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Alcohol for the Holidays?
Cook it healthy for Christmas
Burn calories in the office

The Big, Fat Truth about Obesity
Sudden Cardiac Death: A New Terror on the Rise in Sports
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Editor's Note

Gifts for and from The Heart

Oh no! We can’t stop it. Christmas is really around the bend. Colorful blinking lights and prismatic glowing and flickering lanterns, pine trees ornately adorned with glistening reds, greens, blues and golden and silvery decorations, velvety red poinsettias in bloom, yuletide carols in the airwaves, and of course gifts! The feeling of excitement is undeniably mounting, we almost cannot wait.

In the spirit of the Yuletide Season, The Heart News&Views has, of course, itself to offer to our dear readers as a gift. My staff exerted all efforts to cook up something new, interesting, significant, useful and practical in time for the holidays.

In this issue, we try to redefine Christmas the cardiologist way or at least, in a heart-friendly way. We feature the Saret couple, Jim and Toni, the PHA’s Ambassadors for a Healthy Lifestyle as the new age Santa Clauses. We aim at slowly erasing the idea of Santa as a big fat guy in a red bursting suit, and that Christmas needs not be of obesity as a national problem. An antithesis to south. So varied the thoughts are -- from professional demeanor, to balancing life to American politics!

We also try to peep into the perplexing sudden cardiac death among athletes. A slowly emerging menace, it is high time to raise awareness on this imminent threat before everyone goes gaga over going into highly and physically competitive sports.

For Reverberations: Echoes from the Countryside, read on a pot-pourri of opinions from our very own cardiologists from north to south. So varied the thoughts are -- from professional demeanor, to balancing life to American politics!

Our regular section Walk&Talk timely discusses diet prescriptions for those who wanna lose weight, exercises in the work place and alcohol consumption for the holidays. For hearty meals, we offer you healthy and delicious recipes from a legit chef that we can serve for Christmas.

Not to be missed too are the updates on the latest guidelines for BLS-ACLS in Heartlines & Updates. Regulars Cardio & the Law and Heart & Soul present common but difficult dilemmas that we encounter in daily practice.

In the last pages, read on Dr. Rodelio De Sagun’s proposition on making work a form of prayer, a fitting reflection for the holiday season.

Pardon us for not wrapping our gifts for you our dear readers. We intend these gifts to be opened and read as soon as you receive your magazine. As you enjoy the holiday season, we hope you enjoy our third and Christmas issue as well.

And yes, you can’t stop us from wishing all you a Merry Christmas and a Prosperous New Year! ♥

The Heart News & Views is open to advertisements. For rates and reservations, please call PHA Secretariat at 470 5525 • 470 5528. For comments, suggestions or contributions send to heart.newsviews@gmail.com
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A doctor’s lesson from the Nativity Scene

‘Tis the season to be jolly, so goes the Yuletide carol. Truly, tradition has created the Christmas Season to be a time of merrymaking, gift-giving and feasting. As what Christianity has imbibed in the minds of its faithful, the birth of the Savior is worth all the pompous celebrations that we can come up with.

Through time, the soul has been jaded by materialism and commercialism of a fast-paced world, undeniably a weakness of human nature that has reduced the birth of Jesus Christ to a frivolous commemoration.

But another group of men in white coats we call priests are the ones primarily beleaguered by the seemingly spiritually wanting and shallow introspection into the very essence of observing this Christian tradition.

By tradition, as possible. Feast by itself becomes the must be festive and “feastive” as much of observing this Christian tradition. But another group of men in white coats we call physicians are likewise challenged by the repercussions of the traditional way of observing this Christian tradition.

Men in white cassock who we call priests are the ones primarily beleaguered by the seemingly spiritually wanting and shallow introspection into the very essence of observing this Christian tradition.

A sort of justification, doctors would be consenting to patients leaving the control of their medical illnesses to total reliance on pharmacologic means alone. Instead of pushing for behavioral modification and encouraging patients to control and tame their cravings during the holidays, doctors may just prescribe more drugs to compensate for deviations from healthy lifestyle practices.

Or perhaps, doctors themselves may find it difficult to maintain loyalty to a healthy diet and lifestyle more so during the holiday season. Such lack in moral ascendency over patients prevents physicians from being effective in recommending what must be done.

Frequently, the family becomes the biggest barrier to redefining how one can have a healthy gastronomic feast during holidays. Say for example: how can one enjoy Noche Buena of a low-fat meat, greens and healthy drinks if the rest of the family insist on the greasy and high-calorie dishes? The family, however, becomes the strongest ally if all members decide to follow a healthy lifestyle regardless of what season it may be.

On one hand, the business sector together with media are perpetrators of this crime against health. Of course, the nature of any business, food in particular, is to make profit. It is but logical to advertise and sell their products to consumers in all ways possible.

But to advertise that one product defines Christmas (at the expense of health and the real meaning of Christmas) is just totally irresponsible. How can a ham be the star of Noche Buena instead of the bonding that a family builds by eating a meal prepared by family members on Christmas eve? How can one carbonated drink create a moment for the family to bond? How can one advertise that one product defines Christmas (at the expense of health and the real meaning of Christmas) is just totally irresponsible. How can a ham be the star of Noche Buena instead of the bonding that a family builds by eating a meal prepared by family members on Christmas eve? How can one carbonated drink create a moment for the family to bond?

What then is the right approach?

No one single act of a physician can do it. Neither will one single compliant patient. This entails a social, civic and political cooperation among different sectors. It is a giant piece of wood from which we can carve out a beautiful and intricate sculpture. It will take time to change tradition, but if we take out our own chisels now and start carving out our part of the sculpture, then nothing will be impossible.

Like the Son who was sent by the Father to save mankind from sin and who was born in a lowly manger, the physician who robes himself with the purity of the white coat must imbibe lessons learned from the nativity scene: sacrifice to holistically care for his patient’s health and humility to be of genuine service to whoever needs medical help. And like gold, incense and myrrh the three magi gave the baby Jesus, health is one gift that doctors can give to everyone, including himself.

In this way, we can greet everyone “Have a very Merry and a Healthy Christmas!”
For the traditional Pinoys, Christmas is a season of celebration galore defined as shopping and eating sprees. For this issue of The Heart News&Views, the PHA is getting out of the box.

And we are redefining Christmas.

Humongous thanks to the husband-tandem of fitness gurus Jim and Toni Saret, PHA Ambassadors of Healthy Lifestyle who generously agreed to grace the cover of the Christmas issue of THNV, we hope we could pave the way for most of us to weigh up our well-being and start treading the road towards wellness.

THNV diverges from the usual out-of-shape, passive and jaded Santa who makes his presence strongly felt with his signature ho-ho-ho.

Ditching their usual sports wear – sando, shorts and running shoes, the couple dazzle in their subdued sporty tops and shimmering red oversized Santa pants. Clad in super sized baggy trousers, the duo overstates the fact that achieving a fit form is a choice. They play up the benefits of having able-bodied, active and playful Santas.

Welcome the Fit Santas
Redefining CHRISTMAS with the SARETS

By Gynna P. Gagelonia
Being actively involved in PHA Advocacy projects is one way of sharing our blessings. We believe in the PHA Mission/Vision and in the wisdom of 52100.
The tail end of 2015 is the best time to embark on a disciplined health regimen. Merriment to the max may be the holiday maxim but to enjoy the season in moderation is the key to a good shape. By ending the year right, we are headed to a hale and hearty, happy and a productive New Year.

Sarets: Fit Santas, PHA 52100 Ambassadors

Lofty figures. Handsome pair. Power couple. Fitness gurus. Product endorsers. Jim is 6’0 tall, dark, dashing and brawny. Toni at 5’6” is stunning, fair and shapely.

Coach Jim and his wife Coach Toni Saret are not run-of-the-mill fitness trainers. VIPs in the world of sports, television and modeling, both have interlaced a trail of extraordinary feats.

They are totally in sync as they perform their diverse roles. Jim is the training director at the Philippine Olympics Committee, author of the Century tuna handbook on Abs Training, creator of the Live to Move Metafit Beats, creator/training director of the Milo-APEX Running School and founder/creator of the Coach Jim Saret Fit-Filipinos (FIT-FILS Movement), a nationwide fitness advocacy movement.

Toni is a co-founder of APEX Training, Inc. and the Metafit Fitness Boot Camp and is a perennial and indispensable partner of Jim in all these big projects.

After earning his pre-med diploma from UP, Jim pursued a course and a masteral degree in sports medicine in the US. US-educated Toni is a certified holistic nutritionist and a certified fitness trainer in the US and UK. She has been a product endorser of time-tested wellness products and services in the past 12 years.

Passionate about their craft, blessed with the gift of wit, glib and gab, popular for their interpersonal skills, and advocacy works, the couple gained the admiration of people within and outside their circle.

Why do they look a lot younger than 30-something? These two maintain their good physique by watching what they eat and burning the excess calories. They keep an optimistic attitude like finding beauty in the world, fulfillment in what they do for a living as well as joy in their advocacy work.

“Weight loss is 60 percent nutrition, 30 percent workout and 10 percent mental psyche.”

Hi-impact exercises even for the well-formed office girl
In September 2014, Jim and Toni keenly said “yes” to then PHA Vice President Dr. Alex Junia’s request to be the PHA Ambassadors of Healthy Lifestyle. The two have been very active since in promoting 52100 (5 servings of fruits/vegetables, not more than 2 hours of gadget/screen time, 1 hour of physical exercise, 0 sugared beverages and 0 smoking).

With more passion burning, the couple became fixtures in major events of the PHA. As 52100 Ambassadors, they made sure that their FWD Live to Move 4-minute set of exercises Video endorses the PHA 52100 campaign and PHA logo.

Fun photo shoot
There was no difficulty inviting Jim and Toni to pose for THNV’s cover for our Christmas issue. Preparation and actual photo shoot lasted from 9am to 2pm. Yet, there was never a dull moment. There was nary a snag. In between shots, we did a brief interview.

Wearing very minimal make-up, Toni was glowing and in high spirits as usual. Jim was wearing his usual manly aura.

Jim said “being actively involved in PHA Advocacy projects is one way of sharing our blessings. We believe in the PHA Mission/Vision and in the wisdom of 52100.”

Thru the years, most Filipinos have had the same medley of traditional holiday fare, which are fat, salt and sugar loaded. With the growing incidence of cardiovascular diseases especially during the cooler December and January months, the redefining Christmas peg is timely and needs to be harped on, according to the PHA.

A curious THNV asked the couple about the food to avoid or they eschew. Tony said, “We eat anything but we stick to the in-moderation rule.”

The Sarets don’t avoid any food because they don’t believe in totally depriving oneself as this will most likely result in pigging out in the next meal. According to the Sarets, weight loss is 60 percent nutrition, 30 percent workout and 10 percent mental psyche.

They view food as fuel for the body – to build or repair muscles during a workout. If you fuel your body with junk, you will end up with a junk body. The best time to exercise is in the morning before breakfast because the calories you will be using during that workout will come from your stored fats as there has not been any recent food added, and to drink at least two glasses of warm water prior to prevent dehydration. Workout are meaningless if you keep on putting food back in your body after workouts.

“The 4-minute exercises are very effective, save time and save muscles and joints from wear and tear,” said Jim.

At any given day, even on Christmas and New Year, adhere to 52100 and heed the Sarets’ advice.

“The 4-minute exercises are very effective, save time and save muscles and joints from wear and tear.”

Instant workout for the busy corporate guy
Halasan’s research makes it to international YIA tilt

Philippine Heart Association (PHA) The Heart News&Views Associate Editor Dr. Bernadette Santiago-Halasan made it to the Top 4 finalists in the Young Investigators’ Award Oral Research Presentation at the International College of Angiology 57th Annual World Congress on October 2-5, 2015 at the Ritz Carlton, Mega Kuningan, Indonesia.

The congress was in conjunction with the 7th National Symposium on Vascular Medicine by the Indonesian Society of Vascular Medicine.

Halasan is one of the youngest cardiologist-vascular medicine specialists in the country. She presented her study entitled “Correlation between Clinical Scoring System and Venous Duplex Scan Findings in the Diagnosis of Chronic Venous Disease among Diabetics in an Outpatient Setting of a Tertiary Hospital (CLISS-VEDS DM STUDY),” during her clinical research fellowship training at the Cardinal Santos Medical Center which she completed in August 2015.

The CLISS-VEDS Study was co-authored by Dr. Patricia Agunod-Cheng, head of the CSMC Vascular Laboratory.

The study described the demographic characteristics of outpatient diabetics who underwent venous duplex scan, and compared two screening tools for chronic venous disease (CVD) and correlated the scores with actual venous duplex scan findings.

One of the screening tools was the Southern Tagalog Questionnaire or the STVIQ which was used by Maravilla & Abola, et al, in a national health survey on CVD in 2013. This study, however, utilized the venous duplex scan, a non-invasive imaging technique to confirm the presence of CVD.

Results of the study showed that CVD is highly prevalent among diabetics in the outpatient hospital setting with an incidence of 62.5% and 74.2% using the STVIQ and SVD-LFL Questionnaires, respectively and CVD was present in 90% of patients using the venous duplex scan. This was relatively higher compared with the national survey data in the community setting at 52.5%.

Moreover, both tools showed very strong positive predictive values for CVD. Hence, in lieu of venous duplex scan in most areas where the ultrasound is not available, screening tools may hold promise in the early detection and treatment of CVD.

Meanwhile, an eye opener of the study is the high prevalence of CVD among diabetic patients in the hospital setting which poses the question whether it be considered a CVD risk. However, this is beyond the scope of this current study. Until further studies will be on hand in the future, the current established risk factors for CVD still hold true. ♥
What is so special about spending Christmas in the Philippines? Where would you find the most Christmas spirit on earth? Only in the Philippines where about 90 percent of Filipinos are Christians, 80 percent of whom are Catholics.

Yule season Philippine style is unique and inimitable. We celebrate the longest Christmas Season in the world from September till Epiphany, the Feast of the Black Nazarene on January 9. It is all in the culture and chronicle of the Filipino people. Filipinos love to celebrate momentous occasions like Christmas and New Year. A very important occasion, it is a melange of everything we treasure and relish—family and friends. We pull no punches in their celebratory ardour.

Being a product of mixed races (Malay, Spanish, American, Chinese), foreign influence is very evident in long time customs. One example is the lantern (the parol) that is as significant to Pinoyas as the Christmas tree to Westerners.

The typical Pinoy has a ceiling on decor & gifts but rarely scrimps on the traditional Christmas and New Year recipes (like morcon, crispy pata, embutido, Caldereta, callos, lechon, baked macaroni, pansit, among others, that come with ham, queso de bola, nuts, chocolates, thick chocolate drink, castañas, fruit salad, fruit cake, native cakes, glazed fruits, fresh fruits, salabat, tea, soda, sugared juices, cerveza, wine and hard drinks). Heart doctors call these courses cardiac delight.

Preparations can both rouse thrill, creative and competitive spirit and induce stress and exhaustion. The monstrous traffic that you endure can be nerve-racking.

Thus, the Philippine College of Physicians Health Forum @ Annabel’s on Nov. 24, 2015 tackled “Food for the Heart: ‘Tis the Season to Feast & Get Fit.” Heart doctors PHA President Dr. Alex Junia, PHA Vice President Raul Lapitan and PHA Director Aurelia Leus and food expert celebrity Chef Rosebud Benitez-Velasco gave reminders about spending a joyous and healthy Christmas and New Year.

Doctors noticed that when they see their patients in January, all heart health parameters (blood pressure, sugar, cholesterol and body mass index) are abnormally high. A growing number of young professionals and teens are also...
found to have high cholesterol and uric acid levels. Holiday treats are yummy and irresistible but take conscious efforts to lead a healthy lifestyle in the midst of food galore. Awareness, restraint and moderation are the keys to a healthy body, according to the experts.

“You can enjoy cooking and eating without the guilt. Adhere to your traditional family recipes. The choice is yours whether to make it sinful or healthy. For instance, the pork, beef and chicken meat can be fat-trimmed. Use canola, corn oil or olive oil sparingly. Go easy on the salt and sugar. Again, we have to be determined that we have to eat only this much,” said Benitez-Velasco.

You conveniently forget to eat wisely, do regular exercise, go back to your doctors for follow-ups because Yule is a season to feast and the list of parties seems ceaseless. So even if you are full, you eat, not wanting to displease the gracious host.

PHA President Dr. Alex Junia said “most of these patients would confess that during the holidays, they conveniently and wittingly forgot their diet. They overindulged and had no time to exercise. There were too many commitments, set parties and reunions to keep. And after the food trip, there’s the to go (or pabalot/pabaon) from the genial and generous host.”

Lapitan said “Respect your body by not overstuffing yourself. The cooler months of November, December and January put you in a lethargic mood and stimulate your appetite. Fight it off. No ifs and buts. Exercise. There’s the 4-minute high-impact work-out designed for busy bodies which you can do in your room or in the office, actually, anywhere.”

PHA Director Dr. Aurelia Leus, a pediatric cardiologist emphasized that “being young does not give you the license to go for high-fat, -calorie and – sugar foods with no limitations because you will have the same food preferences and poor health habits even in your grown-up years. The parents, especially the mothers are the key to the health of the family.”

“If you have been used to consuming bland and simple foods, you will not have that big appetite for the rich Christmas cuisine. You will try them but only in morsels and you know when to stop because you think long-term,” added Benitez-Velasco.

One does not acquire the diseases of the heart and the blood vessels overnight. You develop clogged arteries called atherosclerosis from the fatty foods that you have been munching through over the years, exacerbated by physical inactivity and absence of medical intervention.

The heart experts and food connoisseur’s take-home Holiday message: Take care of your health as you go through this season of parties and gift-giving. Feast in moderation and engage in regular exercise to stay fit. This way, you end the year right and start the New Year right. And of course, don’t forget to see your doctor.”

Let’s all wish and work on a happy, healthy and a productive New Year. ♥

Junia, Benitez-Velasco & Lapitan

Media people

NOT SO TRIVIAL

What is Atherosclerosis?

It is a disease in which plaque made primarily of bad cholesterol builds up inside and clog your arteries. Arteries are blood vessels that carry oxygen-rich blood to your heart and other parts of your body. Plaque is made up of fat, cholesterol, calcium and other substances found in the blood.

Over time, plaque hardens and narrows your arteries. This limits the flow of oxygen-rich blood to your organs and other parts of your body. Having low oxygen supply, the body suffers from ischemia or a condition in which a certain part of the body is oxygen-hungry. This can lead to heart attacks, strokes and foot gangrene as what you see in diabetic foot.

And there is no effective medication at present that can melt these plaques away from your arteries! Plaques can be forever!
Graduating cardiology fellows from various institutions participated in the Real World Practice held at the Patriot Building, Sucat, Paranaque last November 28, 2015.

In his welcome remarks, PHA President Dr. Alex Junia emphasized “CME events like this are important because they help young fellows embark on and evolve in their practice; enter, discover, confront and break through the “real world.”

Prominent and emerging names in Philippine cardiology passed on their vast wealth of experience, know-how and virtues to their younger colleagues.

The first of four sessions dealt with the Basics of Clinical Practice. Dr. Victoria Edna Monzon talked on medical ethics guiding budding cardiologists in maintaining an ethical practice.

She further elaborated on non-maleficence, professional courtesy, doctor-patient confidentiality and pharma links.

Monzon ended by briefly comparing a doctor with a Good Samaritan, one who serves without expecting anything in return.

On another topic, Dr. Francis Lavapie gave tips on establishing a practice. He put forth four questions - When? Where? What? How? - that must be answered before starting a practice, with a goal preference in mind.
Lavapie shared his saga as a novice cardiologist who made a major decision in resettling in sluggish San Jose, Nueva Ecija a decade ago. He shared a quote from David Frost—“Don’t aim for success if you want it; just do what you love and believe in, and it will come naturally.”

The session ended with an interesting issue by Dr. Amelita Brillantes. Talking on setting professional fees, she stressed that “money should not dictate the way you manage your patients.”

She ended by quoting Seneca “people pay the doctor for his trouble; for his kindness they still remain in his debt.”

