PHA celebrates Heart Month

PHL Lipid Guidelines launched

More Pinays die from a heart attack

PHC at 41 years

Walk&Talk:

Is Yoga good for the Heart?

Get into the PerX of Training

Screening the heart before joining sports, a must?

Cook that healthy burger

Count and burn those summer cooler calories!

Up Close and Personal with Niña F. Corpuz

PHA’s Heart Health Ally
Learn CPR and Save Lives!

Get that edge in ACLS. Be certified now!

PHILIPPINE HEART ASSOCIATION, INC.
Suite 1108 East Tower
Philippine Stock Exchange Centre
Ortigas, Pasig City
Tel. Nos. 470 5525 • 470 5528
www.philheart.org
PHILIPPINE HEART ASSOCIATION
PHILIPPINE COLLEGE OF CARDIOLOGY

Save a Life
Learn CPR.

Witness and be part of the Making of HISTORY.
Be there.
Don't miss it.

April 25, 2016
8:00 am - 12:00 noon
Quezon City Memorial Circle
Editor's Note

**THNV’s Special Halo-Halo Treat!**

Summer is officially here. Nobody can’t deny that extreme heat when one goes out of an air-conditioned enclave. Oh boy, global warming is really here and temperature’s really rising!

Like the summer, the fourth issue of *The Heart News and Views* is just as hot, if not hotter! We give you issues we think are sensible and practical to the heart doctor.

But unlike the summer, reading this issue won’t leave you sweatly icky by the sweltering heat. It’s more like eating halo-halo, the perfect answer to summer’s annoying temperature.

So what’s in our Halo-Halo?

That inviting scoop of ice cream that sits on a bed of mouth-watering colorful shreds of fruits is cover girl Niña Corpuz. DZMM’s Magandang Gabi Dok host shares with us her passion, her advocacies, her family and her views of the world.

Let’s relish the delectable new things we can learn from Walk&Talk. Hermie Saludes talks about a quite extreme form of fitness training while Benjo Quito warns about going into extreme forms of exercise without training while Benjo Quito warns about going into extreme forms of exercise without training while Benjo Quito warns about going into extreme forms of exercise without training while Benjo Quito warns about going into extreme forms of exercise without training while Benjo Quito warns about going into extreme forms of exercise without training...

Further, we got a promising chef share his recipe for a healthy burger while Gynna Gagelonia travels to Cordova to try out an oasis of good eats in the midst of hot Isabela province. Definitely, the in thing during summers is a refreshing drink to beat the heat, but before we gobble in those calories, calorie counting is a must. Discover how to bust those calories.

On the serious side, we present peeled off data from our very own ACS Registry on women’s cardiovascular health, and the findings are worrisome. We also give you toothsome stories how the Philippines celebrated February as National Heart Month. Moreover, the savory story of the 41-year-old Philippine Heart Center is narrated in this issue and its aromatic future is described.

A flavorful burst of opinions happens on our opinion pages. From elections, to heart health, to running, to choices, to love, to breaking walls and responsibility, there are many personal views to see and savor.

Again, we are lucky to have another society president write for our magazine. PSEDVM President Bien Matawaran discusses the management of dyslipidemia among thyroid patients. Our regular columnists Drs. Angelita Aguirre and Angie Yap, underscore some rancid issues concerning organ donation and professional fees, respectively.

We got more than these, so read on and delight in the ingredients of THNV’s Summer Halo-Halo Special!

P.S.
Oh yes, I burned those humongous calories from that halo-halo, and it took me 30 mins. of running at a speed of 10kph just to burn those. (What a price to pay for a photograph for THNV!)

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

Suite 1108 East Tower, Philippine Stock Exchange Centre, Ortigas, Pasig City
Do you know your heart numbers? PHA VP Raul Lapitan bares these.

HOSPITAL OBSERVER

Discover how three hospitals celebrate anniversaries and the Heart Month.

Check on the recent media guestings of ‘celebrity’ heart docs.

CHAPTER TRACK:

Cebu and Central Luzon salute the heart in February.

VIEWPOINTS:

Senatorial aspirations, running issues, love and choices? Read on your columnists’ potpourri of views on a lot of current and important issues.

REVERBERATIONS:

Read on how running has transformed a lady cardiologist and how a provincial doc responds to the call of the medical vocation.

SPECIAL REPORTS:

Breeze through how the Philippine Heart Center journeyed for 41 years and see the future beyond its present achievements.

Starting findings from the ACS registry: More Pinays die from a heart attack!

Interventionists ask PHIC to raise support for heart attack patients.

WALK THE TALK:

The Running Man: Get those perks of PerX Training!

Work out for the Weak Heart: A cardiac rehab warns about the perils of going blindly into extreme sports.

Healthy Lifestylist: Let’s talk about Yoga and its benefits for the heart.

Calorie Counter: Too hot a summer that you need some coolers? Count calories before you drink ‘em.

HEARTY MEALS

Chef Niño shares a healthy burger for the heart.

HEALTHY FINDS

Gynna Gagelonia takes us to Isabela for some healthy twist in dining.

CARDIOLINKS

PSEDM President Dr. Bien Matawaran outlines issues between lipids and the thyroid.

CARDIO AND THE LAW

A doctor’s fee on ransom?

HEART & SOUL

Moral vanguard Dr. Angelita Aguie writes on the appropriate behavior on organ donation.

REFLECTIONS

Dubai gives Dr. Ina Bunyi the chance to better herself amidst contemptuous situations.
Philippine Heart Month 43 years later

On January 9, 1973, February was declared as Philippine Heart Month by virtue of Proclamation No. 1096 by then President Ferdinand E. Marcos.

The declaration considered the heart as the “seat of life,” and acknowledged the growing prevalence of heart diseases among Filipinos thus these should be “attended to with urgency.” The proclamation further pushes for national awareness on this serious health problem through a program of emphasis and continuing research and education.

To quote such presidential proclamation: “Philippine Heart Month to be devoted to the task of effecting the highest possible degree of health care among our people through intensive encouragement of research, experimentation and study of the human heart and its affliction, as well as community involvement in the task of nation building for a healthier citizenry by extensive mass continuing education.”

Proclamation 1096 also mandates the Department of Health and the Philippine Heart Association in collaboration with the Heart Foundation of the Philippines to spearhead such outlined national effort on a year-round basis.

Fast forward to more than four decades later. The climate has greatly changed. The social, economic and political environments have considerably undergone constant upheavals and transient stability. Blame it on various reasons, but the fact that cardiovascular diseases (CVD) continue to rise and remain top killer in the country remains deplorable.

Recent data show a global trend that CVD is slipping down past cancer as leading cause of mortality and morbidity due to availability of effective strategies and improved health care delivery, but the numbers in the local setting say otherwise.

Take for example our own local data culled from initiatives of the PHA that show cases of heart attacks and hypertension continue to rise. But what is more alarming is that the gap between the numbers of people having the disease and the numbers who get treated is growing wider.

If one has to evaluate whether such proclamation delivered its purposes or not, it would be easy to conclude that it has not. Conversely, it would be without confidence to claim that efforts have succeeded in achieving its goals in “effecting the highest possible degree of health care.”

True to its commitment, the PHA has not been remiss in carrying out its mandated obligation, now considered an advocacy. It has apparently taken on such responsibility quite independently of significant Government support through time. Through its own initiatives, the PHA has always been dynamic in research, training, continuing medical education and heart health awareness campaigns. It has also leveled itself up to lobby for national policies deemed necessary in the promotion of heart health.

On the other hand, much has always been expected from the Government. Yes, the DOH has been very busy for the past years on microbiologic scares that has threatened not just the country but the world. We cannot get jealous over DOH giving priority to what are considered “clear and present danger,” over the more serious non-communicable diseases.

But what is appalling is the Government’s lethargic efforts to curb down the numbers in CVD when in fact it still remains to be the number one killer. Proclamation 1096 identified it “urgent” almost half a century ago. Talk about being able to identify the criminal and yet one does not pin down and let loose of the culprit!

Government may have implemented programs to fight disease and promote health, but these are just good at the start. To date, we have yet to see sustainable and effective government-initiated measures that are in line with preventive strategies in cardiovascular care, to say the least.

We cannot wait for another half a century for the Government to initiate moves in saving more lives and promoting health. But, the PHA and all its allied societies and organizations must be humble that achieving these ends are a herculean task, we cannot do it by ourselves.

We still need the Government as a partner to live the spirit of Proclamation 1096. A solid collaboration with the government, the DOH in particular, is imperative. At this point, the PHA must initiate steps to resurrect such partnership if the Government seems to be busy with other matters.

The two should revisit and reinforce old alliances, and its mission and vision that must be realigned with the changing times for both parties to draw and implement a more sustainable and effective heart health care system.

Hope springs eternal. One day will just come when February of each year will be a celebration of heart health as a fruit of a year-long or even a perpetual effort of preventing and controlling cardiovascular diseases and maintaining wellness.

We will not just await such day. Yes, we will work for such day to arrive.
Television and radio personality Niña F. Corpuz is a rare breed of woman. Smart, slim, pretty and witty, she is class and grace personified. Versatility must be an imprint in her biological make up, as she effectively juggles herself efficiently from being a TV/radio host par excellence, an enterprising writer to an effective product endorser to a staunch health advocate, and most importantly for her, a hands-on mom and a dedicated wife.

PHA Ally Up Close and Personal

Into the Heart of Niña F. Corpuz

Text by Gynna P. Gagelonia
Photos by Stanley Ong
Throwing herself into each of her diverse roles with great gusto is simply a natural thing. Driven by her nature and upbringing, she cherishes everything about life, excels in all her pursuits and goes out of her comfort zone to do public service.

Niña’s penchant for advocacy took root some 15 years ago as a reporter who covered labor, foreign affairs, education, health and politics.

A journalist’s beat is a terrific teacher and an excellent eye-opener. It bares and betrays the wide gap between and among the G7 nations and the Third World countries, the inequalities among the well-heeled, middle-class, poor and the impoverished.

She says: “my passion for advocacy projects was ignited by my exposure to the harsh realities of life as a field reporter. Journalism opened my eyes to a world I only used to read about or watch on TV. It’s totally different when you’re actually there seeing and talking to people, listening to their angst and pangs. As a journalist I cannot help but go a step further.”

Her exposure to and an eventual active involvement in various projects that benefitted the marginalized fanned the flames of her advocacy-oriented thrusts in her daily job as an influential voice in media.

A VALIDATED VOICE IN MEDIA

One of her early advocacy immersions was on issues affecting Overseas Filipino Workers (OFW).

“Their plight became very close to my heart. I penned an article that exposed the pathetic saga of an OFW who was abused in Saudi Arabia,” recounts Corpuz.

Her article titled “Filipino Domestic Workers: The Struggle for Justice and Survival” was awarded the 2010 journalistic prize for the best story on labour rights from the International Training Centre of the International Labour Organization in Turin, Italy. A year later, the same work gave her the 2011 Ani ng Dangal Awards for the Multi-Disciplinary Arts category by the Philippine National Commission of the Arts.

Her talent started to shine even brighter since then. In 2010, Niña was given the opportunity and responsibility of hosting DzMM’s “Magandang Gabi, Dok” (MGD), a daily interactive health program that runs from 8:30 to 9pm and likewise airs over local and international cable TV. She has a medical specialist as a resource person for the night. Through the “tele-radyo,” she and her guest doctor tackle medical breakthroughs, a gamut of health concerns and questions.
I believe that life without service is not worth living. This is something I also want to teach my children.

As host, her being a reporter takes precedence. After the show, she does an ambush interview with the guest doctor. Before the night is over, a news summary of that on-cam and off-cam interview is splashed on Niña Corpuz’ public Facebook and Instagram accounts, and the succinct but high-impact story goes viral in a few minutes.

“As MGD host, I don’t stop being a reporter. I am also a health advocate. When I get “likes” or comments thanking me for the helpful information, I know I must have done something right. I believe that our progress as a country and as a people, all starts with a healthy individual,” the radio anchor expresses.

THE PHA ALLY

For six years, Niña has had co-hosted MGD with scores of cardiologists; and ceaselessly endorsed the PHA’s free heart fairs, medical missions and media fora. Every Thursday, Dr. Luisa Ticzon Puyat hosts the show. The “Hands-Only CPR for PHA’s

Niña Corpuz with guest PHA Vice President Dr. Raul Lapitan.
"No pain, no gain. I started going to the gym. I'm now into boxing, sometimes combined with high intensity interval training. I really like it because it makes me sweat."

Media Friends" on Feb. 16, 2016 at Annabel's on T. Morato, Ave. QC was actually her idea.

MGD holds the distinction of being the number one media entity in drumming up Heart Month 2016 in January and February 2016. (PHA is also indebted to Mara Capuyan, DzMM Station manager; Shiela Tubalinal, MGD executive producer (EP); TJ Correa, former MGD EP and Reno Cortez, MGD research assistant for banking on PHA for heart matters.)
In retrospect, on day one six years ago at the DzMM studio, Niña and I exchanged numbers and I can still vividly recall her words: “please call me if you have advocacy events and novel topics.” Skepticism held me back quite a bit for I have heard that many times before from media anchors like her, but nevertheless I gave her the benefit of the doubt. Fast forward to 2016, doubts have been cleared: Niña is sincere, she kept her promise and she does walk the talk.

When asked what keeps her glued to her advocacies that go beyond a very stable and taxing career, “I believe that life without service is not worth living. This is something I also want to teach my children. They don’t have to be the first in their class but if they are the first ones to help a fellow human being, I’ll be the proudest parent in the world,” she replies with conviction.

How long will she be working on Advocacy projects? Niña has this to say: “As far as I can and as long as my family is not compromised. It’s quite difficult when you’re a working mom, so you always need to find that balance. I’m in a position where I can influence more people, so I cannot sit back and just be contented hosting a show. I try to make time and be active in different activities from breastfeeding talks to sprinting for arthritis (rayuma run) to CPR demos and healthy lifestyle lectures.”

**A FAMILY’S HEART AFFAIR**

Niña is married to Vince Rodriguez, head of the ABS-CBN Sports Action channel. The couple is blessed with two beautiful and bright girls - Stella, 3 and Emily, 2.

Born Niña Marie Fernando Corpuz, at 39, she is a proud daughter to Atenean lawyers-businessmen Nestor and Consuelo “Baby” Corpuz. Niña graduated cum laude with a degree in AB Mass Communication from the University of the Philippines-Diliman. In 2005, she completed her course in International Broadcast Journalism at the Cardiff University in Wales as a British Chevening scholar.

Chap to her loved ones, she is a doting big sis to Noelle, a New York-based advertising consultant; Naomi, an entrepreneur, art blogger and a UP Law graduate who is currently reviewing for the bar; and Nickrome, a businessman. The Corpuz family hails from Batac, Ilocos Norte and as genuine Ilocanos, they always take pride in their ancestry and ethnicity.

Both her paternal and maternal grandfathers and father-in-law succumbed to sudden cardiac death. Her favorite uncles also died of heart attacks before they turned 50 or 60.

“It’s in our genes so I get a little paranoid with my parents and always remind them to eat right and not to forget their maintenance medicines. My husband was recently diagnosed with hypertension,” the media celebrity discloses. In the middle of the shoot, Vince arrived coming from the hospital for some blood tests. Every one in the house was relieved to hear the good news that his lab results were all within normal limits.

So far, Niña is cleared from any cardiovascular disease. But she is aware of her non-modifiable factors like genetic predisposition and age. Two years ago, her post-pregnancy weight ballooned to 145 lbs. Alarmed, she went to the gym for the first time. "No pain, no gain. I started going to the gym. I’m now into boxing, sometimes combined with high intensity interval training. I really like it because it makes me sweat. I was also diagnosed with sacroiliitis, so I do some lower back exercises,” Niña reveals adding that she gets exercise instructions from Youtube.

She further narrates, “When I can’t go to the gym, Stella and Emily would see me doing some exercises at home. They would usually imitate me so both of them know jumping jacks and side hops.”

**52100 IN THE FAMILY**

The Rodriguezes with Niña in their midst believe that 52100 or that healthy lifestyle being promoted by the PHA should be a family affair and part of the house rules that exempts no one.

Niña says “52100 is near and dear to my heart because it is all about preventive medicine. If we keep reminding everyone about 52100 and practice it ourselves, hopefully cardiologists will have less toxic patients to treat! And we don’t have to worry about giving CPR.”

Healthy eating was introduced to her girls at birth. Stella was breastfed up to six months and Emily is still breastfed to this date. Both girls have been trained to eat fruits and vegetables. “I made Stella eat steamed ampalaya (bitter gourd) at six months and she liked it!” Niña exclaims.

Successful in training her two girls, Niña relays her kids are not picky eaters. Processed food like chicken nuggets or hotdogs are a no-no on the dining table. The two little girls only get a taste of fastfood such as french fries and burgers on certain occasions like birthday parties.

Television exposure and gadget time exposure are also limited. Stella’s Ipad is used only during travels like on board a plane or while stuck in horrendous traffic. Younger Emily would just peek at her Ate’s Ipad.

Niña makes sure both are physically active. Stella has been taking swimming lessons since she was 18 months old while Emily will start taking same lessons this summer.
When a recipe is cooked with fresh and basic ingredients, you'd be assured it's a good dish. I love pinakbet and I can eat it everyday! And yes, sometimes it is topped with crispy bagnet.

WHOLISTIC FOOD IN A WHOLISTIC HOME

The venue of the photo shoot was the Rodriguez’ posh residence which is located in a placid and friendly neighborhood on the borders of New Manila and Valencia, Quezon City.

While busy preparing for the shoot, gracious host mom-in-law Mary Anne was likewise busy preparing food at the table. The whole time, she made sure the buffet table was replenished. Drinks, including coffee and water were bottomless. With such opulent family living in an opulent place, one would wonder if food on the table would be equally rich.

For merienda, we were joined by the little girls. We feasted on Nachos, which was bland and crisp, with light salsa and cheese dips; meat and veggie pizza; mixed nuts (unsalted macadamia, almond, walnuts, pistachio, cashew and peanuts); chicken sandwich paired with vegetable salad and for dessert, we had Mary Ann’s rum cake which was just so delectable.

Based on the food served, food in the Rodriguez household was generally wholesome and healthy.

When queried further into their eating habits, Niña reveals “My husband and I love to dine in places with good food critique and we make a review ourselves. But we eat in moderation,” adding that she religiously checks on their daily family menu.

Husband Vince grew up with parents who have a very discriminating palate. His mom is a food connoisseur. She whips up great concoctions while his dad used to work as a hotel executive.

On the other hand, the Corpuzes may have acquired tastes for gourmet and fusion cuisine, but being Ilocanos, normally, they go for simple dishes.

“When a recipe is cooked with fresh and basic ingredients, you’d be assured it’s a good dish. I love pinakbet and I can eat it everyday! And yes, sometimes it is topped with crispy bagnet,” she divulges but quips it’s done in moderation.

“My pinakbet ingredients are shipped from Ilocos. The sitaw, talong, okra, etc., come in small sizes, and don’t look bright or pretty like the ones you see in the grocery, a sign they are not exposed to a lot of chemicals,” shares Niña who does the grocery for the house. As much as possible, she buys organic eggs or free range chicken and organic greens.

True to her preference for organic food, Niña’s parents arrived towards the end of the shoot for a surprise visit with boxes loaded with assorted native veggies, garlic and onions all from Ilocos.

DIFFERENT ROLES, CHALLENGING PRIORITIES

This writer has always admired Niña for her demeanor. Despite her pedigree and amazing achievements, she is down-to-earth and affable. The strength of her resolve in living her dream is remarkable.

People say children are their parent’s clone. Most ladies take after their mothers.

She says “My mom inspired me to be hands on. She worked as a CPA lawyer, teacher and businesswoman but she always found the time for her four children. My fondest memories with her are exactly those things I’m trying to do with my kids now. Although I don’t think I can ever be like her, I don’t know how she did it. She’s my hero, my superwoman. I try to be 100 percent but I still have a job and other things to do. I wish I could say it’s perfect, but yes, there are times you wish you could just multiply yourself. The reality is that you will miss some milestones or wish you could have done more. But it’s okay. It happens. As a mom, I’ve learned to forgive myself and also love myself so I can be a better mother, wife, woman.”

After 15 years of being a field
Women should really be on equal footing with their husbands, whether it’s about health, money or career. We should have as much say about these things as men.

She further added that while, it’s also true that many women may outlive their husbands and tend to be more lax when it comes to their health, women should realize that women suffer from heart attacks as much as men do.

The radio program host cited some data she learned from a recent PHA press conference that showed the incidence of heart attacks between men and women is now at 1:1. She urges wives to not just drag their husbands to a medical check-up but take themselves for one as well.

