to restore blood flow to save the heart muscle.”

### What is sudden cardiac arrest?

Someone having a minor heart attack might be able to continue activities, even as the restricted blood flow damages the heart. In contrast, there’s no such thing as “minor” sudden cardiac arrest, which happens when the heart either suddenly stops beating or goes into an abnormal rhythm.

“With no steady heartbeat, blood stops flowing to the brain and other vital or-

gans,” Dr. Khan said. “As a result, sudden cardiac arrest usually causes death within minutes, if it’s not treated.”

Sudden cardiac arrest has different causes.

People who have heart disease are at higher risk, and sudden cardiac arrest can happen during a heart attack. But, it also can happen in people who seem to be healthy.

There’s usually not time to get to a hospital for treatment. That’s why it’s important for people in the general public to have access to and training with automated external defibrillators. These devices — often found in malls, churches, schools and other public spaces — send an electric shock to the heart to try to restore normal rhythm.

### What is congestive heart failure?

Congestive heart failure is a chronic condition and can last several years.

“People hear ‘heart failure’ and think the heart is no longer working or is about to stop working,” Dr. Khan said. “In reality, the heart is still pumping but not as well as it should be.”

In some cases, the heart can’t fill with enough blood. In other cases, the heart can’t pump blood to the rest of the body with enough force. Some people have both problems. In all cases, the body does not receive enough blood flow to meet its needs for blood and oxygen, resulting in fatigue, breathing problems and weight gain from fluid buildup.

The most common causes for heart failure are coronary artery disease, high blood pressure and diabetes. Other causes include heart muscle disease, heart valve disease, irregular heartbeat, congenital heart defects and injuries to the heart muscle.

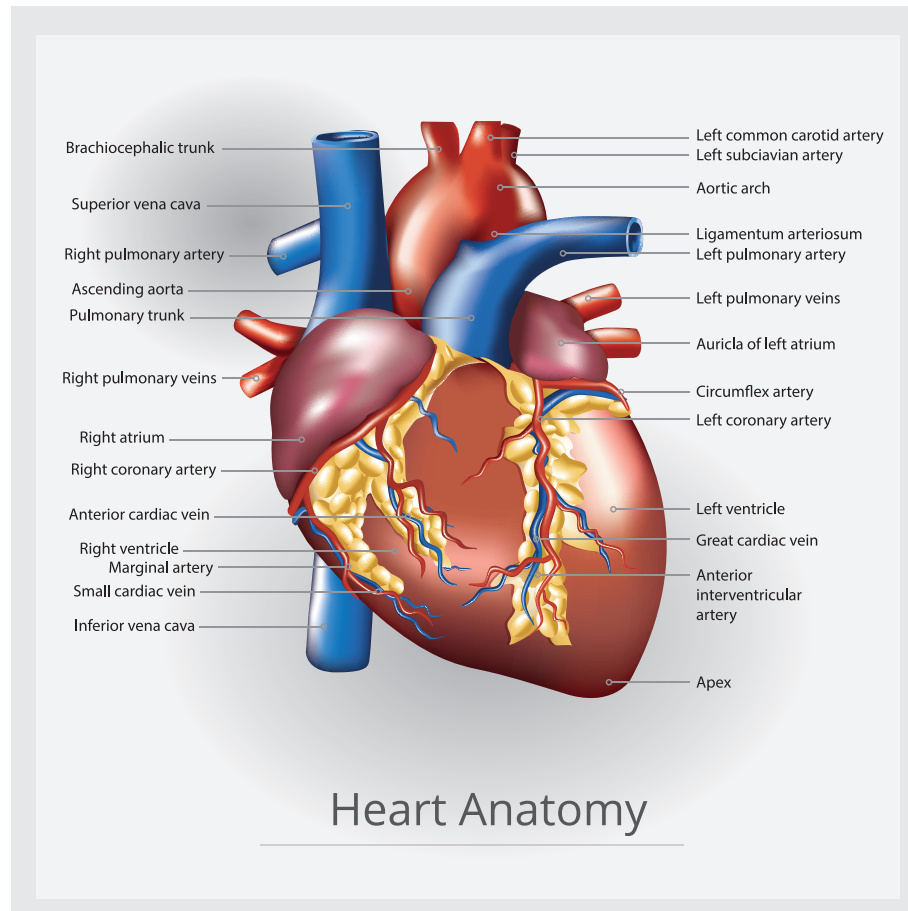
Treatment depends on the condition’s severity but usually include medication, lifestyle changes — such as eating healthier and losing weight — and ongoing care.

“Patient and caregiver education is essential for successful management of heart failure,” Dr. Khan said. “As complications arise, early intervention can prevent setbacks and hospitalizations. To get that early intervention, people have to know the warning signs and what to do about them.”

Learn more about heart care and meet the Lake Regional heart care team at [lakeregional.com/HeartCare](http://lakeregional.com/HeartCare).



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





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