The second session was entitled “The Faces of a Cardiologist.” Dr. Alisa Bernan lectured on being a researcher. She introduced the fellows to a different side of being a doctor—a career in research in cardiology. For the love of research and fascination for epidemiology, she delved into the field of Clinical Epidemiology.

She ended by encouraging the audience to aim high with a quote, “It’s not the exceptional few who surge ahead; But the exceptionally hard working. So do your best and reach high!”

Dr. Richard Tiongco’s lecture “The Academician” focused on the unique role of the cardiologist as a “teacher” his students/trainees look up to as a mentor; and his patients consider as a healer.

He borrowed a line from the Karate Kid to give emphasis on the exceptional role of an academician in the real world—“There is no such thing as a bad student… Only a bad teacher.”

Moreover, Dr. Mark Anthony Cepeda’s lecture on “Complying with Philhealth, Accreditation, & ICD 10 for Cardiac Diseases” unveiled a wide range of basic information on PhilHealth.

A session on financial empowerment was likewise held. Mr. Joe JV Ferreria shared tips on how to save for the future and early retirement. He further gave advice on where to put your savings and investments and how to be a good judge of character.

Atty. Kerwin Tan tackled “Taxes, Fees & Licenses” vis—vis their legal components and basic BIR policies.

The last session paved the way to discuss other facets of starting up a practice. Dr. Peter San Diego showed how beginners can begin a paperless clinic. He also talked about useful and handy gadgets in clinical practice.

Past PHA president Dr. Ma. Belen Carisma defined power dressing as a fashion style that enables women to establish their authority in a professional and political environment traditionally dominated by men. She gave practical tips on dressing up, one of the few overlooked aspects in the real world.

The last afternoon lecture on “The Corporate MD” was delivered by Dr. Francisco Tranquilino who gave the fellows a glimpse of what it is like to work in a corporate world.

PHA secretary Dr. Raul Lapitan ended the day-long session saying “in one day, you had a fill of comprehensive information and pointers on how to be a prudent and principled young heart doctor. Yet, the impact could last a lifetime, or during the entirety of your practice, at least. Under any circumstances, nothing should take precedence over your being a passionate and compassionate cardiologist. Keep on wearing many hats and don’t forget to nurture PHA.”

Natrapharm-Patriot Pharmaceuticals Incorporated sponsored the entire event.
It was a night of fun and frolic. As a first timer to attend the traditional Real World Practice Fellowship Night for the cardiology fellows-in-training, I could say that it was an opportune time for us to get to know our colleagues from other institutions and ripping the clannish barriers.

The fellowship night, spearheaded by the Philippine Heart Association (PHA) Continuing Education Program Committee, Sub-committee on Cardio Fellows-in-Training and sponsored by Natrapharm-Patriot Pharmaceutical Company, is an annual event that started in 2005. It is aimed at fostering solidarity among the fellows; and instilling unity and cooperation among them as members of the PHA.

This year, like it has been several years before, the event was held at the convention hall of the Natrapharm-Patriot Group in Sucat, Parañaque on November 28, 2015. In attendance were 115 cardio fellows-in-training from various institutions.

The highlight of the night’s event was the “Minute-to-Win-It” game, based on the namesake of the international TV gameshow hit where the contestants should complete a task within one minute to win the round.

The participating fellows were grouped into five competing teams for the game, namely, Blue, Green, Violet, Yellow and Orange. The game was composed of easy, moderate, and difficult rounds. Only the Blue, Yellow, and Orange teams were able to qualify to play in the difficult round. The last game in the difficult round, aptly called “bridge the gap,” was the sudden death round between the blue and yellow teams.
In the tensest moments of the games amidst the deafening cheers and yells and howls, the Blue team emerged victorious with a staggering 600 points under its belt, followed by the Yellow team which garnered 510 points, and the Orange team came in 3rd place with 480 points. The Green and Violet teams got the consolation prizes. As champions, each member of the Blue team received a posh luggage bag, while the Yellow team members got chic water bottles, and the Orange team members received bottles of grape juice. Starbucks gift certificates were given as consolation prizes to the members of the Green and Violet teams.

Further firing up the games were the very energetic and amusing game masters, Dr. Helen Ong-Garcia, PHA treasurer and Dr. Nannette Rey, PHA Board of Director and chair of Continuing Education on Program Committee.

The night was also graced with the presence of PHA’s immediate past President, Dr. Joel Abanilla, Vice-President Dr. Raul Lapitan, Secretary Dr. Jorge Sison, and chair of the Subcommittee on Cardio Fellows-in-Training, Dr. Aurelia Leus.

Amidst all the fun, laughter, booze, great music, and crazy dancing, I could say that the cardio fellows work hard and party even harder. Personally and to many others I suppose, it was a night to remember. Not just for the sheer uproar and thrilling excitement, I will remember that night for the camaraderie that was fostered among all the cardio fellows. Knowing them strengthened my realization that the real world practice of cardiology is pretty daunting but with the PHA as our flagship, we go out into that existent huge, tough world, confident, competent, and as dynamic symbols of change and betterment for the Filipino cardiac patient.

For that particular evening, I set aside my Heart Center brand and immersed myself into this new community that is composed of both budding and accomplished cardiologists with one common goal and that is to improve the cardiovascular health status of the Filipino. Just like what Dr. Helen Ong-Garcia said in her closing remarks that what she saw in that event [cardio fellows] were the future of the PHA. And imbibing the very essence of those words made me feel welcome and inspired to give back something of myself to the crusade of the PHA especially when I go back to the province to practice and promote the very ideals of what the PHA stands for. Indeed, we are here because the Filipino heart matters. ♥
Our adult cardiology fellows from the University of Sto. Tomas Hospital represented the Philippines recently to the 8th Asia Pacific Heart Rythm Society (APHRS) Scientific Sessions in Australia and the 11th International Congress on Coronary Artery Disease (ICCAD) in Italy.

Drs. Maria Blanca De Guzman and Allen Albaña presented their respective posters last November 20 at the Melbourne International Convention Center.

De Guzman presented an interesting case report titled “When ICD delivers the ill-fated shock of your life.” She reported about a 33-year-old Filipino male, diagnosed with Congenital LQTs and sustained an out of hospital episode of VT/VF who underwent an ICD implantation in the US. Cervical sympathectomy was done due to frequent ICD shocks despite beta blocker use few months after implantation. The pulse generator was replaced, while re-utilizing the original high voltage lead.

However, four months after, the patient experienced several ICD shocks and an episode of syncope. Upon interrogation, electrical noise due to lead fracture (impedance of >2000 ohms) caused the first inappropriate shock. Peculiarly, this first shock triggered a true VF episode, with the presumption that it fell on the T wave. This elicited the second appropriate shock, which terminated the VF. Syncope occurred during the VF. Tachycardia therapy settings were turned off, beta blockers were continued and ICD analysis and regular patient follow-up were done. Thereafter, the patients reports no recurrence of events and is able to carry out daily activities adequately. This case report emphasized how inappropriate shocks from life-saving devices like ICDs can seriously impair one’s quality of life.

On the other hand, Albaña presented another case report “Now you see it, now you don’t: A case of left ventricle thrombus resolution after dabigatran therapy In a patient with left ventricular non-compaction.”

Albaña presented the use of dabigatran as a therapeutic option and alternative to warfarin for thrombus resolution in a 23-year old Filipino male diagnosed with left ventricular non-compaction with severe systolic dysfunction, controlled hypertension, and with an ICD. He presented to the hospital for an elective laparoscopic possible open cholecystectomy.
for his acalculus cholecystitis. Intraoperative trans-esophageal echocardiography demonstrated anteroseptal-apical akinesia and a 1.8 cm x 3.1 cm left ventricle apical thrombus. Cholecystectomy was deferred and dabigatran administration (150mg/tab BID) was initiated. After 15 weeks, a follow-up echocardiogram revealed resolution of the previously detected thrombus. No systemic thromboembolic events had occurred.

De Guzman is a senior fellow in training while Albaña is in her second year fellowship training. Meanwhile, Drs. Nadia Muljadi and Jenn Rachelle Santos presented their researches at the Palazzo die Congresi in Florence, Italy last December 1, 2015.

Muljadi presented her poster “Anxiety and Depression in Heart Failure Patients: A Prospective, Cross-Sectional Study.” This study was a collaboration between the Department of Medicine, Section of Cardiology and Department of Neurology and Psychiatry of University of Santo Tomas Hospital.

By using the Hospital Anxiety and Depression Scale Filipino Version (HADS-P), Muljadi’s study showed that anxiety and depression were common among heart failure patients with the prevalence of 25.7% and 13.2%, respectively.

Significant factors for depression were history of coronary angiography, coronary angioplasty, ejection fraction (EF) <40% and multiple co-morbid diseases. The length of hospital stay was the most significant factor. This study suggested that a formal psychiatric evaluation may be done and should be part of the comprehensive management among heart failure patients with depression or anxiety.

Santos likewise presented her metaanalysis “Effects of Administration of Dual Antiplatelet Therapy (DAPT) for Three Months vs 12 Months on Clinical Outcomes of Patients After Drug-Eluting Stent (DES) Implantation.”

This metaanalysis showed the effects of administration of DAPT for three months vs 12 months on the clinical outcomes (all cause death, myocardial infarction, and stent thrombosis) of patients who underwent DES implantation were similar and the administration of dual antiplatelet therapy for three months resulted in lesser bleeding event.

Although the current guidelines recommend giving DAPT for six months to one year, studies alluding to reduction of DAPT to three months prove to be safe, with decreased bleeding among high risk patients; timely, for those in need of surgery; and economical.

Muljadi is the chief fellow of the USTH Section of Cardiology while Santos is a second year fellow in training.
Back ‘Samboy Lim’ Bill, sportswriters urged

The Philippine Sportswriters Association (PSA) Forum on December 1, 2015 tackled the Samboy Lim Bill or House Bill 6204 which requires compulsory Basic Life Support or Cardio Pulmonary Resuscitation training to K-12 students before graduation.

PHA CPR Council Chair Dr. Francis Lavapie told the media attendees that “we need help from organized groups like you to help us lobby for the passage of the Samboy Lim bill in Senate before the May 2016 national polls.” He added that the PHA’s top Advocacy is to bring CPR to every Filipino home and is working double time towards getting to the CPR-Ready Philippines status.

In attendance were at least 25 sportswriters, most of whom, expressed keen interest in CPR knowledge. The moderator was Randy Caluag from The Standard. The PHA was given the December 1 slot thru Aldrin Cardona, The Daily Tribune sports editor. To date, the forum has generated immeasurable reach via tri and social media.

Lavapie emphasized that knowledge of basic or hands-only CPR will save more lives and that most cardiac arrest cases happen in public places and at home, sometimes in the presence of a family member who does not know how to administer CPR. The students can teach their parents how to do CPR.

Encabo said that “we need to catch up with our Asian neighbours whose high school and college students are being trained to do basic CPR. Automated external defibrillators (AEDs) are as common as fire extinguishers in public places like roads and streets, airports, malls.”

The CPR demo by Encabo and Ronaldo Grande, PHA staff was the highlight of the forum.

“You don’t have to be a doctor to learn how to do CPR. Administering CPR on a cardiac arrest victim within four minutes increases his chance of survival by 33 percent. Doing CPR followed by AED ups the victim’s chance from 41 to 70 percent,” added Encabo.

The life you save may be that of a loved one, said Lavapie.

Resorts World Manila deploys 17 AEDs

To date, Resorts World Manila (RWM) takes pride in having 17 automated external defibrillators (AEDs). The latest batch of three AEDs were delivered by Zoll on November 24, 2015 to Dr. Dale Hizon, RWM assistant director for Health and Emergency Medical Services.

The AED demo was the highlight of the one-day Basic Life Support Training conducted by PHA Director Dr. Orlando Bugarin and Dr. Francis Lavapie, chair of the PHA Council on CPR at the RWM Employees’ floor.

In attendance were RWM CPR frontliners – the casino dealers, security personnel, housekeeping and kitchen personnel and hotel front desks staff.

PHA President Dr. Alex Junia, graced the turnover and puts the PHA logo on the newly acquired AEDs by RWM.

Hizon’s team is composed of two organic doctors, seven retainer physicians and two Maxicare doctors. Resorts World Casino, Maxim Hotel-Resorts World Manila and Remington Hotel-Resorts World Manila in Pasay City has 5,000 employees and 2,000 plus contractual.

Hizon said that when he joined RWM three years ago, basic life support training was number one on my priority list which top management approved. I started to look for CPR advocates and that’s how our links with PHA and the training the trainors by PHA started in 2014.

He also told THNV, “we started with three, now we have 17 AEDs which are mounted in strategic areas at the Casino, Maxims Hotel and Remington Hotel, which are part of the RWM group of companies.

Junia sticks the PHA logo on one of the AEDs at RWM.
In conjunction with the release of the latest CPR guidelines by the American Heart Association just this October, the Philippine Heart Association Council on Cardiopulmonary Resuscitation (CPR Council) conducted a CPR Module Workshop last November 27, 2015 at the Linden Suites, Ortigas. The workshop not only aimed at familiarizing the council members with the latest guidelines but also served as an avenue for revising the current module, the lecture slides as well as the written examination based on the current guidelines.

The event was formally opened by our very own PHA President, Dr. Alex Junia, who has always been an advocate of a CPR ready Philippines and under whose leadership the "Samboy Lim Bill" for bystander CPR is currently in the process of being passed into law.

Some of the key changes in the current guidelines include setting absolute limits to compression rate at 100 to 120 compressions per minute and to the depth at 5cm(2in) to 6cm(2.5in), vasopressin being out in the cardiac arrest algorithm, epinephrine administration immediately if the rhythm is nonshockable, and for therapeutic hypothermia temperature range of 32 to 36 degrees Celsius for at least 24H, to name a few. Also being emphasized is everyone's key role in the chain of survival from bystanders to dispatchers, emergency responders to healthcare providers.

An inclusion of special circumstances in CPR as well as First Aid training materials have been included. Evaluation of the quality of trainings and the frequency of recertification among providers have also been tackled.

Implementation of these key changes shall take a full blast early February next year during the Trainors’ Course of the council. A total of 34 participants from The Medical City, Manila Doctors Hospital, UST Hospital, Chinese General Hospital, Philippine Heart Center, Angeles University Foundation, PHA Council members from NCR and Chapters, made it to the brainstorming sessions which turned out to be a success. This is under the leadership of the current Council Chair Dr. Francis Lavapie. BSHalasan ♥
Luminaries and emerging names in the field of vascular medicine and its allied subspecialties, the peripheral vascular intervention and vascular surgery gathered at the Philippine Society of Vascular Medicine including Peripheral Vascular Intervention and Vascular Surgery from Oct. 15 to 16, 2015 at the Edsa Shangri-La Hotel with the theme “Bridging the Practice Guidelines and the Clinical Realities in Vascular Medicine.”

The event was formally opened by Philippine Heart Association President Dr. Alex Junia, a vascular specialist himself, and Philippine Society of Vascular Medicine President Dr. Jenny Beltran.

With the current status of vascular medicine and five training programs of Vascular Medicine in the country which are all Manila-based, there is so much room for the future of the field in the Philippines, said Dr. Maria Teresa Abola, a former president of the Philippine Society of Vascular Medicine.

The most interesting topics ensued with lectures by Drs. Diana Jean Roxas and Gertie May Plameras on the Diagnosis, Treatment and Decongestive Therapies for Lymphedema. Dr. Cristina San Jose then discussed Asymptomatic Carotid Artery Disease Current Recommendations on Surveillance and Management in which she drove three most important points at the end of the lecture: (1) to exercise best medical intervention and risk factor modification, (2) that carotid revascularization is not routinely recommended for asymptomatic carotid stenosis. Most patients will benefit with best medical management and (3) additional diagnostics may be considered to recognize patients with higher than average ipsilateral stroke risk despite current best medical intervention.

Updates for Endovascular Therapy for Symptomatic Artery Stenosis was then discussed by Dr. Timothy Dy, an interventional cardiologist, which covered current indications as well as complications of the procedure and the use of distal versus proximal embolic protection devices during stenting which produced lower rates of in-hospital and 30-day mortality and stroke as noted in the
Other topics included discussions on Approach to Diagnosis and Treatment of Vasospastic Diseases in which algorithms were thoroughly discussed by Dr. Rosella Arellano, Recommendations on Vascular Emergencies: Acute Limb Ischemia, Phlegmasia and Pulmonary Embolism by Dr. Melissa Bernardo wherein the guidelines were discussed in detail. Also, Dr. Maribel Gonzales Tanque tackled the Current Status Vascular Intervention in the Philippines.

During the second day of the convention, there were more interesting topics which included Issues on Asymptomatic PAD and Surgical vs. Endovascular Treatment of Critical Limb Ischemia with Intrainguinal Disease by Drs. Joseph Atanacio and Benny Barbas, respectively, Surgical vs. Endovascular approach in the treatment of Thoracic Aortic Aneurysms by a Surgeon, Dr. Ed Tuazon and Various interventions and Approaches in Patients with Chronic venous Diseases in a session chaired by Dr. Jonathan James Bernardo.

On the same occasion, the society was honored by the presence of an international speaker Dr. Yung Wei Willy Chi who gave his lectures as well as his experiences in the practice of Vascular Medicine on the topics of Efficacy and Safety of NOACS in Asians with Venous Thromboembolism and Recommendations and Clinical Outcomes of Medical, Endovenous Laser Therapy and Radiofrequency ablation in Venous Diseases.

Case-Based Learning in Vascular Ultrasound for the Technicians were held simultaneously with the scientific sessions during the two-day conference.

Moreover, the turnover ceremonies of the officers of the Society took place during the convention, headed by the outgoing president of the Philippine Society of Vascular Medicine, Dr. Jenny Beltran, handing over the key of responsibility to the incoming President Dr. Joel Paz. It is but noteworthy to recognize the success of Beltran during her term which brought the Society to greater heights and evolve in new projects namely the Vascular Convergence, The Vascular Journey, media awareness during the PCP-PHA Media Forum on venous insufficiency and venous thromboembolism aired in ANC and CNN Philippines, to name a few. Bernadette Santiago-Halasan
PHRS confab tackles AF state-of-the-art management

By Michael Joseph Agbayani, MD, FPCP, FPCC

The Philippine Heart Rhythm Society held its second scientific symposium at the Marco Polo Hotel Ortigas last August 8, 2015.

In a slight departure from the inaugural symposium held last year, the inter-hospital arrhythmia case report contest for the cardiology fellows was waived in an effort to make the sessions accessible to general practitioners and trainees.

However, several training hospitals, namely Makati Medical Center, The Medical City and The Philippine Heart Center, were still invited to present cases to serve as real world introductory examples for topics discussed in the didactic lectures.

The symposium opened with guest speaker Dr. Jay Tiongson, a visiting Filipino electrophysiologist who practices in California but regularly flies over to share his knowledge and experience in complex ablation cases.

His talk centered on the state of the art management of atrial fibrillation, particularly radiofrequency ablation using 3D electroanatomical mapping.

The case presentations and lectures which followed touched on bradyarrhythmias, tachyarrhythmias and sudden cardiac death. The overall feedback from the audience (comprised mainly of family medicine specialists and cardiology trainees) was very positive, making the symposium another scientific meeting to look forward to next year.

(To learn more about the Philippine Heart Rhythm Society, you can visit its Facebook page at https://www.facebook.com/PhilHeartRhythm.)

Fr. L: Drs. Michael Agbayani, Nannette Rey, Alex Junia, PHA president and Ma. Belen Carisma, PHRS president
Father of Philippine Electrophysiology Dr. William Chua receives a special award from the Philippine Heart Rhythm Society

Prof. Antinio Zaza talks about Chronic Stable Angina in the Lunch Symposium

Fr. L: Dr. Jay Tiongson receives plaque of appreciation from PHRS Board Members Drs. Anthony King, Ma. Belen Carisma, Giselle Gervacio and Carlos Delas Llagas.
Cardios, media tackle holiday stress over a hearty brunch

By Gynna P. Gagelonia

The December 8 Philippine College of Physicians (PCP) Health Forum @ Annabel’s Christmas Bash was a working brunch for the every Tuesday media round-table habitués.