HAPPY, MAGNANIMOUS HEARTS

Knowing Niña Corpuz a bit more up close and personal and meeting both the Rodriguezes and Corpuzes were heart-warming experiences. The posh Rodriguez residence is an underestimation of both families’ magnanimous hearts: a sincere generosity from the host, a genuine filial connection among relatives, a deep concern for health for everyone and an inspiring commitment to be of service to others.

Asked for her parting shot, Niña quotes one her favorites, “Carpe Diem! Seize the day, seize the moment, make each day count. When you realize that life is so fragile, you value every moment spent with your loved ones, the laughter and even the tears.”

Niña concludes that she always prays to God for more time with people we love the most. And if everyone could just be like Jesus who would always do good deeds to everyone every time, then the world would just be simply perfect.

♥

Walking the talk.
Heart Month 2016 in Biñan draws 342 BHWs, local folk

Overall, Heart Month 2016 with the theme: Make Control Our Goal held last February 21 at the huge University of Perpetual Biñan (UPB) in Biñan, Laguna was a success, quantity and quality wise. Three traditional activities, DanceExercise, risk factor clinic and CPR training were simultaneously conducted in different venues within the UPB school and hospital compound.
On stage, the three Zumba instructors were joined by PHA officials – Drs. Alex Junia, Raul Lapitan, Jorge Sison and Helen Ong-Garcia, Nannette Rey and Aurelia Leus in gyrating to bouncy Zumba tunes.

The DancExercise contest dubbed “Zumba Hanggang Matumba” at the Grandstand grounds was participated in by the doctors from the hospital, UPH Laguna grade 7 and 8, Zumbadicks, a senior citizens’ group in Binan, Zydus Healthcare, Kalbe International, Natrapharm, Corbridge and Pharex. Zumbadicks won first prize while Natrapharm, second prize.

The risk factor screening clinic (BP taking, cholesterol and sugar tests, ECG and ABI and consultations) included a healthy cooking demo at the large basketball court that gathered Barangay Health Workers (BHWs) and Binan residents who queued as early as 6am.

The Basic Life Support or Cardiopulmonary (CPR) for the Lay at the conference room gathered equally enthusiastic BHWs, teachers, grade and high school students. The mass demo was followed by one-on-one training and automated electronic defibrillator (AED) application by Drs. Orlando Bugarin, PHA director/Advocacy Committee chair and Francis Lavapie, PHA Council on CPR chair.

To motivate young students, Bugarin told them: “our kids are your age. They know how to do CPR.” “And you don’t have to be a doctor or a health professional (a nurse, or a midwife) to do CPR to save a life. Soon enough, CPR will be a part of your curriculum,” revealed Lavapie.

The opening ceremonies was graced by Department of Health Under Secretary Vicente Belizario who stressed that “non-communicable diseases (NCDs), one of which is heart diseases, have overtaken cases of food- and water-borne diseases.

He went further to suggest that the PHA should revisit the National NCD Control Program and renew its tie-up with the DOH before Secretary Janet Garin relinquishes her post. “It is
important that the deal should be sealed by an open-ended memorandum of agreement. Being timeless, it will be acted on and pursued regardless of the change in leadership," the director said.

"Stick to 52100, the tenets of a healthy lifestyle. Don’t forget the control numbers that should be your goal to put diseases of the heart and the blood vessels at bay," said Lapitan, PHA vice president and concurrent Heart Month chair.

He explained that those who would avail of the free screenings will get a COR Book that shows their test results vis-a-vis the normal and abnormal levels; the tenets of 52100 and other health tips.

Junia, PHA president, said “it is providential we are holding Heart Month here. The PHA has been taking the lead in the CPR-Ready Philippines goal.

The PHA president stated that Congress has approved the Samboy Lim Bill or the CPR Bill requiring K-12 students to undergo CPR training, a pre-requisite before graduation which has passed the second reading at the Senate.

Samboy Lim, the legendary PBA player in the ‘80s suffered from a heart attack while playing basketball with his peers who knew nothing about cardiopulmonary resuscitation.

Junia further announced that the PHA is staging the National Mass CPR all over the country on April 25, 2016. He was confident that with 12 PHA chapters and EMTs all over the country, the nationwide mass CPR event will be a big success.

"I urge the public to do 52100 daily to stay healthy and have a happy heart to avoid diseases of the heart, blood vessels and hypertension. Mind your heart. Make every day a heart day, every month a Heart Month," Junia challenged the crowd.

An upbeat Dr. Reginente Lapak, president of the PHA Southern Tagalog Chapter (STC) said “see your doctor every year. For patients with
InFocus

a strong genetic predisposition to cardiovascular diseases, don’t wait for the symptoms, seek consultation.”

He also advised that if money is an issue, a visit to the nearest barangay health center is a wise move. He likewise advised parents to introduce 52100 to their children.

The PHA STC took the helm together with the National PHA in organizing this year’s Heart Month Celebration.

Anti-smoking campaign lead personality Dr. Maricar Limpin encouraged everyone to stop smoking not just for one’s self but for loved ones and others who don’t deserve to inhale second-hand smoke as well.

“Everyone has a clean air space right. Smoking is a risk factor for NCDs,”

Rey

Bugarin, Lewis

Abanilla, Sison

Foreground (fr, R) Dr. Amelita Brillantes & Ong-Garcia

January - February 2016 • THE HEART NEWS&VIEWS 17
warned the lady pulmonologist who is also a director of the Philippine College of Physicians.

“If you have a sit-down lifestyle because of the nature of your job, every hour, make sure to stand up to do leg and foot exercises. Prolonged sitting and standing can cause clogged arteries which is not good for the lungs and heart, do 52100,” Limpin further advised.

Ong-Garcia, PHA treasurer and master of ceremonies, said “there is always something that should spark change. Remind your parents to practice 52100 and teach them how to do CPR.”

“This day should be the launching pad of an active lifestyle. Download Zumba and other exercise tutorials or lessons from you tube,” PHA Secretary Sison urged participants to the Heart Month Celebration.

Sison, however, warned that “Zumba Hangang Matumba” should not be taken literally. It should be taken within the challenge to your resistance test context.

Towards the end of the program, Dr. Juliana Tamayo, former PHA STC president and one of the pillars of UPH-Binan University and Hospital, hailed the PHA NCR and STC for bringing the big event to Binan.

She said “choosing our institution as venue of a mammoth advocacy undertaking gives us a sense of honor and pride.” During her tenure as president, Tamayo made sure that PHA STC was a standout.
By Maricel R. Regino, MD, FPCP, FPCC

Camp Braveheart 10 (CBH) was indeed a day of enormous fun and learning, making it a good precedent of Camp Braveheart 11.

Hinged on the theme “A Decade of Resilient and Vibrant Hearts,” the CBH outing-cum-educational tour-recollection was held at the Manila Ocean Park in Pasay City.

Each patient was accompanied by a parent or guardian and pediatric cardiologists from University of the Philippines General Hospital (UP-PGH) and the Philippine Heart Center (PHC). Patients came from the UP-PGH, PHC, and Philippine Children’s Medical Center (PCMC). CBH is an advocacy project of the PHA Council on CHD and PCMC.

The program started off with a touching prayer by Dr. Len Acosta who thanked the Maker for the new lease on life and asked Him to constantly look after these young patients, their loved ones and doctors.

In his welcome remarks, PHA Vice President Raul Lapitan hailed the organizers and supporters of CBH 10. In addressing the children, he said “I encourage you to take good care of your hearts, study hard and pursue your dreams.”

PHA Director Dr. Aurelia Leus and PCMC’s President Dr. Eden Latosa reminded the children that “the best prevention against acquired heart diseases is making every tenet of 52100 a habit. Knowledge is beautiful and it becomes more beautiful if you put it into practice.”

Yours truly gave an overview of the CBH. Its goals are: to help post-surgical patients in their transition from a life of limited activity and exposure, to one vision, hope and fruitful experience. This will hopefully enable them to reach their full potential as they interact with and are encouraged by one another, including doctors, expert speakers and student volunteers.
All the exciting activities were geared towards the promotion of fellowship and leadership skills; enhancement of artistic inclinations and reinforcement of faith. Divided into three groups, the kids toured the Oceanarium, Trails of Antarctica and sea lion show. The fun activities, including the best heart design poster, were held at the Pacific function room. Children from PCMC took home the best poster award.

Also present were Drs. Regente Lapak and Juliet Balderas, PHA Southern Tagalog president and PHA Council on Rheumatic Fever/Rheumatic Heart Disease chair, respectively; Council members – Drs. Bernadette Azcueta, Virginia Mappala and Martha Santiago; as well as Drs. Evely Hilario, Mayette Rosqueta, Emily Anupol and Joy Irorita, Council on Congenital Heart Disease members who organized the camp.

Over lunch, Dr. Connie Sison gave an interactive lecture on healthy lifestyle focusing on 52100, which was very educational and age appropriate.

After a few games and giving the children a break, it was Jellies Exhibit and Sharks and Ray Dry Encounter time, followed by intermission numbers from Drs. Marinella Francisco and Kim Tolentino.

Francisco's rendition of 'Part of your World' from the classic Disney's Little Mermaid was mesmerizing. Francisco and Tolentino did a duet of 'A Whole New World' from the movie Aladdin was awesome. Kim's version of 'Somewhere over the Rainbow' from The Wizard of Oz was also a hit. Francisco's 'Let it Go' from the movie, Frozen, was a winning performance.

There were more games in the afternoon, which was conducted by the game master, Zhendelle Hilario, a cardiac rehabilitation nurse at PHC. She was ably assisted by Dr. Rainier Rapal, a PGH pediatric resident. The last activity was the musical symphony and fountain show which was another wonderful experience, according to the kids.

It was a hectic and long but productive day. Each of the children received certificates of attendance and loot bags.
Since its conceptualization in February 2007, around 650 kids with heart disease (most of them post-surgical) and their parents have attended and benefited from CBH. It aims at equipping children with CHD and their parents to achieve goals, and be fruitful within a community, be an inspiration to others and to meet the challenges and ordeals of having an inborn heart disease. This will hopefully enable them to reach their full potential as they interact with and are encouraged by one another, including doctors and volunteers.
Headed by Council Chair Dr. Francis Lavapie, the CPR Council successfully trained its 209 trainors from all over the country during the 8th National Basic and Advanced Cardiac Life Support Training the Trainors Course from February 5-7, 2016 at the Legend Villas in Mandaluyong City, Metro Manila.

A total of 101 new trainors and 108 refreshers participated in the three-day activity.

The workshop-cum-brainstorming on the major modifications, that included changes in the written examination based on the updated guidelines, were immediately implemented.

Some of the changes in the current guidelines include setting absolute limits to compression rate at 100 to 120 compressions per minute and to the depth of 5cm(2inches) to 6cm(2.5inches), vasopressin being out in the cardiac arrest algorithm, epinephrine administration immediately if the rhythm is non-shockable, and for therapeutic hypothermia temperature range of 32 to 36 degrees Celsius for at least 24H.

Also emphasized was everyone’s vital role in the chain of survival from bystanders to dispatchers, emergency responders to healthcare providers.

The inclusion of the AED in the BLS, especially with the current need for such devices in public places, has been highlighted in the lecture as well as the BLS workshop and practical examination.

The inclusion of special circumstances in CPR as well as First-Aid training materials were...
also emphasized in the training. Evaluation of the quality of trainings and the frequency of recertification among providers were further tackled.

During the same event, a one-day Refresher Course was conducted similar to the previous trainings but this time, it included Ethical Issues, First Aid and Highlights as well as Key Changes in the 2015 guidelines.

Lavapie tackled First Aid and Special Circumstances. Dr. Allan Romero expertly discussed the Ethical Issues of CPR while Dr. Raul Ramboyong elaborated on the Key Changes and Highlights of the 2015 guidelines.

Participants to the course were updated about the Samboy Lim Bill’s approval by the House of Representatives in December 2015 and its snowballing at the Senate. It has been approved on second reading. The third reading is slated for May 21, 2016.

The CPR Act requires K-12 students to undergo basic CPR training and its incorporation with the school curriculum, was filed by Rep. Joseller Guiiao and Sen. Sonny Angara at the Congress and Senate, respectively.

As the 3rd and final reading of the Samboy Lim Bill for bystander CPR comes to a close, the CPR Council members, which includes one of its most steadfast members, PHA President Dr. Alex Junia, announced that in line with its advocacy goal: To attain the CPR-Ready Philippines status, PHA has to make noise to expand its network and to draw national attention. Thus, the Council decided to stage a nationwide mass CPR on April 25, 2016.
The strong organization of 1,600 cardiovascular specialists and lay members collectively known as the Philippine Heart Association (PHA) hails the Congress and Senate of the Philippines for sponsoring and working on the immediate passage of an Act Requiring Basic Education Students to Undergo Cardiopulmonary Resuscitation (CPR) Training.

Authored by Cong. Joseller “Yeng” Guiao (1st Dist., Pampanga), House Bill No. 6204 or the Samboy Lim Bill, an act requiring K-12 High School students to undergo cardiopulmonary training, was approved by Congress.

Its counterpart measure, known as Senate Bill 3016 was introduced by Sen. Sonny Angara at the Senate of the Philippines.

This development illustrates the Filipinos’ capacity and unbridled passion for a major feat that will greatly benefit every citizen.

The PHA Mission is to ensure accessible, affordable and quality cardiovascular education and care for everyone.

Over the years, under the baton of its trail blazer leaders, PHA has taken on a meaningful role in continuing cardiologic education. The PHA Heart House, the PHA Chapters, the cardiologists’ clinics, eventually private and public places thru the auspice of multi-allies are veritable centers of lay education on diverse aspects of cardiovascular disease prevention, care and management.

In spreading the gospel of preventive cardiology, PHA underscores the tenets of a healthy lifestyle. During its relentless CPR trainings for health professionals and the lay, it underlines that resuscitation should be performed on the victim within 3-5 minutes to prevent irreversible brain damage.

CPR is an emergency procedure used when someone’s heart stopped beating. Simple and inexpensive, basic, hands-only CPR (no mouth-to-mouth resuscitation), consists of a technique using repetitive pumping of the chest to keep enough oxygen and blood flowing to the brain.

You don’t have to be a doctor to do CPR. Hands-only or bystander CPR saves lives.

If effectively done immediately after cardiac arrest, CPR increases the victim’s chance of survival by 33 percent. Early CPR and defibrillation within the first 3–5 minutes after collapse, plus early advanced care can result in high (greater than 50 percent) long-term survival rates for witnessed ventricular fibrillation (VF).

The bill’s ratification will give the PHA Council on CPR more teeth and muscle in working on the association’s major thrust: To Be a CPR-Ready Country and To Bring CPR to every Filipino Home.

Cong. Guiao said: “We want to make lifesavers of the youth of today by giving them the training that will make them confident to step up as the need arises.”

Teaching the basics of CPR to young students is a catalyst for change. It elevates their knowledge on first-aid; greatly enhances memory retention; improves psychomotor skills and boosts confidence in heeding the call of saving a life.

Children who know how to do CPR even “Hands only CPR” can pass on their skills to their family members. The more number of CPR trained adults we have, the more number of bystander CPR will be done.

US, Singapore, Japan and Taiwan have been reaping the gains of enforcing mandatory CPR in schools. Increasing the percentage of CPR-trained students effectively intensifies the community response to an out-of-hospital cardiac arrest.

The pressing need to increase the participation of communities in saving lives has to be coupled with an increase in the number of trained CPR providers. The public should be continually encouraged to acquire CPR skills.

Heart disease accounts for about close to 20% of all deaths. About half of all cardiovascular mortality occur as sudden cardiac death or sudden cardiac arrest which can happen any time to anyone, anywhere, without warning.

Despite advances in Emergency Medical Systems (EMS) and in the technology of resuscitation, sudden cardiac arrest remains a major public health problem. It is associated with low survival rate, and major long-
term severe mental impairment due to delays in CPR and treatment.

Majority of cardiac arrests occur outside the hospital—at home, in the workplace, in public places. Almost 70 percent of out-of-hospital cardiac arrests occur at home and are witnessed by a family member who doesn’t “know how to do CPR. Approximately 50% happen without a witness.

The effect of bystander CPR has long been studied. In 1985, Ritter, et al, looked into 2,142 EMS cardiac arrest runs. They found that 22.9% of the victims survived until they were admitted to the hospital and 11.9% were discharged alive. In comparison, the statistics for cardiac arrest victims who did not receive bystander CPR were 14.6% and 4.7%, respectively. A 2015 report in Japan on out-of-hospital cardiac arrest (OHCA) victims supports the findings of Ritter, et al. The study analyzed victims who had witnessed in Japan from 2005 to 2012. The number of witnessed OHCA increased from 17,882 to 23,797, and neurologically intact survival increased from 587 cases to 1,710 cases.

Within the same time frame, the rates of bystander chest compression increased from 38.6% to 50.9%, bystander-only defibrillation increased from 0.1% to 2.3%, bystander defibrillation combined with EMS defibrillation increased from 0.1% to 1.4%, and EMS-only defibrillation decreased from 26.8% to 23.5%. Performance of bystander chest compression, compared with no bystander chest compression, was associated with increased neurologically intact survival at 8.4% vs 4.1%.

The importance of bystander CPR is supported by the significant increase in survival to discharge and survival with favorable neurological outcome. These are only observed in patients who received bystander CPR, but not in patients who did not receive bystander CPR. Because of this, there is a need to increase the number of trained CPR providers within communities.

The Cardiac Arrest Registry to Enhance Survival (2010–2013) studied 4961 patients with OHCA for whom resuscitation was attempted following a widespread initiative on training the general population in CPR and in use of automated external defibrillators (AEDs) in North Carolina.

For community members, chest compression-only training was offered at major civic events as well as to patients with cardiovascular disease and their family members before hospital discharge. The combination of bystander CPR and first-responder defibrillation increased from 14.1% in 2010 to 23.1% in 2013 (P < 0.01). Survival with favorable neurological outcome increased from 7.1% in 2010 to 9.7% in 2013 (P = 0.02) and was associated with bystander-initiated CPR. Survival following EMS-initiated CPR and defibrillation was 15.2% (30 of 198; 95% CI, 10.8%-20.9%) compared with 33.6% following bystander-initiated CPR and defibrillation; 24.2% following bystander CPR and first-responder defibrillation; and 25.2% following first-responder CPR and defibrillation.

It has been noted that the combined application of basic life support training and public automated external defibrillator (AED) has greatly doubled the chance of survival. PHA has taken the lead in advocating hands-only CPR followed by an AED, a must-have life-saving device that jumpstarts the heart’s electrical circuit. An international chain of luxury hotels in Pasay are CPR-ready and equipped with AEDs. The local governments of the cities of Manila and Balanga in Bataan, where the PHA has conducted a series of CPR trainings have put the acquisition of AEDs in their pipeline.

Since 1982, the PHA CPR Council has been consistently teaching the science of Resuscitation based on Internationally Validated Guidelines from the International Liaison Committee on Resuscitation (ILCOR) and the American Heart Association by teaching basic life support and advanced cardiac life support in all health institutions, schools, allied health and paramedical personnel.

A dynamic member of the Resuscitation Council of Asia (RCA), PHA has carved a niche in the regional and international cardiovascular communities.

PHA is honored to be part of this breakthrough bill. It commits its 100 percent in taking on the task of drafting the CPR instructions for the student.
2015 CPG for Dyslipidemia is off the press

Modernized, revised and relevant up-to-date information STAT; rankings and ratings and addressing issues are the principles of clinical practice guidelines, according to the Philippine Heart Association Council on Preventive Cardiology (PHA-CPC).

Year 2005 saw the birth of the 2005 Clinical Practice Guidelines (CPG) for the Management of Dyslipidemia in the Philippines.

Thus, 10 years Dr. Adriel Guerrero, chair of the PHA-CPC, fellow heart experts and authorities in the disciplines of dyslipidemia, endocrinology and epidemiology from three sub-specialty societies – the PHA, Philippine Lipid and Atherosclerosis Society and the Philippine Society of Endocrinology, Diabetes and Metabolism, re-worked on the guidelines.

Heads by Lourdes Ella Gonzalez-Santos, the 2015 Technical Working Committee (TWC) members included Drs. Imelda Caole Ang, Jude Eric Cinco, Cecilia Jimeno, Ethel Jasper Llanes, Raymond Oliva, Deborah Ignacia Ona and Noemi Pestano.

The one-year-in-the-making 2015 Updated Clinical Practice Guidelines for the Management of Dyslipidemia in the Philippines was unveiled on February 10, 2016 at the Crowne Plaza hotel, Quezon City. The making of the CPG took 12 months.

The local CPG is a compilation of current
statistics on the incidence of dyslipidemia in the local setting, recommendations on screening and monitoring using lipid profile determination, identification of groups at risk for cardiovascular events which will be targeted for prevention and treatment, and recommendations for the treatment of dyslipidemia for the prevention of cardiovascular events among Filipinos.

Primarily, CPG on dyslipidemia offers recommendations how to manage Filipino patients who are diagnosed with elevated cholesterol. This may influence standards and national policies for optimal patient care and cardiovascular health, said Dr. Adriel Guerrero, chair of the PHA-CPC.

Initially, the group reviewed the recommendations in the 2005 CPG and proposed clinical questions to be
answered by the 2015 CPG. In order to update the 2005 CPG, the current guideline generally used the same methods as the earlier document. The TRC specified the population, intervention and outcomes for each clinical question and defined the criteria for eligible studies.

The committee behind the CPG developed an initial set of questions based on their expertise and on the earlier CPG. From the initial document, nine clinical questions (CQs) were prioritized and were used to provide the guidelines for the 2015 CPG.

The physician may use the recommendations confidently in caring for most patients, and is meant to guide practices that meet the needs of the patients in most but not all circumstances. The ultimate decision must be made by the Filipino physician and patient together, and should not be a replacement for clinical judgment.

Various clinical outcomes were rated and ranked using the Grades of Recommendation, Assessment, Development and Evaluation (GRADE) categories of importance. The clinical ratings were rated numerically on a 1-9 scale. A grade of 7-9 is critical, 4-6 is important and 1-3 of limited importance.

**CPG CQs and Recommendations:**

There were nine clinical questions but only six statements for the 2015 CPG. Since there were issues on clinical questions on non-statin therapies (CQs 4, 6 and 9), no statements were made. Despite the lack of clinical data, the TWC and the voting panel decided to provide a section on the use of non-statin therapy.

**CLINICAL QUESTIONS**

**CQ1** Among patients diagnosed to have dyslipidemia, regardless of their present morbid condition or risk profile, should lifestyle modifications (i.e., smoking cessation, weight management, regular physical activity and adequate blood pressure monitoring and control) be advised to reduce overall CV risk?

**CQ2** Among non-diabetics without ASCVD but with multiple risk factors, should statin therapy be given?

**CQ3** Among diabetic individuals without ASCVD, should statins be recommended?

**CQ4** Among diabetic individuals without ASCVD, should fibrates be recommended as an alternative to statin therapy?

**CQ5** Among patients with established ASCVD, should statins be given?

**CQ6** Among individuals with ASCVD, should fibrates be given as an alternative to statins?

**CQ7** Among patients with acute coronary syndrome (ACS), should statin therapy be given?

**CQ8** Among patients with established ASCVD or diabetes, should lipid profile determination be done? Among patients without ASCVD but with multiple risk factors, should lipid profile determination be done?

**CQ9** Among patients with ASCVD, should omega-fatty acids be given as an alternative to statin treatment?
PHA supports Kalye sharing among bikers, pedestrians

The Philippine Heart Association (PHA) joined colleagues, members of the academe, civil society groups and government agencies, collectively known as the KalyeShare group in urging the government to open the roads to bikers and pedestrians, as it is one of the practical and sustainable ways to address the traffic congestion in Metro Manila and other urban centers in the country.

Representing PHA were its President Dr. Alex Junia and Treasurer Dr. Helen Ong-Garcia. KalyeShare is composed of the Philippine College of Physicians (PCP), Philippine Medical Association, UP Bike Share, and the Bayanihan sa Daan Movement announced their Advocacy campaign and Kalyesharing showcase on February 7, 2016 in Manila and Pasay during the PCP Health Forum at Annabel's on T. Morato Avenue, Quezon City.

“This is a very significant step to raise the awareness of Metro Manila residents about the importance of opening up the roads to bikers and pedestrians. It is time to start looking into the viability of giving spaces for physical activity to promote health.”

The PHA submitted its position statement on the CPR bill to the office of Sen. Pia Cayetano, chair of the Senate Health Committee.

“Bringing CPR to every Filipino Home: A CPR-Ready Philippines” is the flagship project of PHA President Dr. Alex Junia. The PHA Board, the PHA Council on CPR led by Dr. Francis Lavapie and their lay allies have joined hands to give more muscle to this campaign.

Media has continued to give CPR an invaluable mileage and decided to equip themselves with basic CPR skills. PHA organized two CPR lectures/demos dedicated media on February 16 and March 15, 2016.

See Page 80

CPR Council soars; braces for National Mass CPR Day

The Philippine Heart Association (PHA) Cardiopulmonary Resuscitation (CPR) Advocacy Campaign continues to reach new level heights.

PHA, its different chapters and allies are gearing up for the National Mass CPR Day on April 25, 2015 and hopes to gather 30,000 participants to make it to the Guinness Book of World Records.

In November 2015, Congress approved the House of Representative Bill 6204 or the CPR Training Act, also known as the Samboy Lim Bill, which makes basic CPR compulsory from K12, authored by Rep. Joseller “Yeng” Guiao.

The bill which is already at the Senate as SB Bill 3016 and has been approved on second reading, has Sen. Sonny Angara as author.

On January 19, 2016, right after it has been passed on second reading, the PHA submitted its position statement on the CPR bill to the office of Sen. Pia Cayetano, chair of the Senate Health Committee.

“Bringing CPR to every Filipino Home: A CPR-Ready Philippines” is the flagship project of PHA President Dr. Alex Junia. The PHA Board, the PHA Council on CPR led by Dr. Francis Lavapie and their lay allies have joined hands to give more muscle to this campaign.

Media has continued to give CPR an invaluable mileage and decided to equip themselves with basic CPR skills. PHA organized two CPR lectures/demos dedicated media on February 16 and March 15, 2016.

Save a Life
Learn CPR.

One of its latest CPR supporters is AXA Insurance. Through the help of Pag-Ibig President Darlyn Berberabe, AXA has committed to be a part sponsor of the mass CPR and the CPR Ad featuring Alvin Patrimonio. The ad is in the production stage.
In January and February 2016, the BP ng Teacher Ko, Alaga Ko Caravan traversed paved arteries, narrow and rough roads to get to Iba, Zambales and Baler, Aurora in Central Luzon.

“Making it to these remote places was not exactly breezy. Traversing smooth and bumpy road, and an almost dried up, stony and pebbly stream is part of the deal. Each destination’s distinct beauty and appeal and the people’s warmth and grateful demeanor; and the thought of being able to increase their awareness level and change their attitude to minding their heart-health first and foremost to be able to walk the talk effectively to their families and students is worth the long trip,” said Dr. Irma Yape, former chair of the Philippine Heart Association Council on Hypertension.

Yape led the two different sets of medical teams to these three BP ng Teacher Ko... hops.

The five year-old advocacy project on hypertension is a collaboration among the PHA, Department of Education, Philippine Society of Hypertension and LRI-Therapharma.

The Iba hop drew 278 teachers and non-teaching personnel. Yape was joined by PHA Central Luzon doctors led by by Dr. Orlando Bugarin, PHA director and Advocacy Committee chair and Dr. Marietta Ablang.

Other physicians who participated were Drs. John Ryan Viar, Shirley Lorraine Fernando and Aimee Claire Musle, consultants and residents from the JLG Memorial Hospital in Olongapo City.

Other members of the team included Loida Ramos from Dep Ed Pasig City and Dr. Ramil De Los Santos, head of Zambales Department of Education Division Office; Ronnie Manliclic, LRI-Therapharma Manila; and LRI-Therapharma group in Central Luzon.

Making up the PHA Staff in these areas were Myrna dela Cruz, Cristeta Reyes, Irene Alejo and Marie Lumba.

In Baler, the venue was the DepEd Division Office, Baler, Aurora Province. In attendance were 250 teachers and non-teaching personnel.

Yape was joined by PHA Central Luzon Chapter President Dr. Charisse Gutierrez-Lim and residents from the Paulino J. Garcia Memorial Provincial Medical Center in Nueva Ecija namely Drs. Bernice Gutierrez, Lourdes Castro, Jelena Areza and Joshua Tolentino.

DepEd officers present were Loida Ramos (Pasig, Metro Manila) and Engr. Edgardo Domingo, PhD, CESO, School Division Superintendent (Aurora Province).

The LRI-Therapharma team was composed of Ronnie Manliclic (Manila) and LRI-Therapharma officers deployed in Central Luzon. GPGagelonia ♥
A giant pedestrian mall's atrium is a strategic place to hold a mini awareness campaign. Getting the right ally is also an advantage and results in win-win situation for both partners.

In its bid to deliver better public services during its Heart Awareness Month Fair in three selected Watson’s Personal Care Stores (Phils.) Inc., Watson’s sought the Philippine Heart Association's (PHA) support in three SM malls.

Gerzel Osorio, Watson’s assistant category program manager said that the drug store chain's management made sure that their January 26-31, 2016 SM Fairview, Quezon City; February 6-9 SM Megamall, Mandaluyong and February 11-10 at SM North, Edsa, Quezon City, had healthy lifestyle (52100) lectures and basic life support for the lay lecture/demo.

These events were graced by PHA President Dr. Alex Junia, PHA Director/Advocacy Committee Chair Dr. Orlando Bugarin and Francis Lavapie. Their lectures/demos were also aided by an AVP and slide presentation.

The campaign gathered a relatively good number of attendees who stayed during the entirety of the lectures and demos. They also asked questions. The Q&A was followed by a contest that came with attractive prizes and that put the audience’s grasp and awareness to a test. GPGagelonia ♥
Taking heart cardiovascular healthcare should be a daily thing. Given its many essential functions, we have to take good care of our heart. The heart is the body’s engine room, responsible for pumping-life sustaining blood via thousands of kilometer-long network of vessels.

Abnormal heart beat or arrhythmia is a silent killer. High blood pressure or hypertension and diabetes which are also called silent killers, contribute to the high prevalence of cardiovascular diseases (CVDs).

They are all considered as lifestyle diseases. They are called silent killers because most people don’t feel any symptoms.

Nowadays, the number of people who acquire CVDs and their complications is on the rise. Fast-paced lifestyle or adapting to western influence is one of the culprits of CVDs.

Heart disease has risen steadily over the last century due largely to changes in diet and lifestyle.

“That is why we don’t look at the symptoms anymore. We look at the numbers -- age, genetic predisposition and other risks which are modifiable and non-modifiable,” Dr. Raul Lapitan, Philippine Heart Association (PHA) Vice President and Heart Month chair, told journalists at the Phillipine College of Physicians Media Forum on February 16, 2016 held at Annabel's on T. Morato, Quezon City.

With him in the panel are Philippine College of Physicians Director Dr. Maricar Limpin, PHA Directors Drs. Aurelia Leus and Orlando Bugarin, concurrent Advocacy Committee chair.

These control numbers, basic information about our heart health are contained in the COR Book that was unveiled the same occasion.

Lapitan also said that “while non-modifiable factors like heredity, including culture, sex and increasing age cannot be controlled, modifiable factors (hypertension, high cholesterol and sugar, smoking and stress, including lifestyle practices) can be controlled.”

He also stressed that “if your father had a heart attack before or at 45 or mother had a stroke before or at 55, you start having your risks checked at
20 years old and make it a yearly thing, and of course, you have to practice a healthy lifestyle.”

PHA Director Dr. Aurelia Leus, a pediatric cardiologists said “healthy mothers will have healthy offspring. Healthy lifestyle begins in childhood. Cholesterol formation begins in childhood that is why proper nutrition and physical activity should go together. A healthy child will grow up into a healthy and productive adult.”

“Awareness and compliance are among the keys to a healthy heart. Avoid smoking,” said Limpin.

With or without genetic predisposition, start having your blood pressure and blood chemistry check every year. Know your control numbers to control your risks said Lapitan.

Normal BP is 120/80. Achieve and maintain <100 sugar level, <200 cholesterol count, <32 waistline for women and <35 waistline for men.

One of your goals should be not to be part of the growing population of hypertensive, diabetic, hypercholesterolemic, obese and couch potato Filipinos.

One of four adult Filipino is suffering from hypertension. The Philippines is one of the world’s emerging diabetes hotspots.

For health and vanity reasons win the battle of the bulge or obesity. In the latest study of the National Nutrition Council, three of 10 Filipino adults are now obese. This was supported by data coming from the National Nutrition Survey of the Food and Nutrition Research Institute 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.

Avoid cholesterol overload. A 2008 study on cholesterol levels among Filipinos by FNRRI released in 2012 showed that 26 percent of 30-year-olds have high cholesterol levels; 31 percent of those in their 40s have high cholesterol levels. The incidence doubles for those in their 50s, with 48 percent.

Findings from the World Health organization and the Department of Health bared that one of three Filipino deaths is due to CVD, which are often caused by the high concentration of bad cholesterol in the blood. Those with high cholesterol are two to three times more likely to have CVD than those with normal cholesterol levels.

Hypertensive adults are three to four times more likely to have CVD than non-hypertensive adults. Over 3 million Filipinos were estimated to have type 2 diabetes in 2007

CVDs 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 CVDs such as strokes and heart attacks, are increased in individuals that are obese.

Bugarin said “PHA reiterates: an ounce of prevention is better than a pound of cure. Adults and children alike have to practice 52100 everyday. Adopt a healthy lifestyle: 5 servings of vegetables/fruits; less than 2 hours of TV/computer time; 1 hour of physical activity; 0 sugared drinks; and 0 smoking everyday. And of course, keep track of your control numbers to manage your cardiovascular risks.”

Choose local vegetables and fruits that are in season. If you can’t afford to pass up your favorite soap, be a multi-tasker, do some fast but high intensity exercises while watching the TV. You can download the 4-minute exercise designed by Coach Jim and Toni Saret for people who don’t have the time to go to the gym.

Pampering your heart or your loved ones’ hearts in this context, on a daily basis, is the most priceless gift you are giving yourself/them.

GPGagelonia ♥
It is with this principle that the Section of Cardiology in cooperation with the UST Medical Alumni Association of America (USTMAAAA) have recently held its 12th Annual Save-A-Heart Mission last January 18 to 20, 2016.

This project aimed at helping indigent patients with coronary artery disease to undergo coronary angiography and percutaneous transluminal coronary angioplasty (PTCA). For more than a decade, the Community of Thomasian Cardiologists has been saving lives of Filipinos since its conceptualization in April 2004. Devices donated by Medtronic including several drug-eluting stents, catheters, a number of pacemakers and automatic implantable cardiac defibrillators (AICD) were on hand for use on indigent patients.

The University of Santo Tomas Hospital has been known not only for providing quality health care and world-class facilities, but also for its commitment to provide compassionate and holistic management to its patients.

Consultants led by Dr. Wilson Tan De Guzman, together with cardiology fellows, internal medicine residents, junior and senior interns strike a pose with patients who underwent free angiograms and angioplasties.

By Jason S. Santos, MD, FPCP
Headed by Dr. Wilson Tan de Guzman, patients were screened a month earlier to determine which patients would be eligible for the procedure. They were cases referred by physicians not only coming from UST, but from different regions of the country.

Cases approved for the procedure attended an interdisciplinary meeting, together with their families, a week before the procedure. They were oriented regarding the procedure, risk and possible outcomes of the procedure and the lifestyle changes they had to make to optimize the treatment. A total of 19 patients benefited from the said mission. Sixteen patients underwent coronary angiography while three underwent coronary angiography with PTCA.

On the 3rd day of the mission, Dr. Milagros Yamamoto, the Chief of the section of Cardiology and Dr. Primo Andres, past president of the USTMAAA delivered their inspirational messages.

In his speech, Dr. Andres emphasized that as physicians, we should be able to give back to our fellowmen. Not because it is stated by the Hippocratic Oath, that “as a member of society, with special obligations to all our fellow human beings,” but simply because we want to share the blessings that we receive to our less fortunate brothers.

Aside from the Save a Heart Mission, Andres is also known to support several medical missions in our country. He believes that as a Filipino, we each have a role in nation building. That by helping our less-fortunate fellowmen to alleviate themselves from poverty, we empower them to be better Filipinos and contribute to nation building.

Yamamoto, on the other hand, is proud that for the past 12 years of the Save-A-Heart Mission, UST has been an instrument in changing the lives of patients. Emphasizing the role of the family in the healing process and road to recovery.

To date, the mission had helped 200 patients, including the 19 indigent patients who benefited this year. The Save-A-Heart Mission may be an annual event but the UST Section of Cardiology continues to help indigent patient daily, keeping the Thomasian ideals alive by providing the best, compassionate and holistic cardiovascular care.
Busy February for Chong Hua Hospital

By Charise Gomez, MD, FPCP

Chong Hua Hospital (CHH) celebrated February 2016 big time. CHH Heart Institute commemorated February not just as the annual Heart Month celebration but its the 14th year anniversary of the Chong Hua Heart Institute and the 10th year anniversary of the Institute’s Cardiology Fellowship Training Program.

The CHH Department of Adult Cardiology and CHH Heart Institute Alumni Society (CHH-HIAS) held its first ever post-graduate course titled “The CHH CAD Battalion: Winning the Battle Against Coronary Artery Disease (CAD).”

Speakers for the conference included members of the CHH-HIAS. Speakers presented a holistic approach to CAD beginning from its background and pathophysiology, the epidemiology of CAD, the basic tests for CAD suspects and those diagnosed with CAD, various imaging modalities, coronary intervention as well as cardiac rehabilitation post intervention.

The post-graduate course was a huge success and was well-attended by residents and interns from all over Cebu.

Aside from the post-graduate course, a rummage sale was put up by the Cardiology Fellows and included chocolates for valentines, paintings by locally renowned artists and used items. The sale was participated in by CHH nurses and staff.

Profits derived from the sale went to funds that will benefit charity heart patients enrolled under the Hearts of Gold Foundation of the hospital. ♥
Perpetual Succour Cebu celebrates Heart Month with first PDA closure

Perpetual Succour Hospital Section of Cardiology celebrated Heart Month with its first ever percutaneous closure of a patent ductus arteriosus Closure on a 27-year-old female last February 15, 2016. The intervention team was led by Drs. Rudy Amatong and Edwin Tiempo.

The celebration also coincided with the 22nd Anniversary of the Cardiovascular Laboratory (CVL) of the hospital last February 13, 2016.

The series of activities started with a Holy Mass held at the Cebu Heart Institute Chapel. A zumba dance demonstration followed with very energetic cardiologists Drs. Danny Yu, Jane Galang, Delfa Zanoria, Victor Gonzalez, Maureen Santos and Myles Montesclosaros together with cardiology fellows and residents in training, and CVL and catheterization laboratory nurses and the staff.

A free clinic was also conducted at the hospital’s CVL lobby and hallway.

Approximately 70 patients were served with free ECG, random blood sugar and bone densitometry with help from pharmaceutical companies. Patients were also treated to a raffle draw and lucky ones were given a prize. Patients went home with free medications and other freebies.

Moreover, a three-day seminar-workshop on Basil Life Support and Advanced Cardiovascular Life Support was conducted last February 18-20 under the supervision of Dr.Edgar Molleno, ACLS coordinator and his assistant Dr. Eden Ruth Awil. At least 51 nurses attended the course and were certified proficient in the provision of BLS and ACLS.

The last leg of the Cebu-based hospital Heart Month celebration was a free clinic at Dalaguete, Cebu last February 27. The outreach mission screened and identified community members with heart disease. Free ECG, RBS and ankle-brachial index measurement were done. Free medicines were also given away.
Media entities heat up Heart Month 2016 Campaign

Pivoted on the “Make Control Your Goal”, “Healthy Lifestyle aka 52100” and “Bringing CPR” to Every Filipino Home” pegs, Heart Month 2016 got vast support from broadcast, TV, print and social media, necessarily in this order.


The rest were DwIZ, Radyo ng Bayan, Eagle News, TV Sabado, TV 4, TV5.