Over a hearty banquet, the panelists – Drs. Mariano Lopez (PCP president); Philippine Heart Association (PHA) Alex Junia, president; Raul Lapitan, vice president; Helen Ong-Garcia, treasurer; and Francis Lavapie, Council on Cardiopulmonary Resuscitation chair; and media people discussed “Holiday Heart Syndrome, Holiday Stress and Resuscitating patients suffering from cardiac arrest.”

On hand were the rest of the PHA Board members – Drs. Jorge Sison, Nannette Rey and Aurelia Leus.

The all-cardiologists team urged the public to equip themselves with awareness about basic cardiopulmonary (CPR) resuscitation techniques, knowledge about healthier Holiday food option and how to avoid and manage stress.

Lavapie told media that “we need media’s and other organized groups’ support so that the Samboy Lim Bill/House Bill 6204 which requires compulsory basic CPR for K-12 students, will become a law. These students can teach their parents how to do hands-only CPR.”

According to the doctors, cardiac arrests are more common during the Holidays that is why hands-only CPR for the lay or the bystander is crucial to save more lives. It increases survival by 46 percent. CPR that is followed by a portable automated external defibrillator (AED) ups survival from 47 to 70 percent.

On the buffet table were an assortment of delightful choices – baked turkey, Mexican chicken tortilla, fresh ubod with ground pork lumpia, squash-carrot okoy, puto asado pao, mixed veggie pie, pandan-flavored gelatin buko salad with cheese and lime-spiced malunggay juice – by the heart doctors.

It’s the PHA’s subtle way of reinforcing/conveying anew its message at the November 24, 2015 forum that it is best to infuse your traditional Christmas fare with healthy recipes like these ones.

PCP’s and PHA’s media allies who made it to the forum-cum-appreciation party despite the horrendous holiday traffic and their hectic skeds were the TV crew of ABS-CBN, PTV4 and UNTV; Philippine Daily Inquirer’s Jocelyn Uy; Manila Times’ Jacqueline Arias; Philippine News Agency’s Leilani Junio and Johnny Guevarra, Linda Bohol of Remate.ph, et al.
After the CPR Demo, the Q&A and raffle ensued. Drs. Junia and Ong-Garcia, the moderators-emcees asked questions that were based from the topics tackled by PCP and PHA from July to December 2015. Drs. Lapitan and Lavapie aided the media participants by giving clues to the answers. Each contestant who gave the correct answer got P1K GC as prize.

Raffled off were prizes courtesy of PHA, PHA friends and PCP.

“There could never be a better time to tackle these topics than on December 8, 2015. The best month of the year to express our most heartfelt gratitude to our media friends is in December, said Dr. Orlando Bugarin, PHA Director and concurrent Advocacy Committee chair, during the planning stage of the monthly guesting stint of PHA at the PCP media forum in July 2015.

Quotes:

Dr. Mariano Lopez: “I am glad that PCP and PHA have thought about holiday stress and saving lives as topics. Learn how to cope with the holiday stress factors like traffic and shopping.”

Dr. Alex Junia: “You don’t have to be a doctor to do CPR. If you do CPR for the bystander within the 4-minute timeframe you keep the patient neurologically-intact.”

Dr. Raul Lapitan: “Start injecting healthy habits like hearty eating and regular exercise in your daily routine; familiarizing yourself with basic survival tools like CPR and first-aid; knowing how to profile yourself and your risk factors, you will have a hitch-free Holiday.”

Dr. Helen Ong-Garcia: “You can never go wrong if you take the PHA 52100 (6 servings of vegetables/fruits; not more than 2 hours of screen/gadget time; 1 hour of physical activity; 0 sugared beverages and 0 smoking) Healthy Lifestyle tagline to heart.”

Dr. Francis Lavapie: “The life you save thru CPR might be that of a loved one. We are so fortunate to have PCP and the health forum’s regulars as allies in the PHA advocacy.”

PHA's Christmas Wish List:

1. Passage of the Samboy Lim Bill
2. Passage of an ordinance/law that will make AED must-have lifesaving tool (just like fire extinguishers in every building and public place), therefore, a component of the building code.
3. Getting close to the CPR-Ready Philippines status.
January-February

- **Hala Bira 52-100 in Iloilo a blast**
  At the crack of dawn, historic Iloilo City River Esplanade in Mandurriao, bustled as the Heart Month 2015 5K Lakat Corazon (Lakad Puso) participants, predominantly students streamed swiftly to the “I am Iloilo” signage, the assembly point and hiked to the Ateneo de Iloilo, venue of the Heart Month Fair.

- **ACS Registry @ 2 makes progress despite glitches**
  Patient enrolment in the Acute Coronary Syndrome Registry dramatically surged from 2011 to 2014, starting with 79 cases in 2011 that steadily swelled to 742 in 2012; 2,458 in 2013 and 2,763 in 2014, said Dr. Imelda Caole-Ang, chair of the PHA Council on Coronary Artery Disease Registry, in her report on: “ACS Registry Update: during the 4th ACS Summit held at the Makati Medical Center Auditorium on January 24, 2015.

- **Camp Braveheart**
  A traditional Heart Month activity, Camp Braveheart: 9 (CBH) never ceases to please at least 100 young heart patients every year.

- **PHA Works on 2019 APSC bid as Congress host**
  The PHA is gearing up for the forthcoming 2015 Asian Pacific Society of Cardiology (APSC) Congress in Abu Dhabi from April 30 to May 2, 2015.

- **Health Forum @ Annabel’s multi-media spread PHA message**
  PHA’s constant and new media allies used diverse pegs in advocating heart-healthy homilies of the cardiovascular experts. The Philippine College of Physicians Health Forum @ Annabel's (organized and emceed by Joyce Serra); ABS-CBN-DZMM’s Magandang Gabi Dok (hosted by Nina Corpuz and Dr. Ma Luisa Puyat Tziczon); DwiZ’s Radyo Klinika (anchored by Marou Sarne) and 9TV’s MedTalk (hosted by Angel Jacob) extended enormous PHA publicity activities – to Heart Month 2015 the 52-100 Advocacy and the new PHA Coronary Artery Disease Guidelines.

March-April

- **Ate Vi endorses PHA’s 1st women’s heart infomercial**
  The Vilma Santos-Recto “Ate Vi” version of the women’s health infomercial titled “Pansinin Mo naman ang Puso Mo: Ang Puso ni Ate Vi” has put the Philippine Heart Association Council on Women’s Cardiovascular Health (PHA CWCH) National Awareness Advocacy Campaign a notch higher.

- **PHA wins bid as 2019 APSC Congress host**
  The Philippine Heart Association (PHA) bested the Taiwan Cardiac Society in the bid to host the prestigious 2019 Asia Pacific Society Congresses.

- **ACC president extols Reyes**
  American College of Cardiology (ACC) President-elect Dr. Kim Allan Williams commended former PHA president Dr. Eugene Reyes for this laudable leadership as governor of ACC-Philippines during the 2015 ACC Annual Meeting at the San Diego Convention Center in San Diego, California from Mar.13-15, 2015.
September-October

• World Heart Day: Multi-sectoral partners mark WHD 2015 with Bgy. Socorro folk

People from the cardiovascular world, politics, government and sports celebrated World Heart Day (WHD) 2015 with the residents (adults and students) of Bgy. Socorro, 15th Avenue, Cubao, Quezon City under the leadership of its Barangay Captain Jose de Guzman.

• PHA execs frontline 4-minute workout launch

The launching of the FWD Live to Move Video 4-minute exercise at the Mall of Asia’s (MOA) expansive bay side on October 24, 2015 drew walking and running buffs, promenaders and mall regulars.

• CPR Training soon a graduation requirement

The House of Representatives passed the so-called Samboy Lim Bill that would make mandatory CPR (or cardio pulmonary resuscitation) training in schools nationwide, at least once before graduation, with the goal of saving more lives.
July-August

• 64th PHA President Dr. Alex T. Junia Aiming at an “A” in Advocacy Projects

He just hopped off the Manila-bound B-737 plane at 4am that negotiated a bumpy flight from Cebu. From NAIA, the President braved the jam triggered by the choked arteries that lead to the PHA national hub located at PSE Center on bustling Exchange Road, Ortigas, Pasig City.

• CORE-GIVe evolves

The five-year old Cardiovascular and Metabolic Lecture Series called CORE-GIVe (Core-Give Continuing Medical Education to Reinforce and Generate Drive for Excellence) is making headway. It is a brainchild of PHA Vice President Dr. Raul Lapitan, then PHA Continuing Education Program Committee chair.

• PHA now an European Society of Cardiology affiliate

Philippine Heart Association (PHA) President Dr. Alex Junia has announced that the PHA has been approved as an Affiliated Cardiac Society (ACS) of the European Society of Cardiology (ESC).

• PHA stages 1st ESC Grand Course collaboration

The Philippine Heart Association (PHA) in collaboration with the European Society of Cardiology (ESC) had conducted the 1st ESC Grand Course in the Philippines on September 23, 2015 in the Edsa Shangri-La Hotel in Mandaluyong City.

• Local experts share ACC.15 highlights

To bring home information learned from international congresses on cardiology, the PHA gathered local experts to echo and discuss the latest trials and state of the art in cardiology presented during the annual American College of Cardiology (ACC.15) Congress in San Diego, California in March 2015.

• PHA supports Rep. Yeng Guiao’s “Hands-only-CPR in Schools” Bill

The 1,600 strong organization of cardiovascular specialists and lay members collectively known as the Philippine Heart Association (PHA) push for Hands-Only CPR in Schools Bill.

• PHA gains support from fitness icons, FWD Life

Now, one-hour of exercise may be done in just four minutes! Thanks to fitness icons Jim and Toni Saret. The FWD Live To Move Video, a short but high-impact, four-minute set of exercises that displays the PHA logo and endorses the Philippine Heart Association (PHA) 52-100 campaign was launched via you tube on August 28, 2015.

• PHA gets monthly slot at PCP Health Forum @ Annabel’s

The Philippine College of Physicians (PCP) committed to give the Philippine Heart Association (PHA) Advocacy projects regular monthly media support thru the former’s every – Tuesday PCP Health Forum @ Annabel’s. PHA got the every 3rd Tuesday of the month Health Forum @ Annabel’s slot which commenced on July 21, 2015.

• PCP Health Forum – RF/RHD efforts up

Rheumatic Fever/Rheumatic Heart Disease (RF/RHD) remains to be a major public health concern in certain parts of Asia and uncontrolled in the Philippines. We have to start somewhere to be at par with global developments. This common goal and Philippine scenario were shared by a team of adult and pediatric cardiologists at the PCP Health Forum @ Annabel’s on August 18, 2015.

• Bugarin: Newbie on Board

When he steered the PHA Council on Cardio-Pulmonary Resuscitation, he made an indelible mark. And you’ve seen his serious side and hilarious streak while conducting lectures and moderating/emcee ing a symposia or a Fellowship event.

• Heart docs, fitness expert push the 4-min work out for better health

Instead of griping and cursing over the heavy traffic which is getting worst each single day, find ways to cushion its negative impact. Convert idle time into a prolific pastime. “Brace yourself for the heavy traffic. Wear a happy disposition and you have to be able-bodied before hitting the road” said Philippine Heart Association (PHA) President Dr. Alex Junia.

• PHA staff gets some beefing up

Pundits in the corporate field attest that it has been tested and proven that the benefits that team building events can give are long term.

• CPR Council exploits social media

The PHA CPR Council has kept its track record as the most dynamic and productive of the PHA’s 17 councils.
Beating the holiday traffic and calories

Exasperation would be an understatement. Only a thin line demarcated the choice between succumbing to road rage then going berserk and staying tranquilized behind the wheel for a couple of hours.

Thanks to AM and FM radio programs for whiling my time and simmering down rising temperatures in the midst of traffic. But despite the abated disgust over traffic, the physical (aging) body couldn’t deny the weariness and exhaustion from a combination of physical, mental and emotional stresses, and when I reach home, I succumb to a much needed restful sleep upon touching my bed.

Only to wake up the next day, rushing and racing against time and traffic. Again.

Then you realize, that doomed traffic yesterday stole your productivity last night!

Choosing to be the better human than the natural brute in outrageous situations like this holiday season, I think I got myself into a better solution of beating the traffic and not wasting my precious time.

At the end of the day, instead of doing a daily walkathon from my office to the wards for my hospital rounds then hurrying again to the carpark to join the mayhem of traffic on Espana or Dapitan en route to Quiapo, Roxas and finally Coastal Road, I now find myself walking in the park after my classes and clinic hours.
As it sufficiently triggered my curiosity, I immediately googled Michael Davidson. The search led to startling facts and shocking circumstances around his death.

An A-list cardiovascular surgeon, schooled in Princeton and Yale, trained in Duke, affiliated with Brigham and Women’s hospital, Davidson was a rising star in the field of cardiovascular surgery. Married with three young children, the 44 year-old surgeon was shot twice to death in close range in Brigham by the son of a patient he operated on. Colleagues at Brigham worked frantically in a nine-hour surgery to save him – to no avail.

The assailant, a certain Stephen Pasceri, 55, killed himself as well in a nearby waiting room. It was presumed that Pasceri must have blamed the surgeon for the death of his mother a few months after the surgery by Davidson. (Pasceri is another story. He previously ranted in media against the US health care system when he denounced his father’s huge hospital bill in 2011 and urged the Senate to investigate the case. From all angles, his mother’s death was the fuse that lit the final explosion. Davidson was at the receiving end of that outburst.)

It would seem that Pasceri “prescribed” death for Davidson as the consequence of his own mother’s death. To understand the motive of Pasceri and to accept that Davidson’s death was due to that motive is to justify the violent act itself. Should one find meaning to justify the death of a surgeon, in the hands of a disgruntled relative who attributes his mother’s demise to a physician?

Nothing can justify Davidson’s death. Death of a patient while under the care of a physician can happen – expectedly or not – and quite painfully for relatives and friends, even to the long-term caregivers especially in the Philippines where the physician-patient relationship takes on very close, personal and familiar levels.

But a physician’s death in the hands of a presumably vindictive patient can never be justified or accepted. Death and complications are ubiquitous in the practice of medicine. Every physician must have experienced a patient dying, a surgery developing complications, a case taking on an unexpected and unforeseen twist.

Every physician must have experienced a patient dying, a surgery developing complications, a case taking on an unexpected and unforeseen twist.
BURSTS... from Page 32

What used to be two to three hours wasted on the damned roads of Metro Manila is still the same time but now utilized productively. Student grades are computed, examinations are made and checked, research and reading assignments as a graduate student are done, and some digital leisure time and social media updating and scouring are enjoyed! Important meetings are now scheduled after six, without having to worry too much how much time would be lost on the road.

With the Christmas season coming in, parties would be almost everyday by now. Quite difficult to say no, it would take tons of self-restraint (and more loads of social graces to say no or it’s enough) to limit the holiday calorie intake. And it would take a greater deal of self-pushing to burn those calories away.

And sooner, I further realized that the heavy traffic repeatedly killed opportunity to sweat out all what was needed to be sweated out for the past couple of months.

Lucky for me, I work in an expansive university that sprawls with some ground for running and some greens to make one feel that one is communing with nature. Monday and/or Wednesday evenings have become a regular 30-minute appointment for me around the football field. A 5K run is all what I need to complete my weekly dose of two to three runs.

As I am writing this piece, I come to realize that running has become not only a physical exercise, but a multi-dimensional mental activity as well. It is a time when I come to review what transpired for the day and to plan for the next days. It becomes a time when I count the blessings and strategize against snags that come my way. It transforms into an opportunity to draw a mental blueprint of future and possible projects, into a fertile field where creative ideas germinate and a reality check that makes you feel the solid ground whenever one of my feet lands on the pavement after a swift glide in the air.

And seeing different young faces in a centuries-old university defies the boundaries of time. The element of time becomes a mere concept.

On retrospect, when I thought that luckless road traffic robbed me of precious time, it opened another dimension of time that gave me that chance to acknowledge that I exist and that I am worth my existence.

Oftentimes, we are put in dire situations we think leave us with no choice. But as rational sentient and free-willed beings, it is ultimately our choice how we can deliver ourselves out from grueling challenges, like being stalled in traffic and gobbling up excessive calories this holiday season.

Have a Merry Christmas and Happy New Year everyone! Remember that to be merry and happy is ultimately our choice.

ESCAPE BEAT... from Page 33

In a perspective written for the New England Journal of Medicine, Lisa Rosenbaum could not have stated it any better – “The need to seek meaning in tragedy is fundamentally human, and yet the impulse to find reasons – when there are none – is as dangerous as it is therapeutic.”

In China, many doctors in the rural areas live in fear of their patients. Some are stabbed and beaten by crowds if anything goes wrong, or if a patient thinks something wrong has been committed. In an average Chinese hospital, figures indicate that physicians were attacked nearly thirty times in 2012. In America, there are mentally ill patients who have attacked medical staff for diverse reasons. More than a dozen shootings occur every year — within hospital premises where doctors and nurses are occasionally caught and hurt in the crossfire.

In the Philippines, I would like to believe that physicians are exalted, not assaulted. They are respected, not murdered. A patient killing his physician is extremely rare. One can recall that in July 2014, a retired 72-year old seaman shot and killed his orthopedic surgeon in Cebu City apparently frustrated that he still could not walk after undergoing spine surgery. He likewise killed himself in a nearby physical therapy center a few minutes later.

By and large, in any discipline of medicine, there is no bible commandment etched on stone that “no one must die.” A disastrous outcome is not necessarily a mistake. A death is never always an indication of wrongdoing – nor does it nullify the delivery of compassionate health care by a well-meaning medical professional. To expect otherwise is to accept the impossible, implausible and unrealistic expectation that no one should ever perish under a physician’s watch and care.

For comments, spjavier2958@yahoo.com

No physician can absolutely predict the outcome of his patient’s course despite the best of his medical and surgical efforts.
Y O L O for Christmas, really now?

“It’s Christmas time and time for a carol!” the radio was blaring. With this, my mind went racing for ideas about the gifts I need to buy and the parties of each department we are part of.

Parties?
That means food overload resulting in holiday weight gain. Then bloating and sluggishness take over.

I remind myself that Christmas should be about the Lord our Savior and should not get food-centric. But these manifestations of the Christmas season are just so inviting.

Each year, I resolve to choose healthier holiday food over our usual calorie-laden, sugary and fat-filled treats but sadly, compliance is not so easy. When all the food is laid out before my eyes during Noche Buena, it would be so easy to give in. The airwaves trumpeting lechon at quezo de bola and puto bumbong at bibingka subconsciously whet our appetite.

Or am I just making excuses?
Truly, will power gets consumed the more you use it.

I schedule repeat serum chemistries for some of my patients in January. Some complain that the results will likely be increased for sugar and lipids after attending several social functions. True enough, previously controlled sugar and lipid levels shoot up. A number said that they were able to hold back from binge-eating because of the impending tests. These patients had better control of their lab parameters. We, too, can have our blood tests done in January hoping that this will help us adhere to our pre-holiday lifestyle.

Lechon is most often served during Christmas parties. On top of that, a lot of meat dishes are often on the table. This is capped with an assortment of sugar-laden desserts. Then the sodas, juices and alcoholic drinks will follow. This is our usual “delicious” party fare.

How about redefining delicious?

At one party, I suggested that we also serve fish and veggies together with lechon. This gives us healthier options during the event. With palate-training (coercing ourselves to substitute lechon with fish and veggies), we will eventually imbibe healthier eating habits at any season of the year.

Another trick I did is to register for a full or half marathon in January so that I can train in December during the parties. Fortunately, the Cebu Marathon is scheduled on the second Sunday of January. Running a marathon without training is an invitation to injury. This will make a runner likely to DNF (did not finish) the race. Keeping track of my training schedule will keep the weight in check as well as improve my level of fitness. Having running friends who train during the holidays helped me a lot to continue pounding the road. Also, knowing that a race is just a month away, it is a must not to gain more pounds that will slow me down further.

For those who want to have beach bodies for the summer, the preparation should start around six months earlier. They should start sometime November and December because crash-dieting is not advisable. Even if this seems like a shallow motivation for a better body, at least this will help some people follow the healthy way.

Next, we need to learn this exercise. Look straight ahead then turn head to the right then to the left. If someone offers food, do the above exercise repeatedly. Let us learn to say ‘no’ to the multiple food stimuli that are presented to us during the holiday season. I realize that if I do not limit my intake in December, I am filled with remorse come January and February. Then the resolve to follow a healthier path concretizes but this disintegrates in the -ber months.

How do I make myself adhere to the lifestyle we are advocating?

When I told some of my friends about this problem to make my resolve stronger, they said that I should enjoy myself and take as much as I can. But it got me to thinking that I should try to learn the healthy way. They insisted that it’s not the time for ‘healthy’ because YOLO (you only live once). I should learn to retort the way Chef Rosebud Benitez-Velasco did to YOLO: Why shorten it? ♥

How about redefining delicious?…we will eventually imbibe healthier eating habits at any season of the year.
Season’s Greetings
from the PHA Board of Directors

We wish you all the love, joy & laughter you can give & get this Yuletide season; good health & strength to be able to harness the opportunities & hurdle the challenges that 2016 brings.

Let us look back to ponder on the true meaning of the birth of Jesus Christ. The essence of Christmas brings forth the harmony in a family, warmth of alliances and solidarity of a nation.

Enjoy life as it unfolds before us. Joy and peace to all!
Over the past decade, health awareness has been increasing from the time badminton was the “in” thing to the present where more and more people are participating in fun runs and group dancing. Many individuals especially very young adults get into active lifestyles and train like professional athletes. Achieving that physicality of elite athletes seems to have redefined a new norm for being healthy.

Sudden Cardiac Death among Athletes

A RISING AND IMMINENT DANGER IN SPORTS?

By Douglas Bailon, MD, FPCP, FPCC
Sudden cardiac death (SCD) is a rare but very real phenomenon among athletic individuals. We have been reading more and more news on professional athletes (usually football and soccer players) collapsing suddenly in the middle of a game in recent years. Except for Samboy Lim who collapsed in the middle of a practice game a year ago and some uncelebrated SCD events during marathons, there is no local data about its incidence in our country.

In the United States, it is estimated that around 100 young athletes die annually during competitive sports. Europe has also elevated this concern in scientific meetings and conventions. This does not include non-competition related SCD in athletes. Another important point is that among athletes in general, the most common cause of death is still accidents and not SCD although many sports are inherently less prone to fatal accidents. Among Filipinos, SCD is frequently associated with “bangungot” which may or may not be related to SCDs in young athletes.

The heart is like any muscle in the body, with training it becomes more muscular, thicker in a proportionate way to accommodate the needs of the body. This conditioning of the heart is beneficial. The thickening is also reversible that in as short as six weeks of cessation of activity, the heart returns to normal.

Which athlete is at risk for SCD?
The question is, are all athletic individuals at risk for SCD? The answer is we do not really know. There are some data from Italy citing that SCD is indeed higher in athletes but most other data show no difference between athletes and non-athletes. A small proportion further reveal that SCD is higher in the general population when compared to athletes. It could be that someone with risk factors for SCD was just an athlete, or an athlete without risk factors developed changes in the heart that increased his probability of developing SCD.

So what then is the reason behind SCD among athletes?
Around 70% of SCDs in athletes is attributed to cardiac abnormalities such as a gross, readily detectable defect, with genetics playing a role. Examples of these include hypertrophic cardiomyopathy (HCM) in which there is an abnormal thickness of the inner walls of the heart, and this is most commonly implicated cause of SCD in athletes.

In contrast to the normal changes expected in an athletic heart, HCM produces non-physiologic excessive thickening. This is readily detected on 2D echocardiography. The thick muscle may cause obstruction resulting in difficulty in pumping blood producing symptoms of shortness of breath, easy fatigue, etc. But it is the thickness itself that is a risk factor for SCD, meaning even without any sign of obstruction or absence of symptoms, HCM may go undetected and may present initially with SCD.

Another common cause of SCD in athletes is one where there is no visible abnormality in the structure of the heart but the electrocardiogram (ECG) reveals a condition known as long QT syndrome (LQTS).

In this condition, an abnormality in the electrical recovery of the heart may precipitate irregular heart beats or arrhythmias. Other less common causes include abnormalities in the blood supply to the heart, infection involving the heart, defects in the walls of the heart allowing abnormal communication between
chambers, and even indirectly involving the heart especially in contact sports where the chest is subjected to blunt trauma. Regardless of the underlying cardiac pathology, the most common presentation is an electrical instability, ventricular tachycardia or ventricular fibrillation, causing an ineffective pumping action of the heart to supply the needs of the body.

**Should we screen athletes?**

A more practical challenge is identifying those at risk. Is it practical to screen all athletes or individuals getting into strenuous physical activities similar to what professional or elite athletes do?

Most fun run organizers require cardio-pulmonary evaluation prior to allowing participation in half, full and ultra marathon runs. It has been shown in one study that there is a decline in SCD screening among athletes engaging in strenuous physical activities.

There is no data to support its cost-effectiveness because SCD most often occurs without any warning signs. Clues that may point out risks include syncope and decrease in athletic performance of the individual. A red flag raise perhaps is a history of SCD among family members especially in a first degree relative.

Individuals with high risk features would definitely warrant at least a 12 lead ECG and a 2D echocardiogram and may be subjected to a treadmill stress test to simulate the response of the heart to the stress it may experience during strenuous athletic activities.

But what about those with unremarkable or even unknown personal and family histories? At present, a consensus among international societies has yet to be made since even a simple ECG may not detect the presence of an abnormality and it may also over-detect findings that might not even cause any problem and become an unnecessary source of concern and additional testing. Currently, screening and incumbent laboratory tests and ancillary procedures remain to be the physician’s call whenever the need arises.

**Preventing SCD among athletes**

For those detected to have increased risk for SCD during screening, it is not known whether restriction from participation may actually improve outcomes or not. Of course, prudence compels the physician to advise against participation.

Fortunately, SCD can be avoided among high risk individuals as long as an underlying abnormality is identified. For example in patients with HCM, an implantable cardiac defibrillator (ICD) may be placed and may allow an individual to engage in competitive sports. The ICD delivers energy or shocks the SCD victim whenever a shockable rhythm endangers the individual. Another strategy is for individuals with LQTS to take beta blockers, a class of medication that has been shown to decrease arrhythmias.

Being at high risk for SCD does not mean that one is prohibited from doing exercise, quite the opposite is the truth but it should be with the guidance of a physician. Prescribed exercise in those with risk factors actually results in long term benefits not just physically, but emotionally, mentally and socially as well.

What if SCD is happening at the moment? What can be done? It would be of great impact to the survival of the victim if there are individuals who know how to provide basic life support with effective chest compression delivery. This aids the blood to circulate in the body in the presence of a heart that cannot pump adequately. Automatic external defibrillators (AEDs) may also be beneficial although most studies with its use are done in airports and casinos. There is no data on the effectiveness of AEDs in athletic arenas. A combination of knowledge of these interventions may increase the risk of survival of a victim of SCD.

Huge barriers exist especially in our country in addressing SCD in athletes. Compared to other nations, we have less funding for the support of our athletes, let alone the screening of these individuals. Another hurdle is the notion of most people that athletes are the healthier people and hence are less likely to develop SCD. With proper education and information dissemination, we can hope for a better outcome.

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We have always been enamored by huggable chubby kids with plump cheeks. We often find them cute, adorable and endearing. In the past decades, commercial ads would carry images of fat babies and portly kids endorsing milk and other supposedly nutritious products. Who would ever forget how we adored child wonders like Niño Muhlach, LA Lopez, and lately Ryzza Mae Dizon and the latest YouTube sensation Baste? This is how we picture children should be: the chubbier the healthier. That being plump is a sign of good health.

Or is it? Soon enough this kids would grow up to be overweight and obese adults. Overweight, as defined by the Philippine Association for the Study of Overweight and Obesity (PASOO), is increased body weight in relation to height, while obesity is the state of excessive amounts of fat in the body.

**A ballooning public health concern**

In the latest study of the National Nutrition Council (NNC), three of 10 Filipino adults are now obese. This was further supported by data coming from National Nutrition Survey of the Food and Nutrition Research Institute (FNRI) that showed an alarming doubling rise in the number of obese Filipino adults for the past two decades, from 16.6 percent in 1993 to 31.1 percent in 2013. Alarming as it is, not much fanfare was made out of this development making it a “quiet public health emergency.”

The study also showed that more Filipino women are obese compared to men. A lot of sociopolitical factors may explain this finding. Men, perhaps are into more physical activity in terms of work and

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By Jason S. Santos, MD, FPCP
leisure compared to women. The economizing housewives or mothers who do the household budgeting, groceries and cooking are forced to eat leftovers from meals.

The burden of obesity

Obesity has been linked as a risk factor to a number of diseases. Studies have shown that obesity not only increases health risk but reduces life expectancy as well. It is considered the biggest risk factor for Type 2 Diabetes Mellitus (T2DM). As many as 80% of people with T2DM are obese at the time of diagnosis. Incidence of T2DM is particularly associated with central obesity and increases significantly with increasing weight.

Obesity is also believed to predispose to hypertension. This may be due to increase in insulin resistance and a diet that is high in sodium and fat. Studies have shown that the prevalence of hypertension in obese patients is nearly three times that of non-obese individuals.

Cardiovascular diseases, which rank second as the most common cause of death among Filipinos, have been linked with obesity. It is considered as an independent risk factor and the chances of developing complications from cardiovascular diseases, such as strokes and heart attacks, are increased in individuals that are obese.

Data also reveal that certain types of cancers are more common in obese individuals. The list includes cancer of the prostate, colon, rectum, pancreas, breast, endometrium, ovary, and cervix in particular.

Diseases of the gallbladder are also common. It was found out that occurrence of gallbladder disease increases as weight increases. An obese individual is four times more likely to develop gallstones compared to an individual with a normal body weight.

Menstrual disorders have been observed in women who are obese and a high rate of impotence and sterility were also seen in obese men.

In the latest study of the National Nutrition Council (NNC), three of 10 Filipino adults are now obese...data coming FNRI that showed an alarming doubling rise in the number of obese Filipino adults for the past two decades, from 16.6 percent in 1993 to 31.1 percent in 2013.

What has the Government been doing?

While lawmakers are busy writing and pushing for bills that focus on economic growth, rights of women, children and OFWs, health is one important issue that is often left neglected. The issue of health, primarily Obesity, and the socioeconomic burden it imposes in our society cannot be overemphasized. Health remains to be the wealth of a nation.

Obesity has been a “silent emergency,” that had been left unrecognized. Deaths due to so-called lifestyle ailments such as cardiovascular diseases, cancer, respiratory diseases, and diabetes have become alarming. Deaths from non-communicable diseases had risen to 36 million worldwide per year.

Other countries have already started taking action, some even drastic and perhaps a bit preposterous, to curb this rising ominous threat. Japan has the “Metabo Law,” which makes being overweight illegal. Malaysia, on the other hand,
is targeting to pass an anti-obesity law by 2020. This law is intended to help reduce the high obesity rate and occurrence of related diseases. Malaysia believes that the law would be a good way of promoting healthier workers and a healthier nation.

In the Philippines, the government and different NGO’s have made attempts at legislating laws and starting programs that would promote a healthier Philippines.

Decades-old Nutrition Month

By virtue of Presidential Decree No. 491 signed into law in 1974, the month of July of each year is declared as the National Nutrition Month. This year, the National Nutrition Council (NNC), aims at raising awareness regarding the growing problem of obesity, with a theme of “Timbang Iwasto sa Tamang Nutrisyon at Ekersisyo.” The NNC hopes to promote a healthy lifestyle among Filipinos and encourage them to make the right decisions regarding diet by choosing nutritious food and being physically active.

It is also important, according to the council, that communities would support such effort by making nutritious food available and affordable to Filipinos and organizing activities that would make promote exercise and physical activities.

Pilipinas Go4Health, gone nowhere?

The Department of Health (DOH) under the helm of then Secretary Dr. Enrique Ona, on the other hand, launched Pilipinas Go4Health in June of 2013. It was a movement that attempted at promoting healthy lifestyle and encouraging Filipinos to commit to living healthy with a proper diet (Go Sustansya), doing regular physical activities (Go Sigla), avoiding or moderating alcohol consumption (Go Slow saTagay), and avoiding tobacco use (Go Smoke-free).

The program aimed at a bigger, more sustained actions toward a healthier Philippines. Ona noted the startling numbers on deaths caused by non-communicable diseases. “At this rate, people born today may die before the age of 60,” Ona predicted hoping that with the help of leaders, employers, schools, families, and other cause oriented groups, every Filipino, from the young to the old, may be inspired to embrace a healthy future.

However, such DOH-led program seemed to have lost energy as no follow up activities were sustained after its launch.

No sodas in school

Moreover, in line with the vision of a healthier Philippines, the Department of Education (DepEd) issued a circulating policy of banning unhealthy foods and snacks that included soft drinks and other sugared drinks inside schools.

DepEd Order No. 8, Series of 2007, or the “Revised Implementing guidelines on the Operation and Management of School Canteens in Public Elementary and Secondary Schools further encouraged that only food that are nutrient rich and fortified food products rich in protein, energy, vitamins, and minerals should be sold in school canteens.

More or less promising efforts?

In an effort of lawmakers to strengthen such policy, Camarines Sur Rep. Leni Robredo and Dinagat Islands Rep. Arlene Bag-aO, authored House Bill No. 4021, or the Healthy Beverage Options Act of 2014, which would regulate the selling of soft drinks to students from preparatory to high school.

Carbonated drinks, sports drinks and fruit-based drinks that contain additional sweeteners, or contain less than 50% real fruit juice will be discouraged. The regulation of such drinks is supported by a study done in Yale University in 2007 linking soda consumption to decrease in calcium, higher risks of T2DM, higher caloric intake and body weight.
Another study done in 2013 in Bangor University cited that soft drinks can interfere with the “body’s ability to burn fat and handle rises in blood sugar.” Yet to become a law, this will be implemented in both private and public schools. The law would also require schools to provide clean potable water to its students and staff.

The Anti-Obesity education Program Act of 2011 authored by then Senator Manuel B. Villar, aimed at putting a halt to childhood obesity by “providing mandatory inclusion of anti-obesity education program and exercise including play and traditional Filipino Games, in the preschool, elementary and high school curricula, both in public and public schools.”

This bill which didn’t see light at the end of legislative process was resurrected as House Bill 4314 by the senator’s son, Las Pinas City Rep. Mark Villar. The Anti-Obesity Education Program contained in this bill seeks to provide a definitive approach to physical education. Children in the primary level will have 200 minutes of physical activity for ten days, while those in the secondary level shall have 30 minutes of physical activity daily.

Students will also be taught on eating a healthy and balanced diet. The bill puts that the fight against obesity must begin with children, because experts agree that an effective solution to obesity is a healthy lifestyle and exercise that must begin at an early age. However, whether or not this becomes a law and enacted appropriately remains to be seen.

Other lawmakers both in senate and congress have dabbed into formulating measures to curb cardiometabolic diseases due to obesity and inactivity. Bills requiring employers to provide an avenue for exercise and other healthy lifestyle habits in the work place have been proposed, though much has to be expected from these attempts at legislating measures to promote health.

Non-government sector efforts

It is in this line that the Philippine Heart Association (PHA) is promoting the 5200 daily lifestyle for everyone. This includes 5 servings of fruits and vegetables daily, 2 hours of leisure TV or screen and gadget time, 1 hour of moderate physical activity, 0 or no sugary and sweetened beverages, and 0 or no to smoking.

It is believed heart disease begins during childhood because of the bad habits that we develop as children. Recent survey showed that the prevalence of obese and overweight pre-school children was below 2% from 1989 to 1998, but gradually increased to 4.9 percent in 2013. These same children will carry on with obesity or weight problems into adulthood. Thus preventive strategies must be directed at the young at homes, school and community.

Obesity has been linked as a risk factor to a number of diseases. Studies have shown that obesity not only increases health risk but reduces life expectancy as well.

The Future of Obesity

According to the United Nations Food and Agriculture Organization (FAO), the Philippines and India are among the developing countries with high levels of obesity and under-nutrition. Another survey conducted by the FNRI showed that 22.3 percent of Filipino adults are overweight and 6.1 percent are obese, and is expected to increase significantly by the next decade. Predictably, more Filipinos will be at higher risks for diseases caused by obesity and suffering or dying from its complications.

The fight against obesity is everyone’s responsibility. It embodies adapting a healthy habit of choosing the right kinds of food, changing our eating habits and increasing our level of activities through exercise. Parents should encourage their children to eat food with high nutritional value and minimize, or better yet avoid those considered unhealthy food that include processed meat and other food products.

The government, on the other hand, should maximize its efforts to promote health among Filipinos. Proposing bills for the sake of proposing, propaganda and political showmanship is definitely not sufficient. Even passing these into law is not enough guarantee. What the nation needs are policies that can and will be enacted and sustained to achieve that goal of beating obesity. What the nation needs are politicians and concerned individuals and organizations who carry an unflinching will and commitment to bring a less popular topic but nevertheless a serious concern to public awareness and action.

Only then can we see the ominous numbers hounding obesity dwindle to nil.

Dr. Jason Santos is in his first year of fellowship training in adult cardiology at the University of Sto. Tomas Hospital.
Are doctors sidelining Primum Non Nocere?

The Challenges of Polypharmacy
(Second of two parts)

The practice of medicine in the 21st century has not progressed much since the great Osler first set down the principles of good clinical practice.

It begins with the utilization of all the senses to discover the patient’s problem: not for nothing did the Creator give us two ears and only one mouth; the good clinician must listen to the patient. He sees how the patient walks, how he moves, his facial expressions; he can smell and even taste at the back of his throat the peculiarities of halitosis that can mean anything from poor dental hygiene to fetor hepaticus. He feels for fever, for the greasy feel of hypothyroidism and the hectic pulse of an aortic insufficiency.

The good clinician arranges his history and physical findings before reaching into the wealth of knowledge he gained in medical school to create his working impression and the resultant therapeutic plan. This process repeated daily as he assesses the course of a patient’s illness is the outline of medical practice since it became a vocation/profession.

While undeniably a boon to the practice of medicine, rational drug use is increasingly under attack from the threat of polypharmacy. …we should not use another drug to treat the side effects of another.

But there are pitfalls in this cut-and-dried approach: for one thing, people are unique and there will always be variations in presentation of disease in different individuals; there will always be variations in response to treatment.

One significant change though, is our increasing reliance on pharmaceuticals. While undeniably a boon to the practice of medicine, rational drug use is increasingly under attack from the threat of polypharmacy.

The Oxford dictionary defines “drug” as any agent that effects a change in the organism (by this definition, alcohol reigns as the most commonly used drug in the world). In this busy century, we have become increasingly addicted to the...
sequence of rapid-diagnosis-followed-by-immediate-management-with-expected-immediate-response. Sadly this ideal state is not common and physicians can fall into the trap of increasing drug use. A trap, I say, because for one thing, such an approach is expensive.

While the modern physician has a access to the pharmacopeia of drugs numbering in the thousands with indications for every disorder on record, the traditional physician employs the roots, stems, flowers and fruit of the plant employing the active ingredient buried among hundreds or thousands of other chemicals. Same objective, yes; but the research that goes into identifying the active ingredient and then developing the drug from it is what spells the difference between a formulary laxative and the flowers of the “banaba” tree.

Second, we should not use another drug to treat the side effects of another (i.e. cough suppressants in an ACE-I cough).

A third reason is that all drugs strain the body because it needs to be processed, detoxified, excreted.

This is not to say that polypharmacy is all bad. In the first year after an MI, it is reasonable to use an ACE-inhibitor, beta blocker, anti-platelet (frequently two), statin; polypharmacy earns its bad reputation from irresponsible use.

Drug use is a double-edged sword and we physicians must first do no harm.
Post-stroke depression is regarded as the most common and important neuropsychiatric complication of cerebrovascular disease, affecting about one-third of post-stroke patients. It leads to significant negative effects in terms of motor and cognitive recovery, functional return to previous activities, and over-all survival rate.