HEART MONTH 2016 MEDIA EXPOSURE
January to February 2016

ABS-CBN Ch 2
Bandila, 11pm
Reporter: Jing Castaneda
Medium: National TV
The Filipino Channel (US, Canada, Europe, Asia, Australia, New Zealand)
You tube, news.abs-cbn.com)
• January 20, 2016
Why you should have a Healthy
Dr. Raul Lapitan
Healthy Lifestyle/Heart Month
Dr. Orlando Bugarin

ABSCBN/ DZMM 630Khz
Magandang Gabi, Dok
8:30-9pm
Host: Nina Corpuz
Medium: Tele-Radyo
You tube/FB
• January 20, 2016
CPR /CPR Bill/Heart Month
Dr. Orlando Bugarin
• February 5, 2016
CPRII/CPR Bill/Heart Month
Dr. Francis Lavapie
• February 10, 2016
52100/ CVD Prevention/ Heart Month
Dr. Elmer Linao
• February 15, 2016
Heart Month
Dr. Raul Lapitan
• February 24, 2016
Sex after a heart attack
Dr. Helen Ong-Garcia

CNN Phils. Channel 10
Medium: TV
National/International Cable TV, You Tube
CNN Online News
MedTalk 9:30-10:30pm
Host: Angel Jacob
February 25, 2016
52100 for all ages
Dr. Raul Lapitan

DWIZ882
Radyo Klinika, 7-8pm
Host: Marou Sarne
Medium: Live streaming/ Radio
• January 6, 2016
Cholesterol
Dr. Jude Erric Cinco
• January 13, 2016
CPR/CPR Bill
Dr. Francis Lavapie
• January 20, 2016
Heart attack
Dr. Nestor Bagsit

Nightly News, 6
Reporter: Pia Bonalos
February 25, 2016
How to best take care of your heart
Dr. Raul Lapitan
Dr. Orlando Bugarin

February 27, 2016
Cardiac arrest or heart attack?
(news.abs-cbn.com)
Dr. John Tan
**Philippine Daily Inquirer**  
- February 20, 2016  
  Medium: Broadsheet  
  @inquirerdotnet  
  Reporter: Jocelyn Uy  
  Wider PhilHealth coverage sought

**BusinessWorld**  
- December 17, 2015  
  Medium: Broadsheet  
  Online news  
  Holidays without Ham

**TV4**  
- January 19, 2016  
  PPA hiniling na itaas ang PhilHealth coverage para sa primary Angioplasty

**Others:**  
- You Tube  
  uploaded by Marou Sarne  
  With 29 views  
  AED demonstrations ♥

---

**ADVOCACY PROGRAMS**

**Eagle News**  
Mata ng Agila, 6-7:30pm  
- February 25, 2016  
  Reporter: Annabelle Surara  
  Medium: TV, Radyo, You Tube  
  DZEC AM 1062 kHZ  
  Live streaming  
  CPR /Heart Month

**MIMS**  
- December 15-January 16  
  Medium: Magazine  
  Mims online  
  PHA, celebritychef talk about healthy eating for the Holidays

---

**Radyo ng Bayan 748Khz**  
Channels 4, 13

**Radyo-Vision** 7-7:20am  
Hosts: Francis Cansino/ Czarina Lusguero  
- February 24, 2016  
  CPR  
  Dr. Regidor Encabo

**Kalinga ng Krus Pula**  
7-8am  
Hosts: Francis Cansino  
PRC Gov. Corazon  
Alma de Leon  
- February 27, 2016  
  Heart Month/PHA  
  Dr. Orlando Bugarin

---

**PRINT**

**Manila Bulletin**  
Report: Charina Clarisse Echaluce  
- February 20, 2016  
  Medium: Broadsheet  
  Include 32”-35”waistline in your heart goals  
  mb.com.ph
It was an unusual opening ceremonies for a post-graduate conference.

Instead of the traditional ribbon-cutting during opening rites, Philippine Heart Association Cebu Chapter officers led by current president Dr. Brett Batoctoy cut barricade tapes with the word “CAUTION” printed on them while wearing hard hats and wailing warning sirens sounding to full blast levels last February 12, 2016 at the Cebu City Sports Complex.

National PHA President Dr. Alex Junia gamely joined the opening salvo of the chapter’s 17th post graduate conference aptly titled “CAVEAT COR” that put emphasis on “caveats” that may caution and prevent the development of or progression to “cor” (the heart) diseases.

Plenary speaker and former Cebu Chapter president Dr. Carolyn Fermin gave an eye-opening overview of how insults and injuries to the different systems of the body can affect the heart.

In a highly entertaining side to side verbal rendition, the creative geniuses of Drs. Celine Aquino and Marivic Vestal enlightened the crowd on the “Inane things that can cause a heart attack.”

While the audience were still high from Drs. Aquino and Vestal’s presentation, Dr. Aileen Lomarda, elucidated on the topic titled “Crystal Meth: Crystal Clear?”

The afternoon sessions started with running enthusiast Dr. Rosan Trani’s talk on “Second Wind: The Quintastics Return to Active Lifestyle.”

In a fascinating approach, Dr. Bernadette Halasan narrated the “Tale of Three Japanese and Their Vascular Journey.” However uncommon these vascular diseases (Takayasu, Kawasaki and Moyamoya) are, the audience will find it difficult to forget them, as the vascular specialists Drs. Junia and Batoctoy together with Dr. Neil Wayne Salces gamely donned on kimonos and put on thick white make-up to look like kabukis while acting out the signs and symptoms of the medical conditions being...
In PhA Cagayan Valley Chapter (which is composed of Nueva Vizcaya, Isabela, Quirino and Cagayan, three Isabela-based cardiologists – Drs. Emmanuel Salamanca (Santiago City) and Michele Reyes-Mariano (Roxas) observed heart Month in their respective workplaces. Both offered 50 percent discount on sugar and cholesterol screenings, eCG stress test and 2d echo. During the consultations, they advised their patients to start modifying their lifestyles, harping on the tenets of 52-100 and underlined the importance of knowing your risks, to prevent cardiovascular disease or nip it in the bud. They also gave free medicines, courtesy of their pharmaceutical friends. The Love Month promo package was announced on local radio.

Salamanca did it at the De Vera Medical Center while Reyes-Mariano conducted it at the Isabela United Doctors Medical Center.

Meanwhile Dr. Edda Mallilin (Cauayan) one of the speakers at the “Love your Heart” Symposium organized by the St. Paul University Hospital in Tuguegarao City, addressed medical students about “hypertension treatment and management” and also talked about the PHA’s top agenda: the 52-100 Healthy Lifestyle and Working on a CPR-Ready Philippines status under the leadership of PHA President Dr. Alex Junia who is from the PHA Cebu Chapter.

In Iloilo, the PHA Western Visayas Chapter had a sporty Heart Month 2016 celebration, said Chapter President Dr. Felibert Dianco.

On Feb. 28, 2016, at the crack of dawn, the Lakad Puso 200 participants assembled at the Iloilo Mission Hospital grounds. Dianco and the rest of the Chapter officers with their respective families, students with their families, PHA's pharmaceutical friends and allies from other sectors, walked to the huge St. Paul's Hospital grounds and proceeded to the gym.

Lakad Puso was followed by Zumba exercise and indoor games for adults, children and kids.
As part of the thrust to advance knowledge and skills for better cardiovascular health services, the section actively participated in the training of trainors from February 5-7, 2016 at the Legend Pampanga.

The Angeles University Foundation Medical Center (AUFMC) Section of Cardiology lived up anew to its mandate as the premier heart-care provider in Central Luzon by commemorating Heart Month 2016 with the Philippine Heart Association (PHA) and the Angeles City Medical Society (ACMS).

As a result of the thrust to advance knowledge and skills for better cardiovascular health services, the section actively participated in the training of trainors from February 5-7, 2016 at the Legend Pampanga.

The Angeles University Foundation Medical Center (AUFMC) Section of Cardiology lived up anew to its mandate as the premier heart-care provider in Central Luzon by commemorating Heart Month 2016 with the Philippine Heart Association (PHA) and the Angeles City Medical Society (ACMS).

Moreover, the section through its staff took to utilizing media in promoting heart health. Recognizing the role of social media and technology in health education, Magno and Sibal recently guested on PEP TV Channel 3 Angeles City Cable Television Network and FM Radio 105.5 and shared useful heart-friendly tips.

The men and women of AUFMC Cardiology

Pampanga docs promote CV wellness in the ‘heart’ of the region

Magno, as well as cardiology fellows Drs. Rayzen Canono, Richard Amansec and Harold Sunga.

Moreover, the section through its staff took to utilizing media in promoting heart health. Recognizing the role of social media and technology in health education, Magno and Sibal recently guested on PEP TV Channel 3 Angeles City Cable Television Network and FM Radio 105.5 and shared useful heart-friendly tips.

The Section also joined a heart screening medical mission last February 17 led by the ACMS. The medical mission included free medical consultation, 12-lead ECG and blood tests like fasting blood sugar and total cholesterol. A lay forum on common heart ailments was also conducted during activity.

Villas, Mandaluyong City conducted by the PHA Council on Cardiopulmonary Resuscitation.

AUFMC and the PHA Central Luzon Chapter were represented by cardiology consultants Drs. Elaine Payumo, Gil Francis Pelagio, Gerard Razon, Joseph Sibal, Gil Alfonso, Domicias Albacite and Jose Donato.
Wish I could run for Senator but…

After listening to a number of interviews with senatorial candidates (both serious and the-no-so-serious) by acerbic news anchors and hosts on TV and radio, I regret not filing my certificate of candidacy for senator.

The more serious and outstanding senatorial candidates talked about current and hot issues like deep-seated corruption in government, the hapless plight of the nation versus China over the Spratlys, the hopeless traffic mess in the metropolis, the struggling economy, crime and drugs, etc. The less lucid candidates babbled about recovering the lost Yamashita and Marcos treasures, grand plans of making the Philippines a superpower of the world, and some ridiculous panacea to all ills of society.

Listening to these senatorial candidates was informative and entertaining. However, as much as these candidates were deep into dissecting the most pressing issues of the Philippines, nobody seemed to have bothered looking into one of the most pressing problems of this country.

These future law makers fail to recognize that public enemy number one is still at large. Not one has mentioned cardiovascular diseases, currently the number one killer of Filipinos, as a priority.

According to the Philippine Statistics Authority, around half a million deaths were recorded in 2010. Of these, 20% were due to heart diseases making it the top cause of death. Together with stroke, the cardiovascular spectrum of diseases comprise a third of all deaths. From the same statistics, only 2.5% were due to assault. All others in the list of top ten killers in the country were all medical in nature.

It is more of the less sane candidates that made me realize I, too, can run for senate! I am qualified. I meet the basic requirements for running for public office. And I, too, have absurd plans for and solutions to every compelling and demanding problem in the country. But since I am a cardiologist, I will most likely concentrate on the basic requirements for running for public office.

If I become senator, I will pass a law that will require every one above five years old to practice 52100. Any violation of this law, unless exempted by law, will be considered a crime, and violators will be penalized. For minors who will violate this law, their parents will be penalized. Schools, institutions and establishments, both government and private, who will not adhere to and practice such law will be closed down.

Corollary to this, the following will likewise be enacted. Restaurants will not sell any fatty or high calorie food to any customer unless that customer has consumed his daily requirements of five cups of vegetables and fruits. Manufacturers will only be allowed to produce television sets, gadgets and software applications that operate only for two hours a day, after which such gizmos or programs will automatically shut down.

Schools of all levels will incorporate one hour of daily physical activity in their operational hours. All government offices and private corporations will provide a wellness program (from educational modules to gym to healthy cafeteria) for all employees. Individuals will not be hired for any job or may be suspended or fired if his BMI goes beyond normal.

Moreover, fast food chains offering high fat, high calorie food shall include warnings in their wrappers about the ill-effects of these kinds of food on the cardiovascular system.

The government will no longer allow importation of sugar, in an effort to reduce the consumption of sugar. Reliance on less calorie-ridden sweeteners will be promoted. Food establishments and manufacturers will be required to cap a maximum of sugar levels on their products. Sin taxes will also be excised from sugary products.

Lastly, since tobacco smoking has no single therapeutic benefit, the law will mandate that tobacco farming will be completely abandoned. Not even for exportation. Importation will neither be allowed. Smoking will be considered committing suicide and a crime. Simply put, a tobacco-free Philippines. Non-negotiable. Period.

Well, there goes the list of my preposterous laws if I become senator. But I do admit that beyond the basic qualification for running for public office and that earnest desire and assiduous efforts to help a struggling nation build on its dreams, that mental capacity borne both from intellectual acquisition and pragmatic experience is a paramount prerequisite.

And since I have not met that paramount requirement, I am glad I did not file my COC last year. I would just be wasting that one seat in senate in case I win. My conscience could not take it. I just don’t have that confidence and audacity right now. I just wish I had those of actress-turned barangay captain Alma Moreno and boxer-turned congressman Manny Paquiao.

Inspite my desire to help a nation, I have to remind myself the senate is not a joke.
Overworked Athlete’s Heart

A runner-friend who joined the Skyway marathon frantically told me: "Doc, did you hear that two runners died during the marathon? "Not yet," I replied. In a split second, I started to receive a barrage of text messages from OMG! Why? to Impossible! He is a runner! from friends about this tragic incident.

This reminds me of Pheidippides, the Legendary Sprinter of Marathon. A Greek soldier who ran the first Marathon in 490 BC, he dashed about 25 miles from Marathon to Athens to deliver the good news “Nikil” (victory), of a military victory versus the Persians in the Battle of the Marathon. It was not a smooth run, he had to surmount hills and other obstacles. He sustained bleeding feet then after conveying his momentous message, he collapsed and died. Then, logistics were not in place.

Time and again, the Philippine Heart Association (PHA) strongly advocates: Engage in exercise of any form at least one hour daily for healthier limbs, a healthy body and staying power. It will not just burn our calories, tone our muscles and sculpt our body, so to speak resulting in weight loss but will also improve our lipid and sugar levels. Exercise should be in tandem with proper diet.

One of the best forms of exercise is running and it gets more addicting when one sees and feels its benefits. There’s the bonding time with your running club fellows that we look forward to. After every milestone, you aim higher - from 5k, 10k to 60k.

Did you know that running at your own pace, as long as you finish the race can also result in weight loss?

A recent publication by Arem et al showed a 20% reduction in the risk of all-cause mortality in individuals who exercised less than the recommended minimum but who still did something.

Doing the minimum about 140 to 280 minutes of brisk walking or 45 to 90 minutes of running resulted in a 31% reduction in all-cause risk. At two to three times the recommended minimum, 280 to 420 minutes of walking or 90 to 135 minutes of running, there was a 37% decrease in mortality. Beyond three times the recommended minimum, there was a 39% cut in mortality, a benefit that appeared to plateau at this volume of exercise.

News reports citing that some forms of exercise may do your heart harm than good have been taken out of context. It mars the message and takes away the attention of people from the benefits of exercise as an important defense / intervention for the primary and secondary prevention of heart disease.

Athletes or sporty people who have always thought they had a healthy, normal heart, who succumbed to athlete’s heart while doing their favorite sport or exercise are isolated cases. The irony of it all is the less you are trained in sports, the more you benefit from it. This makes physically active people protected.

Engaging in a sport is also a trigger for sudden cardiac death (SCD) especially in people with underlying cardiac disorder. There is agreement...
that vigorous exercise, such as athletic competition, acutely but transiently, may increase the risk of SCD and acute myocardial infarction (AMI) or heart attack in previously healthy people.

The training for athletes are rigid and too long. There were reported cases of irregular heart beat or arrhythmia that led to SCD.

SCD can be considered a non-traumatic, violent, unexpected death due to cardiac causes within one hour of the onset of symptoms. This is the leading cause of death in young athletes. The exact incidence of SCD is not known since the studies are based on self-reporting by physicians and from media accounts.

Hosey et al showed that the most common causes of SCD in athletes younger than 35 years of age are hypertrophic cardiomyopathy (HCM) and coronary artery anomalies. Atherosclerotic coronary artery disease (CAD) took the top spot causing about 80% of SCD in athletes older than 35 years old.

In middle-age/older individuals, physical activity can be regarded as a ‘two-edged sword’: vigorous exertion increases the incidence of acute coronary events especially in those who do not exercise regularly, whereas habitual physical activity reduces the overall risk of myocardial infarction and SCD. It is important for us to have proper medical evaluation before we embark on heavy exercise program.

Running is also a de-stressor but it can be strenuous if you don’t know when to stop.

Do it right. Just like in any game or sport or fitness regimen, there are principles and parameters to abide by. Every professional athlete, sports buff, running bug, gym rat or Zumba aficionado shouldn’t overburden his/her body.

We can derive a lot of benefits from exercise but we have to always listen to our body when we engage in physical activity. As a regular runner (Yes I am!) I have learned when to slow down or stop (not just to eat) when my body tells me to. As long as I can, I know I will continue to run. Running not only makes the time seem longer, but it will make me healthier.

The American Heart Association advocates the use of the 12-element checklist for pre-participation screening of competitive athletes. These items are also relevant for screening of athletes of any age group whether in the elite or recreational category. They are as follows:

**Medical History - Personal History**
- Exertional chest pain/discomfort
- Unexplained syncope/near-syncope
- Excessive exertional and unexplained dyspnea/fatigue, associated with exercise
- Prior recognition of a heart murmur
- Elevated systemic blood pressure

**Medical History - Family History**
- Premature death (sudden and unexpected, or otherwise) before age 50 years due to heart disease in 1 relative
- Disability from heart disease in a close relative <50 years of age
- Specific knowledge of certain cardiac conditions in family members: hypertrophic or dilated cardiomyopathy, long-QT syndrome or other channelopathies, Marfan syndrome, or clinically important arrhythmias

**Physical examination**
- Heart murmur
- Femoral pulses to exclude aortic coarctation
- Physical stigmata of Marfan syndrome
- Brachial artery sitting BP

At the discretion of the examiner, a positive finding in any 1 or more of the 12 items may be sufficient to trigger a referral for cardiovascular evaluation. Parental verification of the responses is deemed essential for young students.
**Viewpoints**

**MURAG DOKTOR**  
*OPINIONATED MD*
- By Celine Teves Aquino, MD, FPCP, FPCC

---

**Love**

1. **Kahit saging lang ang kakainin, basta loving.**  
The concept of love is subject to many definitions, many interpretations. But in general, they all converge on one idea: that the other person’s welfare is more important than your own. To expose another person to hardship and penury is not an ambition worth holding and before we start one, we should be able to support a family in reasonable circumstances. So unless you are a monkey, this statement is outrageous and FALSE!

2. **Papayag ka kung mahal mo ako.**  
Young ladies (and young men, in these strange times), this statement is what is known as a “fantasy.” Love in its truest sense, does not impose upon another. The other person may sacrifice much for you but he does it of his own free will.

3. **Nagmalasakit at nag-sakripisyo ako para sa kanya! Tapos, iniwan pa rin niya ako!**  
It is true that opening oneself to love carries more risk than does any other emotion; but the rewards are correspondingly greater. Over the centuries, men and women have fallen in love (not necessarily with the opposite gender) and into relationships; it has always been so and it will doubtlessly continue as long as evolution does not remove the limbic system. But real love as an emotion is essentially selfless – if we “love” our children because of their usefulness when we become decrepit, it is not love. If we love another with the expectation of reciprocal slavery, it is not love. True love is free, given with no expectation of reward.

4. **Huwag mong ipa-ligate ang asawa mo.**  
I suppose this idea comes from the uninformed man’s observation that his wife becomes more abandoned after a sterilizing procedure. But consider, that to a Filipino housewife, the threat of pregnancy is VERY inhibiting – the inconvenience of nine months of “disability,” the added strain to the family budget, and the pain of childbirth. Once this threat is removed, most women become more relaxed and can enjoy the marital act. There is no link between nymphomania and tubal ligation.

5. **Para sa mga babae, ang performance ang pinaka-importante!**  
Men would like to believe this and this can be a source of unbelievable stress. But it is not true. The closeness and affection that culminates in the sexual act is what women seek. And there is no advantage to getting sex from a drunk partner who will snore after the act than from cuddling and bedroom talk with a non-drunk partner. Ask any woman.

6. **Kailangan ng alak para mas ganado.**  
Alcohol is rightly classified as a “depressant.” The depressant effect on the inhibitory areas of the brain account for the uninhibited and frequently quarrelsome behavior of the alcohol. And this depressant effect could very well interfere with the physiologic arousal itself: a real-life illustration of “the spirit is willing but the flesh is weak.”

7. **Warning ni Doc na maaring humina ang sex drive ko dahil sa mga “heart medicines” ko. Wala na atang pag-asa ang relasyon namin ni misis.**  
All anti-hypertensives have the potential for reducing erection. After all, the penis is a vascular organ and some anti-hypertensives, notably the beta blockers and the centrally acting depressors, also suppress the libido. But do men really believe that sex begins and ends with their penis? Data collected over the millennia indicate that the largest sex organ in man is the brain. Take it from there.

8. **Love kills.**  
Studies (including one from Harvard; well, these researchers will study anything!) show that <1% of heart attacks are associated with sex. Experts conclude that the benefits of sex far outweigh their potential to kill. Whew!

9. **Basta ikaw! Mahal kita eh.**  
As nature abhors a vacuum, every relationship is give-and-take. One partner constantly giving in and the other constantly demanding is not love. It is what is known as “enabling” and it is not healthy. Eventually the giving partner will turn under the weight of his resentment and commit homicide or suicide.

10. **Love is not compatible with humor.**  
Now really. With all that is wrong with our country: the overwhelming poverty, the inefficiency, the corruption etc., Filipinos still have one of the lowest suicide rates in the world. CNN tracks floods in Bangladesh and see cowering people with faces of misery on rooftops. Same scenario in the Philippines: the people still on rooftops amidst devastation, but when the camera pans over them, their ear-splitting grins and peace signs make the difference. Humor is the oil that eases a relationship over bumps. Consider the 85-year old Cassanova who said “I want to die after being shot by a jealous husband.” Now, that’s a lover! ♥
Make Control our Goal!