Depression has a cumulative incidence of up to 52% within five years of stroke, with a pooled prevalence of about 29% that remains stable in the first ten years after stroke as seen in different trials.1 It peaks at about three to six months after stroke, whereas the prevalence declines to about 50% of its initial rate thereafter.2

Predictors of depression after stroke include disability after stroke, history of depression prior to stroke, cognitive impairment, stroke severity, lack of family or social support, and anxiety. It is worth note-taking however, that the location of stroke lesion is not considered as a predictor of post-stroke depression.3

Reliable symptoms leading to the diagnosis of post-stroke depression include depressed mood, reduced appetite, and crying symptoms as these deemed more sensitive indicators as compared to apathy, feelings of guilt, and lack of insight.3 Various clinical psychiatric rating scales are useful in the evaluation of depression in stroke patients. These include Beck Depression Inventory, Hamilton Depression Rating Scale, and Clinical Global Impression.

The use of anti-depressants after stroke is effective in reducing the symptoms of depression.4 In fact, prophylaxis using anti-depressants is associated with a significant reduction in the incidence of post-stroke depression.5 Selective Serotonin Reuptake Inhibitors (SSRIs) are the recommended pharmacologic therapy for patients with post-stroke depression mainly because if their favorable tolerability profiles.6 SSRIs appear to improve dependence, disability, neurological impairment, and depression after stroke.7

In particular, giving fluoxetine to non-depressed
Reliable symptoms leading to the diagnosis of post-stroke depression include depressed mood, reduced appetite, and crying symptoms as these deemed more sensitive indicators as compared to apathy, feelings of guilt, and lack of insight.

stroke patients during the first three months enhanced maximum motor recovery. The benefits of SSRIs were still evident at one year even after the discontinuation of treatment. Moreover, SSRI use among patients with ischemic stroke was associated with lower risk of new-onset ischemic events. However, it was associated with an increased overall bleeding risk, and a non-significantly increased risk of intracranial bleeding. At present, there is no scientific evidence prescribing an optimal length of duration of treatment. However, a duration of four to six months followed by gradual tapering is suggested.

In summary, the following are recommended: 1) the use of Beck Depression Inventory, Hamilton Depression Rating Scale, or Clinical Global Impressions rating scales to evaluate post-stroke depression is reasonable (Class IIa, level C); 2) the use of anti-depressants for the treatment of post-stroke depression is recommended (Class I, level A); and 3) the use of anti-depressants for the prevention of post-stroke depression may be reasonable (Class IIb, level B).

Dr. Alejandro C. Baroque, MD is a past president of the Philippine Neurological Association and past chair of the ASEAN Neurological Association. He is currently a Professor 1 at the UST Faculty of Medicine and Surgery and the head of residency training of the UST Hospital Department of Neurology and Psychiatry.
American Heart Association

The 2015 AHA CPR/ACLS Guideline Updated

Practical but no Game Changer

The American Heart Association (AHA) guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) have undergone periodic revision since their original publication in 1966. In some ways, a lot has changed since then, but the fundamentals remain the same: early access to care, early intervention with CPR and defibrillation and early advanced cardiac life support.

In early November this year, the AHA updated once more the said guidelines but simultaneously announced that they will be moving away from periodic appraisals to a web-based format which allows for continuous revisions as new scientific data arise.

Worried that you took an ACLS course recently? Fret not much for the modifications are not enough to warrant a recertification.

Here are some of the revisions that are worth noting:

**CPR: Not too fast, not too furious**

The recommended ratio of chest compressions to rescue breaths (30:2) and the tenet of minimizing pauses in CPR remain unchanged. However, the description of what comprises adequate or effective chest compressions has become more specific.

Whereas the 2010 consensus states the minimum rate at which chest compressions should be done (i.e. “at least 100 per minute”), the newer guidelines now set a maximum rate at 120 per minute, as one large registry study has revealed that compressions become less efficient when rescuers exceed that rate.

Likewise, where the older guidelines state that compressions should reach a depth of “at least 5 cm,” the newer statements peg the maximum compression depth to 6 cm, with the new target depth being 5-6 cm. This is due to potential chest trauma from receiving very deep compressions. How exactly to measure chest compression depth during manual CPR remains one of the gaps in knowledge stated in the document.

When an advanced airway such as an endotracheal tube is in place, victims should still receive 10 breaths per minute without interruptions in manual compression. The use of mechanical chest compression devices has not been shown to be superior to manual chest compressions and is thus not routinely recommended.
To oxygen or not to oxygen

Continuous high-flow oxygen administration remains controversial as some research regarding post-resuscitation oxygen have shown possible harm. Oxygen administration during resuscitation, however, is another thing all together. High-flow oxygen during a resuscitation attempt was found to be possibly beneficial in terms of survival and neurologic outcome in an observational analysis.

Thus, high-flow oxygen is still recommended during resuscitation but administration should be titrated accordingly post-resuscitation based on measured oxygen saturations.

Goodbye, Vasopressin! Epinephrine stat!

Well, vasopressin never really caught on here and since vasopressin and epinephrine have equivalent clinical outcomes as vasopressor therapy, the less popular choice had to go just to simplify things.

For in-hospital cardiac arrest, an intra-arrest concoction of vasopressin, epinephrine, and methylprednisolone and post-arrest hydrocortisone may be considered but the evidence is weak. Overall, routine steroid use could not be recommended, especially in out-of-hospital cardiac arrest, with studies showing lack of survival benefit.

Epinephrine use, on the other hand, has been reinforced by a recent randomized clinical trial which revealed more successful resuscitations and better short-term survival rates. Because of this, the new guidelines recommend that epinephrine should be given as soon as an intravenous access is established and if the patient has a non-shockable rhythm.

Ultrasound that tube!

While waveform capnography remains the most reliable means of confirming adequate endotracheal tube placement, the use of ultrasound has been added as an additional method in ET tube assessment if capnography is not available. However, whether the technology can help improve survival rates or not by picking up problems in myocardial contractility and other treatable causes of arrest such as pneumothorax, pulmonary embolism, or cardiac tamponade remains to be seen.

If all else fails, ECMO

While not widely available locally, extracorporeal membrane oxygenation (ECMO) should still be kept in mind if conventional resuscitative efforts seem futile. The new AHA guidelines state that ECMO can be an option in select cases of refractory cardiac arrest if the assumed etiology has the potential to be reversed within a limited period of time. The recommendation is based on low quality studies and given the costliness of ECMO, this alternative should only be contemplated if the chance of benefit is “reasonably high.”
The Medical Record

I opted to write about this seemingly very simple topic because of two reasons: First, we were exposed to medical records very early in our career, as early as during our clerkship, without us knowing the formalities of it, at least, in my case. We tend to follow the practice of our consultants, writing in the chart whatever we have in mind at that moment, without second thoughts of its impact in the future.

And second, its importance as an evidence in court in cases of litigation for whatever grounds. The medical record may look different in each institution, but practically it contains the same data. It contains all information regarding the patient’s confinement, from his personal data, to his medical history, the day-to-day event of his confinement and his laboratory results. It contains the nurses’ notes and entries of all physicians involved, his orders and side notes.

In the present setting, where a patient is co-managed by multiple doctors and patients stay in the hospital is prolonged, complete entries and accurate records become increasingly essential not only to appropriate treatment but as an evidence whenever a medical testimony is relevant to a legal dispute. Failure to maintain complete, timely and accurate medical records can constitute medical malpractice.

The medical record is a property of the hospital. As it contains confidential information regarding the patient’s confinement, its privacy is covered by the privileged communication statute. It is therefore the duty of the hospital and the physician not to
The patient, the attending physician and the nurses involved have the right to access to it. This right to access however does not include the right to possess the original copy but only a certified true photocopy of the original.

disclose its contents unless authorized by the patient or anyone properly authorized to do so in his behalf.

Only a few persons or entities have the right to access to a medical record. The patient, the attending physician and the nurses involved have the right to access to it. This right to access however does not include the right to possess the original copy but only a certified true photocopy of the original. Insurance companies and HMO representatives have also the right to access to the medical records of their clients if the latter have pre-signed an authority granting the same to these entities. Unauthorized disclosure of the medical record may make a physician liable for medical malpractice or invasion of privacy.

In cases of lawsuits, the court, through a subpoena duces tecum can order the hospital to bring the original copy of the medical records for comparison to a photocopy during a hearing. It is the best evidence one can present in court, even if the one who made the entries is already dead. I cannot overemphasize the importance of our side notes as these are the evidence of the day to day events of confinement. We tend to write our thoughts at that moment on impulse. These side notes can sometimes be self-incriminating or, without our intention, may incriminate other physicians should a litigation ensue.

It is therefore my advice that we be conscious of the legal impact of whatever we are writing, not only in our side notes but in everything that we order. I might be instilling legal paranoia, but in this day and age, medical malpractice suits loom over our heads and we have no choice but to be paranoid.

As medical records play an important evidentiary role, erasures must be avoided as it creates suspicion as to the reason of the change. But if a change has to be made, then it has to follow these legal procedures. A single line is made through the error, the correction is made above or immediately following it, and in the margin, write the word “correction” or “corr” followed by the physician’s initials and the date the correction is made.

According to the best evidence rule, the original of a document is the best evidence of such document. Certified true copy of the original is admissible in court only if the original document is lost, destroyed, cannot be produced in court or is in the custody of the adverse party. And lastly, oral evidence is never admissible to vary, modify, or contradict what has already been written.
Emergency Dilemmas:

Is it the Mother or the Unborn Child?

Case Scenario:

PR is a 48-year-old, single female, an office worker, known hypertensive but poorly compliant to medications. She was brought to the emergency department (ED) due to chest pain and shortness of breath. She is pregnant at 36-37 weeks age of gestation and not in labor. At the ED, she lost consciousness and went into cardiac arrest. She responded to cardiopulmonary resuscitation measures after which she was referred to OB-GY. Fetal heart tones were documented at 80 bpm. The neurologic status of the mother progressively deteriorated to GCS 3. Emergency cesarean section was immediately scheduled but there was a delay in getting consent from the brother who accompanied her because he was afraid she might not tolerate it. Eventually he agreed to the CS and the patient gave birth to a live baby girl with a birthweight of 2.6 kg, birth length of 47 cm, and an APGAR score of 1. The baby was pronounced dead after 30 minutes of resuscitation. The mother also died on the first post operative day, 31 hours from resuscitation.
Bioethical Questions:

1. In this emergency situation, whose welfare should we give more importance: the dying mother or the unborn child?

2. Who should give consent for the CS intervention on the mother?

3. Who should be the patient advocate and act in the best interest of the mother and the baby, if the nearest of kin and responsible to give the consent refuses the proposed intervention?

Discussion

1. We have two patients in this situation who are equally important. However, based on the current clinical condition of the mother who has a fatal cardiovascular pathology with very poor prognosis, the baby’s welfare becomes our primary focus. Decision making and the time element is crucial in this situation.

2. The attending physician should be quite proactive in explaining to the relative or the legitimate decision maker about the serious condition of the mother with practically no chance of recovery. It is in this process that relatives may understand that saving the baby by cesarian section as soon as possible is not at the expense of the mother’s life.

3. In case of indecisiveness on the part of the legitimate surrogate decision maker or its absence, the attending physician should act as the patient advocate and decide on the best interest of the baby.
ECHOES FROM THE COUNTRYSIDE

Etiquette in an illness

noun: etiquette; plural noun: etiquettes

Recent-day times are changing, events are always moving rapidly (almost precipitately) towards some sort of climax. There is a constant sense of urgency, none more so than during an ILLNESS – a distinctly different situation where conflicting demands are made on the patient, his physician/s and everyone else around him. What is the physician’s etiquette in an illness?

Allow me to digress a little.

What is medical etiquette? It is simply “the implicit code that governs socially acceptable behavior for medical practitioners.” While medical ethics guides behavior by principle, medial etiquette guides by convention. In this three-way arena called Illness, disease factors certainly come into play. While the disease and its symptoms present mainly a “clinical problem” to the physician, to the patient they all define a dire threat to life. While the physician’s ultimate aim is to restore health through some important scientific methodology or a recent cutting-edge procedure, to the patient it is a fundamental fight to the finish. Conspicuously, a disparity rests in both stances.

The demographic landscape of illness has altered considerably over the years with the emergence of more chronic and long-term conditions. This alters too the experience of patienthood – bringing to focus complex and tedious self-monitoring, pecuniary burdens, increasingly prolonged burden of symptoms. Traditionally, the doctor is entitled by knowledge to exercise authority totally. The patient is expected to submit and comply. Clearly, this is no longer true today. The patient has become increasingly accountable for his management – the concept of self-empowerment – in the context of multiple multi-morbid conditions. In recent times, the patient even undertakes a systematic collation of information and anticipates to work collaboratively with his doctor.

The question hangs: what is the etiquette of the physician in illness?

He is still obligated to take charge, perhaps in a seemingly paternalistic manner, with a simultaneous commitment to respect the patient’s autonomy. He can no longer sit as ‘Judge, Jury, and (silent) Executioner’ or maintain the ‘Doctor knows best’ policy. He must establish and maintain reciprocal trust with the patient. This strongly fiduciary nature of treatment, which cannot be replaced by any revolutionary progress in medicine, profoundly affects the patient’s sense of satisfaction and motivation.

Arguably, it is the physician’s objectivity and expertise that the patient seeks, however an attentive manner, appropriate language and tact greatly impact Physicians will never completely comprehend the nature of the patient’s experience or realize the vulnerability of the patient’s condition.

Dr. Jane Galang is a cardiologist and an echocardiographer by profession. She is a doting mother, a hands-on daughter and a loving wife. She has held key positions in both PHA and PCP in Central Visayas.

See Page 56
Work-Life Balance: Can it really happen?

Onight, I got home at around 8PM after making rounds and holding clinic. After a long day, I was exhausted and I still had several 2D-Echoes to read. But after a short catch-up conversation with my parents, I immediately started sorting out things for another solo backpacking trip tomorrow: backpack, cameras, chargers, books to read, passport, printouts of hotel bookings, colored pencils and coloring books for grown-ups which I plan to do during airport lay-overs, Lonely Planet, etc.

Suddenly, Dr. Bernadette Halasan texted to remind me of my long-overdue article for The Heart and I told her “Alright, I’ll submit it tonight.” And so I went straight to my computer, stared at the screen for awhile and groaned, “Aaargh, why do I have to do this?” And then I told myself “Hey, you love writing, so go ahead, write.”

Yeah, right. I chuckled. I love writing, and reading, and running, and diving, and eating, and Zumba, and talking to patients, and spending time with parents, friends, and dogs. I love photography, and trekking through strange exotic places, and making rounds and doing clinic, and Facebook. I love saving lives, geeeesh, I even love reading Braunwald! The list of all the things I love to do is infinite. Knowing that my time here on earth is finite, how am I supposed to cram everything I want to do into one very short life?

You see, I am a cardiologist who wants to “suck the marrow out of life.” I know most of you who are reading this are, too. We want to make every moment of our lives on earth count. We want to find happiness, and we want to be a source of other people’s happiness. We want to experience the beauty of the universe, and we want to create a thing of beauty or a work of art that would linger in the world long after we’re gone. Borrowing the words of Mahatma Gandhi, we want to “live as if there is no tomorrow and learn as if we are to live forever.” We have been told so many times that we work to live, not live to work. But if the very nature of our work involves the lives of other people, finding the balance between working and living becomes more difficult. We don’t work to make others live. We work to make others live.

So how then can we strike a balance between our very busy career of saving lives and living our own lives to the fullest? The catch however is this: sorting out the big rocks from the gravel is easier said than done. Many of us consider our patients as big rocks, and I think that’s a good thing. But we have to remember that there are other big rocks too. We have relationships to nurture, spirits to nourish, our own bodies to guard and keep healthy so we can keep other people healthy. Big rocks differ from one person to another. What’s one-gallon, wide-mouthed mason jar. His students all thought that the jar was already full until he dumped some gravel in and shook the jar causing pieces of gravel to work themselves down into the spaces between the big rocks. Again, the students thought the jar was already full when he started dumping sand in and it went into all the spaces left between the rocks and the gravel. Just when the students were really convinced that the jar was already full, he grabbed a pitcher of water and began to pour it in until the jar was filled to the brim. The professor then told his class “You can put gravel, sand, and water into the jar even if you all thought it’s already full. But if you don’t put the big rocks in first, you’ll never get them in at all.”

The catch however is this: sorting out the big rocks from the gravel and the sand is easier said than done. Many of us consider our patients as big rocks, and I think that’s a good thing. But we have to remember that there are other big rocks too. We have relationships to nurture, spirits to nourish, our own bodies to guard and keep healthy so we can keep other people healthy. Big rocks differ from one person to another. What’s

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Dr. Jean Alcover practices in Digos Davao del Sur and General Santos City, two different regions. Passionate in all her endeavors, she loves trekking and photography, to name a few. She completed her Cardiology Fellowship Training at the UP-PGH.
on the achievement of health goals. When physicians insist on using medical terms that are complex, the patient may find it extremely difficult to assert his need for information and explanation, leaving him feeling intimidated, exploited or at the very least bewildered.

Patients ideally deserve the best doctor — will he be the one with command over a vastly more extensive body of knowledge, with an inexorable allegiance to research and science and is dispassionately neutral? Or is he the compassionate and empathic one, sensitive to the patient’s cherished traditions and beliefs? He MUST be the one who recognizes the power shift and is willing to yield and really get involved. The physician who attends to his patient with cold impartiality, employing only the highest medical standards and the most recent clinical guidelines, spewing technical jargon from the best clinical minds will only succeed in decimating his patient’s confidence. At this point, hopes of a consensus will be all but gone. The physician will have succeeded once again in imposing his decision on the helpless patient in a seeming travesty of the healing process.

The present fundamental shift in concept strongly recognizes the patient’s perspective. Both sides must reach an agreement consultatively to come to a desired treatment. Patient beneficence must be blended with the physician’s sometimes obstinate assertion of authority. Patient-centered care lies not in letting the patients make the final decision alone but in respecting the patient’s opinions and shouldering the responsibility together. This in essence is shared decision making (SDM).

The challenges of SDM as an approach do not arise when the choices are obvious. Friction develops when more than one reasonable option exists or when the patient explicitly prefers to handle his illness, to the extent possible, in a manner contrary to his doctor’s choice. SDM aims at integrating patient’s preferences and values into the weighing of each choice. It is, in fact, an attempt at making medicine more humane.

Physicians will never completely comprehend the nature of the patient’s experience or realize the vulnerability of the patient’s condition. His position in this alliance is, at best, precarious and some attempt at intimacy (“I know how you feel”) may often appear inane, even contemptuous and may lead to patient non-compliance and therapeutic failure. It is only by accepting this intrinsic weakness of our profession that we can provide appropriate treatment tempered by a measure of sensitivity. With this distinctive professional ethos, we can rise above the exasperation caused by the patient’s insatiable demands and develop a real understanding of his personal circumstances. Evidence-based medicine can encompass etiquette-based practice. Gestures of humanity should never mean abdication of responsibility — only an attempt to positively modify behavior to achieve more positive patient outcomes.

**VISAYAN CONNECTION**... from Page 54

**SOUTHERN FLAVOR**...from Page 55

important is that we know what our big rocks are, and what our gravel and sand and water are.

What are your big rocks, then? Who are the most important people in your life and what do you want to do with them? What is your biggest dream — that irritatingly recurring thing in your head that you must accomplish while you’re alive? What makes you the happiest? What is the one thing or habit in your day that you simply can’t do without? We work with highly structured schedules — clinics, procedures, appointments, meetings, classes, and yet we drop everything for emergencies. Why then can’t we set aside time for those few things or people that give us the greatest happiness and sense of fulfilment?

As cardiologists we are witnesses to the evanescence and unpredictability of life. So we have to know what our big rocks are, and get them into our jars as soon as we can. Don’t just find time. Make time.

As soon as I finish writing this, I will go back to my packing. I have been neglecting my big rocks for awhile. I have been working so hard this past few months, probably thinking that I am Darna saving the world, until a bad bout of laryngitis came, followed two weeks later by dyspepsia disrupting my clinics and Zumba classes (which did it in for me). So I decided to go somewhere strange with my backpack and my camera, shed off my proverbial white coat, and be human again. And when people ask, “Doc, where are you going?” I say “I’m off to sharpen my axe.” And that’s another story.