These are four simple words that should mean a lot to all of us.

PHA celebrated February 2016 as Heart Month with the theme “Make Control Our Goal” that focused on self-identification of risk factors, unhealthy practices and behavior, and insalubrious lifestyle. The objective was to make people aware of what they have and set goals on how to prevent and combat cardiovascular disease (CVD) by emphasizing the importance of good compliance to proper treatment.

Setting a goal is something we must look forward to and should be over-emphasized. Achieving it is quite impossible overnight but embarking on it is nevertheless a first major big leap. Starting on a healthy lifestyle and sticking to it entail a life-long challenge, but lowering the risk for CVD and other serious health problems is worth that great perpetual effort.

Buoyed by an ardent commitment to further healthy heart advocacies, the Philippine Heart Association formally launched the COR Book during the Healthy Heart Month press conference last February 16, 2016.

Also called the “Red book,” “Red passport” or “Heart Healthy Passport,” the COR Book is a 31-page baby book-like manual with basic, animated information and simplified graphic illustrations on the five most common and modifiable major risk factors that can lead to CV complications if left untreated.

The five risk factors contained in the book are overweight or obesity, high blood pressure, increased blood sugar, elevated cholesterol level and smoking. These, together with associated medical conditions and complications, were defined in simple layman’s terms. Numbers and figures needed to be memorized were made easy to recall. Valuable and practical tips on how to manage and control risk factors are also contained in the book. But the most important part of the book is that page dedicated to establishing and writing that goal to achieve.

The manual likewise incorporated basic information to increase parents’ awareness on cardiovascular diseases in the young, and the PHA’s 52100 advocacy.

Starting on a healthy lifestyle and sticking to it is a life-long challenge, but lowering the risk for CVD and other serious health problems is worth that great perpetual effort.

The COR Book adopted the WHO’s ABC to Obesity Prevention. The simple rules to stay in shape include the following:

- Adopt new healthy habits like balanced diet, swim and bike, avoid fast food and sedentary lifestyle,
- Balance your calorie intake, and
- Control your weight gain.

PHA also embraced the DOH-DOST-FNRI’s Pinggang Pinoy that clearly identified the right amount and recommend various types of food for Filipinos to stay physically and mentally healthy.

In addition, easy-to-remember numbers for normal and abnormal blood pressure levels were laid down. Persistently elevated blood pressure has to be given a much needed attention. Considered a silent killer, hypertension can exist in an unsuspecting patient for many years because there may be a paucity or even absence of symptoms in hypertensive individuals. Although increasing blood pressures is part of the aging process, healthy lifestyle practices coupled with medications and regular blood pressure monitoring will help prevent its rise to dangerous levels.

Hypertension and CVD rates are predicted to continue rising, and the vast majority will pay the price for inaction. We can curb that trend to peril, only if we work together in enforcing major changes towards a healthy lifestyle.

Learning about diabetes and how to live and cope with it makes a lot of difference.

Knowing the benefits of bringing down cholesterol levels is unquestionably helpful. With every one percent reduction of total blood cholesterol, there is a two percent reduction in the risk of heart attack. Getting total cholesterol down and the good cholesterol HDL up are both thumbs up.

Kicking smoking away is the single most important step one can take to protect the heart. Smokers are almost twice as likely to have a heart attack compared with people who have never smoked. And it’s never too late to give up.

The COR Book contains more informative articles, aside from previously mentioned.

I hope that this serves as a simple guide, tool and reference for patients to easily understand few practical steps to keep their heart healthy: what to control and more importantly, what the GOAL really is.

It’s definitely difficult and challenging to restart a journey towards a healthy lifestyle. Allow this COR Book to jumpstart that.
It is never too late to start on something new

What is a typical day for a cardiologist? We wake up early in the morning to read echocardiogram studies, attend meetings, do patient rounds then hold clinic and cap the day by eating hefty servings of a sumptuous dinner served in a roundtable discussion (RTD).

With this kind of lifestyle, it is no surprise later when I tipped the scale at 155 pounds from 134 pounds two years ago.

Flashback to April of 2015... I was overweight with uncontrollable appetite (with onslaught of RTDs almost everyday), the associated knee joint pains with weight gain, the elevated sugar, lipids and ALT! To think that coronary artery disease runs in the family. Just the thought of it gives me the creeps. Oh well, it just dawned on me that I should act now and fast! But then what are my options?

Should I hit the gym? Join a Zumba class or return to yoga? Or order that low calorie food delivery stuff? Thanks to Facebook and I came across this ad about the Milo R2 Apex Running school with Coach Jim and Toni Saret and enrolled in their program that very same day. What attracted me to this is that classes are held three times a week at Quezon City Memorial Circle which is just a stone’s throw away from my clinic.

I was initially hesitant to try it and I knew nobody there. But my persistence and desire to give my present lifestyle a complete turn around prevailed. I found myself attending the workout sessions.
Reverberations

Age issues? This never bothered me as I vow to continue running for as long as I can! I only hope I can inspire other people to do it. It is never too late to start something healthy and get fit!

Dr. Corbelita Sengson is a cardiologist-echocardiographer practicing at the Philippine Heart Center. She is an active member of the Philippine Society of Echocardiography. A lovable character, she has never been passionate in walking the talk now that she is into running for health.
A Provinciana Cardiologist’s Pledge

My heart has always been provinciana, in spite the fact that I have spent a good half of my mature life in Metro Manila because of the long and arduous journey in becoming a full-fledged cardiologist.

I have always borne in my mind that the molding of a cardiologist is a core-strength mixture of pains, struggles and challenges. One has to sacrifice to be trained in a place far from home. So much so that when I hurdled the last challenge of becoming a certified heart specialist a few years back, I was raring to go home to Pangasinan and practice what I have learned from a somehow cloistered avenue of learning.

But as I began my private practice, now independent from the cloak of protection from my trainors, I realized that there was more to knowing how to treat a heart patient and being able to be an instrument of physical healing.

As a practicing cardiologist in the province, I came to accept that I, as a single health care provider, am not enough to be an efficient instrument in managing heart patients. I recognized inadequacies in the skills and competencies among health professionals specifically nurses and resident doctors in managing cardiac emergencies. I felt it was my professional and moral obligation to share what I know.

I need to teach and train my allies in ACLS, in particular, I realized.

By participating in the three-day BLS-ACLS Training the Trainors Workshop conducted by the Philippine Heart Association this February 2016, I earned the much-needed opportunity to strengthen my competency and knowledge to train allied health professionals. I definitely gained that confidence in sharing my knowledge so my medical team can attend more responsibly to cardiac emergencies and be a competent ACLS providers.

Hospitals in the province do hire trainers from other places to provide the training of ACLS for health care professionals. With the continuous training program by the PHA, the Council of CPR in particular, more cardiologists in the province like myself can now be mobilized and have the capacity to empower other health professionals to learn, relearn and unlearn skills and update their knowledge.

Practicing in the province made me realize that I have a responsibility in teaching others what I had learned from my training. In this world, where change is inevitable, they say that lack of knowledge is dangerous.

On the contrary, the lack of skill could bring more danger in the life and welfare of other people. The goal of training is to inculcate something that will become one’s second nature. With discipline and good intention, a cardiologist trained in the city can perform the gigantic task of training hospital personnel in the province and influence them to make a difference.

May our involvement in the training create living rituals for our subsistence and growth as health care providers in our advocacy to stop death and prolong life meaningfully with being competent in attending to life and death emergency scenarios.

Beyond the responsibility of being a physician who can heal bodily ailments comes that commitment and advocacy in perpetuating and improving on the knowledge to promote life by passing on that knowledge to the next generation.

As earlier said, learning and training is perpetual.

Dr. Darlene Bulatao is now practicing in Dagupan among other areas in Pangasinan. She is a graduate of the UST Faculty of Medicine and Surgery and trained at the UST Hospital for her fellowship in Cardiology.
When seen from an aerial view, the structure of the main hospital was built to look like a flower with four petals that represent the four chambers of the heart. Such artistic design goes with the center's continued focus on delivering excellent healthcare services. PHC has undergone several international third party audits, and is currently recognized for clinical excellence by Accreditation Canada International, and recently as an Island of Good Governance during the APEC Summit 2015 held in Manila.

The Burden

In a report released by the Department of Health (DOH) in 2013, heart disease remains the leading cause of mortality with 109.4 deaths per 100,000 Filipino population. In 2010, ischemic heart disease accounted for 47.5% of all deaths in the Philippines. Even among children, heart disease is the 5th leading cause of mortality.

Addressing such huge and increasing burden of cardiovascular diseases (CVD) goes beyond the provision of highly specialized care particularly heart surgery and interventions that has always been Manila-centric. It is imperative that provision of excellent and state-of-the-art heart health care be made more accessible to more patients through the 17 other administrative regions that make up the Philippine Archipelago.

PHC has nearly 15,000 admissions per year with about half of them coming from the Metro Manila area and the rest traveling from the other regions of the archipelago. Needless to say, it is not easy for patients to travel to and stay for extended periods of time in Metro Manila to undergo specialized care.

The Philippine Heart Center (PHC) is a Government-owned and Controlled Corporate (GOCC) Specialty Hospital established on February 14, 1975. It was the first of the specialty hospitals in the Philippines and the ASEAN region. PHC is the end-referral center for patients with heart diseases, and the primary training center for cardiovascular specialties that include cardiovascular surgery, adult and pediatric cardiology, cardiovascular nursing and other allied specialties.

Regional Heart Centers: PHC’s initiative in expanding access to specialized cardiovascular care

By Gerardo S. Manzo, MD, FPCP, FPCC / Juliet B. Balderes, MD, FPCP, FPCC
It is imperative that provision of excellent and state-of-the-art heart health care be made more accessible to more patients throughout the 17 other administrative regions that make up the Philippine Archipelago.

The Mission and Vision

Fortunately, Dr. Manuel Chua Chiaco, Jr., the Executive Director of the Philippine Heart Center, recognized such problem. He saw the urgent need to expand access to specialized and excellent care similar to what PHC offers, and making it affordable for the ordinary Filipino patient.

“The Mission and Vision

Fortunately, Dr. Manuel Chua Chiaco, Jr., the Executive Director of the Philippine Heart Center, recognized such problem. He saw the urgent need to expand access to specialized and excellent care similar to what PHC offers, and making it affordable for the ordinary Filipino patient.

The Strategy

The empowerment of existing regional medical centers to provide specialized heart care was implemented systematically. Support and endorsement from the DOH was secured to facilitate setting up the respective cardiovascular programs.

While new heart facilities were being put up, PHC focused on providing the needed experts to man these regional heart centers. Its various highly competitive specialty training programs accepted nominees from the different regional medical centers to train in adult and pediatric cardiovascular medicine and surgery, critical care, anesthesiology, nursing and other allied health care professionals needed for a heart center to become functional.

Outreach surgery missions were conducted since 2013 to show that open and closed heart surgery can be performed in these regional hospitals and gain the confidence of the locals. These successful outreach missions were a concerted effort of the PHC, the regional hospitals and philanthropic organizations who shared the vision to help heart patients within their locales.

A complete team of 15-20 cardiac
specialists per mission were sent usually composed of three to five surgeons, two anesthesiologists, two perfusionists, two operating room nurses, two intensive care unit nurses, three pediatric cardiologists, and two to three staff. PHC transported all essential equipment, OR and perfusion supplies, even bringing the heart-lung machine when necessary.

Additional support was provided by the Philippine Charity Sweepstakes for closure devices. Mending Kids International, a California-based foundation endowed US$7,500–15,000 (PhP 300,000-700,000) per mission. Philippine Airlines Foundation, Inc. provided free airfare for the surgical team. The Children’s Heart Foundation, a Philippine philanthropy covered PDA closure devices for the early missions, and subsequently other operational expenses.

The Impact
Significant impact and transformation has been felt with the Regional Heart Centers initiative. PHC is confident it is fulfilling its mission and vision to be responsive to the health needs of Filipino patients and to improve the health status of the Filipino people by providing the highest standards of cardiovascular care that is accessible to all.

The regional heart centers are surely gaining the trust of patients in their capability to perform highly specialized cardiac procedures. In Northern Mindanao Medical Center in Cagayan de Oro, 26 heart surgeries have been at least conducted since it forged alliance with PHC. Medical Center Chief II Dr. Jose Chan reveals there are at least 14 more surgeries on the list.

“NMMC has been assisted by PHC in doing open heart procedures for our own people here in the region. Doctors, nurses and staff are being trained to conduct VSD, ASD and PDA, thus, the people come to us confidently. We are able to help them ease the economic burden to go to Manila for surgery,” states Chan adding such accomplishments have created a big impact in Northern Mindanao.

Such initiative of enabling regional heart centers brings the kind of cardiovascular care needed closer to the community. Dr. Jun Maximo Lazco, an adult cardiologist who trained at the PHC believes in this. “When I was at PHC (as an adult cardiology fellow trainee), most of our patients came from Luzon, seldom from Visayas and the reason for that is mainly because of the distance,” shares Lazco who now practices at the Vicente Sotto Memorial Medical Center (VSMMC) in Cebu City.

Trinidad Avergonzado, the first heart bypass patient at VSMMC was reluctant in having her surgery in Manila. “Without the regional heart center, I would rather not undergo heart surgery since we cannot afford to travel to Manila to have surgery there,” she admits.

Dr. Leopoldo Vega, Medical Center Chief II of the Southern Philippines Medical Center (SPMC) in Davao City expressed his confidence in PHC’s efforts in strengthening cardiovascular care in the provinces.

“The Program of PHC has great impact on patients in Davao and neighboring provinces because these patients are given hope to be treated in SPMC near their homes. Being aware that SPMC can now provide necessary treatment and care, there is already an assurance that their conditions will improve enabling them to live more productively. It also increased number of patients which lead to increase in hospital income,” Vega affirms. SPMC is one of the five regional centers tapped by PHC.

Moreover, PHC-trained cardiovascular specialists who opted not to stay in Metro Manila for a seemingly more promising career are finding professional growth in regional hospital practice.

The program has “transformed doctors because it enabled them to give hope by bringing heart care closer to people and becoming instruments in improving the conditions of heart patients,” observes Dr. Gerardo Aquino, Jr. Medical Center Chief II of the Vicente Sotto Memorial Medical Center in Cebu. He further claims that such empowerment has elicited greater commitment and sense of fulfilment. “Doctors and nurses were given opportunities to make a difference and touch lives,” he said.

PHC back up
The government’s Philippine Health Insurance, Corporation (PHIC) is supporting sustainability of the regional heart center initiative with the preferential accreditation of these regional centers for the Z Benefit Heart Packages, ensuring free or affordable care to many more heart patients.

Mr. Ruben John Basa, PHIC Senior Vice President for Health and Finance Policy Sector commends the PHC for its initiative to help regional medical centers to be accredited for the Z Benefit package for cardiac surgery. “Because of this, PHIC’s support is being extended to the regional hospitals not only in Metro Manila hospitals,” Basa discloses.

It is however sad to note that patients from the provinces are left with no choice most of the time. Specialized facilities, trained cardiovascular specialists and the much-needed government financial support are wanting in the countryside.
Primarily, Tertiary Prevention

While tertiary prevention in reducing mortality among those already with heart disease is the primary thrust of the regional heart centers at this time, PHC recognizes the equally important concern to address secondary and primary prevention strategies that will decrease progression of CVD among those at risk, and actually prevent development among those still without heart disease.

There are ongoing programs to screen high-risk patients and to promote heart education and wellness. This is a continuing initiative to extend support until these regional medical centers develop into fully functional independent regional heart centers.

The Future

The first 5 Regional Heart Centers that have been the focus of this strategic initiative for 2012-2015 are distributed from North to Central to Southern Philippines.

These include Mariano Marcos Memorial Hospital and Medical Center in Batac, Ilocos Norte, The Bicol Regional Training and Teaching Hospital in Legaspi City, Albay, the Vicente Sotto Memorial Medical Center in Cebu City, the Northern Mindanao Medical Center in Cagayan De Oro City and the Southern Philippines Medical Center in Davao City.

The latest regional hospital that has requested and has been receiving full support from PHC is the Amai Pakpak Medical Center in Marawi City, Lanao del Sur, Autonomous Region of Muslim Mindanao.

PHC remains fully committed to continue this comprehensive strategic initiative to establish Regional Heart Centers, ONE REGION AT A TIME, until heart patients in all regions of the Philippines have access to specialized, affordable cardiovascular care.

Dr. Gerardo S. Manzo is a cardiovascular surgeon and is the Deputy Director for Medical Services at the PHC. Dr. Juliet B. Balderas is a pediatric cardiologist and the Head of the Office of Strategy Management at the PHC.
Filipino women are less likely to survive a heart attack than Filipino men.

Such startling finding was disclosed by Philippine Heart Association Women’s Health advocate Dr. Aileen Cynthia De Lara in the regular PhA sponsored Acute Coronary Syndrome (ACS) Summit last January 23, 2016 at the Philippine Heart Center.

De Lara cited data from a study on the prevalence of obstructive coronary artery disease (CAD) among Filipino women diagnosed with unstable angina, non-ST elevation myocardial infarction (NSTEMI), and STEMI and its associated risk factors.

Data presented were derived from the PhA ACS Registry conducted from November 2011 to September 2015 by the PhA Council on CAD. This study on women was principally authored by Drs. Lisa Marie Pimentel and Ma. Adelaida Ilboleon Dy. Both are members of the PHA Council on Women’s Health.

Speaking before a large crowd, De Lara specified that when a female suffers from an ST elevation myocardial infarction (STEMI), it is more likely that the female patient dies compared to the male population. STEMI involves total obstruction of an epicardial artery that necessitates emergency reperfusion strategies.

Of the 314 female patients with STEMI included in the registry, 34 (10.8%) died compared to the 64 male participants (6.9%) who died. A total of 929 male patients with STEMI were included in the study. This means that for every 100 female patients with STEMI, about 11 will not survive. Among males, seven of 100 males will die from STEMI.

Mortality in NSTEMI and UA did not differ between sexes, De Lara disclosed.

For every 100 female patients with STEMI, about 11 will not survive. Among males, seven of 100 males will die from STEMI.

From the ACS Registry, women with heart attacks are older than men, De Lara revealed. Mean age of women presenting with ACS was 66 years while it was 59 years for men. The same finding was seen when patients were classified according to the type of ACS.

Pinays suffer heart attacks later in life than Pinoys

From the ACS Registry, women with heart attacks are older than men, De Lara revealed. Mean age of women presenting with ACS was 66 years while it was 59 years for men. The same finding was seen when patients were classified according to the type of ACS.
Mean age of Filipino women with NSTEMI was 68 years compared to men with 62 years. Women with STEMI had an average age of 68 years while men had 62 years. Women and men with UA were 65 and 59 years old, respectively.

All numbers were statistically significant.

Cultural Factors
This difference between the sexes may be due to some cultural factors, De Lara explains. Filipino women, mothers in particular tend to prioritize the father who is usually the breadwinner in the family and their children when it comes to health concerns, among other things.

From the ACS Registry, women with heart attacks are older than men.
As we are now into a generation that has empowered women, it is but necessary to take care of their health, cardiovascular health in particular.

household matters. This, the lady cardiologist said, relates to a late diagnosis of a latent heart disease and a worse prognosis for women.

However, De Lara notes a reversal of roles between men and women. “The trend now is that women are assuming the traditional roles of men in raising families. Women are slowly becoming the breadwinners in their families, and men are conversely becoming domesticated,” she shared in an interview. This she said could be changing the present picture of what used to be more of a male specie disease.

Menopause is a strong risk factor, too, De Lara added offering an explanation behind the rising numbers in women.

Women get protection against heart diseases with female hormones during their reproductive years, but this protection ebbs after menopause. This also explains why the prevalence of CAD among females approximates that of the male population starting in the sixth decade of life, De Lara expounds.

“This statistics showed the vulnerability of women in the world of cardiovascular disease,” De Lara expressed. To this, she believes that more attention should be given to women’s health as women are important figures not just in the household, but now in society in general.

“As we are now into a generation that has empowered women, it is but necessary to take care of their health, cardiovascular health in particular,” De Lara conveyed.

Furthermore, these numbers may worsen against women’s hearts if society perpetuates the neglect on women’s health brought about by cultural factors. “We will see more women suffering from heart diseases if we don’t correct the factors leading to gender inequality in health care,” De Lara warned.

More Diabetes and Hypertension in Women with Heart Attacks

Moreover, De Lara said that significantly more cases of diabetes mellitus and hypertension were seen in females than their male counterparts with heart attacks.

In general, 42.9% of female participants had diabetes compared to males with 36.1%. Women with hypertension comprised 80.5% while men had 73.9%.

The same significant pattern was seen in patients who suffered from STEMI and NSTEMI but not UA.

“Both diabetes and hypertension is equally seen between women and men with UA,” said De Lara.

Other risk factors

De Lara further divulged that other traditional risk factors were not much different in both sexes except for history of stroke and smoking were more common among Filipino males. History of previous heart attacks, angina and percutaneous coronary intervention were also less common in women.

The PHA ACS Registry enrolled some 2,287 males and 1,059 females from several medical centers across the country.

(DRcReyes)

Menopause is a strong risk factor, too, De Lara added offering an explanation behind the rising numbers in women.

women’s health brought about by cultural factors. “We will see more women suffering from heart diseases if we don’t correct the factors leading to gender inequality in health care,” De Lara warned.

More Diabetes and Hypertension in Women with Heart Attacks

Moreover, De Lara said that significantly more cases of diabetes mellitus and hypertension were seen in females than their male counterparts with heart attacks.

In general, 42.9% of female participants had diabetes compared to males with 36.1%. Women with hypertension comprised 80.5% while men had 73.9%.

The same significant pattern was seen in patients who suffered from STEMI and NSTEMI but not UA.

“Both diabetes and hypertension is equally seen between women and men with UA,” said De Lara.

Other risk factors

De Lara further divulged that other traditional risk factors were not much different in both sexes except for history of stroke and smoking were more common among Filipino males. History of previous heart attacks, angina and percutaneous coronary intervention were also less common in women.

The PHA ACS Registry enrolled some 2,287 males and 1,059 females from several medical centers across the country.

(DRcReyes)
A team of cardiologists from the Philippine Heart Association (PHA) and Philippine Society of Cardiac Catheterization and Interventions (PSCCI) led by Dr. Nick Cruz, PSCCI president told media at Philippine College of Physicians Health Forum @ Annabel’s last January 19, 2016 that all SteMI patients should be considered for primary PCI immediately because the procedure reduces significant mortality and another heart attack.

Classified under acute coronary syndrome, STEMI is a type of a heart attack that is characterized by complete occlusion of an artery in the heart interrupting blood supply and can weaken the heart that may subsequently cause death.

Angioplasty is opening blocked arteries using metal stents. These stents are introduced in the coronary artery via very thin flexible tubes called catheters inserted through arteries in the wrist or groin. PCI remains the gold standard for managing acute SteMI worldwide.

The other panelists were Drs. Eduardo Tin Hay, chair of the PHA Council on Cardiac Catherization and Interventions and PSCCI director; and Regidor Encabo, an active member of both societies.
Currently, the maximum PhilHealth coverage for heart attack with PCI is only P40,000 (including professional fees). The average cost of PCI for STEMI is between P350,000 to P400,000.

“We are appealing to PhilHealth to provide enough subsidy so that no patient will be turned down by the hospital or be required a substantial deposit before doing PCI on a STEMI patient. Some PSCCI members are willing to exclude the operator’s PF in the subsidy just to have substantial reimbursement,” said Cruz.

Cruz added that “PCI for STEMI most of the time requires only one stent and only the culprit coronary artery needs to be fixed (not all abnormal blood vessels seen), hence the lower cost.”

PCI would also give the patients a high chance of full recovery and get back to the society as a productive member if such intervention would be given. STEMI is usually common in the productive age group (25 to 65 years old) who complain of chest pain or angina, the heart doctors stressed.

They also said “PhilHealth thinks that they are giving enough. It’s not everyday that there are heart attack patients. We are requesting for a dialogue with them”.

LEAST ON THE LIST

Compared to Asian countries like Malaysia, Indonesia and Vietnam, the Philippines has the lowest health allotment for heart attack with PCI. Singapore and Thailand give full subsidy to PCI patients. This country which put up the first heart specialty hospital in Asia, is now behind, and has a lot of catching up to do with its Asian neighbors.

The Philippines has a good number of prominent cardiologist-interventionalists who are passionate and compassionate in their craft.

Tin Hay said “the PHA and PSCCI are knocking on the hearts of the national government and PhilHealth to earmark a bigger sum that should cover a bigger chunk of the procedure to make primary angioplasty accessible to all. We just hope this proposal will be a top priority since this is a life-saving procedure.”

These groups of specialists who have embraced the advocacy of elevating the standards of cardiovascular education and care, need government support. Encabo said “doctors, cardiologists-interventionalists, in particular, can only do so much. Adjustments should be done by both sides. Time is gold. Ideally, a STEMI patients needs to undergo PCI in 90 minutes.

The (Sorry) State of Heart attacks and PCI in the Philippines

ACCORDING to the PHA, the country has 33 hospitals with Cathlabs that will do PCI or angioplasty. Twenty-four are in Luzon, 11 of which are in NCR; 6 are in the Visayas while 3 are in Mindanao. However, not all are open 24 hours.

Having a good number of prominent cardiologist-interventionalists and tertiary hospitals, the Philippines is at par with world standards. However, the PhilHealth budget is a measly sum against the cost of the procedure. Our Asian neighbors’ system of allotting high health premium, relegates the Philippines to the back.

The required hospital deposit for a one-stent angioplasty or an emergency primary angioplasty is P200,000. To save the patient’s life, ensure better recovery and to prevent another heart attack, the procedure has to be done in 90 minutes as per international recommendation. Documented hospital scenarios revealed that in the Philippines, the average door (emergency room) to balloon (PCI) is 20 hours.

The reasons cited for the delay in treatment are: The ordinary Pinoy does not keep P200,000 cash at home or has no P200,000 savings. Absence of a family member to decide for the patient. Due to lack of knowledge about the further damage late intervention would cause, the patient, or the family members/relatives who will shoulder the bill don’t appreciate the value of emergency intervention. We don’t have 911. Heavy traffic.

Crucial tips to save a loved one’s heart from PHA/PSCCI:

- Know the symptoms of heart attack: pain or discomfort in one or both arms, the back, jaw or abdomen, cold sweat, unbearable chest pain.
- Bring the patient to a big hospital. Small hospitals are not well-equipped.
- Quick ECG with results should be done in 10 minutes. Heart attack or STEMI should be diagnosed within this timeframe so that the patient can be moved to a hospital with a 24/7 cathlab.
- Within 30 minutes, while buying time, thrombolytics, a clot buster, like injectable aspirin should be given to the patient.

♥
At the ER, ECG and recognition should be done in 10 minutes and thrombolytics be administered in 30 minutes.” A thrombolytic is an intravenous drug used to dissolve clots in a procedure termed thrombolytics.

JUAN DELA CRUZ’S PITIFUL CONDITION

The cost of life-saving PCI to open up the choked arteries are shouldered by the patients and it is the primary reason that such treatments are not done by PCI-capable hospitals.

A data by the University of the Philippines-Philippine General Hospital (UP-PGH) revealed that out of the 44 STEMI patients they received at the ER from 2011-2014, none of them had Primary PCI due to financial constraints.

Another study, the STRIKE conducted by the UP-PGH group bared that of 25 STEMI patients, only two, who were private patients, received Primary PCI.

According to the PHA, “PCI and other heart disease treatments are hampered by several reasons – economic problems, lack of knowledge about the irreversible damage because of late intervention; and half-hearted, casual and bahala-na attitude about the state of their heart. There’s also the delay in securing consent of the member of the family or relatives who will foot the bill.”

Part of the PHA and PSCCI Advocacy is to educate the public about the value of awareness on cardiovascular disease prevention, early intervention and proper management as well as having health benefits.
Jeanne, a nephrologist and a triathlete, starts her day by making her usual rounds followed by seeing patients at her clinic that ends at around 4pm. She then goes for a short swim or run or a bike trainer session. Tuesday and Thursday mornings, however, are reserved for the gym for “cross-training”. She has been doing this since 2014 upon the recommendation of a friend to try “something new” and strengthen the different muscle groups.

The PerX of Training:
FITTER, FASTER, STRONGER, SMARTER

B

eing an athlete is hard work. It requires long, hard hours of training. Pushing yourself to the limit during practice helps you adapt to various situations during actual competition. However, we sometimes reach our peak and start to plateau – that is, exert maximal effort with little or no further improvement. Worse, the athlete may feel exhausted, burned out and start to suffer from various injuries. This is where cross-training comes in.

Jeanne, a nephrologist and a triathlete, starts her day by making her usual rounds followed by seeing patients at her clinic that ends at around 4pm. She then goes for a short swim or run or a bike trainer session. Tuesday and Thursday mornings, however, are reserved for the gym for “cross-training”. She has been doing this since 2014 upon the recommendation of a friend to try “something new” and strengthen the different muscle groups.

We sometimes reach our peak and start to plateau – that is, exert maximal effort with little or no further improvement. Worse, the athlete may feel exhausted, burned out and start to suffer from various injuries. This is where cross-training comes in.
Walk&Talk

Cesar, or Doc Sarsi to his close friends, is an anesthesiologist and triathlete. He was into badminton and recreational running since 2006 before progression to triathlons in 2012. He religiously attends the morning cross-training sessions to avoid being caught up in his busy OR schedules in the afternoon.

Both Jeanne and Cesar committed to “PerX” for a number of reasons: to strengthen their core and improve in the discipline they were having a hard time at – swimming. This is where Coach Dennis of Performance Kinetix, or “PerX” comes in.

Coach Dennis Bernard Antonio, a swimmer by heart, started PerX in 2010 along with Coach Armand Bautista, a pilates instructor, with the goal of burning excess Christmas (aka training off-season) calories.

The two came up with this strength and conditioning fitness program that focuses on circuit and interval training, power, balance, speed and stability. The training regimen uses functional exercises to restore proper body movement that promotes five fundamental movements of the human body – squats, lunges, pulling/pushing, twisting and core strength.

The duo started out giving free lessons around the UP campus to anybody who was interested and has since grown in numbers, thus the need to come up with an own gym, presently located in Celebrity Sports Club in Capitol hills.

While the words “HIIT,” or high intensity interval training may seem intimidating, what this writer appreciated during training with this group is that it is a hetero-genous mix of teen-agers, student athletes, injured athletes recovering from injuries, elite champion runners, middle-aged people and even senior citizens having different levels of fitness. Circuit training is actually based on the belief in anybody’s ability to do work at their own levels.

Jeanne, Sarsi and myself would attest that high intensity interval circuit training helps athletes prevent sports-related injuries and allows faster recovery after a competition since cross-training “shocks” and strengthen the different muscle groups that are often neglected and under-utilized.

For the non-athletes on the other hand, HIIT promotes weight loss by the combined effects of fat-burning aerobic training and high intensity
People (doctors included) with busy schedules need not worry since PerX uses functional and time-efficient exercises. An hour of PerX training would help burn 400-600 calories quite easily.

So there you go… Whether you are that elite competitive athlete, recreational runner dreaming for a race PR or even the couch potato with the dream to have that decent (let’s not aim for “awesome” level” just yet) summer body, stop procrastinating and start working! PerX works!

(Note: Performance Kinetix is located at Celebrity Sports Club, Capitol Hills QC. Training sessions are Tuesdays 6:30am, 7:30am, 6pm and 7:15pm, Thursdays 6:30am and 6pm and 7:15pm and Saturdays 6:30am, 7:30am and 4pm. For inquiries and free trial, you may contact coach Dennis 0917 814 5081.)
In recent news, we have heard some runners trying to finish a 42K marathon collapsing on the road succumbing to sudden cardiac death. These were young able-bodied individuals deemed physically fit by usual standards.

As sports are becoming more extreme and popular, and more cardiac accidents being recorded, do we need to screen individuals, athletes included, before participating and engaging in endurance sports?

According to a number of studies, pre-participation screening and follow up may predict an unwanted cardiac event and consequently lengthen the life span of endurance athletes.

Two Types of Athlete

There are two types of athletes: the competitive and leisure athlete.

The competitive athlete belongs to an organized team, with a high premium for excellence and undergoes systemic training.

The leisure athlete, on the other hand, is a middle-aged individual, who undergoes informal recreation sports, with modest to vigorous exercise levels, who do not exercise regularly, and does not require systemic training or pursuit of excellence.

How does endurance training affect the heart?

Long-term extreme endurance exercises such as marathons, ultra-marathons, ironman distance triathlons, and long distance bicycle races can cause pathologic remodeling of the heart and large arteries. Repetitive injury may lead to patchy myocardial fibrosis which may become a substrate for arrhythmias.

Why do we need screening?

The simple reason for screening is to prevent sudden cardiac death. The incidence of sudden death in athletes is 1:160,000/person/years. It is a rare, but nevertheless a tragic event.
What is the most common cause of sudden death in athletes?
According to the Minneapolis Heart Institute Foundation Registry from 1980 to 2005, hypertrophic cardiomyopathy remains to be the most common cause of sudden cardiac death (36%), aside from coronary artery anomalies (17%). Recent data, however, show increasing prevalence of coronary disease as a cause of sudden cardiac death.

What are the Non-Cardiac causes of sudden cardiac death in athletes?
Not uncommonly, the culprit is not always the heart. Occasionally, these include heat stroke, cerebral aneurysm, bronchial asthma, non-penetrating blunt chest blow, sickle cell trait, nutritional supplements, and illicit drugs, among others.

How can an athlete’s heart be differentiated from hypertrophic cardiomyopathy?
There is a gray zone between the two conditions. Both of them exhibit a left ventricular wall thickness of 13-15 mm. A certain condition has its own peculiarity. For instance, patients with hypertrophic cardiomyopathy have unusual patterns of left ventricular hypertrophy, a left ventricular cavity of less than 45 mm, marked left atrial enlargement, bizarre ECG Patterns, abnormal left ventricular filling and a family history of cardiomyopathy.

On the other hand, the athlete’s heart has a left ventricular cavity of greater than 55 mm, may decrease in thickness that goes with deconditioning, and has a VO2 max of greater than 110% of the predicted.

Some authors propose that athletes greater than 30 years of age, undergoing extreme endurance competition should be examined by stress echocardiography.

How do we do pre-participation screening?
History and physical examination is one of the most important aspects in doing screening. One must probe for a family history of premature sudden cardiac death, and heart disease in surviving relatives less than 50 years old. One must also account for a personal history of heart murmur, systemic hypertension, fatigue, syncope/near-syncope, excessive exertional dyspnea and chest pain.

Is the ECG a reliable diagnostic modality?
The electrocardiogram has a low specificity as a screening test among athletes. An ECG may have normal physiological adaptations associated with the trained athlete’s heart.

How can a 2D echocardiogram help us in screening?
A 2D echocardiogram may detect changes in valvular orifices, the presence of aortic dilatation, or chamber enlargements that would give us an idea whether the cardiac condition is pathologic or not. Some authors propose that athletes greater than 30 years of age, undergoing extreme endurance competition should be examined by stress echocardiography.

How can we assess risk?
There are various risk assessment questionnaires such as the AHA pre-participation questionnaire, the physical activity readiness questionnaire, and the ESC Systemic Coronary Risk Evaluation.

In conclusion, history and physical examination remain the cornerstone for evaluation. Use of ancillaries should be individualized and should be based on sound clinical judgement. Participants of endurance sports should be encouraged to have and maintain a healthy lifestyle. Being physically fit as defined by traditional standards no longer exempts one from future coronary events.

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.
As more and more people are becoming aware of the irrefutable benefits of physical activity on one's health, particularly the heart, getting into the right kind of physical exercise becomes a difficult choice.

While more people gravitate towards running, or even boxing and other physically strenuous sports, yoga appears to attract a certain group of people, particularly those who are meditative and into mental relaxation more than the intense physical movements. Women tend to enroll more in yoga classes than men do. Perhaps, the macho guy finds it awkward to assume certain positions and does not find wearing spandex or tight fitting clothes exciting.

Common perception however underestimates the intense physical exertion involved in yoga. It is generally classified as a light form of exercise that ranks a little bit higher than bowling and golfing with a cart, and burns less calories compared to heavy house cleaning and gardening. There may be less body movements but calories burned are equivalent or sometimes even greater than the usual exercise depending on the type of yoga done.

Running at a speed of 10 kph consume 200 calories in around 20 minutes, but achieving so may be much of a strain and danger for the less physically able. Doing Hatha yoga in traditional asanas or poses can burn approximately 190 calories in 60 minutes. But doing Bikram yoga can burn about 480 calories in an hour. The most intense yoga called the Hot Power Yoga burns 620 calories in 60 minutes.

Moreover, this form of meditation and physical exercise that takes origins as far as the 5th century BC, has evolved into various schools and forms. The practice of yoga has withstood the test of time as it has become a way of life or a lifestyle for some. Most likely because people who practice it find it beneficial through well-lived experiences.

A lot of claims have been put forward that yoga benefits the heart, among others. But does it really?

Let us look into recent data on yoga that support such claims.
Yoga beneficial for Paroxysmal AF patients

In a recent randomized controlled trial involving 80 patients with paroxysmal atrial fibrillation (PAF) in Sweden, yoga was found to be a complementary treatment to standard therapy. Standard therapy was defined as medications, cardioversion and catheter ablations.

In particular, patients in the yoga group had better quality of life (QOL) as measured by the EuroQOL (EQ-5D) Visual Analog Scale and the 36-question Short Form Health Survey (SF-36). Patients with PAF “experience deterioration in health-related QOL compared with the general population and patients with other cardiovascular diseases that may potentially increase mortality, morbidity, and hospitalization,” the authors of the study claim.

Moreover, patients who underwent the 12-week therapeutic yoga program had lower heart rates and systolic and diastolic blood pressures.

The yoga, which the authors called Mediyoga is a therapeutic form of yoga derived from Kundalini. Kundalini yoga is described as the “yoga of awareness” that aims at cultivating the creative spiritual potential of

Compared to aerobic exercise, yoga was comparable in terms of improving the same risk factors such as weight, BMI, blood pressure and lipid profile.

1. **Hatha**: Hatha generally refers to any yoga practice that teaches physical postures. Classes will introduce a student to the most basic yoga postures. It is not as sweaty as ashtanga yoga but yogis should feel more relaxed after a class.

2. **Iyengar**: Developed and popularized by BKS iyengar, the practice involves props like blankets, chairs, ropes, straps, blocks among others. These are used by students to find that alignment in posture which is meticulously paid attention to. It is considered as both physically and mentally challenging.

3. **Ashtanga**: Based on ancient yoga teachings, it was popularized in the US by Pattabhi Jois some 50 years ago. It is a physically rigorous type of yoga that specifies a sequence of postures that links every movement to a breath. The sequence has to be done in the same order every time it is executed. This is one hot, sweat-drenching and physically demanding practice.

4. **Bikram**: Introduced some 30-40 years ago by Bikram Choudhury, yoga classes are done in artificially heated rooms. Just like Ashtanga, it follows a series of 26 poses (the poses are different though from Ashtanga) that will make one sweat like waterfalls. It is wildly popular but not all studios who pronounce they follow Bikram's original sequence are authentic.

5. **Hot Yoga**: It is basically similar to Bikram for it's artificially heated room so one will sweat out a bucket. The sequences are different though, such that this practice needs a different name.

6. **Restorative**: Like iyengar, restorative yoga uses props to help students in passive poses so that the body experiences benefits of a pose without exerting any effort. It is considered rejuvenating more than a nap. It is often offered on weekend nights when a weary work-ridden body could use some profound rest.

7. **Vinyasa**: Vinyasa means “flow” in Sanskrit. As such, this practice is known for the fluid, movement-intensive practices. Poses are choreographed with smooth transitions with music playing to keep sessions lively. It is similar to Ashtanga in intensity but the sequences are different each session and do not follow any routine.

8. **Anusara**: This is perhaps the newest form of yoga as it was only introduced in 1997 by an American yogi John Friend. It roots from the principle that all beings are intrinsically good such that it seeks to use physical yoga to help students open their hearts, experience grace and allow that intrinsic goodness to shine. Classes follow the Universal Principles of Alignment and are rigorous for the body and mind.

In all the modifications in ancient-old practice yoga, Yogi's (that is what persons who practice yoga are called) have developed their own versions of such meditation-exercise. Here is the eight major and most popular forms of yoga.
a human to uphold values, speak truth and focus on the compassion and consciousness needed to serve and heal others.

Participants joined a weekly class and did “deep breathing exercises, meditation and light movements designed to stretch chest muscles and relax the body.” They were also instructed to do the same exercise at home.

According to the authors, patients with AF need practical tools to handle the emotional consequences that come with the arrhythmia, such that more and more patients with arrhythmia are now into complementary alternative medicine includes yoga.

The Heart-Brain Axis in Yoga
So far no sound explanation can explain how meditative exercises like yoga can directly prevent atrial fibrillation among other arrhythmias.