**METROSPECT**...from Page 57

and preserve America’s preeminence in the world stage.

The authors implore their American voters by putting it succinctly: “We are living at another hinge point of history and we require a president equal to this moment. We must choose wisely.”

“Just as one president has left a path of destruction in his wake, one president can rescue (the United States)” ...said the authors.

For a non-American, America is still the bastion of democracy, freedom, peace and security. The authors reiterated America’s role as the “greatest force for good the world has ever known.” America has “guaranteed freedom, security and peace for a larger share of humanity than has any other nation in all of history.”

Whoever the Americans choose to be their next president is up to them but it will have a positive repercussion among America’s allies and a negative effect on their perceived enemies. Hillary Clinton is the frontrunner among the democratic contenders; she is being challenged by a surging Sanders. Her standing as the frontrunner and as the democratic nominee for the presidency is still under scrutiny by an American public wary of her not being a “trusting” leader.

On the other side of the fence, the GOP’s frontrunner is Donald Trump. Trump is not your typical Republican candidate, he is a billionaire, a celebrity on his own, a basher of women and immigrants. Despite these, Trump is able to convince Republican voters as their frontrunner.

Just recently, Paris had another violent and bloody night in a span of less than a year. Extreme Jihadist groups converged and descended on the French capital and massacred civilians without remorse or fear. Hundreds of innocent people were killed and maimed. It was a horrible night for the French and the whole of Europe, now being inundated by immigrants from Syria, Afghanistan and Africa. America is needed but can she deliver? That will be a decision only the American people can answer.
While waiting at the Detroit International Airport, I had nothing to do but read about news concerning America and her politics.

Indeed, the United States of America has been an “unmatched force” for 70 years as the world’s sole surviving superpower, and watching the Democratic and Republican acrimonious debates has always deepened my belief that America might well be on a decline. If America goes down, which adversary will take her place, Russia or the People’s Republic of China or the Islamic militants now taking a good swath of control in Iraq, Syria, Libya and parts of Egypt? Do we, as a whole, really need a powerful America for stability and peace and security?

Dick and Liz Cheney’s latest book, “Exceptional: Why the World needs a powerful America,” caught my eye and reduced a few dollars out of my pocket. Dick Cheney, as we all know, was the 46th Vice President of the United States (2001-2009). He also served as Secretary of Defense (1989-1993). I remember during his heyday as the top security adviser of Bush, he was considered “hawkish” and an unapologetic advocate for strong American leadership in the world stage. His daughter, Liz, is a renowned national and Middle East policy expert. Together, both father and daughter have warned the world of Obama’s tactics in dealing with the world’s problems and his policies have weakened America’s standing as the preeminent superpower.

The book explores how Obama has alleged drastically broken with the bipartisan foreign policy consensus that propelled America to victory in World War II, the Cold War, and the first decade of the War on Terror. They made a compelling case accusing President Obama’s alleged unwillingness to safeguard American power resulting in her diminished ability to adequately defend herself, her allies (the Philippines included), and her interests worldwide.

The authors minced no words in accusing Obama of pursuing a foreign policy “built on appeasing our adversaries, abandoning our allies, and apologizing for America... he has dedicated his presidency to restraining us, limiting our power, and diminishing us.”

They explained that “Republican and Democratic presidents alike have understood the indispensable nature of American power.” Presidents from Truman to Nixon, from Kennedy to Reagan have known that “American strength must be safeguarded.”

Obama has abandoned Iraq, “leaving a vacuum being filled by our enemies. He says he will do the same in Afghanistan. He has made dangerous cuts to America’s conventional forces and reduced our nuclear arsenal in the misguided belief this will convince rogue nations to do the same...”

The Cheneys believed that a path forward to restoring American strength is possible, illumining the steps necessary to defend against the growing threats to America, defeat militant Islam, rebuild the US military.

For a non-American, America is still the bastion of democracy, freedom, peace and security.

Dr. Norberto Tuaño is an adult cardiologist and a peripheral vascular medicine specialist. He is the current chair of the PHA Council on Stroke and Peripheral Vascular Diseases. He holds clinic at the Philippine Heart Center.
In our fast-paced world, it is difficult to incorporate exercise in the workplace. Physicians often fail to practice what they preach. Nonetheless, measures must be undertaken for this to be implemented.

The World Health Organization defines a healthy workplace as one that aims to “create a healthy and safe work environment, and to ensure that workplace health promotion is an integral part of management practices.”

In reality, it is hard to achieve this “ideal” environment in the workplace. Policy makers of companies would need to incorporate these objectives in their policies for effective implementation. Programs that increase physical activity and promote a healthy lifestyle are rarely initiated. The culture of a particular company or organization also plays a big role.

For example, it is a common notion that call center agents are prone to the temptation of smoking brought about by the demands of work and peer pressure. A lot of employees with office jobs spend approximately six to eight hours sitting. Some may even have unhealthy meals in between.

Starting up to get the benefits of exercise in the office

So where do we start?

Before change can occur, the individual should be aware for the need for exercise and a healthy lifestyle. The company health care professional may play an important role in promoting this.

One simple way is to replace sitting time with standing or stepping. In a recently study published in the European Heart Journal by Genevieve N. Healy et al, sitting to standing reallocations were significantly associated with a 2% decrease in fasting glucose, 11% decrease in triglycerides, 6% decrease in total/HDL-cholesterol ratio, and 0.06 mmol/L increase in HDL-cholesterol per 2 h/day.

Sitting to stepping reallocations were significantly associated with 11% decrease in BMI, 7.5 cm decrease in waist circumference, 0.10 mmol/L increase in HDL cholesterol, 11% decrease in 2-h plasma glucose, 14% decrease in triglycerides.

Thus, standing or stepping could be a simple and effective way of promoting exercise and a healthy lifestyle in the office setting for

Before change can occur, the individual should be aware for the need for exercise and a healthy lifestyle. The company health care professional may play an important role in promoting this.
both healthy and those with cardiac conditions such as coronary artery disease. Simple individualized stretching exercises could also be beneficial in breaking the monotony of prolonged sitting. It could also prevent the occurrence of deep venous thrombosis. Patients with stable coronary artery disease could be advised to undergo low intensity activities such as leisurely walking and stretching. Billiards and golf are among the sports with a low static and dynamic component. More strenuous activities for patients with stable cardiac disorders could be done after proper evaluation by a physician. Stress testing could be used as a guide for decision making.

For change to occur, the individual should be aware of the need for change, and should be determined to make that change. The journey towards a healthier lifestyle usually starts from baby steps which could be initiated in the workplace.

WORKOUT FOR THE WEAK HEART

Dr. Benjamin Quito is a cardiac rehabilitation specialist practicing at the Philippine Heart Center, UST Hospital and MCU Hospital. He also teaches at the MCU College of Medicine.

DESK STRETCHES: Don’t let your desk job leave you feeling stiff. Take some time to do a little moving and shaking throughout the day in the comfort of your office space. But you don’t have to stop there—wander around the office or take a stroll outside from time-to-time, too. These simple steps are sure to help you move naturally to well-being.

1. Livin’ On A Prayer
   Palms together, fingers pointing up, push hands down.
   10 seconds

2. Like A Prayer
   Palms together, fingers pointing down, pull hands up.
   10 seconds

3. Can’t Touch This
   Hands together, fingers interlaced, extend arms with palm reaching forward.
   10-20 seconds

4. Thriller
   Arms behind back, grab wrist with opposite hand and pull while tilting head to the side. Reverse and repeat.
   10-12 seconds/side

5. Pump It Up
   Arms above head, grab ahold of opposite elbows, lean side to side.
   8-10 seconds/side

6. Straight Up
   Fingers interlaced, pull over head with palms reaching up.
   10-15 seconds

7. I’m Your Boogie Man
   Arms at sides, roll shoulders up and back.
   3-5 seconds, 3 times

8. Get Back
   Sit down, place hands on lower back for support, lean back.
   10-15 seconds

9. The Twist
   Cross one leg over another, take opposite arm to knee, twist towards open side.
   8-10 seconds/side

10. Shake, Rattle & Roll
    Arms at sides, shake hands out.
    8-10 seconds

Source: Blue Zones Project by Healthways
In Vino Veritas. (In wine there is truth)

Alcoholic beverages seem to be a mainstay during feasts, celebrations and holidays. One of the oldest drinks on earth with the bible even telling a miracle on wine, a lot of claims and disclaims have been put for and against the intake of alcohol. In vino veritas. In wine there is truth.

But what is the real truth about alcohol and heart health? Is its really good or bad? This never fails to ignite one non-stop, heated debate amongst health-savvy societies and those who, understandably and without any judgment, just love booze.

To begin with, these bottled, liquid gems can be both friend and foe to us, depending on certain factors, such as the amount consumed, how long one has been having an affair with alcohol, the kind of alcohol one consumes, and the drinker, himself.

The good

There are ongoing studies determining the benefits of drinking wine or alcohol in some populations. Research have shown that possible mechanisms leading to these benefits include the presence of antioxidants such as Vitamin E in alcohol, an increase in HDL (the good cholesterol) levels due to small alcohol intake, and its anti-clotting properties, which can prevent thrombosis, causing heart attacks or strokes.

The bad and the ugly

However, these emerging apparently good news on the benefits of alcohol consumption should not easily debunk the clear and well-studied ill effects of alcoholic beverages on our health. The adverse effects of alcohol consumption include fetal alcohol syndrome (in a mother who takes alcohol during pregnancy), cardiomyopathy, hypertension, hemorrhagic stroke, cardiac arrhythmia, and sudden death. Most of these adverse effects are associated with long-term alcohol consumption with chronic intake of >3 servings of alcoholic beverages per day. Acute alcohol consumption may also have effects on the cardiovascular system that are primarily related to the negative inotropic and pro-arrhythmic effects of alcohol.

Taking amounts beyond what guidelines recommend, the potential benefits of alcohol are outweighed by the risks of getting other fatal illnesses, such as liver cirrhosis and hepatoma, among others. To justify alcohol consumption as a preventive measure against potential cardiovascular disease among teenagers or young adults is allowing freely the rise of automobile accidents, trauma, and suicide which are leading causes of alcohol-related mortality in this age group.

Moreover, alcohol is an addictive substance, and an individual’s risk for developing alcoholism is difficult, if not impossible, to determine. With these in mind, rather than doing good and promoting health, we might end up doing more damage and harm to patients by encouraging alcohol beverage consumption.
What do the experts say?

AHA RECOMMENDATION (If you drink alcohol, do so in moderation.)

<table>
<thead>
<tr>
<th>Males</th>
<th>Females</th>
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<tbody>
<tr>
<td>one to two drinks per day</td>
<td>one drink per day</td>
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**A drink is one 12 oz. beer, 4 oz. of wine, 1.5 oz. of 80-proof spirits, or 1 oz. of 100-proof spirits.**

The American Heart Association (AHA) does recommend that to reduce one's cardiovascular risk, one must consult a doctor about lowering cholesterol and lowering high blood pressure, controlling weight, getting enough physical activity and following a healthy diet.

There has been no hard scientific proof that drinking wine or any other alcoholic beverage can replace these conventional measures. Given these facts, the AHA cautions people not to start drinking just to get the benefits of alcohol.

Drinking to be merry? Better be wary...of the holiday heart syndrome

Merrymakers and party-goers do need to take it easy this season, because amidst all the festivities, some patients do complain of cardiac maladies making the season less gay. They, often, complain of palpitations from what is known as the “holiday heart syndrome.”

This term dates back to 1978, describing the cardiac arrhythmias that occur at holiday time, typically in healthy people without heart disease and often after several days of heavy drinking, defined in this case as three or more drinks a day for women and four or more for men.

While the exact mechanisms behind alcohol and arrhythmias remain unclear, it appears that acute alcohol ingestion can cause short circuits in the heart’s electrical rhythm, increases in levels of free fatty acids in the blood, and surges in adrenaline and other stress hormones. Alcohol may also have an effect on electrolytes, particularly sodium, which play a key role in heart rhythm.

In some people, even modest amounts of alcohol (as little as one drink) can cause holiday heart syndrome. This is often compounded by psychological stress, overeating, too much sodium, dehydration, lack of sleep, and overdoing it on caffeine and/or marijuana. Generally the symptoms last just a few seconds and, in most people, go away completely within 24 hours as the alcohol leaves the body.

However, atrial fibrillation which is mostly associated with Holiday Heart Syndrome can also be precipitated by intake of excessive amounts of alcohol. Symptoms are more severe like shortness of breath, fatigue, and dizziness, along with palpitations and sometimes chest pain that last for minutes rather than seconds. Atrial fibrillation can lead to stroke, heart failure, or heart attack, and while this is rare, the condition does require immediate medical attention.
HealthyLifestylist

Tips to help your heart survive holiday celebrations

Watch your alcohol intake. Limit yourself to one drink a day for women and two for men, especially if you already have heart disease risk factors such as family history, overweight, smoking, high cholesterol, and/or high blood pressure. Drinking to excess can increase pressure on the heart and weaken the heart muscle system. While red wine enjoys that impression that it is the healthiest among all alcohols, red wine and other spirits produce significantly more episodes of arrhythmia than white wine.

Don’t overeat. Stuffing yourself at one sitting can cause the stomach and bowels to distend, which can result in a stretching reflex that stimulates the nervous system and can initiate rapid heart rhythms.

De-stress. Stress causes the secretion of the hormones adrenaline and cortisol, which increase heart rate and blood pressure in a way similar to caffeine. Employ stress-reduction techniques such as deep breathing, yoga, and meditation to help you stay calm during the holidays. Exercise and getting quality sleep also help reduce stress.

Cut back on salt. Sodium is essential for proper heart function, but too much of it (usually from processed foods rather than the salt shaker) can cause fluid retention and blood pressure to rise in some people. In those with a history of high blood pressure, or with heart valve problems or heart failure, the increase in pressure and the higher amount of fluid can also result in arrhythmias like atrial fibrillation. Sodium intake must be maintained to less than 2,300 milligrams (mg) daily or, 1,500 mg for salt-sensitive and hypertensive individuals.

Monitor your caffeine intake. Caffeine is found in coffee (even decaf), tea, chocolate, sodas, energy drinks, and other foods, as well as in some over-the-counter medications, including pain relievers. In excess, it can act as a heart stimulant and cause arrhythmias like atrial fibrillation.

Stay hydrated. Dehydration can impact the proper balance of vital electrolytes in the body, including sodium and potassium, which are essential for a normal heart rhythm. Exhaustion, a change in eating patterns, and physical exertion can bring on dehydration, as can overconsumption of alcohol and caffeinated drinks. One is advised to drink plenty of water throughout the day, especially when exercising and before, during, and after parties or a night on the town (times when one should be watching alcohol intake anyway).

Because alcohol is not all good, and neither is it all bad, intake of this substance should be kept in moderation whether it be a holiday or just a regular day. This coming yuletide season, what remains to be important is the spirit of Christmas, that is the Child Jesus who was born on a manger and sent by the Father to save mankind from worldly illnesses of the soul and to bring joy to the hearts of each and every one of us! And we will drink to that!

References:
1. Ira J. Goldberg, MD; Lori Mosca, MD, PhD, MPH; Mariann R. Piano, RN, PhD; Edward A. Fisher, MD, PhD. Wine and Your Heart: A Science Advisory for Healthcare Professionals From the Nutrition Committee, Council on Epidemiology and Prevention, and Council on Cardiovascular Nursing of the American Heart Association. Circulation. 2001;103:472-475.

Dr. Blanca De Guzman is in her senior year of training in adult cardiology at the UST Hospital. She is set to take further training in electrophysiology at the National Heart Center Singapore on a full scholarship granted by the Asia Pacific Heart Rhythm Society.
Managing Calories and Losing Weight

(Second of two parts)

In the last issue, we talked about the problem of getting overweight and the principles of losing those extra pounds. Putting it simply, achieving and maintaining the right weight is a matter of “calories in versus calories out.” One must learn to balance the amount and quality of food taken in with daily activities that will burn the extra calories.

Of course, one must be solid with the desire of getting slimmer and be completely convinced with the benefits of being fit before embarking on any weight loss program. But aside from this, the most vital ingredient to getting fitter is discipline that will not falter in the midst of cravings and temptation and that is resistant to indolence and despondence.

Meet John and Joy

Let’s take John, a 40-year old 8-5 office guy who presently weighs 95 kg. His ideal weight is 65 kg. Joy is a 33-year old nurse who weighs 75 kg and her ideal weight is 55 kg. Both are sedentary and want to lose weight badly.

Both John and Joy are into a fast-paced world where time is gold. John is married with two kids. His wife does the cooking. Joy is single, lives alone in an apartment and has limited time to cook intricate dishes for herself.

John is firm on going back to running 3-5 km at least 3-5x/week and some daily exercise but Joy is not quite receptive to the idea of exercising due to time constraints. Both agree to limit their food intake to three meals a day and no in between meal snacks as much as possible.

First Steps

The first step towards losing weight and getting healthy is to ask for their reasons why they want to do so. Beyond aesthetic purposes (which by itself is a good motivation), a stronger motivation is to stay forever healthy. The mantras that “one can’t enjoy wealth without health” and “we eat in order to live and not to live in order to eat” are good slogans to keep. Behavior needs to be tamed. The idea that losing those pounds is not as easy as gaining those flabs around the waist and that extra chin and extra puff on the cheeks should be ingrained.

The second step is to review an individual’s dietary habit. This includes the type of food one takes, the time one eats and the opportunity one has for feeding.
Walk & Talk

Here is a review of what looks like John’s and Joy’s usual daily menu:

### John’s Daily Meal Diary

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Total Calories</th>
<th>Carbohydrate</th>
<th>Protein</th>
<th>Fat</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 cups fried rice</td>
<td>241</td>
<td>368 cal (92 g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4 pcs longanisa (approx. 60g each)</td>
<td>357</td>
<td>644 cal (156 g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1 fried egg</td>
<td>74</td>
<td>52 cal (12g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1 cup 3-in-1 coffee</td>
<td>1,594</td>
<td>129 cal (3.2g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dinner</td>
<td>4,314</td>
<td>368 cal (92 g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Big Burger</td>
<td>2,600</td>
<td>368 cal (92 g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Large fries</td>
<td>2,228</td>
<td>246 cal (6g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1 pc apple pie</td>
<td>2,300</td>
<td>32 cal (0.8g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Calories, g, (% share in daily caloric requirement)</td>
<td>10,020</td>
<td>1,295 cal (328 g)</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Joy’s Daily Meal Diary

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Total Calories</th>
<th>Carbohydrate</th>
<th>Protein</th>
<th>Fat</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 cups fried rice</td>
<td>241</td>
<td>368 cal (92 g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4 pcs longanisa (approx. 60g each)</td>
<td>400</td>
<td>644 cal (156 g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1 fried egg</td>
<td>74</td>
<td>52 cal (12g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1 cup 3-in-1 coffee</td>
<td>1,594</td>
<td>129 cal (3.2g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dinner</td>
<td>4,314</td>
<td>368 cal (92 g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Big Burger</td>
<td>2,600</td>
<td>368 cal (92 g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Large fries</td>
<td>2,228</td>
<td>246 cal (6g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1 pc apple pie</td>
<td>2,300</td>
<td>32 cal (0.8g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Calories, g, (% share in daily caloric requirement)</td>
<td>10,020</td>
<td>1,295 cal (328 g)</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Dietary Strategies

For both, one strategy to slash those slabs is cut down on fat and sugar, and not necessarily the carbs. Both are used to eating a lot such that their stomachs are used to large quantities of food, and losing weight would be an epic fail if we starve the two in terms of food quantity. Thus, both should have that feeling of fullness in the stomach sans the monstrous calories. Food to include in the plan must be readily available, affordable, easy to prepare and can be sustained for a lifetime.

While exercise can push the weight losing streak faster, I usually advise against starting an intensive exercise regimen too soon. The mind, the tongue and the stomach must first adjust to the new diet and discipline before the rigors of a regular physical activity should formally commence. I usually wait at least two weeks for at least one kilogram is shed per week. This is to make them realize that diet can do the job in losing those pounds! But in the meantime they are adjusting to the new diet, taking the stairs and taking longer walks than usual are highly recommended.

Several formulas have been developed to fine tune weight management. Most mainstream nutritionists subtract 500 calories from the daily caloric intake computed on present weight, but I find this too generic, slow to effect and too condoning. I prefer individualized calorie counters commonly employed by sports nutritionists. For purposes of practicality and simplicity,
only two multipliers will be used: multiplier for sex and level of activity (sedentary and active). Ideal body weight (IBW), or alternatively desired body weight (DBW) is utilized at the onset. Remember, for active individuals at least 30 cal/kg/day is needed while it’s 20-25 cal/kg/day for sedentary individuals. When computing, rounding off to the nearest tens is used to simplify calorie planning.

**Step 1: Computing for Ideal Daily Caloric Intake**

Formula for Males (John):
\[1 \times \text{IBW (kg)} \times 30 \text{ cal/kg}\]
\[1 \times 65 \text{ kg} \times 25 \text{ cal} = 1,950 \text{ cal/day}\]

Formula for Females (Joy):
\[0.9 \times \text{IBW (kg)} \times 25 \text{ cal/kg}\]
\[0.9 \times 55 \times 25 \text{ cal} = 1,238 \text{ cal/day} \approx 1,200 \text{ cal/day}\]

**Step 2:**

Total Daily Calories ÷ Number of Meals/day = Calorie/Meal

For John: 1,950 cal/day ÷ 3 meals/day = 650 cal/meal

For Joy: 1,200 cal/day ÷ 3 meals/day = 400 cal/meal

From the computations above, John and Joy should limit their daily calories to 1,950 cal/day and 1,200 cal/day respectively. Per meal, the two should stick and be satisfied with 650 cal/meal for John and 400 cal/meal for Joy.

**Computing calories from carbs, proteins and fats**

After determining the daily calorie requirement, the next thing to do is determine where the calories will come from. Proportioning carbs, protein and fat in each meal may be done in several ways, but the following are the most commonly used and usually work well.

<table>
<thead>
<tr>
<th>Calorie Source</th>
<th>Cal/gram</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protein</td>
<td>4</td>
</tr>
<tr>
<td>Fats</td>
<td>4</td>
</tr>
<tr>
<td>Carbohydrates</td>
<td>4</td>
</tr>
</tbody>
</table>

**Protein**

Let’s take protein first. More active individuals need more protein than what is recommended daily allowance (RDA).

**Protein Requirement in Grams per Body Weight (lbs) per Day**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sedentary Adult (RDA)</td>
<td>0.40</td>
</tr>
<tr>
<td>Adult Recreational Exerciser</td>
<td>0.75</td>
</tr>
<tr>
<td>Adult Competitive Athlete</td>
<td>0.90</td>
</tr>
<tr>
<td>Adult Building Muscle Mass</td>
<td>0.90</td>
</tr>
<tr>
<td>Dieting Athlete</td>
<td>1.00</td>
</tr>
<tr>
<td>Growing Teenage Athlete</td>
<td>1.0</td>
</tr>
</tbody>
</table>

* Adapted from Clark, Nancy. The Power of Protein. The Physician and Sports Medicine, 1996.

Referring to the tables above, John is classified as an adult exerciser while Joy is classified as a sedentary adult.

For John: 0.75 x 143 lbs (65 kg) = 107 grams of protein/day
107 grams x 4 calories/gram = 430 calories from protein/day

For Joy: 0.40 x 121 lbs (55 kg) = 48 grams of protein/day
48 grams x 4 calories/gram = 190 calories from protein/day

**Fats**

Different authorities and books recommend 15-30% of daily calories from fats. Recommended Daily Allowance (RDA) requires no more than 30% and this number is good for general health, but may be too much for individuals seeking peak performance and physical conditioning. Most sports scientists recommend 15%.

For John: 15% x 1,950 cal/day = 292 calories from fat/day
292 fat cal ÷ 9 cal/gram = 32 grams of fat/day

For Joy: 15% x 1,200 cal/day = 180 calories from fat/day
180 fat cal ÷ 9 cal/gram = 20 grams of fat/day
### Carbohydrates

After determining calories from protein and fat, the rest would be derived from carbohydrates. Carbs are the body's preferred fuel source and therefore, should be the largest source of calories. Subtraction is what we all need to do now.

For John:  
1,950 cal/day - 428 protein cal - 292 fat cal = 1,230 calories from carbs/day  
1,230 carb cal ÷ 4 cal/gram = 307 (310 grams of carbs/day)

For Joy:  
1,200 cal/day - 192 protein cal - 180 fat cal = 828 calories from carbs/day  
828 carb cal ÷ 4 cal/gram = 207 grams of carbs/day

### John's Recommended Healthy Diet Plan for a Day

<table>
<thead>
<tr>
<th>Meal</th>
<th>Total Calories</th>
<th>Carbohydrate</th>
<th>Protein</th>
<th>Fat</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 cups brown rice</td>
<td>322</td>
<td>327 cal (68g)</td>
<td>32 cal (6g)</td>
<td>18 cal (2g)</td>
</tr>
<tr>
<td>1 pc Daing na Bangus (112g)</td>
<td>186</td>
<td>0</td>
<td>96 cal (16g)</td>
<td>90 cal (16g)</td>
</tr>
<tr>
<td>1 boiled egg</td>
<td>86</td>
<td>24 cal (4g)</td>
<td>32 cal (6g)</td>
<td>54 cal (9g)</td>
</tr>
<tr>
<td>2 cups ensaladang kamatis</td>
<td>32</td>
<td>0</td>
<td>6 cal (2g)</td>
<td>0</td>
</tr>
<tr>
<td>1 cup instant coffee with 1/2 tbsp creamer and stevia sugar</td>
<td>9</td>
<td>4 cal (1g)</td>
<td>0</td>
<td>5 cal (0.5g)</td>
</tr>
<tr>
<td>Total Calories</td>
<td>635</td>
<td>300 cal, 75g, (47%)</td>
<td>168 cal, 42g, (27%)</td>
<td>167 cal, 19g, (23%)</td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 cups brown rice</td>
<td>322</td>
<td>272 cal (68g)</td>
<td>32 cal (6g)</td>
<td>18 cal (2g)</td>
</tr>
<tr>
<td>2 pc roasted skinless chicken breast (3oz each, the size of a palm)</td>
<td>246</td>
<td>0</td>
<td>192 cal (32g)</td>
<td>54 cal (9g)</td>
</tr>
<tr>
<td>2 cups of cooked green leafy veggies</td>
<td>64</td>
<td>48 cal (12g)</td>
<td>16 cal (4g)</td>
<td>0</td>
</tr>
<tr>
<td>Total Calories</td>
<td>632</td>
<td>320 cal, 80g, (51%)</td>
<td>240 cal, 61g, (36%)</td>
<td>72 cal, 8g, (11%)</td>
</tr>
<tr>
<td><strong>PM Snack</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 reg sized boiled sweet corn</td>
<td>125</td>
<td>100 cal (25g)</td>
<td>16 cal (4g)</td>
<td>0</td>
</tr>
<tr>
<td>Total Calories</td>
<td>125</td>
<td>100 cal, 25g, (80%)</td>
<td>16 cal, 4g, (13%)</td>
<td>9 cal (1g)</td>
</tr>
<tr>
<td><strong>Dinner</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 1/2 cup brown rice</td>
<td>240</td>
<td>204 cal (51g)</td>
<td>24 cal (6g)</td>
<td>14 cal (15g)</td>
</tr>
<tr>
<td>1 pc sinigang na Tilapia (the size of a hand)</td>
<td>155</td>
<td>0</td>
<td>128 cal (32g)</td>
<td>27 cal (3g)</td>
</tr>
<tr>
<td>2 cups of sinigang vegetables</td>
<td>64</td>
<td>48 cal (12g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Calories</td>
<td>459</td>
<td>252 cal, 63g, (55%)</td>
<td>168 cal, 46g, (37%)</td>
<td>41 cal, 5 g, (9%)</td>
</tr>
<tr>
<td><strong>Recommended Total Daily Calories, g, (% share in daily caloric requirement)</strong></td>
<td>1,851</td>
<td>972 cal, 243g, (53%)</td>
<td>592 cal, 168g, (32%)</td>
<td>289 cal, 32g, (15%)</td>
</tr>
</tbody>
</table>

### Joy's Recommended Healthy Diet Plan for a Day

<table>
<thead>
<tr>
<th>Meal</th>
<th>Total Calories</th>
<th>Carbohydrate</th>
<th>Protein</th>
<th>Fat</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 pcs small pandesal</td>
<td>110</td>
<td>92 cal (22g)</td>
<td>8 cal (2g)</td>
<td>0</td>
</tr>
<tr>
<td>1 can light tuna hot and spicy (188g)</td>
<td>186</td>
<td>12 cal (3g)</td>
<td>100 cal (30g)</td>
<td>54 cal (6g)</td>
</tr>
<tr>
<td>1 pc dalanangta</td>
<td>40</td>
<td>40 cal (10g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1 pc lakatan (40g)</td>
<td>40</td>
<td>40 cal (10g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1 cup instant coffee with 1/2 tsp creamer and stevia sugar</td>
<td>9</td>
<td>4 cal (1g)</td>
<td>0</td>
<td>5 cal (0.5g)</td>
</tr>
<tr>
<td>Total Calories</td>
<td>375</td>
<td>188 cal, 47g, (50%)</td>
<td>128 cal, 32g, (34%)</td>
<td>60 cal, 6.5g, (16%)</td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 pc fish paksiw (5 oz hahasa, the size of your hand)</td>
<td>205</td>
<td>0</td>
<td>160 cal (40g)</td>
<td>45 cal (5g)</td>
</tr>
<tr>
<td>1 cup brown rice</td>
<td>161</td>
<td>136 cal (34g)</td>
<td>16 cal (4g)</td>
<td>9 cal (1g)</td>
</tr>
<tr>
<td>1 cup cooked green veggies</td>
<td>32</td>
<td>24 cal (6g)</td>
<td>8 cal (2g)</td>
<td>0</td>
</tr>
<tr>
<td>1 pc regular sized apple (small, 65g)</td>
<td>40</td>
<td>40 cal (10g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Calories</td>
<td>418</td>
<td>203 cal, 50g, (40%)</td>
<td>184 cal, 46g, (42%)</td>
<td>54 cal, 6g, (12%)</td>
</tr>
<tr>
<td><strong>PM Snack</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 cup of tea</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Dinner</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 bowl oatmeal (15 tbsp cooked in water) with pure cocoa powder, 1 tbsp creamer and stevia sugar</td>
<td>175</td>
<td>100 cal (25g oats) + 24 cal (6g creamer)=124 cal</td>
<td>24 cal (6g)</td>
<td>21 cal (3g)</td>
</tr>
<tr>
<td>1 pc roasted skinless chicken breast (3oz, the size of a palm)</td>
<td>123</td>
<td>0</td>
<td>96 cal (24g)</td>
<td>27 cal (3g)</td>
</tr>
<tr>
<td>2 cups of fresh greens with vinaigrette</td>
<td>32</td>
<td>24 cal (6g)</td>
<td>8 cal (2g)</td>
<td>0</td>
</tr>
<tr>
<td>Total Calories</td>
<td>330</td>
<td>148 cal, 32g, (58%)</td>
<td>128 cal, 32g, (37%)</td>
<td>54 cal, 6g, (16%)</td>
</tr>
<tr>
<td><strong>Recommended Total Daily Calories, g, (% share in daily caloric requirement)</strong></td>
<td>1,843 (180)</td>
<td>536 cal, 134g, (44%)</td>
<td>440 cal, 110g, (33%)</td>
<td>168 cal, 19g, (15%)</td>
</tr>
</tbody>
</table>
John’s and Joy’s recommended calorie proportion from the three different sources should play and be tweaked within the following numbers:

<table>
<thead>
<tr>
<th></th>
<th>John</th>
<th>Joy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily Calorie</td>
<td>1950</td>
<td>1200</td>
</tr>
<tr>
<td>Protein</td>
<td>22%</td>
<td>16%</td>
</tr>
<tr>
<td>Fat</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Carbs</td>
<td>63%</td>
<td>69%</td>
</tr>
</tbody>
</table>

Comment on John’s and Joy’s Recommended Dietary Plans:

John’s new diet is short of 100 calories per day. This is to give allowance for some extra food intake in case he gets hungry. This is equivalent to a fruit, two slices of white bread or wheat bread or a granola bar. Moreover, more calories are sourced out from protein which is beneficial for an active and body building individual. Protein digestion increases basal metabolic rate by 30% and may add up to losing more weight.

For Joy, fat contribution to total caloric intake has been reduced to a minimum, and so with carbs.

Weight Loss Plateau

For some, a weight loss plateau may come and may be disappointing. This happens when the calories burnt during physical activity now balance the calories taken in.

In this case, one is advised to stick it out with the calorie plan and to intensify physical activity like increasing either the frequency, intensity or load of exercise. In no time, poundage will start going down again.

A Lifetime Habit

Recommended dietary plans together with regular moderate physical activity must be realistic and practical for anyone to follow without much difficulty. Dietary regimens are best if individualized considering a lot of factors that influence the choices we make. Every one must be constantly reminded that being fit should not be seen as a fad or a fashion or something ephemeral. It is a lifetime commitment.

References: FNRI; MyFitnessPal; CalorieKing; MyFatSecret; CalorieCounter.

Individualized Calorie Budget per Kg Body Weight

<table>
<thead>
<tr>
<th>Energy Budget</th>
<th>Indication</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>40-45 cal/kg</td>
<td>weight gain &amp;/or intense physical activity</td>
<td>training for a race or triathlon</td>
</tr>
<tr>
<td>30-35 cal/kg</td>
<td>weight maintenance &amp;/or moderate physical activity</td>
<td>4-5 days/week of 30-min cardio exercise</td>
</tr>
<tr>
<td>20-25 cal/kg</td>
<td>weight loss &amp;/or low physical activity</td>
<td>rarely engages in formal exercise; sedentary</td>
</tr>
</tbody>
</table>

Activity Levels Defined

<table>
<thead>
<tr>
<th>Activity Level</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Light</td>
<td>most of the day sitting at work or home; a little slow walking, some standing and light household chores</td>
</tr>
<tr>
<td>Light</td>
<td>mostly sedentary, standing or slow walking, but including 2 hours a day of further activity; gardening, heavy housework, brisk walking, golf</td>
</tr>
<tr>
<td>Moderate</td>
<td>some occupational walking rather than just sedentary work, plus a little vigorous exercise: dancing, swimming, running, tennis</td>
</tr>
<tr>
<td>Heavy</td>
<td>high levels of activity, both at work and in leisure hours</td>
</tr>
</tbody>
</table>

November • December 2015 • THE HEART NEWS & VIEWS 67
Chef Rosebud:
Stunning, in perfect shape at 38

Being on the wrong side of 30, a devoted wife and a dutiful mom to three beautiful kids and being around food, should not be used as an excuse to be fat and flabby.

For someone who is engaged in the food business, who harps on and hyps healthy lifestyle, moderation in everything and eating wisely taglines, she has to walk the talk.

“The common notion is that a good chef who cooks delicious food is fat, has a round belly and a double chin. I highly disagree,” says Chef Rosebud Benitez-Velasco. The face looks familiar. The voice sounds familiar.

A graduate of the prestigious Center for Culinary Arts, Rosebud’s career has grown by leaps and bounds. She has emerged to be one of the most prolific public culinary figures in the country. The name is synonymous to the TV shows “Ka-Toque”, “Quickfire” and “Amazing Cooking Kids” that were aired on TV titan GMA7’s QTV 11. She holds the distinction of being the only non-actor to be invited by GMA Artist Center to join its stable of contract stars.

Gifted with the knack for hosting, cooking, writing and entrepreneurship, she has carved a niche in the diverse milieu of showbiz, food and beverages trade and academe.

With her passion for her craft, work ethics and people’s skills, she has gained the admiration of both the masses and the classy set.

In retrospect, just like some teeners and twenty-something women, Rosebud has had her share of battle with the bulge blues.

“During my younger years, I had a love-hate relationship with food. I loved eating but I, like most women, struggled with weight and body image issues. Some would say that a women’s ultimate dream is to find her true love. Then, my dream was to eat everything I wanted, without getting fat! I did a lot of yo-yo dieting, only to have a very bad effect of rebound later on. I was also a couch potato. I didn’t like exercising if my life depended on it. I led a very sedentary lifestyle and had a poor eating habit. I would be skinny one day and then look bloated the next,” she affirms.

In 2011, she weighed 165 lbs., her heaviest ever. She looked puffy on TV because the camera makes you look 10 lbs. heavier and people, even her friends started asking if she was pregnant.

One morning she woke up with the strong resolve to modify her lifestyle to look and feel different.

“mind you, I wasn’t dieting, skipping meals nor depriving myself of good food. I still ate what I wanted but I cut down on the portion size. I also chose healthier alternatives. I switched to brown rice which is rich in fiber. I would cook/eat grilled, broiled and steamed dishes. No more fried foods, sodas and powdered juices,” says Benitez-Velasco. She started going to the gym. “I did cardio/Zumba exercises at least 3x in a week. Slowly but surely, I began to feel lighter and better. My goal was to really look better, rock any outfit I would wear, but the benefit of switching to a healthier lifestyle goes beyond the outward appearance. I also started getting physically stronger,” she adds.
In 2014, her post-pregnancy weight was 175 lbs. Again, she had another bout of depression knowing that the older you get, the harder it is to lose weight.

Her OB-Gynecologist allowed her to start doing light exercises like brisk walks on the treadmill after three months of giving birth, followed by Zumba classes. Initially, it was kinda frustrating because she often gasped for air and could hardly keep up.

“There were times during the first three months of my “Balik Alindog” program that I felt like quitting. I shifted my focus on losing weight, getting fit and sturdier,” she declares.

Aside from having a pretty face, she is blessed with an alabaster skin. She is 38 but she seems to be 10 years shy of her chronological age.

“At 38, I am now healthier, fitter and stronger at 125 lbs. In my whole life, I can say that this is my fittest which is my aim. I am still a work in progress but I am happy that I am eating better, making healthier food choices and along with that, I exercise at least 3x in a week,” says she.

**Family affair**

Throughout her fitness journey, her two older kids have stood as witness to her lifestyle change. They also watch what they consume and have embraced running and other forms of sports in their everyday lives.

Her husband, a businessman-lawyer is also very health conscious. A healthy eater, he eschews red meat. He only eats chicken breasts sans the skin. They go to the gym together.

“As a chef, I take on the challenge of concocting a mélange of delicious chicken dishes. I also make sure that I keep only good food in our pantry and refrigerator, that way, there’s no temptation to eat unhealthy stuff. With my youngest son Kaeden, we make him eat lots of vegetables and fruits so that he will start loving them even at one-year-old. I encourage my kids to eat real food, honest, nutritious, healthy food. Less junk food,” she says.

Once in a while, they have cheat days with some unhealthy dishes. “But I’m happy to say that if given a choice over lechon, pork chops, pork sisig or roasted duck for lunch or grilled chicken, they will go for the roasted stuff.

For the Holiday season, here are some practical and healthy tips from Chef Rosebud:

1. **Don’t skip meals.** Don’t go to a party on an empty stomach. Starved, the tendency you forget to watch what you eat. You keep on scooping what’s in front of you with gusto even if it’s bad for you. Skipping lunch or snacks would lead to over-eating and over-indulgence.
2. **Choose food items that were cooked in a healthier way.** Say no to deep-fried food and yes to grilled, roasted, baked or steamed dishes.
3. **If you want to have lechon-go ahead! But eat in moderation.**
4. **Stop thinking that “kawawa ka naman kasi di ka makakain ng lechon, pasko pa naman, etc..”** —You’ve enjoyed eating unhealthy food all your life. You’re not missing out.
5. **Develop a healthier mind set with food.** Don’t live to eat. Instead, eat to live.

Remember that every time you eat is an opportunity to nourish your body. Eat well, live well and be well.