A proponent of yoga for cardiac arrhythmias Dr. Dhanunjaya Lakireddy of the University of Kansas Medical Center in Kansas City states that yoga is not a cure for AF but he is definite that it can improve on the symptoms and arrhythmia burden.

Lakireddy is a Professor of Medicine and Director of the Center of Excellence in AF and Complex Arrhythmias in the same institution.

The electrophysiologist reports that based on his studies that practicing BKS Iyengar yoga can reduce AF episodes by 22%. Anxiety and depression scores, QOL scores, resting heart rate and blood pressures (both systolic and diastolic) also showed improvements on patients with PAF.

In his analysis, the benefit of a lowered blood pressure may be responsible for a decreased burden of AF episodes while better anxiety scores may lower down the resting heart rate.

Moreover, Lakireddy proposes that yoga improves the plasticity and stability of the autonomic nervous system. By decreasing acute surges of the sympathetic nervous system and improving the parasympathetic tone, the risk of arrhythmia can be reduced. According to him, previous studies have shown that such autonomic effects can lead to better heart-rate variability and blood pressure.

His research group further aims at clarifying a complex interplay that results in “the systemic pleiotropic effects of yoga” such as reduced inflammation, reduced oxidative stress and better endothelial function.

However, the professor also takes note that individuals who enroll in yoga programs often advocate healthy lifestyle practices such as losing weight and reducing alcohol consumption that can also improve on cardiovascular health.

Yoga seems appropriate for cardiac arrhythmias because as these are associated with stress and anxiety, yoga deals with the mind-body continuum, Lakireddy believes adding that the seven chakras involved in yoga are analogous to the regional autonomic controls in the body.

Among the various schools of yoga, Lakireddy chose the BKS Iyengar yoga because it combines the asanas or poses with breathing and meditation. A lot of published evidence have utilized such yoga system that showed benefits on cardiovascular health.

Yoga improves CVD risk
A review of 32 randomized controlled trials involving 2,768 participants have shown that asana-based yoga can improve on traditional risk factors like LDL cholesterol and systolic blood pressure.

In the analysis conducted by the Harvard School of Public Health in Boston, Massachusetts provided evidence that doing yoga was better than no physical activity or a sedentary lifestyle in improving lipid profile including lowering triglycerides and increasing HDL cholesterol and in bringing down both systolic and diastolic blood pressure, heart rate, body mass index and weight.

Studies included in the analysis ranged from three to 52 weeks with a median follow up of 12 weeks. Control arms included conventional medical therapy, diet, education, relaxation, aerobic exercise, cognitive-based therapy and no intervention.

Compared to aerobic exercise, yoga was comparable in terms of improving the same risk factors such as weight, BMI, blood pressure and lipid profile. Participants included healthy and hypertensive individuals.
Doing yoga was better than no physical activity or a sedentary lifestyle in improving lipid profile including lowering triglycerides and increasing HDL cholesterol and in bringing down both systolic and diastolic blood pressure, heart rate, body mass index and weight.

Systolic blood pressure went down by 5.2 mmHg, LDL cholesterol by 12.1 mg/dL, weight by 2.35 kg and HDL cholesterol went up by 3.2 mg/dL compared to non-exercisers.

The reduction in blood pressure is similar to a recent randomized controlled trial that introduced Hatha yoga to 120 participants who were in their 50s and were with mild to moderate hypertension. Conducted by the University of Pennsylvania in Philadelphia, USA. The participants in the intervention arm had 4-5 mm Hg and 2-3 mm Hg reductions in systolic and diastolic blood pressure, respectively after undergoing three times a week of yoga for 24 weeks. Participants likewise underwent a supervised diet and weight reduction program.

Though such metaanalysis and systematic review and the RCT are limited by sample size, heterogeneity between trials and potential risks of bias, data culled from these studies add to the growing evidence that yoga is a potentially effective therapy against cardiovascular and metabolic diseases.

The fact that some individuals who need to go into some form of exercise but just could not because of lower physical tolerance may just go into yoga as an option. The elderly, patients with pre-existing cardiac problems or those with musculoskeletal and orthopedic limitations may achieve similar benefits derived from brisk walking, cycling or aerobics.

Meditation or Medication?

Yoga, in any of its various modifications is a form of physical exercise on top of a mental calisthenics that tries to unify the mind and the body, when done properly, of course. With recent data making evidence that yoga is good for the heart more robust, we find more confidence in embracing yoga as an option for physical exercise for better health.

Just like in any preventive strategy, we can pretty well say, an ounce of yoga is better than a handful of pills.

References:
2. Lakkreddy D. Role of yoga and stress reduction techniques in the management of AF. Boston Atrial Fibrillation Symposium 2012; January 12, 2012; Boston, MA. (via Reed Miller; Heartwire from Medscape, Yoga therapy for AF yields insight into Brain-Heart Axis; January 13, 2012.)
Summer is undeniably here! In a tropical country like the Philippines, humidity is one most detestable adversary during summer, and global climate change has even upped temperatures to superlative levels at this time of the year.

Everyone becomes creative in beating the summer heat. People go to cooler places, go to the beach, linger in malls or just stay at home where air-conditioning units are at full blast! But one thing is a sure hit among those exhausted and wasted by the hot climate: it’s the summer cooler food and drinks!

We present 10 favorite eats and thirst quenchers during summer and researched about the humongous and horrifying calories contained in them.

One might be soothing a parched mouth and throat with these thirst-quenching, craving-satisfying food and drinks, but one should not forget the “collateral damage” that comes with those extra calories.

Before those extras get deposited as bulges in the most inappropriate areas, either turn your back and run away from it (and gulp water, instead!) or just go forth, gulp that cooler with much gusto and burn the calories away with physical activity!

Life is a choice, anyway. Just learn to take and stand by the consequences of your choices!
1 Chowking’s Tempting Halo-Halo
The Philippine’s symbol of summer relief: it’s the Halo-Halo! Shaved ice is healthy. Fruits are healthy. Other colorful ingredients are inane, calorie-wise. But beware of the milk, the sweeteners, that extra scoop of ice crop on top, or that generous slice of ube or leche flan!

2 Classic Sago’t Gulaman
Those cute and chewy tapioca balls are seemingly benign. That red (sometimes green) gulaman too. And without the arnibal, this drink may seem harmless (but tasteless, too). The rule is: the sweeter, the deadlier!

3 Getting Corny over Mais Con Hielo
Freshly steamed sweet yellow corn kernels drowned in shaved ice and a bit of sweeteners, this can pass as one of the healthier options among summer coolers.

4 So that’s your Soda
Well, well, well! Whatever the campaigns against carbonated sodas are, most stubborn tongues apparently have specific receptors for these soft drinks.
5 Getting Iced and Milked with Tea

Green tea, oolong tea, black tea, whatever tea leaves have you! Yeah, tea is an antioxidant, but in iced tea? The antioxidant becomes lame with those big time sugars! Add on the dairies, the milk and cream and oh those sugars! I guess one needs more antioxidants and physical shake down and up for a world war on calories!

6 Anything more heavenly than Ice Cream?

Whoever invented ice cream must be a genius. It’s the world’s most favorite cooler for all time and season. The inventor’s family must receive royalties from anti-diabetic medicine manufacturers for such a big and growing business: Diabetes!

7 Smoothie Criminals

Praise fruits for they are heroes for good health. Admonish those munificent cream, milk and sugars for making smoothies and shakes criminals!

PASSION SHAKEN SWEETENED ICED TEA LEMONADE (STARBUCKS, VENTI) 195 CAL
ICED CHAI TEA LATTE WITH NONFAT MILK (STARBUCKS, VENTI) 300 CAL
ICED GREEN TEA LATTE WITH SOY MILK (STARBUCKS, VENTI) 435 CAL

Vanilla Ice Cream (1 cup) 273 CAL
Chocolate Ice Cream (1 cup) 285 CAL
Ice Cream Cone (other than chocolate flavor, 1 oz) 60 CAL
Sorbet, all flavors (3.7 oz) 130 CAL
Gelato, milk base (12 oz) 312 CAL

Vanilla Smoothie (fruit or fruit juice only, 20 oz) 326 CAL
Fruit Smoothie (with fruit juice and dairy products, 20 oz) 496 CAL
Mango A-go-go Smoothie (Jamba Juice, 6 oz) 400 CAL
Protein Berry Workout Smoothie (Jamba Juice, 6 oz) 390 CAL
Kale-Ribbean Breeze Smoothie (Jamba Juice, 6 oz) 410 CAL
Peanut Butter Moo’d Smoothie (Jamba Juice, 6 oz) 769 CAL

How to burn 435 calories:
- 121 minutes brisk walking
- 50 minutes jogging
- 36 minutes swimming
- 66 minutes cycling

How to burn 285 calories:
- 75 minutes brisk walking
- 33 minutes jogging
- 24 minutes swimming
- 38 minutes cycling

How to burn 496 calories:
- 127 minutes brisk walking
- 55 minutes jogging
- 38 minutes swimming
- 66 minutes cycling
8

No Truce with Fruit Juice

Well, freshly squeezed fruit juices (with the fibers, more so) are generally healthy. But it’s going to be a war zone if you adulterate it and offend it too much with sugar and other calorie-culprits.

- Pure Coco Water (12 oz) 60 cal
- Apple Juice (Bottled/Canned, Unsweetened, 8 oz) 123 cal
- Orange Juice (Canned, Unsweetened, 8 oz) 110 cal
- Pineapple Juice (Canned, Unsweetened, 8 oz) 132 cal
- Mango Nectar (Canned, 8 oz) 143 cal
- Grape Juice (8 oz) 170 cal
- Cranberry Juice (Unsweetened, 8 oz) 116 cal
- Mixed Vegetable and Fruit Juice Drink (8 oz) 72 cal

How to burn 132 calories:
- 34 minutes brisk walking
- 15 minutes jogging
- 10 minutes swimming
- 18 minutes cycling

9

Starbucks’s Cold Coffee Concoctions

There are too many reasons why this brand is so popular: that planner, that status symbol, that place for studying or chatting or FBing or Googling. That taste? Whatever the reasons are, the CALORIES are big enough one may want to reconsider.

- Iced Green Tea Latte with Nonfat Milk (Venti) 375 cal
- Iced White Chocolate Mocha with Nonfat Milk (Without Whipped Cream, Venti) 388 cal
- Iced Caffe Latte with Whole Milk (Venti) 225 cal
- Iced Caramel Macchiato with Whole Milk (Venti) 325 cal
- Mocha Frappuccino with Whole Milk (Without Whipped Cream, Venti) 363 cal

How to burn 388 calories:
- 108 minutes brisk walking
- 44 minutes jogging
- 32 minutes swimming
- 59 minutes cycling

10

Beery Cold Drinks

By the beach, by the pool, by the bar, with good company, with good food, what else is the best drink for the alcohol-friendly taste buds? But the excessive alcohol intake, and the calories (no matter how light is light)? Hmmm, that must give you a second thought.

- San Miguel Beer Light (330 ml) 100 cal
- San Miguel Pale Pilsen (330 ml) 150 cal
- Coor’s Light Beer (12 oz) 102 cal
- Budweiser Bud Light Lager (12 oz) 110 cal
- Coor’s Original Beer (12 oz) 149 cal
- Budweiser Pale Lager (12 oz) 145 cal

How to burn 100 calories:
- 26 minutes brisk walking
- 11 minutes jogging
- 8 minutes swimming
- 14 minutes cycling

Sources:
1. www.calorieking.com
2. www.myfitnesspal.com
3. www.caloriecount.com
4. www.calorielab.com
5. www.fatsecret.com
Niño Logarta on being chef:
HARDWORK OR GENES?

Even as a young boy, Luis Rey “Niño” Logarta showed signs of evolving into one bright culinary mind someday. He would cook from scratch, making do with whatever ingredients were available in the pantry and fridge, after coming from school.

Early on, he was good at time management and dealing with all sorts of people. His weekday afternoons were also spent doing his homework and playing with childhood friends and sometimes watching his friends’ mothers cook.

Eventually, he learned to fuse and enhance flavors; and whip up his creations.

On his third year as an AB Philosophy student at the Ateneo de Manila University, he realized that he was mentally and physically prepared to leave his second home (from kinder to college) for the longest time, to be a chef.

It was 2001, culinary schools started to mushroom and the name Center for Culinary Arts Manila, just across Ateneo, was a stand out. For Niño, it was the best time to shift course or jump to the other side of the fence, so to speak.

A product of CCA batch 2003, Niño has emerged into a well-respected chef/entrepreneur. He is recognized for his intense passion for inventing and re-inventing recipes and food styling, as well as having a generous heart in sharing his valuable experiences and tips to others.

After tucking a diploma in Culinary Arts and Technology Management from CCA, he secured a license in Servesafe Food Protection from TESDA and Berringer Wine Pairing; worked with C2 Bar and Restaurant and at the Mandarin Oriental Manila. Subsequently, he became the sous chef of Chef Rolando Laudico.

Currently, his plate is full with live cooking demos, hosting, consultancies and hands-on culinary workshop classes. He has been a chef consultant at Nestle Foods and Sunnex Philippines since 2007. Niño also teaches in Moderne Culinare Academy at the Fort in Taguig.

Niño is at the helm of PROJECT FOOD, a total food service company with two partners Jaime delas Alas and Jonah Trinidad. Composed of chefs, an architect, a head purchaser, a food stylist/
Ingredients

- 1 (1-pound) salmon fillet, skinned and chopped
- 2 cups chopped baby spinach
- 1/4 Japanese breadcrumbs
- 2 tablespoons fresh lemon juice, divided
- 1 tablespoon finely grated fresh ginger
- 1 tablespoon soy sauce
- 1/4 cup mixed black and white sesame seeds, toasted and divided
- 1/4 teaspoon salt
- 1/4 teaspoon black pepper
- 1/2 cup plain yogurt
- 2 tablespoons finely chopped fresh dill or mint or parsley
- 1/2 teaspoon minced garlic
- 1 tbsp olive oil
- 4 whole-wheat hamburger buns

Preparation

1. Combine salmon, spinach, bread crumbs, 1 tablespoon lemon juice, ginger, soy sauce, 1 tablespoon sesame seeds, salt, and pepper in a large bowl. Form mixture into 4 (3 1/2-inch) patties. Place remaining sesame seeds onto a plate, and dip one side of patties into seeds to coat.

2. Stir together yogurt, dill, garlic, and remaining 1 tablespoon lemon juice in a small bowl.

3. Preheat a lightly oiled grill pan over medium heat until hot but not smoking. Cook burgers over medium heat, turning, 3-4 minutes per side or until golden brown and cooked through. Grill buns, cut sides down, for about 2 minutes or until golden.

4. Place burgers on buns, and top with 2 tablespoons yogurt sauce.
Great Gastronomic thrill

at Gaddi’s

By Gynna P. Gagelonia

After almost six hours of negotiating portions of Nueva Ecija’s and Nueva Vizcaya’s rebuilt arteries and regurgitated passages, gorgeous Gaddi’s in rustic Cordon, Isabela is a welcome breather.

Cordon is the gateway to Isabela from Manila. Gaddi’s, a pastry shop and restaurant is juxtaposed against a well-lit, spic-and-span Total Gas station. As a coffee and pastry shop, it is eight years old. As a restaurant, it is five months old.

Gaddi’s facade is fascinating. It placidly sits on an expansive manicured garden dotted with benches and lights; and boasts of ample parking slots and world-class restrooms.

The place’s habitués and first timers have been raving about Gaddi’s great food, drinks and amenities; classy decors and homey ambience. Some have taken their gastronomic experience to social media. ABS-CBN Santiago featured its melange of mouth-watering fare in December 2015.

The aroma of coffee and pastries that wafts from the shop can definitely stir one’s hunger pangs that make you want to jump off your car, do some back and leg stretching and foot twirling before you slake your craving for coffee or thirst for cold concoctions. And nibble some pastries, of course.

Maybe on my way out, I’ll pick up half-a-dozen of pastries to go, I told myself. I was just raring to get to the hotel I was billeted in Santiago which is about 15 minutes away to take a power nap before heading for my next appointment.

The bakeshop churns out an eclectic array of bread (wheat, rye, white, etc.) and pastries that could give all the five-star bakeshops in Manila a run for their money.

Conversely, we are drawn to restaurants that are dazzling and cozy, where the meals—and the way we are treated are square.

I start to wonder why the owners spent so much to make it stunning. Made of materiales fuertes, the kitchen is tastefully equipped, the place is elegantly designed and furnished and doubles as a gallery for part of the couple’s
Healthy Options:

STARTERS
Salad Nicoise (salad tomatoes, tuna flakes, hard-boiled eggs sprinkled with vinaigrette dressing)
Cream of Roasted Pumpkin Soup (pumpkin puree flavoured with herbs and spices)
Fresh Vegetable Spring Roll (tongue teasing spring rolls with cilantro scented chilli sauce)

MAIN COURSE
Five-Spice Cajun Free Range Chicken (grilled chicken and walnuts splashed with natural yogurt and light mayo)
Grilled Atlantic Cedar Plank Salmon (tender and moist and infused with herbs and woody and flavour)
The Chicken Tinola (has no bouillon or MSG, native papaya and garden fresh sili tops or malunggay leaves are used. Yellow rice is also served.)

PASTA
There are five choices of pasta sauces. But the one which is guilt-free is the Penne Puttanesca (cylinder shaped pasta with fresh tomato concasse - skinned and seeded, European anchovies, capers and olives).

Joya, Cesar Legaspi, Malang, Onib Olmedo, Ben Cab, Juvenal Sanso, Lydia Velasco, Mario Parial, Abdumari Imao, Napoleon Abueva, Jeff Cablog, Betsy Westendorp, et al. Westendorp, widow of the late Antonio Barias, an executive of San Miguel Corp., is known for her Manila sunset paintings.

Three weeks ago, I scooted to Santiago to attend the send-off bash for my high school bestie, Evelyn Acuna-Cabigas (a nurse, who has been residing in Dixon and Fairfield, California for 20 years) tendered by some of our La Salette of Santiago classmates and batchmates.

Evelyn and Elizabeth Centeno-Aniciete (a businesswoman who is Sta. Rosa, Laguna based) insisted on meeting me at “Gaddi’s, Nestor’s and Adel’s promising baby.” After a few seconds, we were joined by Aurora Tanjueco Vergonia (a dentistry graduate who used to work in the Middle East), Thelma Rose Ricio (a hospital nurse in Saudi Arabia for 20 years) and Violeta Bulusan Macaraeg (a policewoman-turned-businesswoman) in Santiago.

Once comfortably seated, I scanned the menu and was elated to see an assortment of dishes –from local favorites, to international gourmet to fusion dishes and healthy finds with a twist.

We arrived at a compromise – that is to try both the bestsellers and healthy options. All these ladies I was with are gourmets.
Healthy Options:

SANDWICHES
Grilled Chicken & Asparagus (slices of boneless chicken topped with fresh asparagus spears, celery, filled with mayonnaise and served with golden fries).
Tuna Sandwich Panini (white breast with chicken spread, tomato, onion and pickles, and served with golden fries).

FILIPINO FAVORITES
Salmon sa Miso (salmon is simmered in rice washing (hugas bigas) with ginger, onion, vegetables, tomatoes, tamarind and miso paste)
Native Chicken Tinola (native chicken sautéed in ginger, garlic and onions and simmered with papaya and sili or malunggay tops)
Lumpiang Sariwa (a mélange of julienne vegetables rolled in a soft wrapper and peppered with crushed peanuts and bathed in sweet sauce)

SWEET ENDINGS
The list shows eight kinds of cakes. The flourless Molten Lava Cake is the only one that is carb-free.

A visual and a culinary feast...

and gourmands. They have been travelling around the world to explore cultures and savor new cuisines.

For our starters, we ordered the Gambas and Chorizo (shrimp, Spanish chorizo and garlic fried in olive oil, jazzed up with paprika), Cream of Roasted Pumpkin Soup, Five Spice Cajun Free Range Chicken and the Waldorf Salad.

Our main course consisted of Grilled Atlantic Cedar and Plank Salmon, Hickory Smoked Baby Back Ribs (marinated in Gaddi’s secret barbecue sauce and baked) and the slow-cooked U.S. Beef Short Ribs Flame (grilled with smoked hickory barbecue sauce) and Pinakbet with Bagnet (a mix of eggplant, ampalaya, okra, string beans, kamote tuber, tomatoes, ginger and garlic with slices of bagnet).

Full, we all opted to have just one dessert, the Flourless Molten Lava which was so heavenly.

We all agreed on this food review: Gaddi’s whips up delicate, artistic and yummy foods that are a visual and a culinary feast, yet are reasonably priced.

And for our take-out, we ordered the Gaddi’s Signature Burger (stone oven-baked burger buns with 100% pure Angus beef patty, Dr. Adel’s recipe, that comes with U.S. potato fries); wheat and rye bread, which we tried the next day.

And again, they extremely pleased our palates.

What is a posh restaurant like Gaddi’s doing in pastoral Cordon town?

According to Nestor, president of the Gaddi Group of Companies “simply because I want to change and level up the dining experience in Isabela into something that is world-class.”

So far, the regular clients are LGU executives, hotel owners, doctors, pharmaceutical executives, motorists, foreigners and the list is growing. It has been gaining customers through word-of-mouth endorsements.

The couple’s mutual passion for food and artworks spawned the birth of the restaurant. It is a showcase of Nestor’s mother’s homegrown recipes and Dr. Adel’s creative versions as well as their growing assembly of art pieces.

Nestor the top honcho is lucky to have had harnessed innovative and dedicated kitchen staff and
employees. Despite her busy practice as a pulmonologist at the St. Luke’s Medical Center, Quezon City, Dr. Adel is in-charge of procurement from top-of-the-line equipment to imported stocks, a job which she considers as a form of therapy.

Nestor brings with him a wealth of experience gained from working with top companies in California for over two decades. “I agree with Steve Jobs, you don’t design a product that people like, but products that you think people will like. That is why we introduced the 5-in-1 concept: A coffee shop, pastry shop, restaurant, convenience store and a gas station,” he said.

He also uses the Fish Philosophy, a technique to make individuals alert and active in the workplace.

Gaddi’s designs a menu that focuses on flavors, presentation and generous portions that is equivalent to positive customer experience. “The thing that makes me happy is seeing customers happy,” said Nestor.

Everything is great in this place which can accommodate 80 to 120 persons in a sit-down dinner and 300 persons for cocktails.

It is at Gaddi’s where your adventure in Isabela and Cagayan commences. It is where your Isabela voyage ends and Manila jaunt begins.

...Delicate, artistic and yummy foods
healthy lifestyle while addressing traffic congestion in the metropolis,” said Dr. Antonio Dans, President of the Philippine Society of General Internal Medicine (PSGIM) and Chair of the PCP Advocacy Committee.

PMA President Dr. Minerva Calimag said an enabling environment should be put in place to truly bring about change to people.

“Among the measures include making healthy food accessible to the people; increase tobacco prices to discourage the people, especially the young, from smoking; and to provide the people with open spaces and walkways to serve as a venue for different forms of physical activity and exercise,” Calimag said.

She added that harping on lifestyle modification alone will not work. Doctors have to practice what they preach.

Time and again, the PHA has underlined the benefits of exercise like walking, running and biking. Garcia said “traffic is one of the causes of death. Aside from giving you stress, getting stuck in traffic for hours could lead to “killer legs” or blood clot formation in your lower extremities. Lack of exercise and unhealthy eating habits are not good for the heart. The PHA is promulgating the KalyeShare Campaign. PHA is also actively endorsing its 52100 healthy lifestyle and 4-minute exercise campaigns.”

Miguel Laperal of uP Bike Share, an advocacy group of students in the University of the Philippines said they are inspired to be part of KalyeShare.

To kick off the event, the groups converged at Plaza Mexico, Intramuros, Manila on February 7 at 5:00am.

Members of the medical community, civil society, environment and other public interest groups flocked to Roxas Boulevard where the south bound lanes, from Plaza Mexico to Mall of Asia, were closed to motor vehicles to give way to pedestrians and bikers for one whole day.

“An ambitious project starts in a grand way. We’re happy to see different groups collaborating for an apparent simple goal of closing the road but its real benefits will be enjoyed by a lot of people,” Laperal said.

His group would like to contribute in the creation of a sustainable infrastructure promoting clean, fast and convenient transportation. UP Bike Share has 30 units of bicycles that they lend for free to students, teachers and personnel for their transportation when inside the UP Diliman campus.

The Kalyesharing event on February 7 was organized by the Bayanihan sa Daan Movement in cooperation with the Department of Science and Technology (DOST), Metro Manila Development Authority (MMDA), Department of Health (DOH), and other government and private agencies.

Paulo Burro, Spokesperson of Bayanihan sa Daan Movement said the DOST showcased the Hybrid Electric Road Train that traversed Roxas Boulevard on February 7.
Dyslipidemia is one of the challenges both endocrinologists and cardiologists see in their clinics. For most part, we consider ourselves experts in the field, though management guidelines differ even for relatively “simple” cases like diabetes mellitus.

Other than diabetes, there are other cases in which lipid problems may arise that a cardiologist may find relatively challenging to manage, an example of which is thyroid dysfunction especially hypothyroidism.

Unlike diabetes mellitus, there are no specific recommendations in addressing this common and yet very specific endocrine problem. What we all know is that patients with hyperthyroidism are relatively free from dyslipidemia and yet have other potential life threatening cardiac manifestations like arrhythmias and cardiomyopathy while hypothyroidism on the other hand manifest with risks for pericardial effusions, bradycardia and dyslipidemia.

**THYROID CONTROLS THE HEART, AND YOUR FAT!**

Why does the thyroid with its hormones exert so much influence over the cardiovascular system?

Thyroid hormones are basically iodinated tyrosines that bind to intracellular receptors found in the nucleus. These receptors have four known isoforms that can mediate transcriptional changes that may alter cardiac functions.

Both hypothyroidism and hyperthyroidism can produce several cardio-specific manifestations like bradycardia and tachycardia respectively, the reason for which is dependent on specific thyroid hormone receptor isoform binding.

<table>
<thead>
<tr>
<th>TR isoforms</th>
<th>Predominant Distribution</th>
<th>Proposed role</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRα1</td>
<td>Heart, skeletal muscles, brain</td>
<td>Cardiac stimulation with increase in metabolic rate due to increase in heart rate and force of contraction</td>
</tr>
<tr>
<td>TRβ1</td>
<td>Brain, liver</td>
<td>Normal brain development Increased LDL and cholesterol clearance Increase in basal metabolic rate</td>
</tr>
<tr>
<td>TRβ2</td>
<td>Hypothalamus pituitary retinal cone photoreceptors cochlea</td>
<td>Negative feedback for TSH secretion</td>
</tr>
</tbody>
</table>
These thyroid hormone receptor (TRs) isoforms are TRα1, TRα2, TRβ1, and TRβ2, and their transgenic and knockout models have helped understand receptor function. For example, knocking out the TRα1 resulted in bradycardia and other changes in the cardiovascular system that could not be reversed by giving T3.

On the other hand, TRβ1 principally mediates T3 actions on cholesterol and lipoprotein metabolism acts on the liver. Knowledge of this has brought forth several studies in the probable use of “thyromimetics” that can selectively target the TRβ1 receptor alone which could then correct dyslipidemia. This specific TRβ1 thyromimetic can thus spare the TRα and TRβ2 receptors, binding of which could lead to undesirable cardiovascular toxicity especially the stimulation of the TRα1 receptor isoforms.

Hence, the challenge was to develop a thyromimetic that could have a hepato-selective effect, precisely targeting the TRβ1 that might help in aggressively tackling hepatic cholesterol metabolism and correcting dyslipidemia. Research focusing on this area led the way to the development of selective thyromimetics like eprotirome and sobetirome.

**Mechanisms, Mechanisms, Mechanisms**

The main mechanism of thyromimetics is the up-regulation of the LDL receptor that would reduce the LDL particles and this would significantly reduce the serum cholesterol and triglyceride levels.

A second mechanism to reduce the cholesterol and triglyceride level is the inhibition of the hepatic transcription factor sterol regulatory element-binding protein 1 (SREBP1), as this would prevent VLDL assembly.

A third (and arguably the most exciting and interesting) mechanism is the promotion of reverse cholesterol transport (RCT). This mechanism describes a pathway that carries cholesterol to the liver for fecal excretion. Cholesterol is carried from several sources like atheromatous plaques and macrophages by the reverse cholesterol transport, and this is facilitated by HDL. Selective thyromimetics activate RCT by increasing hepatic expression of the HDL receptor scavenger receptor B-I (SR-BI). The SR-B1 increases the clearance of HDL cholesterol but does not alter the number of the HDL particles. In simple terms, this means that the macrophages
and plaques are cleansed of their cholesterol. While these mechanisms were widely studied in animal models, humans have another unique pathway of HDL transport.

In this pathway, the HDL cholesterol is transferred to LDL particles, and this is carried out by the intermediary called cholesteryl ester transfer protein (CETP). The cholesterol thus transferred is then cleared through hepatic LDL receptors. As thyromimetics can cause up-regulation of the LDL receptor, this is an additional mechanism by which they improve RCT.

In addition to all these mechanisms by which thyromimetics could benefit dyslipidemia, there is a final mechanism via which they reduce cholesterol. Thyromimetics may reduce intestinal absorption of dietary sterols, and this could happen due to competition with steroids of biliary origin. Linked to all these mechanisms is the fact that thyromimetics might be able to stimulate the activity of cholesterol 7α-hydroxylase (CYP7A1). This CYP7A1 is the rate-limiting enzyme for bile acid synthesis and induces hepatic ABCG5 and ABCG8 (ABCG5/G8). Taken together, this pathway induces biliary cholesterol secretion.

The Right Attitude

Though trials on these drugs are promising, we still have to wait for long term and high volume studies that will prove its utility in the future.

At present, let’s just contend with the knowledge that we should rule out the possibility of hypothyroidism in our patients with dyslipidemia and that we should properly treat this first prior to definitive lipid therapy since as most guidelines say, starting anti-dyslipidemia treatment like statin can actually exaggerated statin-related side effects like myopathy and rhabdomyolysis in patients who are hypothyroid.

At least for now we have our ever reliable levothyroxine for those with dyslipidemia and overtly hypothyroid. Just make sure you don’t overdo thyroid hormone replacement since the consequence of “too much, too little, too soon” can do more harm than good.

Dr. Bien J. Matawaran is the incumbent President of the Philippine Society of Endocrinology, Diabetes and Metabolism. He is also the Chairman of the Department of Internal Medicine of Jose R. Reyes Memorial Medical Center. A training officer of the UST Hospital Section of Endocrinology, Diabetes and Metabolism, he is also an Associate Professor of the Department of Biochemistry, Molecular Biology and Nutrition of the UST Faculty Medicine and Surgery.
A colleague who sounded so distressed called me up a few days ago. She was close to fuming mad about whether or not a hospital can actually withhold a doctor’s professional fees just because of an incomplete chart. She went on complaining and asking for any legal provisions for or against such hospital policy.

My automatic response: Definitely not! The basis of my answer is not from a direct provision of law, because actually, there is none.

Nature of Professional Fees

Professional fees are prices charged by individuals specially trained in specific fields of arts and sciences, such as doctors, architects, lawyers, and accountants. A physician’s professional fee or any professional fee for that matter is not like buying something with the same physical features, a commodity that is.

A physician’s service is never identical in two patients and definitely never the same with two doctors even with the same specialty. In the determination of professional fees, the Philippine Medical Association has set guidelines on how doctors should charge their patients. These include complexity of the case; the existence of co-morbid situations; the emergency nature of the case; risk to the physician, either social or environmental or medical; time consumed; his professional standing and skill; and financial status of the patient. He must also conform to the norm or standard prescribed by the society, association or organization which he is a member of.

Once paid by the patient, the professional fee partakes of the nature of a property owned by the physician, under the care of the hospital or institution, the latter being mandated by law (Revenue Regulations No. 14-2013) to collect the same. The professional fee, therefore, is exclusively owned by the physician, and he is entitled to the full amount of it, unless there is a law or laws to the contrary.
Existing Laws on Professional Fees

As far as I my legal knowledge takes me, the only specific existing law that can legally touch the physician’s professional fee is the Revenue Regulations No. 14-2013 issued by the Bureau of Internal Revenue.

Among others, the BIR-issued regulation mandates the hospitals to collect the professional fees of doctors and withhold 10% or 15% from it depending if the physician’s annual income is less than P720,000.00 or more. Contracts entered into by and between the physician and the institution as long as valid, (that is, the elements of a valid contract are complied with, namely: parties, consent, object and consideration) spelling out the matter is considered legally binding ONLY between the parties and are therefore legally enforceable.

My Personal Note

I find this article apt to remind the medical community that our profession has been made a commodity slowly but effectively by many institutions, both government and private. Sadly, by not lifting even a single finger to protest against it, our professional services have been downgraded to a simple store item for sale with our silent and passive consent. The Bureau of Internal Revenue, the Philippine Health Insurance Corporation, the Department of Health, the HMO’s, the owners of Hospitals, all of these institutions have been pushing hard to “standardize” the medical profession - from how to diagnose, how long will the patient stay in the hospital, what medications to give and even how much we have to be paid.

In essence, these entities are now dictating the way we manage patients and determining how much effort we give in doing it. The reason is obvious. But the more obvious and sad fact is: it is happening because the medical community seem not to care.

All of these institutions have been pushing hard to “standardize” the medical profession - from how to diagnose, how long will the patient stay in the hospital, what medications to give and even how much we have to be paid.
Lucille is a 49-year old American patient with end stage renal disease (ESRD) who is in line for a kidney donor in her country. Her Asian friend volunteered that she knows someone who is willing to donate his kidney in exchange for educational support for his child. Is Lucille justified to pursue this offer following the principle of justice and common good?

“The Gospel of Life, an encyclical of John Paul II, is celebrated above all else in the daily living of life which should be filled with self giving for others… and a particular praiseworthy example of such gestures is the donation of organs in an ethically acceptable manner with a view toward offering health and even life itself to the sick who sometimes have no other hope.”

Donation is a free gift, an act of fraternal love and self giving, therefore no one should pressure the donors in doing so nor should they be condemned for not doing so. It is a free act of charity for a common good and not of justice.

Furthermore, this gift of human body parts loses its value when it is done in exchange for remuneration. Thus, trading human organs in exchange for financial gain is diametrically opposed to charity. If we consider our body as sacred it should not be subject to trade or monetary gain.

ORGAN DONATION:
An Act of Justice or Charity?
Why is it unethical to sell organs?
Sale of organs is objectionable for the following reasons:
1. It is contrary to human dignity and depersonalizing; and
2. All those who need such a gift should receive it, rather than only those who can pay.

Thus, the recipients for the scarce organs should be selected justly through a national registry and allotted to those in greatest need who also have a chance of survival, unless the donor selects the recipient such as in living related donors (LRD).

There are other requirements for organ donation:

1. Free and Informed Consent and preservation of functional integrity
One can donate an organ only if there is certainty that one’s own health will be preserved and the recipient will receive a proportionate benefit from it. It is necessary to weigh the prolongation of life expected for the recipient against the lifelong risk to the donor.

It is likewise important to distinguish between anatomic integrity and functional integrity that cannot be sacrificed. As in the case of a kidney transplant one healthy kidney is enough to provide systemic integrity. On the other hand, heart transplant and corneal donors (because of loss of anatomic integrity) can only be from a brain dead patient with consent of the surrogate decision maker or from cadaver donors.

2. Altruistic nature of both the donor and the recipient
In a third world country like the Philippines, it is not difficult to draw conclusions that the usual recipients of kidney transplants from living donors are the affluent who can afford the entire kidney transplant process that is undeniably expensive.

However, the welfare and health needs of the donor are oftentimes neglected. This is something that the recipient must ensure that is properly addressed and attended to as a sign of gratitude, even a responsibility.

What is ethically allowed regarding remuneration for a living donor?
Remuneration may be allowed to replace the income lost during the surgery and recuperation process. For cadaveric donors, funeral expenses may be allowed ethically.

As a closing note, Pope Pius XII wrote: “A person may will to dispose of his body and to destine it to ends that are useful, morally irreproachable and even noble, among them the desire to aid the sick and suffering. One may make a decision of this nature with respect to his own body and with full realization of the reverence due it.”

References:
Recalling how those words invaded my thoughts, I couldn't help but grin. In my morning devotions I read this verse:

“And when the people complained, it displeased the Lord” (Numbers 11:1).

By Ina de la Paz Bunyi, MD, FPCP, FPCC

Hello and Goodbye, Dubai

February 2, 2016 – It seemed to me the longest two and a half hours of waiting at the immigration at the Dubai International Airport. Such a longest wait for a shortest stay in a country where I would just be practically taking a quick shower and a catnap, I muttered to myself.

Recalling how those words invaded my thoughts, I couldn't help but grin. In my morning devotions I read this verse:

“*And when the people complained, it displeased the Lord*” (Numbers 11:1).
Reflections

Dissatisfaction

is a breeding
ground for whiners
or complainers.
When we are "not
happy" about our
work situation,
or dismayed with
some services
we have been
given, or perhaps
dissatisfied with
an item that we
bought…

In a snap, I quit complaining and
found many things to thank the Lord for:
like a safe trip, a good "iron sharpeneth
iron" (Proverbs 27:17) company and a
refreshing stay in a nice hotel. I did not
actually want to grumble against my God.

Reasons for Discontent:
Dissatisfaction and Ingratitude

But why would our 'big and little'
complaints cause displeasure to our
God? What does our complaining imply?
All mutterings ultimately stem from
dissatisfaction, and many things make us
complain about our situation and just
about any thing else.

Dissatisfaction is a breeding ground
for whiners or complainers. When we are
"not happy" about our work situation, or
dismayed with some services we have
been given, or perhaps discontented
with an item that we bought, our
reaction through emotional channels
lead us to vent out a complaint or at
times carelessly spew (what ends up
to be) an embarrassing tirade of words
to make people know of our negative
sentiments. As from Proverbs 10:19,
indeed “…in a multitude of words there
wanteth not sin."

An ingrate spirit or lack of appreciation
for our lot or what we have in life can
also give rise to a murmuring heart. Christ said to be "content with such
things as ye have" and the reason
behind that statement is something we
often fail to see - He promises with that
admonition that "I will never leave thee
nor forsake thee," (Hebrews 13:5).

A good example would be the
Israelites grumbling over the daily manna
provided in the wilderness by God.
For many months, God ensured that
His people received their daily bread
faithfully, without physically toiling for
their subsistence. These people did
did not see how God fed them, how they
were spared from slavery and the labor
intensive planting, forgetting the hard
labor and torture they had to go through
just to be given that meagre food from
their masters in Egypt.

In spite the goodness of God, the
Israelites still had the nerve to rant against
God! They were blinded to the mercy
and grace God gave them in the form of
Manna. Instead of being thankful, they
became discontented and tired and
complained about so many things.

Back to a personal level, now I wonder
what undeserved blessings have I been
bestowed but I have miserably failed to
recognize? Have my desire for things
other than what God has planned for me
clouded my sense of gratitude towards
my God? Am I not seeing God's hand in
all things that I enjoy now?
Antidote for Discontent

I can be a control-freak at times. I want things exactly my way, because that gives me some sense of contentment, thus a form of happiness. Throughout the course of my life, accounting all my failures and triumphs, I have discovered that the more I do things in God’s way and become more accepting of what He allows in my life, the more peaceful, content and joyful I have become. I have been blessed with some joy that is deep-seated and does not depend on my circumstances. It is a joy that I enjoy at all times that I have become submissive to His workings in my life.

Am I missing out on Joy because of my lack of thankfulness for what God has given me now?

Be careful for nothing,
In everything give thanks.
This is the will of God -
He IS ALWAYS with me
He never forsakes me.

Do I know and believe that my God is powerful?
Do I live as if my omnipresent God is always in control and is ever with me?

Do I experience a sense of peace that is independent of my lot in life?

Does my joy remain unruffled despite trials that at times gang up on me?

Know and believe that God is in control.

There is rest for the heart that allows us to entrust unto God everything that occurs in one’s life. Nothing escapes His eye. He knows and allows every single thing that happens in our lives. If we just learn how to trust the Lord and please Him, then there will be less complaining and more of peace and joy in our lives.

By the end of our long wait, our group found reasons to smile and be thankful. We felt sorry for the local immigration officers who were themselves complaining over their problematic computer system. They were laughing as they hollered “IT! IT!” (meaning Info Tech). They, too, found reasons not to be eaten up by an upset disposition.

At the end of such a short stay, God impressed upon my heart that to be an ingrate whiner or a grateful blessed child is simply a choice. Hello gratefulness. Goodbye discontentment. Thank you Dubai, it was probably a short encounter but it was nevertheless a meaningful and beautiful stop over.
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

www.philheart.org

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

Standard in Heart Failure Management*1

*For Heart Failure with reduced Ejection Fraction Stage C, NYHA class I-IV patients

Distributed by:
Pascual Laboratories Inc.

HEAD OFFICE: 9F Eton Centris Cyberpod One EDSA cor.
Quezon Ave., Quezon City
Tel. No. 230-8888
PLANT OFFICE: Km 31 MacArthur Highway, Balagtas, Bulacan
Tel. No. (044) 693-1892 Fax (044) 794-2510/2520