For The Heart’s Christmas issue, Rosebud shares her recipe “Roasted Vegetable Lasagna” with our readers a delicious and healthy treat for noche buena.

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**CHEF ROSEBUD’S ROASTED VEGETABLE LASAGNA**

Lasagna noodles, boiled al dente
Roasted zucchini, bell pepper, mushrooms, eggplant, etc.
Low-fat white sauce
Tomato red sauce
30 grams Quickmelt cheese

**Low-fat white sauce**
4 liters low-fat milk
2 tbsp cornstarch mixed in ¼ cup of water
1 pc. chicken cube
Heat milk in pan. Add the chicken cube. Stir in cornstarch and water mixture until thick (thicker than regular sauce. Season.

**Tomato red sauce**
2 tbsp. Canola oil
1000 grams red ripe tomatoes
1 clove garlic
150 grams onions
2 cups spaghetti sauce
1 gram fresh basil

Prepare the tomatoes. Mark X at the bottom of each tomato. Put in boiling salted water until the skin peels off. Remove skin and cut into medium dice.

**Sauce preparation:**
Sauté the garlic and onions in Canola oil. Add the tomatoes. Add spaghetti sauce. Bring to a boil and simmer. Season. Top with basil leaves.

**Pasta**
Lay one layer of the cooked LASAGNA in a baking pan/aluminum baking pan/pyrex. Lay one layer of zucchini, bell pepper, mushrooms, eggplant; pour red, then white sauce. do the same procedure. Make the lasagna noodles as the last layer.

Top with cheese, then bake until done.
Serve hot.
Cooking Procedure

1. Preheat oven to 200ºC. (Turbo broiler can be used or a large sized oven toaster with roasting capabilities may also do)

2. Combine salt, ground black pepper, garlic powder, coriander seeds, sesame oil, dried rosemary leaves, lemon juice and zest, and mix well.

3. Rub the mixture around and inside the chicken. Also rub in between the skin and flesh.

4. Stuff the garlic, onion, lemon grass and pandan leaves and all drippings and excess of the rub mixture inside the chicken and secure by tying the legs together using a kitchen thread.

5. Bake or roast for 60 minutes.

6. Turn the oven off and take the chicken out.

7. Remove the thread and place in serving plate.

8. Garnish with chopped parsley on the surface of the chicken and plate decoratively.

9. Serve hot. Share and enjoy!

Can Serve 4 hungry people.

Ingredients

- 1 whole chicken (at least 1 kilo)
- 4 tablespoons Sesame oil
- 1 small piece lemon (grate the skin for zest)
- 1 tbsp dried rosemary
- 1 medium-sized red onion, diced
- 1/2 cup coriander seeds, crushed
- 1 teaspoon ground black pepper
- 1 tbsp garlic powder
- 1 tbsp salt
- 1/2 cup crushed garlic
- 1 bundle lemon grass stalks and leaves
- 3 pandan leaves, bundled
- 1 cup chopped parsley
Hearty Meals: Doc’s holiday advice

The Heart News&Views went around and asked several of our fellow heart doctors on what advice they give their patients for the holidays. While some are prohibitive, some surprisingly are consenting. Perhaps, a break from the restrictive cardiac-friendly diet that we sometimes allow our patients to enjoy the season?

Well, any advice is always tempered by moderation. Here is what some of our colleagues seriously and not-so-seriously advise for patients who are looking forward to eat during the Christmas season.

DR. ARIEL A. MIRANDA
Head, Cardiac Catheterization Laboratory
Cardinal Santos Medical Center

“The Yuletide season means being on alert 24/7 since emergencies peak this time of the year; hypertensive urgencies, acute CHF exacerbations and acute coronary syndromes can all be traced to dietary and alcohol excess in the months leading to Christmas around October and November. I already advise my patients to start dieting, exercising and losing weight in anticipation of the holidays. Exercise daily so that those excess calories won’t have the chance to be stored as fat. If they don’t lose weight now, it will pile up once the holidays come. Whatever weight they gain during the holidays will take them till March to lose. If invited to a lunch party, try to skip or eat less at dinner. And if one is going to a dinner’s event, lunch for that day could be cut down. Sensible eating is important. Choose wisely what to eat and drink. It is best to eat small servings. If one plans the holiday season sensibly there’s no reason why one can’t enjoy and still remain safe.”

DR. IRMA YAPE
Cardiac Rehab Specialist
Former chair, PHA Council on Hypertension

Be careful with your diet during Christmas season. Try counting calories. Choose the food you eat and eat within your health limits.

DR. FRANCISCO CHIO
Chairman, Adult Cardiology
Chong Hua Hospital

Eat a lot of cardiac delights……
Lechon Inasal!

DR. AILEEN MAE LOMARDA-CATAPANG
Cardiac CT/MRI Specialist

Enjoy Christmas! Eat what you want (in moderation).

DR. REGIDOR ENCABO
Training Officer
Cardiac Catheterization
Cardinal Santos Medical Center

“To my nice patients, enjoy the holidays, just be mindful of your meds. To my naughty patients, please be mindful of the holidays and please try to enjoy your meds.”
We discover the invisible God in the most visible and material things.

The Meaning of Man’s Existence
God created everything for man, but man in turn was created to serve and love God, to offer all of creation in this world in thanksgiving back to Him and to be raised up to life with Him in heaven. God created birds to fly in the sky; fish to swim in the waters; sheep to graze the land; and man, he created, to labor.

God did not complete the work of creation of this world so that man can work on it. Thus, work is a natural duty, planned from the very beginning by God who placed man on earth. Work itself is not a punishment inflicted on man because of sin. Because of the disobedience of Adam and Eve, sin entered into the world and work became troublesome: “In the sweat of your face you shall eat bread.”

Human work proceeds directly from persons created in the image of God and called to prolong the work of creation by subduing the earth, both with and for one another. Hence, work is a duty. Work honors the Creator’s gifts and talents receive from Him. It can also be redemptive. By enduring the hardship of work, in union with Jesus Christ, man collaborates in a certain fashion with the Son of God in his redemptive work. Man shows himself to be a disciple of Christ by carrying the cross, daily, in the work he is called to accomplish. Work can be a means of sanctification and a way of animating earthly realities with the spirit of Christ.

Work: Hinge of Man’s Sanctification
If we analyze our life, we realize that we spend a lot of time working. On the human level, work is something noble and purposeful. Work provides us the means to support our family, build a house, provide food on the table, send children to school, etc. It provides us a medium to develop our personality, manifest our talents, develop friendship and promote growth in our professional formation.

For two millennia, work was viewed by man without transcendental meaning. In October 2, 1928, God inspired St. Josemaría Escriva to found Opus Dei in order to remind all men and women of His universal
call: His call for everyone to holiness. God chose him to remind man the supernatural meaning of work.

That man may seek holiness in the middle of the world by sanctifying his work, sanctifying oneself in his work and in turn sanctifying other people through his work. That was the theme of St. Josemaria’s message which he unceasingly proclaimed during his lifetime. He preached repeatedly that human vocation is an important part of man’s divine vocation. Professional work is also an apostolate, an opportunity to give ourselves to others, to reveal Christ to them and lead them to God the Father. His great aspiration was that all men will place Christ at the top of all honest human activities. Thus, to so many people work become the hinge of one’s goal to be holy in the middle of the world.

In a homily entitled ‘Passionately Loving the World’ given on October 8, 1967 at the campus of the University of Navarre, St. Josemaria said:

“On the contrary, you must realize now, more clearly than ever, that God is calling you to serve him in and from the ordinary, secular, and civil activities of human life. He waits for us everyday, in the laboratory, in the operating theatre, in the army barracks, in the university chair, in the factory, in the workshop, in the fields, in the home, and in all the immense panorama of work. Understand this well: there is something holy, something divine hidden in the most ordinary situations, and it is up to each one of you to discover it.

I often said to the university students and workers who were with me in the thirties that they had to know how to materialize their spiritual lives. I wanted to warn them of the temptation, so common then and now, to lead a kind of double life: on the one hand, an inner life, a life related to God; and on the other, as something separate and distinct, their professional, social, and family lives, made up of small earthly realities.

No, my children! We cannot lead a double life. We cannot have a split personality if we want to be Christians. There is only one life, made of flesh and spirit. And it is that life which has to become, in both body and soul, holy and filled with God: we discover the invisible God in the most visible and material things. There is no other way, my daughters and sons: either we learn to find our Lord in ordinary, everyday life, or we shall never find him.

Hence, work is a duty. Work honors the Creator’s gifts and talents receive from Him. It can also be redemptive. That man may seek holiness in the middle of the world by sanctifying his work, sanctifying oneself in his work and in turn sanctifying other people through his work.

That is why I tell you that our age needs to give back to matter and to the apparently trivial events of life their noble, original meaning. It needs to place them at the service of the kingdom of God; it needs to spiritualize them, turning them into a means and an occasion for a continuous meeting with Jesus Christ.

How To Do It

The task of transforming our professional work, the raw ingredient of our goal to holiness, requires both human and supernatural means. Thus, we need to apply divine tools and human virtues in order to go through this endeavor. We need prayers and the reception of sacraments to provide us the graces that will act upon our human talents and efforts in this life project. As we gain maturity in our interior life we will come to a point when we no longer know when our prayer ends and when our work begins, for there will be a time when we will be able to transform our work into prayer.

Because the basic component of this endeavor entails human participation, we need some time and some training in order to attain perfection of our skills.

These are some recommendations for those who want to try this plan of life:

At the start of the day, as soon as you get up at a specified time that you have set, do the morning offering to God.

Offer to Him everything especially the work that you will do during the day. Ask your Guardian Angel and your favorite saint to accompany you during the day. If you are successful in conquering yourself in this seemingly trivial effort of denying yourself of a prolonged stay in bed there is a good chance that you will keep up the struggle of making your day a holy day.

Renew your intention of offering up your work to Him when you start your work. Supernaturally perfect work is work that is carried out to please God. Rectify your intention that you are working and serving others for His glory. Outside of this right, intention is simply vainglory.

Carry out your work with utmost human perfection. This means applying the necessary professional competence that is demanded in your work. Part of the professional demand is your commitment
Reflections

Be aware of God's presence while you are working.

It is good to have a small crucifix, in your pocket or in a discreet place, that you can touch or glance upon every now and then to remind you of God's presence. You may discover other human devices that will help you remember that you are working in His presence. A picture of Our Lady or your favorite saint may help you remember the presence of God.

Practice the virtues of punctuality, patience, humility, affability, diligence, cheerfulness, understanding, order and other human virtues.

These will make your work an efficient and pleasing service to others. You need to learn the art of listening so that you fight against the tendency to cut short the narrations of your patients. In many times, listening is healing by itself.

Offer up to God the difficulties and contradictions that may arise during the day like being caught up in the traffic, flat tire, flood that may strand you for hours anywhere, sudden malfunction of the air conditioning unit in the office, dealing with a person who is very demanding and very difficult to come with, secretaries who cannot come up with the demand of the work, etc. You are living the spirit of mortification when you bear patiently these difficulties that may come your way during the day.12

Praying the Angelus at noontime makes us remember that God is beside us while we work.

During this time of the day, your work may distract you from the real intention why you are working and the Angelus acts like a guidepost for your journey. This one-minute vocal prayer is a reflection about the incarnation of the Second Person of the Blessed Trinity. It reminds us of God's great love for mankind by sending down to earth His only begotten Son to redeem us from eternal damnation.

Finish the work of the day on time.

No matter how ordinary the matters may be, like signing medical certificates and health insurance forms, making prescriptions requested by patients, making a return call to patients who have some inquiries about their illness and treatment, etc., these items of work have to be finished before you call it a day. You need the virtue of fortitude in order not to let things be undone. Leaving some work undone for tomorrow is the same as not doing that all.

Be diligent in keeping the instruments of your work always in optimum condition.

These instruments are part of creation that God wants us to take care of. These tools should be made to last by proper and periodic maintenance. You are practicing the spirit of poverty when things are used properly and made to last long.

Personally encounter God in mental prayer for fifteen minutes in the morning and another fifteen minutes in the afternoon.

Converse with Him about the things that transpire in your work and in the family. Tell Him about your family; your spouse, children and members of the household. Tell Him about the difficult problems in the care of certain patients. Tell Him about your friends and relatives. In between these items of conversation, you pause then listen to what He tells you. It is easy to narrate our petitions and forgetting to listen to what He tells you. Let Him speak more to you.

Devote three to five minutes in reading the New Testament daily.

Jesus Christ is your model, our model. The bible is the sure source of how you will know Him. Knowing Him is the necessary condition in order to love and serve Him. For one cannot love someone whom one does not know. When you read the bible,
Jesus is the one talking to you. He tells you his life. He tells you how He worked in the workshop of St. Joseph. He tells you, in his hidden life, how human work became part of His redeeming activities. He tells you that you have to put so much love in doing work. Draw practical applications from Gospel passages and live it during the day.

At the end of the day, examine your conscience for a few minutes through the guidance of the Holy Spirit.

The Holy Spirit knows you more than you know yourself. This is similar to book keeping so that you will know where you are improving but more importantly, it will tell you where you are failing. It will provide you areas where to struggle the next day. Make one or two resolutions that you will work on the next day.

When you attend a Sunday mass or a weekday mass, unite your professional work with Jesus Christ offering up of Himself to God the Father.

Uniting your work with Jesus in the mass transform your ordinary work into an activity with redeeming value.

It is highly recommended to have regular and frequent confession.

Seeking holiness is a divine project. We need graces to achieve it. And graces will act on souls that are in grace. The sacrament of confession is one of the greatest manifestations of God’s mercy. No sin or combinations of all sins in this world are greater than God’s mercy. He is always waiting and always ready to forgive a repentant sinner. It is said that God does not tire in forgiving man, it is man who tires in forgiving man, who in asking forgiveness from God. Pope Francis has called an Extraordinary Jubilee of Mercy in the Catholic Church which starts on December 8, 2015 and ends on November 20, 2016. Let us grab this extraordinary opportunity of going back to Him by going to confession regularly and doing works of mercy.

It is also recommended to pray the Holy Rosary daily or at least during Saturday with the family.

You can pray the Rosary daily while you weave through the city traffic. You can use the audio files of the Rosary which you can play in your car while you travel through the city streets. Praying the rosary without the litany will take around 15 minutes and with the litany around 22 minutes.

The Holy Rosary is the favorite prayer of many popes and saints including Our Lady. Many saints have said that the Holy Rosary is the most powerful prayer next to the Holy Mass.

History tells us that the victory of the Battle of Lepanto in October 7, 1571 was attributed through the intercession of Our Lady. As a thanksgiving, October 7 was made a feast of Our Lady of Victories which was later renamed to Our Lady of the Holy Rosary. In the Battle of Lepanto, the underpowered and outnumbered Christian navy under the command of Don Juan of Austria defeated the mighty naval fleet of the Ottoman empire because Pope Pius V urged the whole Christendom to pray the Rosary for the success of this battle. Our own Battles of La Naval de Manila in 1646 have the same story. The poorly equipped and few Spanish naval vessels defeated the superior Dutch navy fleet in five sea battles in Manila Bay.

The Rosary is a compendium of the Gospel. It narrates the life of Jesus Christ: from incarnation of the Second Person of The Blessed Trinity up to His ascension into heaven. In the Rosary we pray the perfect vocal prayer which was taught to us by Jesus Christ, the Our Father. We repeat the greetings to Our Lady of Angel Gabriel and Saint Elizabeth in the first part of the hail mary which we repeat for ten times in each decade. We pay homage to the Blessed Trinity at the end of each decade by praying The Glory Be. Then we recite the Fatima prayer which was revealed by Our Lady of Fatima on July 13, 1917 to the three shepherd children Jacinta, Lucia and Francisco. Our Lady told them, not just once but in all six times of her apparitions, to pray the rosary daily for the conversion of Russia. And we know that in November 9, 1989, as the cold war started to thaw, the Berlin wall collapsed and the mighty USSR was dismantled.

As you can see, this is really a lifetime project. Humanly speaking it seems impossible to do. But what is impossible with men is possible with God.

References:
1. Catechism of the Catholic Church, 358
2. Job 5:7
3. Genesis 2:15
4. Genesis 3:19
5. Catechism of the Catholic Church, 2427
6. Matthew 5:48
7. Christ is Passing By, Saint Josemaria Escriva, 46
8. Christ is Passing By, Saint Josemaria Escriva, 49
9. Friends of God, Saint Josemaria Escriva, 58
10. Conversations With Saint Josemaria Escriva, 114
11. Genesis 4:4-5

Dr. Rodelio De Sagun is a cardiologist at the University of Sto. Tomas Hospital. A retired professor at the UST Faculty of Medicine and Surgery and an introspective soul, Dr. De Sagun finds catechism a normal part of his daily routine.
Themed: Scarf/Shawl-Bow tie Christmas Party, December 8, 2015 was a let-your-hair-down date of the PHA family with their industry partners.

PHA Christmas bash a big blast

‘Twas an evening of culinary treat, booze (strictly red wine) and rhythm from 7pm to 12 midnight at the plush Marco Polo Hotel in Ortigas, Pasig City; of captivating ‘70s to ‘80s music and dance, exciting games and thought-provoking messages from the PHA pillars.

“Everywhere there’s an air of Christmas joy”
Yule Party 2015 is exemplified by firsts.

For the first time, almost all of the PHA Board Members rendered a song number. The performers and the title of their songs: prexy Alex Junia/"You" by Basil Valdez; Vpeepee Raul Lapitan/"Can you feel the love tonight" by Elton John; Secretary Jorge Sison/"All of Me" by John Legend; Director Nannette Rey/ My Grown Up Christmas List by Kelly Clarkson; immediate past prexy Joel Abarilla with former Council on Congenital Heart disease chair Marinella Francisco/"The Dangerous Game"; Director Orlando Bugarin and Council on CPR chair Francis Lavapie/"Awitin Mo, Isasayaw Ko" by the VST & Company; Rey who is a professional singer, also belted out a medley of OPM ’70-’80-s disco tunes with the Mia Band.

Faye Merro fro Servier Phils. crooned “Last Dance.”

For the very first time, a PHA fellowship night had a solo emcee. Doing an emceeing stint sans a co-emcee for almost for hours was a first for Bugarin, concurrent Socials Commitee. Nevertheless, he delivered with aplomb and made sure everyone had a blast. The occasion was another moment for the adept, wacky, sharp-witted and charismatic emcee to shine.

The parlor games—bubble ring, tic-tac pong, spoon flip and bounce and shot glass were big hits.

"It’s the time of year when good friends are dear"
For your patients with type 2 diabetes uncontrolled on metformin

**dapagliflozin**

**forxiga™ 10 mg Tablet**

**Experience that Counts**

**FORXIGA™ 10 mg - First SGLT2 inhibitor with 4-year data**

- Strong and Sustained HbA1c Reduction
- The Additional Benefits of Weight Loss and a Reduction in Blood Pressure
- Low Incidence of Hypoglycemia
- Simple, Once Daily Dosing
  - Start and Stay 10 mg oral tablet
  - Take anytime of day, regardless of meals

**THERAPEUTIC INDICATION**

- Oral hypoglycemic agent used to improve glycemic control in patients with type 2 diabetes mellitus.

**DOSE AND ADMINISTRATION**

- One 10 mg tablet once daily with meals, or as a single 10 mg tablet once daily with water.

**CONTRAINDICATIONS**

- Hypoglycemia

**WARNINGS AND PRECAUTIONS FOR USE**

- Hypoglycemia

**ADVERSE REACTIONS**

- The most commonly reported adverse reactions were hypoglycemia, diarrhea, weight decrease, and nasopharyngitis.
BECAUSE YOUR HEART MATTERS

5
Eat FIVE servings of fruits and vegetables per day

2
Limit to TWO hours of recreational screen time (TV/PC, gadgets) per day

1
Exercise ONE hour everyday

0
ZERO sugared drinks

0
ZERO smoking

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Spironolactone Diulactone 25mg
Antialdosterone/Renin Angiotensin Aldosterone (RAA) Modulator

Standard in Heart Failure Management*1

*1 For Heart Failure with reduced Ejection Fraction Stage C, NYHA class II-IV patents

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